PERCEIVED HEALTHCARE SERVICE QUALITY AND BRAND IMAGE ON PATIENTS' LOYALTY IN ZAMBIA

by

Vimal Somaiya

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by

Vimal Somaiya

Supervised by

Dr. Hara Masatoshi, Ph.D., DBA

APPROVED BY

Apostolos Dasilas

Dissertation chair

RECEIVED/APPROVED BY:

Admissions Director

Dedication

I dedicate this study to my beloved family, whose steadfast support, encouragement, and selflessness have been the cornerstones of my academic pursuits. Their unwavering faith in my abilities has ignited my strength and determination. I am eternally indebted to their love and guidance as I strive to attain the pinnacle of education in Switzerland.

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ABSTRACT

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Vimal Somaiya
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Dissertation Chair: Dr. Hara Masatoshi, Ph.D., DBA

The Zambian government encounters significant challenges in providing beneficial health

care services to its citizens. Over the years, Zambia has implemented policies as part of

an ambitious effort to decentralize the health system in order to solve this societal issue.

The National Health Policy, in particular, aims to provide equitable access to high-

quality, reasonably priced healthcare as close to the family as feasible. Consequently, the

required actions are being taken to guarantee that Zambia's healthcare system is of higher

quality. The purpose of this study is to ascertain how patient loyalty, brand image, and

patient happiness are impacted by the quality of services provided at health institutions in

Zambia. The research outcomes of this study give insights on how best the healthcare

industry can be improved in order to ensure patient satisfaction and quality healthcare

service. This study on healthcare service quality in Zambia focuses on important aspects

influencing patient choice and satisfaction. The findings emphasize the importance of a

patient-centered strategy that prioritizes not just clinical knowledge but also clear

communication, polite interactions, and cultural sensitivity. A favorable brand reputation

based on previous positive experiences emerged as a crucial criterion for patients, stressing the importance of healthcare facilities investing in building trust and consistently offering high-quality care. Findings reveal a strong correlation between healthcare service quality and the factors of patient satisfaction, brand image, and patient loyalty. Patients prioritize factors that contribute to a positive healthcare experience, including courteous and attentive medical personnel, efficient service delivery, effective treatment, a clean and hygienic environment, and access to modern technology. Using qualitative analyses, key issues affecting the provision of good healthcare in Zambia are identified in this study, including rising medical costs that burden patients and may delay or prevent them from seeking necessary care, and disparities in access, particularly in rural areas, which create geographic barriers to healthcare services. Also, this study recommends that successful training programs can enhance staff abilities in communication, service delivery, and treatment effectiveness. Building a patient-centered healthcare system in Zambia requires a focus on continuous improvement and frequent feedback. Policymakers can consider a multifaceted strategy to improve affordability, with public-private partnerships being particularly effective for funding critical infrastructure development projects, such as new clinics or upgraded communication networks in remote locations. However, the research reveals significant obstacles that keep Zambia's healthcare system from reaching its full potential. Rising medical costs, unequal access to care, and a scarcity of qualified personnel are all important barriers to providing equitable healthcare to all Zambians.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I:

INTRODUCTION

Improving the quality of life and life expectancy of people worldwide depends on the provision of high-quality healthcare. To do this, the nation's leaders must band together to address important concerns regarding the most effective ways to plan, fund, and deliver high-quality public health care to everyone. A basic human need is having access to quality healthcare services. If maintaining and advancing health care is essential, then the entire process of reducing poverty and advancing human development depends on it (World Bank, 2002). Africa's healthcare industry presents a significant growth opportunity due to two primary factors: the significant health concerns the continent faces and the severe gaps that remain in the continent's healthcare system when compared to other regions of the world. In practically every healthcare metric, Africa lags behind other parts of the world (WHO, 2018). Africa is not only lagging behind, but its health metrics are also getting worse relative to the rest of the globe. South-East and South Asian nations, which were ranked lower than African nations a few decades ago, have surpassed Africa on several of these indices. Although there has been some progress, it is still gradual, therefore health outcomes in Africa should continue to trail behind those in other parts of the world for some time (Phiri, 2019).

When healthcare systems accomplish the overarching objectives of better health, responsiveness, financial protection, and efficiency, they are regarded as high-quality (WHO, 2024). In the context of quality improvement, nevertheless, such a broad definition of healthcare quality may provide some challenges. While improving access

and efficiency in health systems is undoubtedly vital, there is a risk that efforts to improve quality will miss the mark in terms of focusing on the tactics that actually increase care's effectiveness, safety, and patient-centeredness. The relationship between quality and the attainment of the overall goals of the health system is assessed in a contemporary approach to health system performance. Human resource issues are given more attention in countries with a low Human Development Index (HDI) score than in those with a very high HDI score, even if health care delivery issues are more prevalent in these countries (Roncarolo, et al 2017). African healthcare systems have faced difficulties for many years, impeding institutional, human resource, financial, technical, and political progress. For example, more than 5,000 Zambians depart the nation every month to undergo various medical treatments abroad, and the lack of proper healthcare facilities contributes to medical tourism, which costs the nation's economy over 1.2 billion US dollars yearly (Kaonga, 2019). Other problems impacting Africa's healthcare industry include poor service integration, high out-of-pocket costs resulting from insufficient national health insurance systems, and financial obstacles to healthcare services. In Zambia, healthcare worker strikes, and other industrial action are common and have hindered many elements of providing healthcare services and as a result disadvantaged the Zambian population's access to the best possible healthcare (Kaonga, 2019). In an attempt to address the absence of financial risk protection mechanisms in the African continent, a number of nations, including Tanzania, Nigeria, Ethiopia, Kenya, Rwanda, and Ghana, have begun to establish social health insurance programs. Even in emergency situations, out-of-pocket expenses must be paid before medical care can be

supplied, thus most people still struggle with financial obstacles. More significantly, many insurance plans do not cover the poor. Thus, in many sub-Saharan African countries, the poor have the highest burden of sickness and incur the highest levels of healthcare costs.

Employee industrial action and sporadic refusals to treat patients have often resulted from the government's failure to execute pertinent laws, initiatives, and agreements with the various healthcare workers. Numerous studies have identified major problems with the global healthcare system and suggested remedies. The problems that However, in order to identify, create, and implement contextual solutions that greatly enhance population-level health while efficiently utilizing existing resources, African healthcare systems must do extensive study. This was carried out in order to ascertain the primary concerns of top African policy makers and implementers across the continent regarding the healthcare system, as well as to suggest crucial strategies for effectively addressing these concerns.

In order to guarantee that health issues are incorporated into all policies, the health sector has made it a regular priority to communicate, work together, and coordinate with other ministries outside of its sectoral purview. A Health in All Policies (HiAP) approach is necessary for this. A cross-sectoral approach to public policy, Health in All Policies seeks to enhance population health and fairness by avoiding adverse health consequences, finding synergies, and methodically assessing the implications of policies for the health and health-care system. As a paradigm shift from sectoral planning to an integrated multi-sectoral development approach focused on the theme of accelerating

development efforts while leaving 'no one' behind, the Eight National Development Plan (8NDP) acknowledges the complex and interconnected nature of sustainable development. The sustainable development plan places a healthy community at its core (MOH, 2023). It is affected by their actions and has an effect on other sectors. The health of Zambians has improved in a number of areas, yet there are still significant gaps. While economic and social disadvantages including poverty, inequality, and marginalization continue to pose serious health concerns, the nation has a high burden of infectious diseases and a rising burden of non-communicable diseases (National Health Strategic Plan, 2022). In order to successfully address the socioeconomic determinants of health, health and well-being should be given top priority across all sectors as a core component of policy formation. Public policies outside the health sector that address issues such as trade, employment and working conditions, transportation, housing and infrastructure, water and sanitation, social services, agriculture, education, environmental protection, gender, nutrition and food security, and climate change have a substantial impact on population health and health equity. Zambia's health metrics have improved, while the country's economy has expanded. However, the nation's attempts to lower HIV, malaria, and newborn and maternal mortality have been hampered by its underfunded health system, high disease load, and poor infrastructure in rural areas. WHO reports that preventable diseases including HIV/AIDS, malaria, pneumonia, diarrhea, and malnutrition still kill children in Zambia in 2024. Poverty continues to be the main factor affecting the country's health problems.

Zambia's policy environment is inclusive and encompasses a range of opinions, as is the case in the majority of democratic republics. However, the executive branch, lawmakers, local council members, and traditional village councils are among the major participants who control the process. Other smaller stakeholders include trade and industrial associations like the Zambia Chamber of Commerce, Chamber of Mines, and Zambia Association of Manufacturers, as well as professional associations and religious groups (Njovu, 2012). Decisions in Zambia's policy environment are often dependent on the relationships among various parties. Civil society groups have advocated for policies that help the underprivileged and have been actively involved in the establishment of government programs. In an attempt to garner support and media attention, they have mostly used public rallies and lobbying other decision-making stakeholders, such as Members of Parliament (MPs), to join the policy conversation. After policies are adopted, the government is primarily responsible for putting them into effect and setting up oversight procedures. Zambia is now controlled by three policies, which are as follows:

Zambia's plans for healthcare reform are outlined in the National Health Strategy Plan (2022–2026), which is primarily focused on achieving the country's MDG targets. Specifically, to lower the burden of disease, lower rates of morbidity and mortality among mothers and infants, and raise life expectancy by offering a range of high-quality, cost-effective healthcare services in a professional, hygienic, and compassionate way as near to the family as feasible (WHO, 2013). Zambia's Vision 2030 lays forth long-term plans for achieving sustainable development that span all spheres of government. Achieving health-related MDGs, expanding access to healthcare facilities, and ensuring

the availability of health personnel are the main areas of concern in the health sector because Zambia faces a brain drain and a scarcity of health workers (Africa Health Workforce Observetory, 2010). The Sector Wide Approach (SWAp) is a Memorandum of Understanding (MOU) that outlines the manner in which government and its partners—which may include faith-based or non-governmental organizations—will carry out their activities. This describes the working groups, meetings, and reporting and monitoring procedures (WHO Cooperation Strategy: Zambia, 2013).

In order to guarantee that health issues are incorporated into all policies, the health sector has made it a regular priority to communicate, work together, and coordinate with other ministries outside of its sectoral purview. A Health in All Policies (HiAP) approach is necessary for this. A cross-sectoral approach to public policy, Health in All Policies seeks to enhance population health and fairness by avoiding adverse health consequences, finding synergies, and methodically assessing the implications of policies for the health and health-care system. As a paradigm shift from sectoral planning to an integrated multi-sectoral development approach focused on the theme of accelerating development efforts while leaving 'no one' behind, the Eight National Development Plan (8NDP) acknowledges the complex and interconnected nature of sustainable development. This strategy aligns with the SDG agenda, which views all goals as interconnected and inseparable. As a result, it created a multi-sectoral HiAP group and laid the foundation for HiAP. In order to attain health for everyone, the National Health Policy also emphasizes the significance of collaboration among communities, the business sector, civil society, government, and cooperative partners. In order to address

6

the socioeconomic determinants of health, the National Health Strategic Plan also places a strong emphasis on cross-sector collaboration.

In Zambia, healthcare is provided by both governmental and non-state organizations, such as NGOs and Faith Based Organizations (FBO). In Zambia, delivering health care services is ultimately the duty of the Ministry of Health (MoH) and the Ministry of Community Development, Mother and Child Health (MCDMCH). The MoH is responsible for developing health policy in addition to managing the referral of medical services from Level 2 provincial hospitals to Level 3 tertiary hospitals, health training facilities, and health statutory organizations. Primary Health Care (PHC) services from communities, health posts, health clinics, and district hospitals are provided by MCDMCH (WHO, 2013). Three general levels of care are identified in the organization of government service delivery: the tertiary level, which includes tertiary teaching hospitals; the secondary level, which includes district and provincial/general hospitals; and the primary level, which includes health centers and health posts. Equity in the distribution of health care utilization is acknowledged as being crucial in Zambia, as it is in many other nations, when creating public policies meant to combat poverty and promote development. In order to improve health outcomes and the use of health services, the government has put pro-poor policies and reforms into place, although unequal health care provision still persists (WHO, 2013).

To address some of its most urgent problems, including a lack of human resources and a declining illness burden, the Zambian government has implemented policies. Limitations in human resources continue to be a major issue that needs long-term

solutions. Healthcare professionals are in chronic short supply and are disproportionately concentrated in urban regions, where they make up the majority of the workforce. Interventions that are planned within the health sector have not been implemented successfully. This is a result of staff shortages, which have been caused by a number of issues, such as subpar working conditions, poor service conditions, uneven staff distribution between urban and rural areas, inadequate training programs, and weak human resources management systems (Africa Health Workforce Observetory, 2010). The Plan's objectives outline several interventions to address significant concerns, such as expanding the workforce in the healthcare industry and changing staff roles. Increasing the nation's capacity to train healthcare workers and coordinating that training across sectors, changing the current training and certification programs, enhancing the leadership and management abilities of managers at all levels, and posting jobs based on need are just a few of the initiatives that need to be taken.

The Zambian government confronts significant hurdles in providing quality health-care services to its citizens. The majority of Zambia's health care facilities fall short of acceptable standards, with insufficient screening and testing capabilities. Zambia's weak health system is not a new concern. Zambia is implementing a comprehensive health sector decentralization initiative. Since 1992, Zambia has implemented health reforms using the Sector Wide strategy (SWAP), which adopts a sector-wide development strategy (World Bank, 2002). 1995 saw the passage of the National Health Service Act. It proposed considerable changes to the Ministry of Health's mission and structure, as well as the development of an independent health care delivery

system. As a result, the Central Board of Health (CBoH) was established (Jeppsson, 2000). Monitoring, integrating, and coordinating the Health Management Boards' actions was the responsibility of the CBoH (International Insulin Foundation, 2014). After the CBoH was abolished in 2006, its operations were taken up by the Ministry of Health (International Insulin Foundation, 2014). The nation has created and carried out a series of National Health Strategic Plans (NHSPs) since 1995. In contrast to earlier interventions, NHSP focuses on a number of important issues, including human resource crises, improving the infrastructure of health care, nutrition, HIV/AIDS, epidemic control, and health education, as well as expanding access to essential environmental health services like electricity, telecommunications, and water and sanitation. According to the plan, all of the key participants in Zambia's health care delivery system should put more effort into building strong, long-lasting, and highly effective partnerships (CSO, 2013–14). Human resources, clinical care, health service delivery interventions, and priority efforts in diagnostic services are among the main areas of attention for the National Strategic Plan. For instance, reducing the current population/nurse ratio to a more tolerable level was one of its objectives (CSO, 2024). In recent years, Zambia has taken a number of health-related actions. The National Health Policy of Zambia seeks to address a variety of health-related concerns. The Millennium Development Goals (MDGs) and other significant national, regional, and international health policies, protocols, and strategic frameworks were taken into consideration when it was developed within the framework of Vision 2030. The goal of the approach is to give all families fair access to reasonably priced, excellent healthcare services in their area. Significant

9

advancements have been made in the health industry, including improved health outcomes, more accessible healthcare, and stronger health systems. Nonetheless, the health system now faces new difficulties as a result of shifts in the political, economic, social, technical, and epidemiological characteristics of the nation (GRZ, 2023). Issues facing the health care system include disparities in access to public health between provinces and between urban and rural areas. Geographical differences exist in household health expenses. Up to 10% of the income of the poorest households is spent on health care. Another significant problem affecting Zambia's health care delivery is a shortage of human resources. Brain drain and the effects of HIV/AIDS on medical staff are the main causes of these difficulties (GRZ, 2023). Furthermore, some conditions requiring specialized treatment are shipped to South Africa, India, and other countries owing to a lack of equipment. Inadequate infrastructure development to meet demand, a rise in non-communicable diseases requiring specialized care and advanced medical technology, and subpar medical equipment in some public health institutions have all contributed to the problem. The present private health sector has been reluctant to grow and close the gap in specialized service delivery. Administration has received an increasing amount of Ministry of Health (MOH) funds in recent years, as opposed to service delivery. It is very difficult to provide high-quality healthcare in an ever-growing population. There are now 19.3 million people living in Lusaka Province (CSO, 2024). Only a few square kilometers make up the compounds of Lusaka District, home to tens of thousands of people. Consequently, the populace is very susceptible to illnesses like as cholera and several other health-related issues. These include inadequate latrines and sewage, improperly

10

disposed of trash, and unreliable water mains. Due to their large population and lack of medical resources, compounds frequently have poor quality healthcare.

Notable advancements have been made in all of the major health programs over the last five years. On the other hand, the disease burden remained high and the population continued to expand quickly, necessitating the expansion of relevant services. The following is a summary of the current state of affairs and developments regarding service delivery:

Primary Health Care (PHC): The NHSP 2017–2021 strengthened the PHC program through increased recruitment, training, and capacity building of community health cadres, particularly for Community Health Assistants (CHAs) and Community Health Volunteers (CHVs), a community health investment case, and the establishment of the Community Health Unit (CHU) at the head office, as well as the National Community Health Strategy (NCHS).However, in order to further develop PHC, significant gaps and problems have been found and must be addressed. The primary PHC service delivery locations saw the following developments:

Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition: The prevalence rate of contraception among married women aged 15–49 years increased from 45% in 2014 to 50% in 2018, surpassing the 60% target. During the same time period, the percentage of unmet need decreased from 21% to 20% (ZDHS 2018). In addition, the nation saw a decrease in newborn and under-five mortality rates; the Under-five Mortality Rate (U5MR) decreased from 75 in 2013–14 to 61/1000 live births in 2018, falling short of the goal of 35/1000 live births. During that time, the infant

mortality rate (IMR) decreased from 45 to 42 per 1000 live births, falling short of the goal of 15 per 1000 live births.

Communicable illnesses: In Zambia, tuberculosis (TB), HIV/AIDS, malaria, and sexually transmitted infections (STIs) are the primary communicable diseases that pose a public health risk. Malaria continues to be a serious public health issue since it can cause serious disease and even death. National estimates show that in 2021, there were eight in-patient malaria deaths per 100,000 people and 340 instances of malaria per 1,000 people, which is more than the aim of fewer than 5 cases per 1,000 people. Zambia reported 6,262,775 cases and 1,480 malaria-related deaths in the same year. The national objective is still to achieve the elimination of malaria.

Non-Communicable Diseases (NCDs): 23.0% of all fatalities in Zambia were caused by NCDs, according to the WHO's Zambia NCD profile. According to WHO (2014b), chronic respiratory diseases (CRDs) accounted for 1.0%, diabetes 1.0%, malignancies 4.0%, cardiovascular diseases 8.0%, and other NCDs 9.0%. NCDs are fully addressed as part of Target 3.4 of the 2030 Global Agenda for Sustainable Development (SDG3), which calls for countries to improve mental health and wellbeing and reduce morbidity and mortality from NCDs by a third by 2030 compared to 2020 levels. Other public health concerns in Zambia include ENT (ear, nose, and throat), eye health, viral hepatitis, neglected tropical diseases (NTDs), and other illnesses. In order to achieve the nation's health goals, the Ministry of Health has pointed out that despite the efforts and progress made under these programs, there are still a lot of gaps and challenges that need to be addressed.

In Zambia, finance for health care is becoming a more significant policy concern. Between 5.4% and 6.6% of the GDP, or around US$ 28 per person, goes toward healthcare costs. Currently, partners like The Global Fund to Fight AIDS, TB, and malaria, and several Faith Based Organisations (FBOs). The postponed implementation of the social health insurance program continues to impede efforts to raise more funds and maintain the results-based financing model. Healthcare is financed by the government, private not-for-profit organizations, and private for-profit organizations. It is funded by public taxes, donor community grants, and direct household contributions.

The Zambian government faces major challenges in providing adequate healthcare services to its citizens. The bulk of Zambia's health-care facilities fall short of acceptable standards, with limited screening and testing capabilities. While the government is in charge of enacting legislation and distributing funding, non-governmental and religious organizations are critical to healthcare delivery in Zambia. Despite progressive legislation, the healthcare system is hampered by challenges such as insufficient funding, a high prevalence of sickness, and personnel shortages, as well as the underlying problems of poverty, inequality, and unequal resource distribution in rural areas. This study aims to explore the relationship between healthcare services and patients' loyalty and satisfaction. It further explores the influence brand image has and aims to determine the best strategies that can be used to improve the overall healthcare industry in Zambia. The following chapters highlight more on the problems, research objectives and questions.

1.1 Problem Statement

One of the most important components of a nation's well-being is its health. Long-term economic growth requires significant investments in the health sector, which the Zambian government continues to make. Between 2006 and 2013, government health spending increased from 38% to 58% of total health expenditure (THE), according to the Health Policy Project (2016). Every patient should be seen as quickly as feasible and given the necessary diagnostic procedures and care in a healthy healthcare system. Zambia has made great strides in most important sectors of health care delivery and health support systems, according to the National Strategic Plan 2011-2015. For example, between 2006 and 2010, the rates of maternal and neonatal mortality decreased. The under-five mortality rate has dropped from 119 to 75 per 1000 live births, according to the Zambia Demographic and Health Survey (ZDHS, 2013–2014) (CSO, 2013–14). Hospital malaria 4 mortality decreased from 24.6 per 1,000 patients in 2014 to 19 in 2016, according to Health Management Information Systems (HIMIS). Zambia's healthcare system still faces several obstacles in spite of this progress (Project Implementation Manual, 2011). In Zambia, the majority of public health facilities seem to offer subpar and sluggish services. There has been constant pressure on the nation to lower illness rates and improve the health of Zambians (GRZ, 2012). High rates of poverty, poor macroeconomic conditions, and inadequate care in certain public clinics and hospitals all contribute to Zambia's high illness burden (CSO, 2013–2014). The industry has long recognized the need of developing a work plan that is reliable and free of constraints.

1.2 Research Problems

In order to improve healthcare service quality, insights on the impact of brand image, patient loyalty and satisfaction will be established and healthcare providers will be provided an approach to plan the formulation of health systems that can improve health care delivery significantly. Ways on how to satisfy patients will be revealed allowing a higher number of loyal customers which has a positive effect on the brand image of the hospital. In addition, this study will give insights on the best strategies that health institutions can use to retain customers, keep them satisfied and overall promote the healthcare service quality. Improving health-care provider practices is vital for programs and the patients they serve, as well as for achieving the Sustainable Development Goal of universal health coverage. Improvements in health-care provider practices are substantially connected with improvements in patients' health outcomes. Many healthcare systems in developing countries confront similar difficulties as Zambia's healthcare industry's research problems. Potential research gaps include those in the areas of equity, workforce, and healthcare access. There is a lack of knowledge about the barriers to receiving healthcare services, particularly in rural areas, and the fairness of healthcare distribution across various regions and demographic groups. This study aims to bridge this knowledge gap by obtaining solutions for the issues it faces. Inadequate healthcare infrastructure also results in a lack of facilities, medical supplies, and equipment, including medications and vaccines. In addition, the shortage of healthcare personnel, low level of competency, distribution, and sufficiency of healthcare professionals, such as physicians, nurses, and community health workers contribute to the problems Zambia

faces. This study aims to bridge the gap on the viability and efficacy of healthcare financing mechanisms, such as public funding, health insurance and health finance. The industry is in dire need of improvement, and obtaining knowledge that will enhance funding will be crucial. Despite this, there are still gaps in the health information systems that are required for data gathering, monitoring, decision-making, and identifying potential to improve data infrastructure. Closing the gap in terms of disease burden would need research on the prevalence, incidence, and distribution of major illnesses and health conditions in Zambia, including infectious diseases notably, HIV/AIDS, malaria, and tuberculosis, as well as non-communicable diseases like diabetes and hypertension. The study has also found a lack in knowledge regarding cases pertaining to mother and child health. Finding treatments to enhance outcomes in these areas will involve looking into mother and child health outcomes, such as prenatal care, maternal mortality, neonatal health, and child vaccine coverage. The healthcare system's ability to respond to public health emergencies, natural disasters, and disease outbreaks has been demonstrated to be lacking in Zambia's industry. By examining this system's capacity and identifying areas for strengthening preparedness, response, and resilience, more information will close the gap on lack of literature present, adding a significant amount of data. The Ministry of Health will be able to benefit from this study through the information given and the effects it has on the country's healthcare industry. The strategies suggested will be able to provide insights on how best the overall healthcare industry can improve.

1.3 Research Objectives

The research's long-term objective is to create plans that will enhance Zambia's healthcare sector and patients' overall experiences. The current study's goal is to present a thorough analysis of industry practices and literature pertaining to the quality of healthcare services. The study specifically aims to ascertain how brand image, patient happiness, and patient loyalty affect the quality of healthcare services in Zambia and to offer best practices and methods for enhancing the country's healthcare system. Both industry professionals and medical professionals will find value in the study's conclusions as they build better techniques and resources for patient retention and satisfaction.

1.4 Research Questions

To fill the gaps in the literature, this research aims to examine the simultaneous effects of healthcare service quality, brand image and patient satisfaction on patient loyalty. Specifically, this research attempts to answer the research question below:

1. In what ways will brand image, patient satisfaction and patient loyalty impact the healthcare service quality in Zambia?

2. What ca be the strategies and best practices to improve the healthcare sector in Zambia?

1.5 Nature of Study

In Zambia's evolving healthcare landscape, cultivating patient loyalty is integral to sustaining quality care delivery and ensuring positive health outcomes. Patient loyalty not only reflects satisfaction with healthcare services but also signifies trust and confidence in healthcare providers. Against the backdrop of resource constraints and

systemic challenges, understanding the drivers of patient loyalty becomes imperative. This study seeks to unravel the nuanced dynamics between perceived healthcare service quality, brand image, and patients' loyalty, contributing to the advancement of patient-centered care in Zambia. Towela Kaonga's dissertation (2019) underscores the importance of context-specific interventions in healthcare, highlighting the need for tailored strategies in resource-limited settings like Zambia. Additionally, studies by Scott (2009) and Busse et al. (2019) offer valuable insights into effective quality improvement strategies and brand management practices across diverse healthcare contexts, serving as guiding principles for this research.

This study combines open ended surveys and qualitative interviews to capture a comprehensive understanding of the research questions. Qualitative data is collected through surveys administered to patients and medical personnel in medical facilities across Lusaka, Zambia, focusing on their perceptions of healthcare service quality and brand image. Simultaneously, qualitative insights are gleaned from interviews with healthcare providers and patients, allowing for a deeper exploration of their experiences and perspectives. Several assumptions underpin this study, including the contextual relevance of identified strategies, stakeholder engagement, data reliability, variability in strategies, ethical considerations, transferability of findings, and timeliness of results. These assumptions, supported by existing literature and ethical guidelines, inform the research process and ensure the validity and applicability of the findings.

For data analysis, quantitative data analysis will involve statistical techniques such as regression analysis to examine the relationships between perceived healthcare

service quality, brand image, and patients' loyalty. On the other hand, qualitative data will be analyzed thematically and through grounded theory, facilitating the identification of emergent themes and patterns within the narratives of healthcare providers and patients.

After data analysis, discussion of findings will follow. The findings may or may not reveal a correlation (whether strong or weak) between perceived healthcare service quality, brand image, and patients' loyalty. And hypotheses such as "patients who perceive higher levels of service quality are more likely to exhibit loyalty to healthcare providers" or that "a positive brand image contributes to patient loyalty by fostering trust and confidence in the healthcare provider" will be justified. Qualitative insights will then elucidate the factors influencing patients' perceptions of service quality and brand image, including communication, empathy, staff competence, facility infrastructure, and accessibility.

Through a comprehensive analysis of perceived healthcare service quality, brand image, and patients' loyalty, this study underscores the importance of patient-centered care in fostering positive healthcare outcomes in Zambia. The findings highlight the need for healthcare providers to prioritize patient experience, communication, and service delivery to enhance patient loyalty. Moreover, strategies to improve brand image and service quality must be context-specific and tailored to meet the unique needs of the Zambian healthcare landscape.

1.6 Assumptions

According to Furlough-Morris (2017), assumptions are circumstances that the researcher had to assume to be true since they could not be proven to be true by

reviewing publications, working papers, or other study-related elements. This research operates under several key assumptions to guide the exploration of strategies and best practices aimed at improving healthcare service quality in Zambia, as well as understanding the impact of brand image, patient satisfaction, and patient loyalty on healthcare service quality. These assumptions are grounded in existing literature and form the foundation upon which the research methodology is built. The first assumption is based on Contextual Relevance. It is assumed that the strategies and best practices identified from global healthcare models, as well as those specific to Zambia, are contextually relevant and adaptable to the Zambian healthcare landscape. This assumption is supported by studies such as Kaonga's dissertation (2019) and the research conducted by Scott (2009), which highlight the importance of understanding local healthcare challenges and tailoring interventions accordingly.

The second assumption is based on Stakeholder Engagement. The research assumes active engagement and cooperation from key stakeholders, including medical personnel and patients across medical facilities in Lusaka, Zambia. It is assumed that these stakeholders will provide valuable insights and perspectives during interviews, contributing to a comprehensive understanding of the healthcare sector's challenges and opportunities. This engagement is essential for both Research Question 1, which examines the impact of brand image, patient satisfaction, and patient loyalty on healthcare service quality, and Research Question 2, which explores strategies and best practices to improve the healthcare sector.

Thirdly, it is assumed that the data collected through both secondary sources and primary research methods is reliable and representative of the realities of the Zambian healthcare system. This assumption is supported by the rigorous sampling techniques employed, as well as the use of established data collection tools and methodologies. The reliability of the data is crucial for analyzing the relationship between variables in Research Question 1 and identifying effective strategies in Research Question 2. The research also assumes that there is variability in the effectiveness of different strategies and best practices employed to improve healthcare service quality. This assumption is based on studies such as Busse et al. (2019) and the African Development Bank report (2021), which analyze quality improvement strategies across different countries and highlight the need for context-specific interventions. Understanding this variability is essential for identifying and implementing the most appropriate strategies in the Zambian context.

Furthermore, it is assumed that ethical considerations, including informed consent, anonymity, and confidentiality, are adhered to throughout the research process. This assumption is essential to ensure the protection of participants' rights and privacy, as emphasized by ethical guidelines and principles outlined in the research methodology. Ethical considerations are paramount in both Research Question 1 and Research Question 2 to maintain the integrity of the research process and respect the rights of participants.

The other assumption is based on the transferability of findings. The research assumes that the findings and recommendations derived from this study can be transferable to other healthcare contexts within Zambia and potentially to similar

developing countries facing similar challenges. This assumption is grounded in the belief that lessons learned from one setting can inform and guide interventions in others. By addressing Research Question 2, which explores strategies and best practices, the research aims to provide insights that can be applied beyond the specific context of Zambia. Lastly, it is assumed that the research will produce timely and actionable results that can inform policy and practice in the Zambian healthcare sector. This assumption is supported by the relatively short timeframe of the study, conducted over a five-month period, allowing for prompt dissemination of findings and implementation of recommendations. Timely results are crucial for both Research Question 1 and Research Question 2 to ensure that the insights gained can contribute to ongoing efforts to enhance healthcare service quality in Zambia.

In summary, these assumptions provide a theoretical framework for conducting the research on enhancing healthcare service quality in Zambia and understanding the impact of brand image, patient satisfaction, and patient loyalty. By acknowledging and addressing these assumptions, the study aims to produce meaningful insights and recommendations that contribute to the ongoing efforts to improve healthcare delivery in the country.

1.7 Scope and Delimitations

This study aims to explore the impact of brand image, patient satisfaction and patient loyalty on healthcare service quality in Zambia. As well as the best practices and strategies to improve the healthcare industry. The research will involve collecting and analyzing perceptions of respondents based on the variables being looked at, as well as a

deep dive into existing literature. The study aims to build accurate and reliable information that will increase the quality of healthcare services in the Zambian industry. The study will focus solely on the factors that affect healthcare service quality in Zambian hospitals across Lusaka specifically on variables namely, patient satisfaction, patient loyalty and brand image. The research will be limited to individuals who are based in Lusaka.

1.8 Limitations

The study employed qualitative secondary data, which had insufficient information regarding Zambia's healthcare system. The limited information available slowed down the research limiting the scope. However, developing countries with comparable economic situations were utilized as a comparison. The comparison allowed the research to draw a conclusion based on countries that have a similar economic status and healthcare industry.

Secondly, the study only examines the relationship between the independent and dependent variables. It is no doubt that some of the independent variables may have an influence on each other. Therefore, a look into how they impact one another would help draw concrete insights.

Thirdly the research was limited to patient loyalty, satisfaction and brand image. In future economic conditions may be looked at, which have a significant impact on the location of Zambian hospitals which are mainly in urban areas. Due to limited resources the research does not cover metropolitan regions. Future research with rural communities

may be conducted to investigate their varied issues in order to develop solutions specific to them.

1.9 Significance of the Study

The research will add to the body of knowledge about the variables affecting Zambia's provision of high-quality healthcare. Researchers, the general public, the global donor community, and even the government will find value in this material. This will identify the primary problem areas and enhance any initiatives that provide direct help to healthcare facilities. It will also help the Ministry of Health evaluate how well the National Health Policy (2012) is doing at giving patients high-quality medical treatment. The Ministry of Health aims to deliver affordable, high-quality healthcare services near to families. As a result, this research will determine if the policy is on pace to reach its goals, as well as what has been accomplished and what remains to be done. The practical application of this study's relevance attempts to enhance healthcare systems, which are primarily built to enhance health outcomes through the provision of curative, rehabilitative, and preventive treatments. Having access to high-quality healthcare can prolong life, lower rates of illness and death, and promote general well-being. A functional healthcare system that guarantees fair access to healthcare services, irrespective of socioeconomic level, geographic location, or other demographic criteria, would be made possible by the promotion of equity and access. The study intends to promote social justice and inclusion by reducing inequities in healthcare outcomes and access. By increasing job possibilities, fostering innovation in pharmaceuticals and medical technology, and lowering productivity losses from disease and disability, this

study seeks to enhance the economic influence that healthcare systems have on economic development. Sustainable economic growth requires a healthy population. As healthcare systems are essential to disease surveillance, prevention, and control—especially in times of public health emergencies like pandemics or infectious disease outbreaks—the study also attempts to stop disease outbreaks. To contain and reduce the spread of diseases, an efficient healthcare infrastructure and response systems are crucial. Furthermore, the study's importance supports population health management by highlighting the most effective methods that healthcare systems can employ to gather and evaluate health data in order to track population health trends, spot new health problems, and guide public health initiatives. With a focus on health promotion and preventative measures, population health management techniques seek to improve the overall health of populations. Additionally, patient-centered care—which puts the unique needs, preferences, and values of each patient first—is highly valued in contemporary healthcare systems. Coordination of treatment among various healthcare professionals and venues, respect for patient autonomy, and collaborative decision-making are all components of patient-centered approaches. Healthcare systems are important for health education and promotion because they offer knowledge, tools, and assistance to help people adopt healthy habits, avoid illness, and successfully manage long-term problems. Advances in medical knowledge, treatment modalities, and healthcare delivery models are driven by medical research and innovation, which is supported by healthcare systems. Research carried out in healthcare systems advances evidence-based medicine, advances science, and fosters ongoing quality improvement. Emergency and trauma care services are

offered by healthcare systems in response to incidents, injuries, and serious medical problems that call for quick attention. Timely and superior emergency care can avert permanent impairment and save lives. In general, healthcare systems contribute to the promotion of health, the prevention of disease, the redress of health disparities, and the enhancement of the standard of living for both individuals and communities. Their importance goes beyond the delivery of medical care to include more general social, economic, and public health goals.

Theoretically, the importance of this research will act as the foundation for public health infrastructure, with the goal of guaranteeing the wellbeing of both individuals and populations. The goal of health promotion and disease prevention is to prevent illness and promote good health by using a variety of tactics, including screenings, health education campaigns, and immunization programs. Healthcare systems seek to lessen the burden of disease and enhance general population health by placing a strong emphasis on preventative treatment. The goal of this study, in theory, is to guarantee that everyone has equal access to healthcare services, irrespective of their financial situation, race, ethnicity, or geographic location. Achieving social justice and minimizing health inequalities in society depend on the equitable access principle. High-quality, patient-centered treatment that is safe, efficient, timely, and effective is expected of healthcare systems. This means upholding strict standards of clinical excellence, following evidence-based practices, and guaranteeing patient safety with procedures like drug administration and infection control. Healthcare system theoretical frameworks place a

strong emphasis on the necessity of seamless and coordinated care delivery across various healthcare locations and providers.

Throughout the continuum of care, efficient coordination guarantees that patients receive thorough, integrated treatment that takes into account their social, psychological, and medical requirements. The efficient allocation of resources to maximize health outcomes and optimize healthcare delivery is the responsibility of healthcare systems. In order to guarantee the efficient and sustainable use of healthcare resources, such as staff, facilities, and technologies, this entails strategic planning, budgeting, and resource allocation. Evidence-based practice, which combines clinical judgment, patient values, and the best available evidence from scientific research to inform decisions, is given top priority in the theoretical underpinnings of healthcare systems. Additionally, in order to consistently improve patient outcomes and raise the standard of care, healthcare systems support innovation in medical technology, treatment modalities, and healthcare delivery methods.

Strong health information systems that gather, handle, and analyze health data are essential for tracking population health, assessing the effectiveness of healthcare systems, and guiding policy decisions. This study will help achieve these goals. Furthermore, ethical and legal frameworks that control the rights and obligations of healthcare practitioners, patients, and other stakeholders also affect how healthcare systems function. Ensuring that ethical standards are maintained in clinical practice, research, and policy creation is made possible by the ethical principles that govern decision-making and conduct within healthcare systems, including respect for autonomy, beneficence,

27

non-maleficence, and justice. It is expected of healthcare systems to have emergency response and public health readiness procedures in place to deal with disease outbreaks, natural catastrophes, and public health threats. In order to reduce risks and safeguard the public's health during emergencies, theoretical models of healthcare systems place a strong emphasis on the planning, coordinating, and collaborating efforts of healthcare organizations, governmental bodies, and community stakeholders. The impact of social determinants of health, including housing, education, socioeconomic position, and environmental conditions, on health outcomes is acknowledged by theoretical viewpoints on healthcare systems. In order to enhance health equity and population health, healthcare systems are increasingly taking a comprehensive approach to addressing social determinants of health through community collaborations, lobbying, and legislation that address underlying social and economic inequities. The goal of healthcare systems is to prevent illness, promote health, and offer communities and individuals high-quality care. These systems are theoretically based on the concepts of equity, quality, efficiency, and patient-centeredness. Although theoretical frameworks offer healthcare systems goals and guiding principles, real-world implementation frequently presents difficult trade-offs and adaptations that necessitate constant innovation, cooperation, and adaptation from all stakeholders in order to achieve the best possible health results.

Given that both general and societal changes are influenced by the health results of individual patients, healthcare systems play a critical role in social transformation. This research will shed light on how healthcare systems support social justice by lowering health disparities and ensuring that all people, regardless of socioeconomic

background, ethnicity, or geographic location, have equitable access to healthcare services. By addressing systemic disparities, promoting inclusion, and empowering vulnerable people, access to healthcare can help create a more equitable society. The study examines how access to healthcare services increases people's agency and ability to lead successful, meaningful lives by enabling them to take charge of their health and well-being. Greater social inclusion and involvement result from people having access to healthcare since it increases their likelihood of continuing their education, entering the workforce, and getting involved in the community. Poverty reduction and economic growth can be brought about by improved health outcomes via efficient healthcare systems. Good health increases productivity, income, and economic growth—all of which help pull communities out of poverty and encourage social mobility. Due to the study's importance, communities and people can benefit from information regarding illness prevention, treatment alternatives, and health promotion that is shared through knowledge transfer and educational centers.

Health education makes people more knowledgeable and health-conscious by enabling them to make decisions about their health, adopt healthy habits, and prevent diseases. By encouraging health-seeking behaviors, questioning cultural norms that impede health outcomes, and developing inclusive healthcare practices that respect a range of cultural beliefs and values, healthcare systems can operate as a catalyst for cultural transformation. Healthcare systems foster social cohesion and solidarity among varied populations by providing care that is culturally competent and by actively engaging the community. This study is significant because it will examine the steps that

must be taken to improve maternity and reproductive healthcare services, which are critical for advancing women's empowerment and gender equality. Good healthcare systems give women access to maternity health care, family planning services, and reproductive rights, empowering them to take charge of their bodies, pursue further education and career possibilities, and actively engage in society. By addressing health risks associated with the environment, supporting laws that lessen pollution and combat climate change, and encouraging environmentally friendly medical procedures, healthcare systems can help to promote environmental sustainability. A healthy environment benefits both current and future generations' quality of life and leads to better health outcomes. By encouraging networks of support, collaboration, and solidarity among people and communities, the study hopes to contribute to the development of social capital and community resilience. Healthcare systems improve the ability of communities to respond to health emergencies and difficulties, foster collective action, and fortify social relationships through community-based healthcare programs. As stated in international human rights treaties and declarations, access to healthcare is a fundamental human right. Healthcare systems protect human dignity by guaranteeing that everyone has the chance to live a healthy and happy life and by treating every person with respect, compassion, and dignity, regardless of their background or circumstances. By addressing the underlying causes of conflict, creating social cohesion, and building resilience in communities impacted by conflict and humanitarian disasters, healthcare systems contribute to peace and security. In post-conflict environments, having access to healthcare services can lessen the effects of trauma, displacement, and violence while

fostering recovery. Overall, this study's importance is critical to the advancement of

human rights and dignity, health fairness, community and individual empowerment,

inclusive and resilient societies, and social transformation. Healthcare systems have the

power to influence society and create a more equitable, wealthy, and sustainable world by

acting as catalysts for positive change.

1.10 Summary

In conclusion, Zambia's healthcare system presents a significant growth

opportunity due to two primary factors: the severe health issues the nation suffers and the

severe gaps in Zambia's healthcare system when compared to other countries. The

importance of this study in practice is to enhance healthcare systems that are primarily

designed to improve health outcomes through preventive, curative, and rehabilitative

treatments. Access to great healthcare can lower morbidity and mortality, increase life

expectancy, and improve general well-being. The promotion of equity and access will

result in a well-functioning healthcare system that provides equitable access to healthcare

services regardless of socioeconomic status, geographic location, or other demographic

criteria. The study aims to eliminate inequities in healthcare access and outcomes while

also promoting social justice and inclusiveness. Many developing countries face

comparable challenges to Zambia's healthcare industry's research problems; thus,

potential research needs include those related to equity, workforce, and healthcare access.

There is a lack of understanding of the hurdles to getting healthcare services, particularly

in rural areas, as well as the equitable distribution of healthcare across regions and

demographic groups. This study tries to bridge this knowledge gap by finding solutions to

the problems it confronts. The next chapter includes the literature review which looks at

an overview of the theories, and concepts that will be used to obtain insights on the topic

being studied.

CHAPTER II:

REVIEW OF LITERATURE

Healthcare is a dynamic, rapidly expanding industry that is currently undergoing substantial change and increased competition (Dagger et al., 2007). In its national health strategy, the Zambian government has set an ambitious rights-based approach to health care provision. Specifically, the government is determined to attain Universal Health Coverage (UHC) by providing free quality health care services to all residents through the public health system. Healthcare providers are under a lot of pressure to thrive in the face of market changes in the healthcare industry. Hence, hospitals work to create marketing strategies that enhance brand recognition among clients in order to raise patient satisfaction and loyalty while also enhancing output (Lien et al., 2014) Building strong client relationships that could lead to their loyalty in a highly competitive industry is seen as essential to growing market share and creating a long-lasting competitive advantage. Every industry in the globalization era is now needed to consistently develop services in accordance with their particular fields in a professional manner. The rapid advancement of technology and information forces every company and public organization to develop innovative products and services that can meet the needs and desires of customers, ensuring that customers are satisfied with the service product provided by the organization. In a competitive environment, healthcare performance is defined not only by technical abilities and the delivery of high-quality services, but also by patient satisfaction and retention. Chapter 2 will go into detail on how brand image,

33

patient satisfaction and loyalty are impacted by healthcare service quality. The development agenda, which is centered on the national vision of a strategic framework and direction for the health sector for the next five years, is outlined in the Eighth National Development Plan 2022–2026 (8NDP), with an emphasis on accomplishing the goals and objectives for national health. The vision 2030 outlines important drivers for growth comprising the healthcare industry among mining, agriculture, tourism, and greater support for small and medium business enterprises. Plans and strategies for development are also influenced by the Sustainable Development Goals.

2.1 Theoretical Framework

Along with the study variables, a description of the existing frameworks is provided, focusing on how they connect to the research approach and objectives. This section presents a diagrammatic illustration of the theoretical frameworks. Figure 1 demonstrates the relationship that the independent variables brand image, patient satisfaction and patient loyalty have on the dependent variable adopted from Aladwan (2021). The relationships among patient satisfaction, patient loyalty, and brand image on healthcare service quality dimensions will be explored.
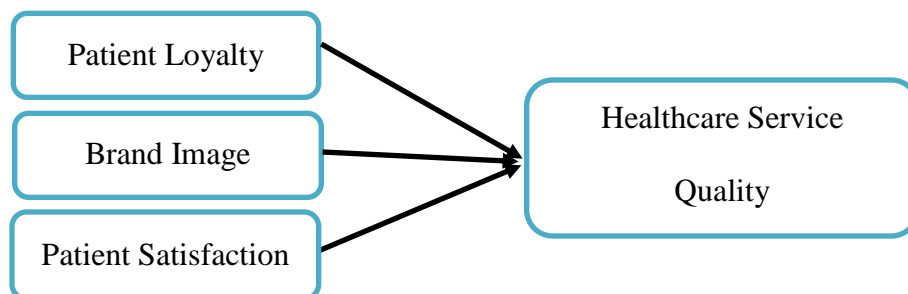

Figure 1: Research Framework

Source Authors

The figure below illustrates the research framework which demonstrates the different strategies that are being explored in this study. The framework summarizes the common strategies which have been implored and aims to refine them. Having a healthcare framework entail taking a diversified approach to several facets of policy, management, and delivery of healthcare. The paradigm seeks to reorient healthcare delivery toward patient-centered care, in which patients actively participate in the decision-making process and have their needs, preferences, and values honored. Strong patient-provider relationships, collaborative decision-making, and improved patient-provider communication are all necessary to achieve this. In order to give patients, complete and seamless care, it also seeks to advance integrated care models. These models coordinate services across various healthcare locations and disciplines. To meet patients' diverse needs, this entails combining primary care with social assistance, behavioral health, and specialized care. Moreover, increasing investments in telemedicine, electronic health records (EHRs), and health information exchange (HIE) to facilitate data-driven decision-making, increase access to healthcare information, and improve communication (Kim, 2008). The framework's goal is to investigate methods for proactively identifying and attending to the medical requirements of particular patient populations. To enhance health outcomes and lessen disparities, this entails evaluating population health data, determining risk factors, and putting specific treatments into place. The framework attempts to guarantee seamless transitions between healthcare settings (e.g., hospital to home, primary care to specialist care) in accordance with care

coordination and care transitions. This entails establishing uniform procedures for care transitions, educating and supporting patients, and promoting communication amongst healthcare professionals. Furthermore, it is imperative to put quality improvement strategies into action in order to improve the efficacy, safety, and quality of healthcare delivery. This entails applying clinical guidelines and protocols, employing evidence-based methods, keeping an eye on performance indicators, and continually assessing and refining care procedures. In order to guarantee that the healthcare personnel are knowledgeable and competent and able to provide high-quality treatment, it also aims to invest in workforce development programs. This entails offering chances for education and training, encouraging multidisciplinary cooperation, and resolving inequities and shortages in the workforce. In order to achieve the objectives of the healthcare framework—which include increasing access to care, enhancing healthcare payment and reimbursement methods, and addressing socioeconomic determinants of health—the framework seeks to promote health policy and regulatory reforms. Last but not least, ongoing assessment and monitoring aid in developing systems for assessing the healthcare framework in order to monitor development, pinpoint areas in need of change, and guarantee accountability. This entails gathering and evaluating information on important performance indicators, consulting with relevant parties, and applying conclusions to guide resource allocation and decision-making. Healthcare frameworks can be reinforced to better serve patients' needs, enhance health outcomes, and advance an equitable and efficient healthcare system by putting these strategies into practice. This framework was developed following various empirical and theoretical studies. In a

36

diagrammatic format, it shows the strategies and best practices that the healthcare

industry would use to improve the healthcare service quality.
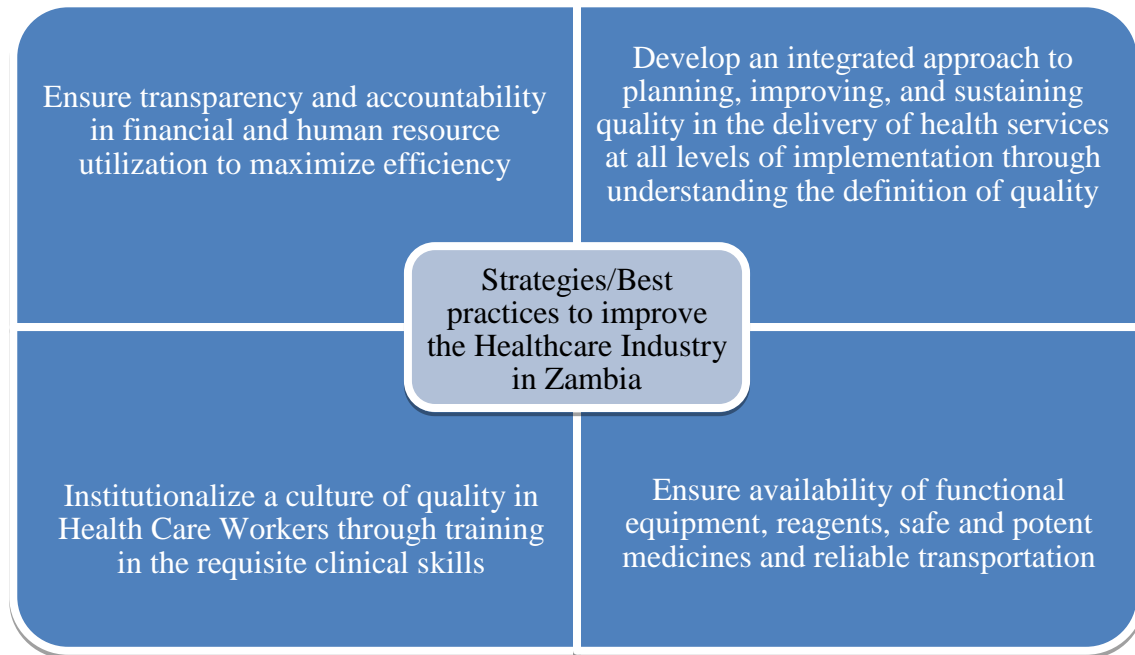
Figure 2: Strategies to improve Healthcare
Source: Authors

2.2 Socio-Economic Conditions in Zambia

Zambia is a landlocked country situated in Southern Africa with a total area of

752,612 square kilometers. It is home to over 19.6 million people and is made up of ten

provinces - of these provinces, eight (8) are classified as primarily rural, whereas two (2),

Lusaka and Copperbelt, are classified as predominantly urban (CSO, 2022). According to

ZDHS (2018), Lusaka has the most percentage of households in the wealthiest quantile

(51%) and the Western province has the highest percentage of families in the poorest

quantile (47%). Its comparatively high fertility rate is reflected in the population's rapid

annual growth rate of 2.7%. The population is expected to double in the next 25 years as

the vast young population reaches reproductive age, placing further strain on the need for jobs, healthcare, and other social services. There are 51% females and 49% males in the entire population. Seventy percent of the population is under 25 years old, making it a comparatively young population. The majority of Zambians, according to the Living Conditions Monitoring Survey (LCMS), suffer from poverty. Poverty in Zambia is defined as not having access to resources such as money, work, or entitlements such as the freedom to choose what products and services to buy, housing, and other necessities (CSO, 2022).

Zambia's poverty trend has been impacted by a number of factors between 2000 and 2022, including social policy, economic growth, and foreign shocks. Zambia had high rates of poverty at the start of the new millennium, with a sizable fraction of the populace living below the poverty line. Persistent poverty was caused by a number of economic issues, such as excessive unemployment, restricted access to essential services, and a reliance on agriculture. Zambia saw some progress in reducing poverty by the middle of the 2000s, because of economic reforms, debt relief, and higher spending on social programs and infrastructure. In order to address important issues including education, healthcare, and rural development, the government put policies for reducing poverty into practice and made targeted interventions. The impact of the global financial crisis on poverty in Zambia was not uniform. Although the economy of the nation was largely spared from the direct effects of the crisis, the fall in the demand for commodities and the decrease in investment inflows had an influence on employment prospects and economic growth, which might have slowed down attempts to eliminate poverty (Phiri,

2017). After the global financial crisis, Zambia experienced a period of economic expansion and recovery. The creation of jobs and revenue, especially in industries like manufacturing and mining, was facilitated by economic diversification efforts, which may have helped some households escape poverty. Zambia made slower but still significant progress in reducing poverty during the 2010s. Positive economic growth was maintained, but more significant poverty reduction was hampered by issues such persistent high inequality, restricted access to high-quality healthcare and education, and susceptibility to outside shocks. The COVID-19 epidemic, which started in 2020, presented serious obstacles to Zambia's economic growth and attempts to combat poverty (Phiri, 2017). Lockdown procedures, supply chain interruptions, and a drop in worldwide demand had an impact on a number of industries, which resulted in job losses, income reductions, and heightened vulnerability for many households.

Overall, significant challenges still exist in Zambia even if the country has made substantial headway in decreasing poverty since 2000. Comprehensive policies addressing social protection, economic growth, access to essential services, and structural inequality are needed to reduce poverty in a sustainable way. It will be imperative to keep an eye on trends in poverty and carry out focused initiatives if Zambia's population is to see an improvement in the coming years (Chapoto et al., 2011). It would be good to consult publications from the Zambian government, international organizations such as the World Bank, or research institutions for up-to-date and comprehensive information on poverty trends in Zambia. The graph below, presents the trends in poverty levels in Zambia from 2000 to 2022.

Poverty remained high at about 60% of the population and the impact of the COVID-19 crisis was high. Zambia ranks among the countries with the highest levels of poverty and inequality globally. The incidence of poverty worsened with the onset of the COVID-19 pandemic, but it is projected to slowly return to pre-pandemic levels by 2025, reflecting the sustained growth in the services and construction sectors that are expected to benefit the urban poor and reverse the recent increase in urban poverty. Progress with rural poverty, however, is more uncertain. More than 61% (2015) of Zambia's 19.6 million people earn less than the international poverty line of $2.15 per day (compared to 41% across Sub-Saharan Africa) and three-quarters of the poor live in rural areas.
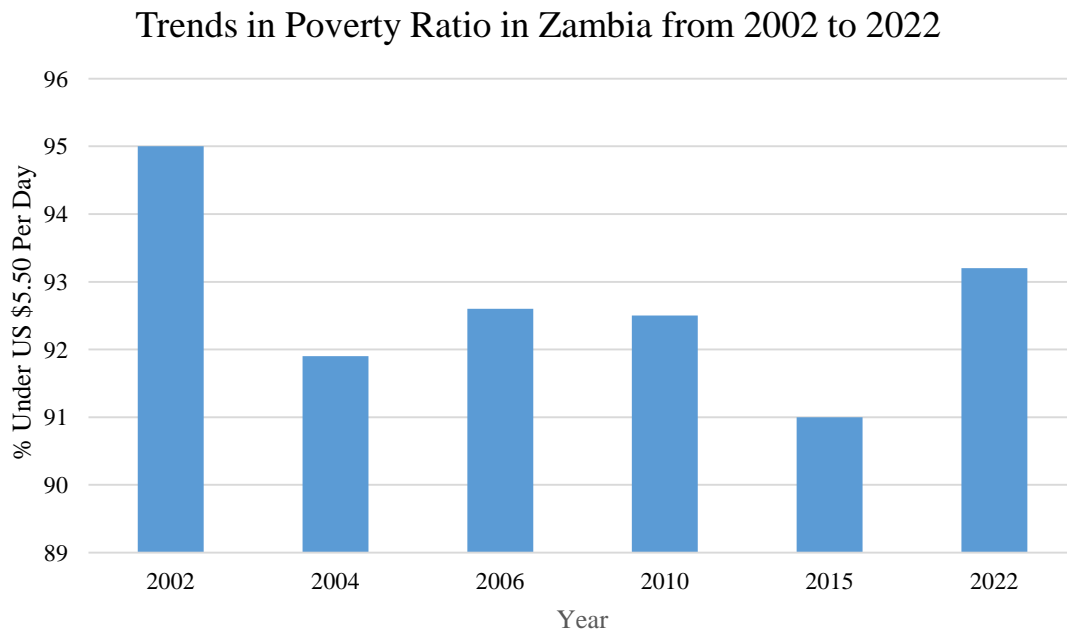

Figure 3: Trends in Poverty Ratio in Zambia from 2002 to 2022

Source: World Bank Data, 2024

Zambia has undergone rapid growth over the last decade showing an expanded

GDP rate. Zambia's GDP fluctuated between 2002 and 2022 due to a number of internal

and foreign triggers. Zambia's GDP grew moderately in the early 2000s, mostly due to

the growth of the mining industry, especially the production of copper, which is a vital

component of the national economy (Macrotrends, 2024). A spike in investment in

mining infrastructure and favorable worldwide copper prices contributed to Zambia's

GDP growth in the mid-2000s. Furthermore, Zambia's economy, like that of many others,

was affected by the global financial crisis, which resulted in a slowdown in GDP growth

because of a decline in the demand for commodities like copper (World Bank, 2024).

After the global financial crisis, Zambia started to recover with the help of fiscal stimulus

plans and initiatives to diversify the economy away from its significant copper

dependence. Zambia experienced both possibilities and difficulties throughout the 2010s.

Even while GDP growth was still positive, it was a little erratic because of changes in

mining regulations, variations in copper prices, and local economic issues including

inflation and high unemployment rates. When the COVID-19 epidemic struck in 2020,

Zambia's economy faced serious difficulties. The pandemic led to interruptions in global

trade, reduced demand for commodities, and domestic lockdown measures, all of which

harmed economic activity and contributed to a decline in GDP (Macrotrends, 2024).

Zambia also faced a debt crisis during this period, marked by high levels of external debt

and fiscal imbalances, which further pressured the economy and weakened investor

confidence. Zambia's GDP performance from 2000 to 2022 demonstrates a combination

of growth possibilities, external shocks, and domestic obstacles, underlining the

significance of diversification, cautious fiscal management, and structural changes for sustained economic development. The graph below shows a summary of GDP per capita from 2000 - 2022.

GDP Per Capita in Zambia from 2000 to 2022
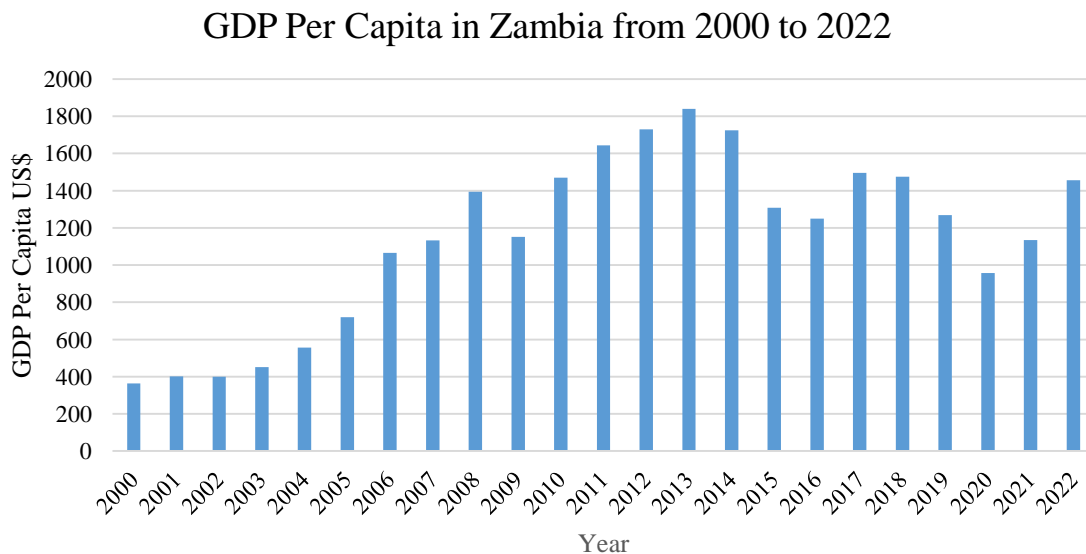
Figure 4: GDP Per Capita in Zambia from 2000 to 2022
Source: World Bank Data Bank, 2024

Zambia's relative economic status can be ascertained by comparing its GDP to that of other African countries and continents. If Zambia's GDP is compared to other African nations, it usually comes in the center. While it is not as huge as some of the other economies on the continent, such those of South Africa, Nigeria, or Egypt, it is also not the smallest. Zambia's agriculture sector and reliance on copper exports have a significant impact on the country's GDP (World Bank, 2024). Zambia has a moderate GDP in relation to its region of Southern Africa. Although South Africa has the most developed economy in the region, it is not as economically dominant as South Africa;

yet, it is still an important member of the Southern African Development Community

(SADC) and supports regional trade and economic activity (Tradingeconomics, 2024).

Africa's total GDP is lower than that of Asia, North America, and Europe when compared

to other continents. But Africa is a varied continent, with different nations having

different degrees of economic growth. In this sense, Zambia's GDP does not represent the

country's position on a global scale, but rather its place within the larger African

economy (Chikalipah & Makina, 2019). Like many other African nations, Zambia's

economy is frequently referred to as an emerging market economy. The GDP per capita

and total economic production of Zambia are lower than those of established economies

in North America, Europe, and some regions of Asia. However, due to elements like

natural resources, population trends, and chances for industrialization and infrastructural

development, emerging markets like Zambia frequently have larger growth potential. In

the context of larger regional and global economic processes, Zambia's GDP illustrates its

potential for growth and development and highlights its status as a major participant in

the African economy (Chikalipah & Makina, 2019).

The Human Development Index (HDI) is a summary measure of average

accomplishment in three fundamental elements of human development: longevity and

health, knowledge, and a reasonable quality of living. The HDI is the geometric mean of

the normalized indices in each of the three dimensions (UNDP). The United Nations

Development Programme (UNDP) reported that Zambia's Human Development Index

(HDI) was 0.588. Zambia falls within the category of medium human development as a

result. The Gross National Income (GNI) per capita, mean years of schooling predicted

years of schooling, and life expectancy at birth are all taken into consideration by the HDI. Human development is classified as medium when a number is above 0.550, high when it is between 0.7 and 0.799, and extremely high when it is above 0.8. Zambia's HDI score shows improvements in areas like income, health, and education, but more work has to be done to improve the country's population's general well-being (Phiri, 2019). Increasing access to high-quality healthcare and education, lowering poverty and inequality, and promoting sustainable economic growth are a few possible issues. The Human Development Index (HDI) positions the country at 154 out of 191 countries and territories. Zambia's life expectancy at birth, expected years of schooling, and mean years of schooling changed by 13.9 years, 3.2 years, and 2.8 years, respectively, between 1990 and 2022. Between 1990 and 2022, there was a change in Zambia's GNI per capita of almost 49.8%. In spite of the stated achievements in the economy, the Living Condition Monitoring Survey shows that unemployment has also been on the increase in the country, estimated to be 13.7 percent in 2024. High levels of poverty and unemployment have important implications on the health status of the population (Phiri, 2019). The graph below shows the Human Development Index from 2000 to 2017.

Human Development Index in Zambia: 2000-2017
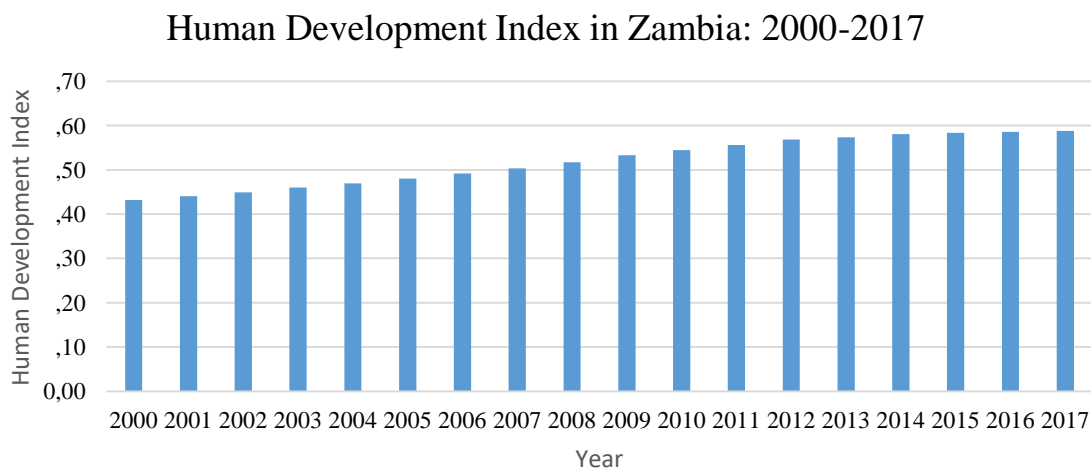
Figure 5: Human Development Index in Zambia from 2000 to 2017
Source: United Nations, 2024

Zambia's Human Development Index (HDI) is in the medium human development category, despite showing improvements in areas like income, health, and education. Zambia's Human Development Index (HDI) is similar to that of other Sub-Saharan African nations, many of which are likewise classified as having a medium level of development. Tanzania, Ghana, Kenya, and other nations have comparable HDI values (Phiri, 2019). Zambia may, however, fall short of nations categorized as having high human development—such as Mauritius and the Seychelles—whose HDI values are higher. According to UNDP, Africa's HDI values are often lower than those of other continents, such as Europe, North America, and some regions of Asia. Numerous variables, such as historical, economic, and societal obstacles, are to blame for this. Despite its improvement, Zambia's human development index (HDI) might not be as high as that of several European and North American nations. Zambia's HDI may also be lower overall than that of other Asian nations, especially those in East Asia and the Pacific, however there are some outliers. Overall, Zambia's HDI shows where the country

stands in relation to human development both domestically and internationally. Even if there has been progress, there is still room for development to improve the population's well-being and quality of life.

A population's mortality rate, often known as its death rate, is the number of deaths (generally or as a result of a particular cause) in that population per unit of time, scaled to that population's size. In 2000, Zambia's infant mortality rate was relatively high, estimated to be around 92 deaths per 1,000 live births. Over the years, there has been a gradual decline in the infant mortality rate due to improvements in healthcare, nutrition, and access to clean water and sanitation. The infant mortality rate probably declined by 2022, although exact numbers are hard to come by without particular yearly statistics. However, this drop has probably been exacerbated by efforts to enhance mother and child health (Chikalipah & Makina, 2019). Zambia's under-5 death rate has had a declining tendency over time, much like the country's neonatal mortality rate. The under-5 mortality rate was almost 144 fatalities for every 1,000 live births in 2000. This incidence should have decreased by 2022 as a result of advancements in child healthcare, vaccination rates, and general socioeconomic circumstances. It's also possible that the maternal mortality rate, which represents deaths brought on by pregnancy and childbirth, has declined over time. Zambia had a high rate of maternal mortality in 2000, with an estimated 590 deaths for every 100,000 live births. Although precise annual numbers are not available, it is anticipated that advancements in maternal healthcare services and interventions would have resulted in a decrease in the maternal mortality ratio by 2022. Even though Zambia has made strides in lowering its death rates, issues with access to healthcare, the gap between urban and rural areas, and the weight of disease still exist (Chikalipah & Makina, 2019). To further lower mortality rates in Zambia, ongoing initiatives to enhance healthcare systems, expand access to necessary services, and

address underlying socioeconomic determinants of health are vital. It would be wise to consult reports from international health groups or the Zambian government for the most current and accurate information. The diagram below shows movement in mortality rates for 2000 to 2022.

Mortality Rates in Zambia from 2000 to 2022
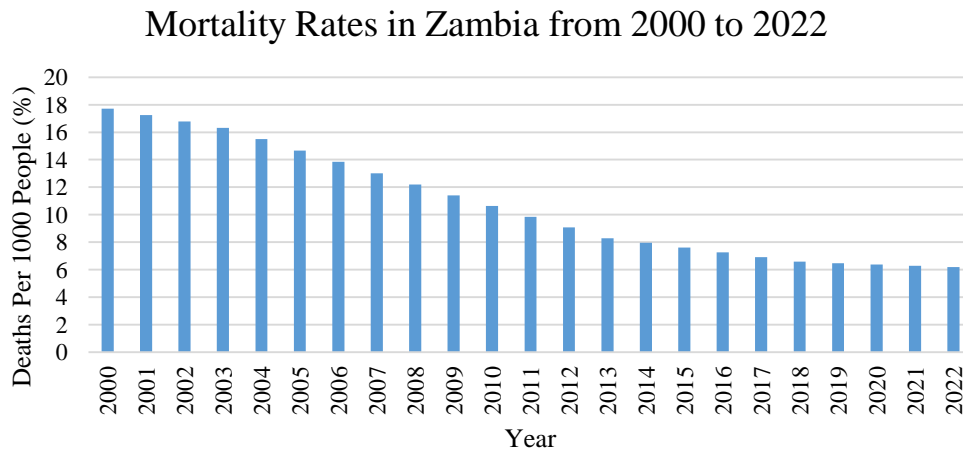
Figure 6: Mortality Rates in Zambia from 2000 to 2022
Source: Macrotrends, 2024

There are a number of considerations when comparing Zambia's death rate to those of other African countries and continents. Although Zambia's mortality rates have historically been high, they have been gradually dropping over time. These rates include maternal, newborn, and under-5 mortality. Zambia may have greater mortality rates than certain other African nations, particularly when compared to nations with more developed economies and superior healthcare systems. Zambia may, however, have lower death rates than some other African nations that deal with serious issues including poverty, conflict, and access to healthcare (Macrotrends, 2024). Although Zambia's mortality rate has been declining over time, it may still be greater than that of many other

continents, especially in areas with better developed healthcare systems and economies. Zambia's death rates may be relatively higher than those of other continents, such as Europe and North America, where mortality rates are generally lower across all age groups. This could be due to differences in healthcare availability and socioeconomic development (Macrotrends, 2024). It's crucial to remember that death rates can differ greatly between continents and regions, with certain parts of Africa having mortality rates that are on par with or even lower than those of some other continents. Despite Zambia's death rate decrease, there are still issues with addressing socioeconomic determinants of health, expanding access to high-quality healthcare, and upgrading the country's healthcare infrastructure. To further improve and bring death rates closer to global averages, efforts must be made to fortify healthcare systems and address the underlying causes of mortality rates.

2.2.1. Healthcare Service Industry in Zambia

The healthcare industry in Zambia is expanding as public awareness of the importance of health grows. High rates of mortality are a result of Zambia's high burden of communicable diseases and rapidly increasing burden of non-communicable diseases (MOH, 2024). The functioning of the health systems is directly related to the achievement of Universal Health Coverage (UHC), the overarching aim under Sustainable Development Goal 3 (SDG3) that should support the fulfillment of all other health targets. Only in the presence of a well-equipped health system that can deliver services as needed, when needed, and wherever needed would Zambia be able to offer its citizens the basic health and related services. Promotional, preventative, curative,

48

palliative, and rehabilitative services are all included in the current national health

system. The health service delivery structures in Zambia are established at different

levels. Primary Health Care (PHC) services at the community level (Health Posts, Health

Centers, and Mini-Hospitals) are at the base of the pyramid, followed by first- and

second-level hospitals at the district and provincial levels, respectively, and third- and

fourth-level (tertiary) and specialized hospital services at the national level. A referral

system connects these levels of care, aiming to give citizens access to the medical care

they require. Presently, Zambia's healthcare system is made up of public, private, and

faith-based hospitals.

The cost of healthcare in Zambia has fluctuated throughout time due to a number

of political and economic issues. The nation has been working to enhance its healthcare

system, but it has obstacles to overcome, including inadequate infrastructure and

resources. The two main spending categories are primary health services and hospital

services, which will account for more than 80% of the entire health budget in 2022.

Similarly, to 2021, primary health services had the second highest budget, despite the

increased emphasis on them in the 2022-2026 National Health Strategic Plan. However,

primary health care allocations climbed by 51% in 2022, while hospital service

allocations increased by only 29%. As a result, the share of primary health care increased

little, from 32.7 percent in 2021 to 34.3 percent in 2022. This underscores the

Government's commitment to ensure that there are no disruptions in the delivery of

routine primary healthcare services. Despite the observed nominal increase in financing

to the health sector, the share of health funding to the total public budget continues to

decrease, from 8.9% in 2018 to 8.1% This demonstrates the government's resolve to guarantee uninterrupted provision of standard primary healthcare services. The proportion of funds allocated to the health sector in the overall public budget is declining, falling from 8.9% in 2018 to 8.1% in 2021, even with the apparent nominal rise in financing to the health sector. Furthermore, there is still much work to be done despite the government's pledge to meet the goal of raising public health allocations for health expenditures. Further, notwithstanding the government's commitment to reach the target of increased health expenditure of public health allocation, there is still a long way to go. With 85 percent of the Ministry of Health's budget coming from domestic sources, Zambia's own resources provide the majority of the on-budget funding for the health sector. External funding is still important, though. In 2022, financing dropped from twenty percent to fifteen percent.
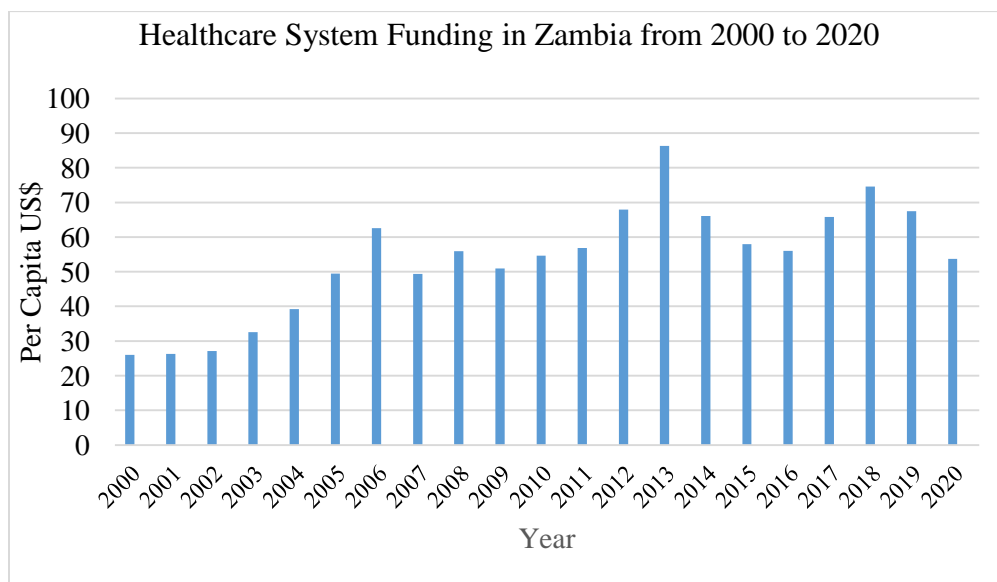
Figure 7: Healthcare System Funding in Zambia from 2000 to 2020

Source: Macrotrends, 2024

The patterns over the years are summarized in the diagram above. Zambia has had

difficulties paying for its healthcare system appropriately due to competing objectives

and budgetary restrictions. Health crises, shifts in government objectives, and changes in

the economy have all had an impact on the health budget (Chikalipah & Makina, 2019).

Zambia has worked to raise health spending in order to enhance the quality and

accessibility of healthcare. This entails devoting additional funds to initiatives like

building infrastructure, educating healthcare workers, and acquiring necessary

medications and medical supplies. Additionally, Zambia has profited from donor money

and global health initiatives, especially for targeted health programs that address diseases

like tuberculosis, HIV/AIDS, and malaria (MOH, 2024). Zambia has struggled to provide

adequate funding for its healthcare system, even in the face of attempts to raise health

spending. The health budget has been limited by limited budgetary space, competing

priorities including infrastructure and education, and foreign economic shocks. The

necessity of long-term funding sources for bolstering Zambia's healthcare system has

been acknowledged. To close funding shortages and guarantee long-term sustainability,

initiatives to strengthen domestic resource mobilization, increase budget efficiency, and

investigate novel financing options have been promoted (MOH, 2024).

2.2.2 Healthcare Service Quality

Mosadeghrad (2013) defined quality healthcare as continuously meeting the

demands of the patient and satisfying the needs of the providers while delivering

efficacious, effective, and efficient healthcare services in compliance with the most

recent clinical recommendations and standards. Hermawan (2018) defines service

quality as a set of unique production or service forms that have the capacity to meet the demands and preferences of the community. In the meantime, Kotler (2017) claims that service quality is a way for customers to compare the quality of service they received with the quality they anticipated. According to Abdullah and Tantri (2017), a product or service's overall qualities as well as those that influence how well it may meet explicit and implicit demands are what constitute service quality. This remark implies that the degree of discrepancy between the patient's expectations and the actual services received or perceived determines the quality of care. In order to attract patients and encourage them to make more purchases of medical services, hospitals must give careful consideration to the quality of care they provide. Hospitals offer high-quality services with an emphasis on health service providers with a wide range of organizational configurations. When it comes to healthcare, service quality is defined as the difference between what people expect and their perceptions (Albert et al., 2005). Expectations are defined as what patients believe should be provided in the form of medical services, and perceptions are the patients' assessments of certain aspects of those treatments in relation to their expectations. The operational quality of a hospital is contingent upon the equilibrium between patients' expectations and perceptions.

Furthermore, it was suggested by Lytle and Mokva (1992) that patient requirements are satisfied by high-quality healthcare, and that patients assess a hospital's service quality based on its physical environment, service output, and service procedure. According to Guo and Wang (2015), decision-making in satisfying customer expectations and service attitude are directly related to service quality. The concept of service quality

52

is defined as the degree and direction of congruence between customer perception and expectation. Prior to actually receiving the selected service, clients have expectations. Throughout the service delivery process, customers create perceptions, which they then assess by contrasting them with the expectations that will be fulfilled (Wu, 2011). According to Tan et al. (2010), satisfying customer wants and expectations is the process of providing quality service. Kotler and Keller (2012) contend that the demands of the client should come first and their perception should come last in determining the quality of the service. Hospital service quality has a direct bearing on the idea of healthcare service quality. Customer perspective, not that of the service provider, determines the quality of good healthcare services. A thorough evaluation of the superiority of the care provided by the company to the patient is found in the customer's perception of service quality.

According to Albert et al. (2005), customers' evaluations of the services are crucial because they allow for a comparison of expectations and actual performance or experience. This comparison can be made between two services' respective brand images. The evaluation should take into account the technical quality of the services, including their outcome and how they function. Three criteria can be used to classify user experience: what can be felt (technical quality), how services are delivered (functional quality), and the impressions the user has, either positive or negative, about the company (brand image), either before or after using the services. If his expectations were met and he felt satisfied after using these services, then the quality of the services was satisfactory. Stated differently, a positive impression suggests that patients were either

happy or extremely satisfied, indicating high-quality services. Patients' perceptions of the quality of care must still be low if they continue to fall short of expectations. The hospital's definition of service quality is tested in this study. The context of the hospital's service quality in this study is health care services. Expectations are addressed when a patient thinks about what the hospital can provide, like medical care. The balance between patient perception and expectation determines the quality of hospital services. Perception can be defined as the patient's judgment of the medical service and the relative attribute of the anticipation received by the patient. According to John (Shahidzadeh et al., 2008), medical service quality can be improved by encouraging patient-doctor interaction, and he referenced to the concepts of technical care and emotional care. Technical care entails the precision of the diagnostic and treatment procedure, whereas emotional care entails the behavior of the service provider and communication between patient and medical doctor. According to Lytle and Mokva (Shahidzadeh, 2008), the quality of medical services meets the needs of patients, and patients evaluate service quality based on service outcome, service process, and physical surroundings.

Researchers categorize different elements of the quality of medical care as viewed by patients differently. According to Reindenbach and Sandifer-Smallwood (1990), the following factors determine the quality of medical services: (i) patient trust; (ii) hospital reliability; (iii) treatment quality; (iv) subsidiary facilities and services; (v) physical facilities; (vi) waiting time; and (vii) mental care. Babakus and Mangold (1992) assessed the performance and expectation levels of the SERVQUAL (service quality) indices in five dimensions: tangibles, assurance, responsiveness, empathy, and consistency. Active

conversations on the quality of medical services from the perspective of patients and customers have resulted from the development of Servqual, a tool that measures service quality from the user's perspective in the service industries (Parasuraman et al., 1988). Unquestionably, the Servqual scale, which measures customer satisfaction and is based on expectation and perception gap analysis, dominates the service quality assessment (Butt and de Run, 2009). This review technique is general in nature, though, and it can be modified to better suit a particular sector. Consequently, it was found that all five categories were sufficient indicators of the quality of medical treatments.

Kamwanga et al. (1999) conducted a primary health care project in an attempt to contribute to the improvement of basic healthcare in Zambia. The primary goal of this study was to investigate the factors that impede or enable health reforms in both rural and urban Zambia, with the ultimate goal of improving basic health care. According to the findings of this study, studies of care must consider the numerous components of care, the type of health facility, and the diverse environments in which health facilities are placed. One significant area is the scarcity of medications in health-care facilities. Access to health care facilities, particularly in rural areas, is said to be limited. Shikabi (2013) investigated the variables impeding primary health care delivery in the Chibombo district. According to the report, some of these reasons include poor infrastructure, a lack of medical supplies, a lack of equipment, a lack of budgetary allocations, and physical and economic restrictions that users confront. However, according to a Siachisa study, people's unwillingness to pay user fees is influenced by a variety of factors such as income, occupation, education, the provision of excellent services, and sensitization

55

owing to high density residential areas. People choose alternative health care providers such as traditional healers, private local pharmacy stores, pharmacists, and private clinics as a result of these reasons.

A number of issues, including increased employment of unsuitable health professionals, closing of certain hospital units due to staffing shortages, and inadequate time spent with patients as a result of work overload, can affect attrition and affect the delivery of high-quality healthcare services. By conducting a case study of the Mandevu residential neighborhood to examine the effects of staff shortages on a community, this study improves upon the previous one. Zambia has fewer than one-third of the doctor-patient ratio that the WHO recommends, indicating a severe scarcity of medical professionals. But after years of disuse, the problem of human resources is being given new life, and Zambia is now serving as a test bed for a number of initiatives designed to retain medical staff, expand the number of healthcare workers, and improve the quality of life for nurses and physicians. Even though there are only so many doctors in the world, it has been found that a patient's length of stay at the clinic has a significant impact on the quality of care they receive. The findings, according to Kaonga (2019), indicate that a significant barrier to receiving high-quality medical care is hospital overpopulation. In the medical facility, higher wait times and lines are the norm due to the increased number of unattended patients. The majority of facilities in Zambia's major hospitals, including University Teaching Hospital, Levy Mwanawasa Teaching Hospital, Chipata First Level, and Matero First Level Hospital, cause overcrowding. As a result, patients avoid visiting these facilities because of the lengthy wait times and the amount of time they spend there.

Congestion in current facilities is a result of the unequal distribution of health facilities across the nation, especially in high-density areas. At the district level, the government has divided districts into A through D zones, with C and D zones having the lowest degree of investment in health facilities. Users in these zones are thought to suffer increased challenges to accessing health facilities as a result of inadequate health mapping, health staff allocation, equipment, maintenance level, road conditions, and so on.

Overall, the study found that a number of factors, including staff attitudes, economic factors, and traffic at medical facilities, could make it more difficult for patients to receive high-quality care. Meeting the requirements of patients is just as important to providing quality healthcare as the ability of the service providers to deliver high-quality treatment. Individuals and the economy are impacted by healthcare quality in a number of ways, therefore taking proactive measures to improve overall performance is essential.

2.2.3. Brand Image

Brand image is a collection of perceptions associated with a brand that reflects a customer's overall view of the business (Keller, 1993) Brand image has been extensively researched in customer purchasing behavior because it is crucial in consumer decision making (Yagci et al., 2009) Brand image relates not only to real objects but also to business institutions such as hospitals. Company brand image refers to the set of views about a company's name and reputation, and it represents both the factual and emotional aspects of a company (Keaveney and Hunt, 1992). According to Kotler (2017), image

refers to how the general public views the services that are offered. Brand image, according to Aminah et al. (2017), is the general impression of a brand that develops over time as a result of assimilating data from numerous sources. In order to appropriately drive purchase intentions and boost brand value, Khuong and Tran (2018) define brand image as a circumstance in which patients believe and feel an attribute of a brand. Clow and Donald (2018) assert that brand image, on the other hand, captures the perceptions that consumers and companies have of both the company as a whole and of specific items or product categories. Consequently, it may be claimed that the patient's experience of the hospital is represented by their perspective or impression of hospital services. Every sector, including healthcare, recognizes the importance of branding. Patient choice has never been more crucial in healthcare than it is now. Keller (1993) defines healthcare branding as the practice of changing how a healthcare institution is viewed. According to Kotler (2001), brand image is a set of beliefs, ideas, and impressions that a person has about an object, whereas Keller (1993) Considered brand image to be a collection of consumer perceptions about a brand in their memory. Positive branding is important because it helps customers visualize and comprehend things and reduces their perceived risk when purchasing services. A health care organization's brand image is relative to rival businesses in the same industry; it is not absolute (Kim et al., 2008)

Considering it will affect how people perceive the company's value, quality, and satisfaction, a positive corporate image is a valuable asset (Zeithmal et al., 2017:48). Similar to other healthcare facilities, hospitals with a positive reputation will see increases in patient happiness, quality, and value. According to Afrizal and Suhardi

(2018), a positive brand image is anticipated to affect patient attitudes and behavior, particularly with regard to the patient loyalty process. Additionally, the hospital's reputation acts as a mediator and defender of the cordial relationship that exists between the facility and its clients (Wu, 2011). Patients are able to feel satisfied and confident when using hospital services thanks to the hospital's reputation, which fosters patient loyalty. The corporate brand image has emerged as a crucial success factor in today's cutthroat business environment, especially in the service industry. A strong company image is required for a service provider to maintain its market position (Kim and Kang, 2008) It has strategic consequences for patient acquisition and retention.

Customer decisions are influenced by brand image (Wu, 2011). The process that the company continuously establishes and creates value for the client is the intrinsic brand image in the consumer (Rajagopal, 2007). The availability of easily available services for customers and effective use of technology characterizes the digital era, which drives service providers to deliver better services. Recognizing the various client types is part of the organization's effort to build a favorable brand image (Tanford, Raab, and Kim, 2011). A positive brand image also pushes organizations to provide high-quality services. According to Hess et al., (2005) if a hospital provides good quality services, patients will be more satisfied than the hospitals anticipation. Every healthcare service firm strives to create and maintain a distinct and appealing brand image in order to attract and retain clients over time. Furthermore, healthcare organizations frequently employ brand image to boost their competitive position in their respective industries. Branding is especially crucial in-service businesses, according to Berry (1999), because strong brands

increase clients' trust in the invisible purchase. Even more crucial is the source of customer value generation. As the importance of service in determining consumer value grows, the brand highly affects the customer's loyalty.

Brand loyalty is impacted by brand satisfaction, brand experience, and brand trust, according to research done in 2011 by Sahin et al. Meanwhile, brand satisfaction and brand trust influence commitment and willingness to repurchase a product, which in turn influences loyalty, according to research by Eric Aysel, Sevtap, Candan, and Hatice (2012). Maintaining a positive brand image is essential to a business's capacity to remain competitive in the market. The collective views, opinions, and perceptions of patients regarding the hospital's services make up the hospital brand image. According to Kim and Kang (2008), a hospital's treatment experience and medical examination process also contribute to its inherent brand. Hospital brand image also has a strategic function. Consequently, patients' intentions to select the hospital are reinforced by a favorable perception of the hospital's brand.

Healthcare Insurance is still quite low in the Zambia Insurance Industry. More citizens now have access to inexpensive healthcare thanks to the implementation of the National Health Insurance Scheme (NHIS) The concept of universal access and coverage is based on the assumption that there are services to be accessed and that a uniform bundle of benefits may be provided. This necessitates the provision of essential infrastructure, facilities, equipment, and medications. In parallel with a for-profit, private health insurance system, the NHIS functions. Stated differently, a parallel system exists, raising concerns about service equity. Because the NHIS is meant to apply to both the

60

public and private sectors, there is a significant infrastructure gap between publicly funded and privately run health care providers. As a result, a coordinated mechanism between the insurance schemes is necessary to guarantee access to standardized, high-quality care (Mange, 2021). With this in mind, patients are abandoning the brand image in favor of NHIMA-accredited institutions with the necessary infrastructure both for private and public hospitals. This has a significant impact on hospitals that are not NHIMA-accredited, putting them at a competitive disadvantage in comparison to other hospitals.

At the other end of the spectrum, Zambians must travel 500 kilometers to the nearest health care institution, with one doctor for every 12,000 patients (WHO, 2018) As a result, brand image is meaningless to patients who are simply looking for the nearest health center. According to Kaonga (2019), economic considerations influenced local people's access to health care. Economic factors are mostly concerned with issues of affordability. This might take the shape of service costs and prices, as well as household resources and willingness to pay. The financial situation of the patients may have an impact on their capacity to obtain appropriate healthcare treatments. As a result, even if a hospital's brand image is positive and patients want to go there, their financial situation becomes a barrier.

Generally, brand image in Zambia doesn't seem much of a concern as individuals are striving to get the best healthcare services at the most affordable price. With that in view, patients are opting for places that have the required services and infrastructure to attend to their needs. Due to majority of the poor living in highly densed-areas, their

selection is the nearest public health centre to cut down on costs. However, with the implementation of the NHIS system individuals have more options to choose from, including private hospitals.

2.2.4. Patient Satisfaction

Tjiptono (2017. p146) defines patient satisfaction as a post-purchase evaluation in which the chosen service alternative's performance is seen to have met or exceeded pre-purchase expectations. According to Kotler (2017), patient satisfaction is the degree to which an individual feels satisfied or unsatisfied with the perceived performance of a service or outcome in relation to their expectations. In addition, patient satisfaction is defined by Daryanto and Setyobudi (2018. p135) as the patient's emotional evaluation following the use of a service that satisfies their needs and expectations. According to Kotler and Pohan (2017), patient satisfaction is the result of a patient evaluating their experience with hospital care by contrasting what they had anticipated with what they really received. Furthermore, a patient's perception following health care in a hospital that fulfills their expectations is known as patient satisfaction. Patient loyalty is determined by patient happiness, therefore if a patient is happy with the medical care they receive, they will repurchase it without considering the offerings of a rival institution. Service quality and satisfaction with treatment are strongly associated because high-quality care can encourage patients to develop personal relationships with the facility. The hospital can better understand the needs and expectations of its patients by using this link. Thus, by highlighting positive interactions and minimizing or removing unpleasant ones, hospitals can raise patient satisfaction (Tjiptono, 2017).

The goal of a company's customer retention strategy is to keep them happy. Customer trust, among other factors, can lead to satisfaction and commitment to the product or service chosen. The question of patient satisfaction is well discussed (Akbar and Parvez, 2009). Although there are many definitions for patient satisfaction, most definitions describe it as a positive or negative emotion that consumers feel depending on how well service providers meet their expectations and how well they meet their own (Zeithaml and Bitner, 2003; Kotler and Keller, 2011). If performance satisfies or exceeds customers' expectations, they will be happy; if not, they will be disappointed (Oliver, 1997). The description in the context of healthcare is supported by the literature on patient satisfaction (Chahal and Mehta, 2013; Chang et al., 2013; Choi and Kim, 2013). The alignment of expectations and experiences has a significant impact on patient satisfaction (Amin and Nasharuddin, 2013; Moliner, 2009). If the company meets or exceeds customers' expectations, they will grow to trust the quality of the services. According to Sahin et al. (2011), patient satisfaction has an impact on loyalty. Meanwhile, according to Eric Aysel et al., consumer happiness may affect their loyalty and willingness to purchase a product (2012). In the midst of change in a highly competitive market, the company prioritizes customer happiness while creating its development plan. Customer satisfaction, according to a study by Padma et al. (2010), is an organization's strength, goal, and motivation when developing creative strategies that result in devoted clients and superior performance. Customer satisfaction can be assessed after a client has utilized a business's good or service.

Employee satisfaction affects the quality of health-care services, which leads to an increase in patient satisfaction (Babakus et al. 2004; Hau et al. 2016) Furthermore, the level of service provided by employees that have direct contact with clients is connected to employee satisfaction (Lee et al. 2012) The subjective assessment of service quality by the customer includes not only their subjective judgment of services that satisfy stated standards, but also their evaluation of performance during the service delivery process (Upadhya et al., 2019) As a result, all of these services are critical for retaining patients. Zeithaml et al. (1996) proposes that positive customer assessments of service quality lead to the development of positive behavioral intentions, which in turn strengthen the relationship between the service provider and patients. Strong data suggests that patients are more likely to return if they receive excellent hospital treatment (Taner and Anthony, 2006). When selecting a provider, referrals from friends, family, and other patients are seen as a valuable source of information (Taner and Anthony, 2006). Moreover, specialists in healthcare marketing believe that the best kind of promotion for doctors' practices and hospitals will come from pleased patients spreading positive word of mouth (Zeithaml et al., 1996). Previous research has typically found a link between patients' satisfaction and loyalty. In their study, Cronin et al. (2019) established a link between satisfaction and loyalty across six industries, including health care services.

According to Kaonga (2019), the study discovered that some health personnel's attitudes could be a factor influencing patient satisfaction. Healthcare providers have been accused of being unpleasant and lacking decorum when conversing with patients. Low motivation levels may be a cause in health personnel's negative attitudes. As

previously noted, health care institutions are understaffed, and employee morale is low. Despite patients' differing experiences, the study found that health personnel attitudes are a barrier to users receiving healthcare services, as users may feel disrespected and choose to travel to a health facility that is further away, bypassing the one nearby. According to Kaonga, (2019), a study conducted in Chaisa health center suggested that despite the enormous number of users, they reported pleasure with good quality services and faster service. It is vital to highlight that each user had a unique experience in terms of satisfaction. While others were pleased with the speedy service and rated the hospital as the finest, others were dissatisfied with the lack of doctors, high wait times, lack of civility by personnel, corruption, and lack of openness when attending to patients.

According to Kaonga, 2019, individuals at Mandevu clinic were dissatisfied with health facilities due to poor service delivery; as a result, some users were hesitant to use them. In public hospitals individuals are often discouraged from visiting the clinic due to a lack of medications and immunizations which has been a challenge in Zambia. Most hospitals will not have the prescribed drugs and people were forced to buy medicines. As a result, individuals tend to purchase medications from a private drugstore rather than going to a hospital. As a result, confidence in the services provided are low and no satisfaction is experienced. People who lacked faith in the quality of care may have bypassed the nearest facility in the belief that they could get a better service elsewhere. Generally, patient satisfaction has the potential to retain patients. The quality of healthcare services that they receive will determine their satisfaction. This study aims to

determine the extent to which the quality of healthcare services affects the patient's satisfaction.

2.2.5. Patients' Loyalty

According to Griffin (2017), loyalty is an attitude or behavior that demonstrates regular service purchases made based on the decision-making unit, and loyalty is defined as a non-random purchase demonstrated over time by a decision-making unit. On the other hand, loyalty, in the words of Kotler and Keller (2017:138), is the commitment to make a repeat purchase or continue using a certain service in the future, independent of circumstances or promotional campaigns that may cause behavioral changes. The most recent definition of loyalty is given by Purnomo (2019), who claims that loyalty is a statement of customer satisfaction obtained via the use of services. Conversely, Sari (2018) characterizes patient loyalty as the conduct of individuals who consistently use healthcare services because they are happy with the treatment they receive. According to Rohmati (2020), patient loyalty is a form of compliance behavior or a patient's commitment to selecting and regularly using the same healthcare provider over an extended period of time. Therefore, behavior that indicates a patient's dedication to regularly utilizing medical services or subscribing to hospitals might be considered patient loyalty. Gremler and Brown (1996) assert that service businesses are more dependent on client loyalty than product businesses. The fact that customer-producer interactions happen more frequently in the service sector than in the goods sector helps to explain this (Parasuraman et al., 1985). Additionally, customers take on more risk when they buy services as opposed to commodities, probably because products can be checked

out before being bought, but services can only be evaluated after the fact (Murray, 1991). Healthcare services fall into one of two categories: credibility services, which are high-risk services that clients find challenging to evaluate objectively, or people processing, which requires regular interactions between clients and service providers (Zeithaml et al., 2008; Chang et al., 2013). Thus, healthcare service institutions must consider patient loyalty in order to retain their client/patient base and recruit new patients. There is no consensus on what constitutes loyalty.

Patients' strong desire to stick with or choose particular healthcare service providers even when there are accessible alternatives can be defined as loyalty in the context of a healthcare institution (Chang et al., 2013; Moliner, 2009). According to this concept, there are two types of customers: those that genuinely make a choice based on preference, and those who choose particular service providers out of necessity (because they have no other choice) (Chang et al., 2013; Moliner, 2009). Repurchase intention, price insensitivity, feedback (word of mouth, complaint behavior), and intention to increase business in the future (regular buying and no switching intention) are the four elements that make up the loyalty construct (Zeithaml et al., 1996). Researchers have looked on customer loyalty in the context of healthcare services. However, the idea that patient enjoyment determines loyalty has dominated previous research (Chang et al., 2013). In contrast, this study provided a conceptual model comprising three variables: perceived value, contentment, and trust (Figure 1). The idea behind this is the recognition that customer loyalty can no longer be explained by contentment alone (Chang et al., 2013).

Patients will benefit from improved health outcomes if patient loyalty is developed and maintained. According to Zhou (2017), patients play significant roles in healthcare services and their involvement affects health outcomes. Loyalty encourages better utilization of preventative services, adherence to medical recommendations, and continuity of care. Following their treatment plans, using medical services, and keeping up their ties with particular healthcare providers are all characteristics of loyal patients (Phiri and Ataguba, 2014). Medical advice compliance and continuity of treatment improve healthcare services and patient outcomes. As a result, healthcare practitioners must manage patient loyalty effectively for the benefit of both health providers and patients. Several studies have been conducted to investigate how the components influence patient loyalty (Yusof et al., 2012) Patient loyalty is a direct effect of high service quality. Loyalty is supposed to be an emotional tie formed between customers and service providers. The user's decision-making process is directly influenced by the quality of services acquired (Kulsum, Yanuar, and Syah, 2017) Patients may decline acknowledgement in need or offered if there is a congruent beneficial relationship, a satisfactory therapeutic outcome, and patient satisfaction (Astuti and Nagase, 2016) As a result, the strength of the user's relationship is utilized to determine loyalty (Nogami, 2016) The attitude and actions of the customer reflect loyalty. Whereas attitude helps to build trust and relationships, behavior shows a willingness to use the company's product or service again. Consistent use of a product or service thus displays a strong belief in the system, which translates into loyalty.

68

With the introduction of the National Health Insurance Scheme, services have proved to be more accessible for a larger number of citizens making private services less attractive due to higher prices. According to Lwenga (2019), penetration levels are still low countrywide with 1.6% adults recorded to have health / Medical insurance cover by 2018. This entails that the introduction of the scheme has helped improve a wider access to health care institutions. Over 100 hospitals have been accredited under the scheme which has given patients more access to healthcare services. However, the introduction of the scheme has reduced patients' loyalty resulting in patients only going to hospitals that are NHIMA accredited. This has reduced the overall loyalty levels because patients would rather go where they pay less instead of their usual healthcare service provider.

Overall, patient loyalty is seen amongst individuals when they are satisfied with the services that they receive. If patient loyalty is built and sustained, patients will benefit from improved health outcomes. Customers and service providers are intended to develop an emotional bond through loyalty, this is important as the quality of services acquired has a direct influence on the user's decision-making process. In this study we will be able to obtain insights on how healthcare services have an impact on the loyalty of a patient despite the prevailing changes that are currently occurring in the Zambian healthcare industry.

2.3 Strategies to promote Healthcare Service Quality in Zambia

The parameters of national and health sector development planning were followed in the creation of the National Health Strategic Plan (NHSP) 2022–2026. The Plan is in line with the United Party for National Development's (UPND) manifesto and is

governed by Vision 2030 as well as other pertinent national, regional, and global policy and strategic development frameworks. With an emphasis on accomplishing national health goals and objectives as well as targets under SDG 3. The Plan provides a thorough strategic framework and direction for the health sector for the next five years, with a focus on "good health and well-being for all"—and high-quality universal health care (UHC). The health of the majority, especially that of women, children, adolescents, and the most vulnerable populations, continues to be a challenge and a serious concern despite great progress in most important areas of health care delivery and health system strengthening. The government has implemented policy measures to guarantee that public health services at all levels are funded by general tax revenue and provided to all citizens at no cost. The government recognizes the significance of investing in people's health and well-being in order to achieve its long-term aim (Health Sector Development Plan, 2021). Since primary health care is the most accessible service and is predominantly utilized by the poor, this aligns with the government's principal goal of obtaining universal health coverage (UHC). The policy is in favor of providing health services that are partly financed by tax money and partly by a Social Health Insurance (SHI) fund that is mandated as well as other medical assistance programs. The expansion of the formal sector, which supplies the majority of the resources for health through general taxes, will determine how much more money SHI will earn.

The Zambian government, through the Ministry of Health (MOH), intends to establish a Results Based Financing (RBF) system model for the public health sector in order to provide transparency and accountability in the use of financial and human capital

to maximize efficiency. To ensure the RBF's success, service charters for all MOH support divisions will be prepared. Service Quality Assessments (SQA) will be used at all levels to account for resources used in service provision and supervision. This can be accomplished by ensuring adherence to standards in support systems such as finance and procurement processes for budget planning and implementation, as well as integrity committees. Quality-related activities will be included in all MOH job descriptions, and all NHIMA-accredited facilities will be monitored for service quality. Furthermore, support research, especially operational research, for performance and quality improvement, with a focus on developing a research culture to generate knowledge and the development of knowledge management systems to share lessons learned and best practices.

To develop an integrated approach to planning, improving, and sustaining quality in the delivery of health services at all levels of implementation through understanding the definition of quality. To ensure transparency, the formation and communication of reporting responsibilities into the MOH-led Performance improvement//Quality assessments monitoring and reporting system will be implemented with all health development partners. This would facilitate a systematic, ongoing modification of guidelines with all MOH departments, taking into account guidance in all program areas and directorates. Furthermore, quality management will be integrated in the performance management framework for management employees at all levels of the MOH. All disease programs at all levels of the MOH, as well as health development partner programs, follow similar harmonized planning criteria that give clear guidance for the incorporation

71

of priorities in annual work plans. Performance indicators will be used to monitor the implementation of service charters, which will be communicated with all relevant program officials. All disease programs will use a Performance Improvement Surveillance plan as a monitoring strategy for performance metrics.

In order to institutionalize a culture of quality in Health Care Workers staff in health facilities have to be trained in all clinical areas. The current personnel will need to be audited and trained in many clinical areas that are weak in all institutions, as well as collaborate with suitable departments to improve experience. Incorporate quality and performance as a mandatory component of all health worker training by holding meetings with relevant technical staff and regulatory organizations to include quality and performance in training packages and pre-service curriculum. Additionally, teaching selected health personnel in sign language to provide comprehensive services to those who require this sort of communication will be an extra benefit that will include diversity and improve the overall health experience. It is necessary to build reporting tools and guidelines for clinical governance and audit operations, which will be used to monitor health workers' adherence to recommendations and protocols. In all facilities, employees should be trained on the rules, Standard Operating Procedures, algorithms, and task aids.

To ensure the availability of functional equipment, reagents, safe and potent medicines and reliable transportation, the strategy aims at the following: Holding equipment maintenance refresher courses for laboratory and equipment maintenance personnel, harmonizing and successfully utilizing a tracking system for reagent and drug stock status, Availing funds for planned maintenance of fleet (ambulances, utility

vehicles, boats, and motor bikes) at all levels respectively. Other measures that will be implemented include increased screening at ports of entry for all medical products to guarantee that patients receive high-quality medicines. This strategy also intends to create and distribute methods for monitoring and assuring compliance with National Health Service Standards for health infrastructure. The Ministry of Health intends to make significant investments in the restoration of existing physical infrastructure. Regular physical infrastructure maintenance and repair should be created, and competent departments should ensure that it begins. This program will assure the availability of trained maintenance personnel as well as the implementation of planned preventative equipment maintenance measures.

2.4 Identification of Study Gaps

Although there is a large body of literature on the evaluation of healthcare quality, not much study has been done to pinpoint the variables that either improve or lower the caliber of healthcare services (Albert 2005 and Shad 2008). According to the study of the literature, there are relatively few articles that aim to measure how hospital brand image, patient loyalty and satisfaction affect healthcare service quality. To explain patient loyalty, researchers have generally focused on service performance (Moliner, 2009; Chang et al., 2013). More specifically, satisfaction has been identified as the most critical construct in determining patient loyalty in prior studies (Moliner, 2009; Chang et al., 2013). However, according to the literature on service marketing, customer loyalty can no longer be solely explained by patient satisfaction (Chang et al., 2013; Aurier and N'Goala, 2010) Customer loyalty is not always a guarantee of satisfaction (Chang et al.,

2013). According to Prago and Sohal (2001), this implies that pleasure serves as an order qualifier as opposed to an order winner. This is also true in the healthcare sector, where loyalty is not a given but satisfaction is a necessary condition, according to Chang et al. (2013). Put another way, discontent causes people to consider other options, but contentment does not imply loyalty. Therefore, in order to help healthcare institutions, draw in and keep patients, more comprehensive study on patient loyalty is needed. This study, therefore, aims to fill this research gap by empirically exploring patients' perspectives on the quality of medical services in hospitals. To fill this gap in research, we look at the association between patient satisfaction, brand image and patient loyalty to healthcare service quality.

There is no doubt that the healthcare industry has loopholes that contribute to its inefficiencies. Despite recent major improvements in health-care systems, variable and unreliable quality of care remains a concern. A successful transformative shift necessitates a thorough examination of the entire system in light of policy, legislation, personnel, infrastructure, medical and surgical supplies, and facility equipment. This strategy lays out a plan for addressing significant challenges in order to expedite national health-care quality improvement. Because there is little to no information, the strategies and best practices for promoting and improving the healthcare industry in Zambia will be determined.

2.5 Summary

The study benefited greatly from the abundance of information and theoretical ideas on factors influencing the quality of healthcare services in healthcare facilities that

the examined literature offered. The study was able to use a better methodology thanks to the literature review. It contributed to the realization that user perspectives must also be investigated in order to determine the aspects influencing quality; opinions from service providers alone will not suffice. Although quality is a multifaceted word that may have different meanings for different individuals, it is crucial to remember that quality encompasses more than just offering high-quality services; it also requires being accessible and useful to those who are in need. The aforementioned variables discussed would not hold if no new strategies are implemented. Therefore, an updated version and insights of the best practices to be done to improve the healthcare industry have been highlighted. Thematic review recognized the need for further research to investigate the variables that were discovered and their interactions in more detail. Thus, it was evident from this literature that conducting the investigation was worthwhile. This research aims to add to the current literature, as the literature analysis also revealed a large gap in tactics that can assist the healthcare system in achieving long-lasting effects. The next chapter shows the methodology that will be implored and how each research question will be tackled. It further highlights the data analysis and introduces the ethical and legal considerations of this study.

CHAPTER III:

METHODOLOGY

Research methodology defines an organized framework for designing and carrying out research investigations (Kim, 2008). It describes the actions, procedures, and strategies to be employed while gathering, analyzing, and interpreting data. This chapter explores the methods used to answer the research questions. The lack of understanding of the challenges in getting healthcare services, particularly in rural areas, as well as the equitable distribution of healthcare across regions and demographic groups. This research tries to close this knowledge gap by identifying answers to the problems it encounters. Furthermore, in relation to healthcare services the study explores the relationships patients have towards healthcare facilities, evaluating variables such as brand image, patient satisfaction and patient loyalty. This chapter explains the methodological issues that were raised during the research and offers an explanation for each action that was done. The study methodology, sample frame, sampling size and methodologies, data gathering methods, and data processing methods are all involved. The aim is to get accurate and credible answers from the respondent population so that the research questions can be correctly answered and analyzed.

3.1 Methodology for Research Question 1

Research Question 1; In what ways do brand image, patient satisfaction and patient loyalty impact the healthcare service quality in Zambia?

3.1.1 Research Design

A research design is critical for researchers because it communicates information about key aspects of the analysis, allowing them to distinguish between qualitative, quantitative, and mixed methods research. It demonstrates a crucial phase towards understanding the relationship between the variables. In this study, descriptive research will be employed. Descriptive research is mostly used to describe the current state of circumstances. Chou & Kohsuwan (2019) assert that descriptive research is not limited to factual discoveries but may also lead to the development of significant problem-solving strategies and the articulation of key knowledge principles. A sample of people can be interviewed or given a questionnaire as part of a descriptive survey to gather information (Iqbal and Indradewa, 2021). The researcher employed a qualitative research methodology in this investigation. Qualitative research methods are those that deal primarily with verbal data, according to Mosadeghrad (2014). It is more concerned with understanding phenomena from the perspectives of the participants. As such, qualitative research methodology seeks to establish relationships and explain causes of changes in measured social facts. The major benefit of qualitative data is its ability to gain more in-depth information on the study being done.

3.1.2 Study Population

The population under the study is any individual who has visited any medical institution more than once. The research was conducted in the capital city of Zambia, Lusaka. According to Zambia Statistics (2022), Zambia has a total population of 19.6 million people, with the majority of its citizens being located in Lusaka with a population

of 3 million. This location was chosen because it has the most medical institutions in the country having the highest number of individuals. Due to its high density, a true picture of the study is able to be obtained considering the many options presented. As such, patients' perspective is crucial to understanding the research (Ajmal, 2022).

3.1.3 Sampling Size and Sampling Technique

A sample, as defined by Adnan et al. (2018), is a portion of the target (or accessible) population that has been chosen through a selection process to serve as its representative. Various medical services are offered by these facilities. Patients who visited hospitals at least twice were included in the study because a single visit is insufficient for a patient to provide accurate feedback regarding the services provided by the hospital. The anonymity and confidentiality of the respondents was communicated prior to any responses received. From the study population, a sample size of 50 respondents was selected. Probability sampling will be the main focus in this research. It refers to every respondent in the population having the same chance of being selected. Probability sampling techniques are the most appropriate approach for producing findings that are representative of the entire population. Simple random sampling is an essentially random form of sample collection. The incorporation of this method is due to its lack of complexity allowing it to be quick and in turn save time (Paradilla et al., 2022). Any research done on this sample should have high internal and external validity and be less vulnerable to research biases like sampling and selection bias because it uses randomization. A margin of error based on the sample size and the population size to

which the generalization is being made can be computed using the replies, which can be extrapolated to a larger population.

3.1.4 Data Collection

This process involves routinely gathering and analysing information on selected factors or variables, enabling individuals to answer and classify the outcomes of the relevant questions (Zhou, 2017). In this research, two types of data were collected: primary and secondary data. Secondary data was collected by reviewing journals, reports and articles between 2010 – 2023 which was then used for qualitative analysis. The reviewed articles are highlighted below.

At the Panyapiwat Institute of Management in Thailand, Shi-Kai Chou, Phanasan Kohsuwan, and Pithoon first looked at the impact of corporate image, service quality, trust, and perceived value of Chinese customer satisfaction and loyalty: Thai medical services. Human Behavior, Development, and Society, Volume 20, Issue 3, ISSN 1651-1762, 2019. This study looked at the factors influencing the loyalty and degree of satisfaction of Chinese-speaking patients in Thailand's healthcare system. The study built on previous research by looking at Chinese-speaking patients who were treated at a Thai medical facility. In particular, the effects of perceived value, trust, corporate image, and customer loyalty on customer satisfaction and customer loyalty were investigated as five dimensions of service quality. A study of structural equation models was employed to examine the answers provided by 406 Chinese-speaking individuals who sought medical care from Thai providers. The results of this study showed that five aspects of service quality were significantly improved by the perception of medical institutions. Positive

effects on perceived value, trust, and customer satisfaction were also observed for some measures of service quality. Customer satisfaction was significantly positively impacted by perceived value and trust. Customer loyalty was significantly positively impacted by customer satisfaction.

Secondly, Tjokorda Gde Raka Sukawati of Udayana University in Indonesia wrote a paper titled Hospital Brand Image, Service Quality, and Patient Satisfaction in Pandemic Situation. It was published by ISSN 120-127 in volume 10, issue number 2. The purpose of this study was to examine how hospital service consumers in Denpasar, Bali, were impacted by hospital brand image, service quality, and patient happiness. 81 respondents who sought medical care in Denpasar hospitals were selected for this study using a straightforward random selection technique. The results of this study demonstrated that patient satisfaction is favorably and significantly impacted by hospital brand image and service quality.

Thirdly, Andi Ajmal, Muh Yusuf Q, and M. Risal of the University of Muhammadiyah Palopo in Indonesia published a study titled "Brand Image, Service Quality, and Patient Satisfaction on Patient Loyalty" in 2022 on ISSN 280-285, Volume 6, issue number 1. Mantik Journal. The purpose of this study was to characterize and examine how patient happiness, quality service, and the surgical polyclinic image affect patient loyalty. Purposive sampling, which combined quota sampling with accidental sampling in a questionnaire, was used to collect data. After entering the study data into SPSS 19, the multiple regression coefficients were $Y=1.112+0.268x_1-0.002x_2+0.246x_3$. The results of the test for the coefficient of determination (R2)

revealed an R2 of 0.278 (27.8%). It shows that 27.8% of the independent factors—image, service quality, and patient satisfaction—have an effect on patient loyalty, with the remaining 72.2% of the influence coming from other variables that were not examined in this study. The results of the study have implications for patient satisfaction; thus, the Sawerigading Palopo Hospital's Oral Surgery Polyclinic must continue to improve its standing and quality of care. When patient satisfaction is notably greater, patient loyalty increases. These findings suggest that at the Oral Surgery Polyclinic of Sawerigading Polapo Hospital, patient satisfaction, image, and service quality all have an impact on patient loyalty.

Fourthly, Anggreini Oktavia Trisno* and Margaretha Pink Berlianto of Universitas Pelita Harapan in Indonesia investigated how loyalty at XYZ Hospitals in Tangerang was affected by perceived value, brand image, satisfaction, trust, and commitment. In 2023, the study was published in volume 11 of the Manajemen Kesehatan Indonesia Journal. This study used a Google Form to disseminate surveys in order to ascertain the positive effects of an independent variable—perceived value and brand image—on the dependent variable, loyalty. The data for this study came from 261 respondents who were undergoing treatment at XYZ Hospital using a purposive sampling technique. The data in this study were analyzed using the smartPLS program and partial least squares structural equation modeling (PLS-SEM). The study's findings demonstrated that satisfaction is positively impacted by brand image, commitment, and satisfaction; trust and commitment are positively impacted by perceived value,

commitment, and satisfaction. Furthermore, the study shows no benefit from perceived worth or trust.

Fifthly, Dr. Kenneth N. Wanjau, Beth Wangari Muiruri, and Eunice Ayodo Jomo of Kenyatta University of Agriculture & Technology conducted a case study on Kenyatta National Hospital. Factors Influencing the Delivery of High-Quality Services in the Public Health Sector. Volume 2, Issue 13 of the International Journal of Social Science and Humanities. This study presented empirical data from a case study of Kenyatta National Hospital, the largest referral institution in Eastern and Central Africa, in order to assess the body of knowledge on quality management, public health care delivery, and related themes. There was a total of 103 individuals, comprising 12 pharmacists, 14 laboratory technicians, 29 clinical officers, 32 nurses, and 16 doctors. Additionally, data was gathered using both closed-ended and open-ended questionnaires. The results showed that insufficient employment capacity caused the quality of services in the public sector to decline by a factor of 0.981, while poor technology adoption in the delivery of health care resulted in a fall in service quality by a factor of 0.917. Ineffective communication channels had a 0.768 impact on the quality of services delivered by the public health sector, and a 0.671 impact on the supply of health services due to a lack of funding. This implied that the public health sector's capacity to deliver high-quality treatment to patients—which in turn impacts patient satisfaction and loyalty—was impacted by low staff productivity, low technology adoption, poor communication channels, and inadequate budget.

Sixthly, International Journal of Research and Review, Vol. 9, Issue 10, October 2022, published a case study titled "The Influence of Quality of Service and Hospital Image on Patient Loyalty with Satisfied Patients as Intervening Variables." a study by Beby Karina F. Sembiring, Arlina Nurbaity Lubis, and Debi Yolanda Kaban. The aim of this study was to examine how patient happiness and hospital image, as measured by service quality, affect patient loyalty at Sri Ratu Hospital. The population of this associative study consisted of 1,523 inpatients from Sri Ruta Hospital between 2019 and 2021, with a sample size of 317 people overall. The study's conclusions demonstrated that patient loyalty at Sri Ratu Hospital Medan was positively and significantly impacted by the direct quality of care, hospital image, and satisfaction. Additionally, patient loyalty is positively and significantly impacted by service quality indirectly through hospital image, and hospital image positively and significantly influences patient loyalty at Sri Ratu Hospital Medan (Kaban, et al. 2022.p1).

Seventhly, Wenyi Lin and Wanxia Lin (2022) examined the relationship between outpatients' loyalty to private dental clinics in China and brand image, perceived value, and service quality, with a particular emphasis on service satisfaction as a mediating factor. In terms of perceived value, service quality, brand image, and service satisfaction, this study aimed to explore the connections and pathways that impact outpatients' loyalty to private dental clinics in China. A cross-sectional survey research was conducted in Guangdong Province, China's Dongguan City, in January 2019. The participants were selected using the convenience sampling approach. For the study, a reliable sample of 230 residents was chosen, 125 of whom had been treated at private dental clinics. The

factors influencing patient loyalty were examined using a multivariate linear regression model. The route analysis was then used to look at the relationships between perceived value, service quality, brand image, patient satisfaction, and patient loyalty. After accounting for the effects of demographic and socioeconomic variables, patient satisfaction and perceived value had a substantial impact on patient loyalty. Path analysis suggests that patient satisfaction mediates the relationship between perceived value, perceived quality, and anticipated quality and patient loyalty. Patient satisfaction is directly impacted by these elements as well.

Eightly, in March 2021, a case study by M. Ali Iqbal and Rhian Indradewa from Mercubuana University in Indonesia was published in the International Journal of Research and Review, Vol. 8, Issue 3, with the title "The Influence of Brand Image and Service Quality on Customer Loyalty which is Mediated by Customer Satisfaction." Investigating the phenomena of customer loyalty in connection to customer happiness, service quality, and brand image was the aim of this study. One type of inference study used to evaluate a specific hypothesis is called conclusive design research. Descriptive research entails a thorough examination of an issue, while correlational research seeks to establish a connection between dependent and independent variables. Customer satisfaction has an impact on customer loyalty, as demonstrated by the results. The practical implications are that PT Indosat should manage its customer satisfaction, service quality, and brand image as the most significant factors influencing customer loyalty (Indradewa & Iqbal, 2021).

Ninethly, Towela Kaonga's PhD dissertation, University of Zambia, 2019,
examines the Mandevu residential area as an example of factors affecting the delivery of
high-quality healthcare in Zambia. This study found that staff quality and quantity, job
satisfaction (measured by pay and working conditions), and funding—which was found
to be inconsistent and insufficient, which hampered planning—were the main factors
influencing the delivery of high-quality healthcare in the Mandevu residential area of
Lusaka, Zambia. Other contributory factors included the accessibility of surgical and
medical supplies, the size of the user population, and inadequate infrastructure. The lack
of medical services in Mandevu, aside from a pediatric clinic that treats children aged 0
to 14, is the main factor affecting accessibility for the local community, the study found.
These clinics are overcrowded as a result of the high amount of patients they treat, which
degrades the standard of care given. Major obstacles to accessibility for locals were
distances, long wait times and queues, and ignorance. The government should build a
medical facility in Mandevu, increase the number of employees to staff the surrounding
clinics and enhance their working conditions, and provide the clinics more financial
power, the report suggests (Kaonga, 2019. p3).

Tenthly, Mosadeghrad Ali, "Factors Affecting Medical Service Quality," Iran
Journal of Public Health, 43(2), 210–20, 2014. This study used exploratory in-depth
individual interviews with sixty-four physicians employed in different Iranian medical
institutions to determine the factors influencing the quality of medical services rendered
by Iranian physicians. The findings showed that the quality of medical services is either
enhanced or inhibited by person, organizational, and environmental factors. The

individual characteristics of the doctor and patient, as well as elements related to the healthcare facility and surrounding community, all influence the quality of medical treatment. The examination of the study's data led to the conclusion that variations in internal and external variables, such as resource accessibility, patient cooperation, and provider collaboration, had an impact on the standard of medical care and patient outcomes. The quality of medical services is enhanced by proactive leadership, careful planning, instruction, and training, as well as efficient resource and process management.

Eleventhly, Firas Alomari at University of Putra Malaysia in 2020 discussed assessing gaps in healthcare quality using the SERVQUAL model: difficulties and potential in poor nations. This study used the five dimensions-SERVQUAL model to evaluate patient perceptions of health care at five private hospitals located in the Syrian capital of Damascus. When used to evaluate service quality in a Syrian healthcare setting, the SERQUAL method has shown to be valid and dependable. From the standpoint of the patient, the evaluation of the service quality reveals that all SERVQUAL categories were negative, with the exception of tangible aspects that had a (+0.57) gap in score. The patient's exception led to the highest score of 4.37 for empathy, which was followed by 4.17 for responsiveness, 3.90 for reliability, 3.82 for tangibility, and 3.45 for assurance. Among the 22 SERVQUAL categories, hospital personnel listening abilities (-1.52) and spending adequate time with patients (-1.81) had the most negative gaps. According to the study, the physical factor is crucial in offsetting deficiencies in other service quality characteristics. Furthermore, it is imperative that medical and paramedical personnel

enhance their communication abilities in order to positively influence patients' attitudes towards healthcare services (Alomari, 2021).

Twelfthly, For the China Emergency Management Research at JiNan University in Guangzhou in 2020, Wenyi Lin and Wanxia Lin studied patient satisfaction, loyalty, perceived value, brand image, and service quality in China's private dentistry clinics. Even after controlling for the impacts of demographic and socioeconomic variables, the study's findings show that patient satisfaction and perceived value significantly affect patient loyalty (Lin 2020, p. 2). The path analysis indicates that the direct and indirect effects of perceived value, perceived quality, and expected quality on patient satisfaction and patient loyalty are mediated by patient satisfaction .

On the other hand, the primary data was collected through surveys using semi-structured questionnaires and provided insights on how the independent variables affect Healthcare Service Quality more vividly. Surveys refer to structured questions administered by interview or self-completion questionnaire to typically large numbers of people (Adnan et al., 2018). This survey aimed at determining how brand image, patient loyalty, and patient satisfaction affects healthcare service quality. The questionnaire was adopted from previous studies, specifically Iqbal and Indradea, 2021; Paradila et al., 2022; Alomari, 2020. The first part of the questionnaire contained demographics of the respondents which were surveyed in order to better understand the driving forces on how brand image, patient loyalty, and patient satisfaction affect healthcare service quality. These instruments were used in order to meet the research objectives. The research instruments were selected by way of standardized tests after the pilot study analysis. The

reaction of the respondents during the pilot study compelled the researcher to select the appropriate instruments for the study. The researcher then selected the instruments that were relevant to the objectives of the study. Best and Khan (2009) alluded to the fact that all data collection techniques have strengths and weaknesses. Hence, one way of emphasizing the strengths and minimizing weaknesses in this research was to use more than one method of study. This process involves routinely gathering and analysing information on selected factors or variables, enabling individuals to answer and classify the outcomes of the relevant questions.

3.1.5 Data Analysis

In this study, data analysis referred to classifying and drawing conclusions from the information gathered. It entails evaluating the collected data and drawing conclusions (Kombo and Tromp, 2006). The data analysis was carried out using secondary and primary data that had been acquired. In this study, the acquired data will be analyzed qualitatively. I will use thematic analysis to analyse data obtained from several articles and journals on studies which have been previously conducted to reduce bias and make the study reliable (William and Mosner, 2019). Prior to applying this kind of analysis, I had gone over the material gathered and found information pertinent to the goals. I then created a coding system based on the samples of information gathered and categorized the main subjects discussed. Then, all of the resources pertinent to a given subject were gathered together. After that, a summary report outlining the main topics and their connections was created. The results were then made public.

3.1.6 Reliability and validity of the study

Two essential indicators to assess the accuracy and relevance of the primary data are validity and reliability. Validity was associated with pinpointing accuracy and whether the instrument measured what it is meant to measure, while accuracy was concerned with reliability as it was used to ensure the survey's consistency and durability (Moy, 2015). To determine the validity of the findings of this research, firstly, I clearly clarified any potential biases that could be possible. Secondly, an internal auditor was sought. This was someone who was not involved in the research to assess the process and results of the study, read the participant responses and determine whether they agreed with the findings. Lastly, I returned the results to sampled participants to confirm with them whether the results resonated with their expectations and find out whether the participants agreed with the findings and developed insights or not.

Reliability testing aimed to determine whether the measuring instruments used demonstrated levels of dependability, confirmability, transferability, stability, or accuracy, while also determining the level of consistency of measurement results when the measurements were applied to the same symptoms (Sukawati, 2021). In this research, reliability was tested through triangulation. This is normally done through multiple sites, multiple researches, or multiple forms of data. In this case, as stated earlier, we had primary data and secondary data. The primary data was analysed for research purposes only while the secondary data was used for both the research and for triangulation purposes for the primary data.

3.2 Methodology for Research Question 2

Research Question 2; What are the strategies and best practices to improve the healthcare sector in Zambia? For this question the methodology is described below.

3.2.1 Research Design

This study used a qualitative research design. The study was initially investigated through a comprehensive review of literature regarding strategies that improve healthcare industries as well as, a comparison of other healthcare models and strategies across different countries will be reviewed to establish a solid background on strategies that have proven to improve Healthcare Service Quality. The overall purpose of this was to assess the existing healthcare strategy models. Furthermore, open ended questions and interviews were administered to medical staff and patients to obtain valuable insights.

3.2.2 Study Population

For RQ2, the population of this study includes medical personnel and patients across medical facilities in Lusaka, Zambia.

3.2.3 Sample Size and Sampling Technique

Simple random sampling was used to select respondents to participate. The sample size of this study was 20. The sample size was small as it was aimed to target a few medical practitioners and patients. The study is qualitative in nature which is aiming to explore in-depth perspectives and experiences of medical practitioners and patients, a smaller sample size can be sufficient to provide rich and detailed data (Creswell, 2014). Scholars frequently choose fewer samples to support the quantity of data they wish to gather for research since it is challenging to measure the worth of information

(Eckermann et al., 2010). The value of information viewpoint is almost always implicit in the underlying framework that supports sample size justifications, even in cases when the cost-benefit analysis is not expressed directly in reported sample size explanations.

3.2.4 Data Collection

Grounded theory was applied to answer RQ2. Grounded theory is founded on the fundamental tenet that the researcher builds their theories about a subject from their evidence. The researcher can create a new hypothesis that is based on qualitative data by gathering and evaluating that data. Instead of starting with the intention of testing a hypothesis, this theory starts with the collecting of evidence based on a query. Grounded theory fosters seeing data in fresh ways and exploring your ideas about the data through early analytic writing (Charmaz, 2006). This theory was applied as follows; The data was collected based on the research question that is open-ended and focuses on a specific social phenomenon or problem. The qualitative data was collected through secondary and primary data. For secondary data several documents from 2010 – 2023 were looked at such as papers, journals, and articles relevant to the healthcare industry in Zambia. Specifically, the following articles were looked at: A study conducted by Scott in 2009 which looks at the most effective strategies for improving quality and safety of health care spanning across a period of 23 years published in the Internal Medicine Journal, volume 39 issue 6. Furthermore, a plethora of different quality improvement strategies for optimizing health care were analysed by Busse et al., (2019) and published on the World Health Organisation website. This helped give a comparison of different models that were used across developing countries, including Ghana, Uganda, Philippines,

among others in improving healthcare industries. The countries targeted have similar attributes to Zambia in terms of healthcare systems seeing as most of them are in Africa. Developed countries, such as China, will serve as a standard for Zambia, given their excellent medical technology and healthcare system. Decentralization initiatives in the health sector have been widely adopted in the developing world during the last two decades, usually as part of a wider process of political, economic, and technological transformation. This policy has been strengthened by recent initiatives to democratize and modernize the state. These organizations worked together to strengthen local responsibility, bring competition and cost-consciousness to the public sector, and create a new role for the state in supporting and regulating private sector activities rather than replacing them.

Numerous donor-supported programs from USAID and other bilateral agencies, as well as multilaterals like the World Bank and regional international banks, have strengthened this approach in the health sector. All four of the countries under analysis—Ghana, Uganda, the Philippines, China, and Malawi—have carried out significant development initiatives in the past ten years, and the literature has given them a great deal of attention. There is a strong basis for comparison because of the wide variations in the technology and reform tactics used. Ghana and Zambia, two of the countries under review, are in the process of transferring authority to regions and districts and entrusting management of the health sector to semi-public institutions, whereas Uganda and the Philippines have devolution programs in place for health service delivery functions to

local governments. Each nation has used its own set of policy tools to establish a unique strategy within these two primary decentralization tracks.

It is also crucial to remember that the distinctive features of any country's history and political structure, which are challenging to take into consideration in comparative studies, restrict cross-national comparisons. Though we were unable to look at the whole spectrum of variance among countries, we did study four low-income nations with democratic administrations, concentrating on elements that seem to be directly related to decentralization. Following a careful examination of the body of existing research and publications, secondary sources provided the data for this investigation. After that, the archive data was examined and retrieved, which had a direct bearing on the tactics and best practices used to advance Zambia's healthcare sector. An article by the African Development bank which highlights the strategy for quality health infrastructure in Africa 2021-2030 also contributed to the study. The essential components were strategies and best healthcare practices to improve the healthcare industry. These two aspects are essential components in answering the research question. The relationship between the strategies and best practices in relation to the healthcare service quality can be used to develop the framework. Using qualitative analysis to make a conceptual framework would be more appropriate. I chose the Grounded Theory Model (GTM), which is a technique to generate theories through coding procedures (Williams & Moser, 2019). With this model, I developed a technique for doing document analysis using the grounded theory approach. First, I gathered information from publicly available web sources, such as international organizations, previous academic research, and government websites. I

93

examined the data acquired during the record review to identify thoughts and concepts pertinent to RQ2.

The primary data was collected via a survey consisting open ended questions, and interviews. The survey was distributed via google forms where responses were recorded. In addition, interviews were used to gather information from important informants. This was made easier by an interview guide. This included a list of questions that the interviewee had to answer. The data was only utilized for the purposes stated in the report, and anonymity, confidentiality, and privacy were preserved throughout the collection process. The responses were written down as the key informant responded. This allowed for extensive discussions of the problem at hand. It also allowed for additional probing if a particular response did not meet expectations. Interviews also allowed the researcher to restate and ask the question in numerous ways, resulting in more clarity.

3.2.5 Data Analysis

The qualitative data was processed utilizing a theme review and grounded theory methods. To address the research issue, data is organized into categories for a thematic review. These themes arose naturally during the course of the study. After determining the themes, the researcher was able to easily organize the data into thematic groupings, allowing for an examination of the themes' significance and an understanding of the study issue. Using content analysis, the researcher was able to examine the key informant's detailed explanations, analyze the factors influencing healthcare service quality, group the factors into logical and meaningful categories, make connections between the

categories, and explain the relationship between the categories. Data was provided in narrative format. Furthermore, the grounded theory data was collected and examined through ongoing comparison to identify reoccurring motifs. The data was then coded using emergent themes, keywords, and phrases. The data was coded and then sorted into concepts in a hierarchy. The concepts were then categorized through relationship identification and a narrative was formed which answered the research question. To verify the data collected a qualitative tool was used.

3.3 Ethical and Legal Considerations

The study is focusing on several medical facilities; therefore, no legal issues were experienced. Respondents were informed about the goal of the study, and agreement was acquired in order to collect data from them, with the choice of participating or not. The data was only utilized for the purposes stated in the report, and anonymity, confidentiality, and privacy were preserved throughout the collection process. To maintain confidentiality, the names of participants will not be linked to the research once the results have been released.

3.4 Timeframe

This research was conducted from August 2023 to May 2024 totaling a period of ten months. The research was divided in four stages mainly, introduction, literature review, methodology and interpretation of results. The first section of the study focused on introducing the research and took a shorter period compared to all other stages. The literature review took a considerable amount of time due to the limited literature available. Data collection started in November 2023 and had the longest period. This

95

process included analysing different peer reviewed papers which helped draw a conclusion in this research.

3.5 Chapter Summary

The descriptive research methodology was employed to understand the relationship between brand image, patient satisfaction, patient loyalty, and healthcare service quality. The study population comprised individuals who visited medical institutions multiple times in Lusaka, Zambia. A sample size of 50 respondents was selected using simple random sampling, ensuring representation and minimizing biases. The primary data was collected through semi-structured questionnaires, while secondary data was gathered from relevant literature, enhancing the depth and breadth of insights. The chosen methodologies align closely with the research objectives, allowing for comprehensive exploration of the phenomenon under study. Utilizing both qualitative and quantitative approaches enhances the credibility and robustness of the findings. Furthermore, rigorous sampling techniques and data collection methods contribute to the validity and reliability of the research outcomes.

A qualitative research design was employed, involving a comprehensive review of literature and open-ended questions and interviews with medical staff and patients. Grounded theory was applied, allowing for the construction of new theories grounded in collected data. Thematic review and grounded theory approach were utilized to analyze qualitative data. Themes naturally emerged, enabling grouping of data into meaningful categories and identification of repeating themes through constant comparison. Informed consent was obtained from participants, ensuring voluntary participation and

confidentiality. Anonymity, confidentiality, and privacy were maintained throughout the data collection process, with no linkage between participant names and research results.

Chapter four will delve into the analysis and interpretation of the gathered data, aiming to uncover insights into the impact of brand image, patient satisfaction, and patient loyalty on healthcare service quality in Zambia. The next chapter will also conclude on the best strategies to improve the healthcare industry. Through analysis and thematic exploration, the chapter will determine the relationships between the variables, offering valuable implications for healthcare practitioners, policymakers, and researchers.

CHAPTER IV:

RESULTS

In this study, I sought to contribute to the Zambian economy's healthcare difficulties, specifically by examining the impact of healthcare service quality on patient loyalty, satisfaction, and brand image. Concurrently, I created a framework outlining the best ways for improving the healthcare industry. The study was based on qualitative analysis, with data ranging from secondary sources including public websites, journals and articles. The research questions being explored are highlighted as follows:

RQ1: In what ways will brand image, patient satisfaction and patient loyalty impact the healthcare service quality in Zambia?

RQ2: What can be the strategies and best practices to improve the healthcare sector in Zambia?

The data collection was conducted over an 8-week time frame. The data was primarily gained through publicly open websites from reliable sites from 2000 – 2022. In this section I discuss the review of the results of the sampling procedures for RQ 1 and 2 and give a detailed data collection process. Research Question 1 included primary and secondary data. Thematic analysis was used for identifying, analyzing, and reporting patterns (themes) within qualitative data. The data collection procedures for thematic analysis are crucial for ensuring that the data collected are rich and diverse enough to support the identification and development of themes. The data collection process involved selecting participants or sources of data that can provide relevant and diverse perspectives on the research question, that are focused on understanding the meaning and

experiences of participants obtaining information pertinent to the themes being explored. Primary data was collected through administration of a survey. To gain insights, open-ended questions were used and distributed through the use of surveys. The criteria were any patient who has visited the same medical institution more than once. In order to ensure the credibility and trustworthiness of the data through methods such as triangulation. Thematic analysis relies heavily on the quality and richness of the data collected. Therefore, rigorous and systematic data collection procedures to ensure that they capture a wide range of perspectives and experiences relevant to the research question. This comprehensive approach facilitated the identification of meaningful themes and the development of robust interpretations and conclusions based on the data. For RQ1, I collected 50 responses from patients, while for secondary data I evaluated 12 secondary articles.

Research Question 2 (RQ2) is based on Grounded theory which is a qualitative research method used to develop theories based on empirical data. The data collection procedures for grounded theory typically involved several key steps to systematically gather and analyze data. To explore RQ2 I selected participants to conduct open-ended interviews which allowed for insights on participants' experiences and perceptions related to the best strategies to improve the Healthcare industry. The interviews were digitally recorded with the participants' approval for later study. Participants who were concerned about the recording of their voices provided notes. The author translated the data and used content analysis to find and categorize elements influencing healthcare quality, organize them into relevant categories, connect them, explain the links, and

construct a theory based on the relationships observed. Further, sources of data that were able to provide rich insights into the phenomenon by analyzing documents, reports, archival materials. This helped gather diverse perspectives to ensure comprehensive coverage of the topic. Constant comparison was done where data from different sources was compared to identify patterns, categories, and themes. The data was then coded and labelled in segments of data according to emerging themes or concepts. This helped in organize and making sense of the data collected. As data analysis progressed, grounded theory involved theoretical sampling. This meant selecting new participants or data sources based on emerging theoretical insights to further develop and refine the emerging theory. Data collection continues until theoretical saturation is reached. These procedures helped develop a rich, detailed theory that is grounded in the data collected from participants and sources related to the phenomenon under study. The next syllable reviews the sampling procedures for both Research Questions.

4.1 Process and Observation

In order to arrange the data set for Research Question 1, for primary data the responses were analyzed and grouped into themes. I used the secondary data across 12 articles for the variables under observation to draw conclusions. The independent variable being Healthcare Service Quality, while the Dependent variables being Patient Satisfaction, Patient loyalty and Brand Image. Under Research Question 2, to gather the dataset I transcribed the interview responses and analyzed the responses received through the open-ended survey. Further, I used secondary data sources such as Ministry of Health

Zambia, World Bank and public internet sources. To analyze the data collected, a qualitative tool will be used to summarize the findings and provide valuable insights.

4.2 Study Results

The conclusions given in this thesis are the result of considerable research into perceptions of healthcare and their influence on patient happiness and loyalty. This project intends to considerably contribute to our understanding of the healthcare business by conducting rigorous analysis and interpretation of obtained data. The research used a qualitative technique, which allowed for a thorough examination of the factors. This study's findings give significant insights and a full explanation of the findings in connection to current literature and theoretical frameworks.

4.2.1 Data Analysis: Research Question 1

This section outlines a meticulous approach to data analysis, employing qualitative methods to glean valuable insights from the research. Data analysis, as mentioned, is the process of meticulously examining the collected data. This goes beyond simple sorting and involves a critical evaluation of the information gathered. To draw conclusions, I carefully scrutinized each piece of data – both secondary and primary sources – to identify patterns, trends, and underlying meanings.

Given the nature of the data (articles, journals, interview transcripts), a qualitative analysis approach is deemed most appropriate. This allowed the research to explore the why and how behind the data, delving deeper into the meanings and experiences expressed by participants or the authors of the reviewed articles. The specific qualitative method employed in this research is thematic analysis. This approach involves

systematically identifying, analyzing, and reporting on recurring themes within the data (William & Mosner, 2019). Thematic analysis starts with a thorough review of the collected data. To begin I read through articles, journals, and transcripts, actively searching for information relevant to the research objectives. This process involved highlighting key passages, taking notes, and even jotting down initial ideas.

Once familiar with the data, I engaged in a critical step known as coding. This involves assigning labels or short phrases to segments of the data that capture the essence of a particular idea or concept. As the coding progresses, similar codes are grouped together. This process helped refine the initial broad themes and identify relationships between them. With the codes in place, I embarked on a process of theme development. This involves analyzing the coded data and identifying the most prominent and interconnected themes. This helped develop a summary report, laying out the major themes identified and exploring the associations between them. This report becomes the cornerstone of the research findings, providing a clear and concise picture of the insights obtained from the qualitative analysis. By employing a rigorous qualitative analysis approach, particularly thematic analysis, I was able to transform raw data into meaningful insights. This deeper understanding is crucial for informing future research and developing effective solutions for improving healthcare delivery.

To assist in summarizing the data to themes, I used a qualitative data analysis software that streamlined and enhanced the process of reviewing and analyzing qualitative data. Firstly, I begun by importing the data into a qualitative tool known as Atlas.ti. This included articles, journals, transcripts, and other qualitative sources. The

software supports various file formats for flexibility. Once imported, I organized my data into project folders or groups. Thereafter, the coding functionality was used to assign labels (codes) to segments of text that represent specific concepts or themes. The tool assisted in grouping similar codes into categories.

The software helped identify how frequently codes appear together, revealing potential relationships between themes. It allowed to search for specific keywords or codes within your data, facilitating targeted analysis. Based on these analyses, I refined the themes as needed. Atlas.ti allows for easy code and category editing for efficient theme development. Once the themes were finalized the data was summarized, exported and incorporated into the research findings.

Table 1
Question 1

Row Labels	Neutral	Positive	Negative	Total
Do you visit a hospital dependent on how well the brand is known?	**1**	**15**	**3**	**19**
Trust in Well-Known Brands		11		11
Brand as Indicator of Quality		4		4
Cost and Service Availability Over Brand			3	3
Good Service	1			1
Total	**1**	**15**	**3**	**19**

Source: Primary Data conducted for the Study

Table 2
Question 2

Row Labels	Neutral	Positive	Total
How can effective teamwork be created to ensure reliable healthcare service quality outcomes?	**1**	**23**	**24**
Communication and Collaboration		4	4
Community and Team Involvement		4	4
Leadership and Recognition		3	3
Mutual Respect and Understanding		4	4
Structured Meetings and Feedback		3	3
Technology and Communication Tools	1		1
Training and Development		5	5
Total	**1**	**23**	**24**

Source: Primary Data conducted for the Study

Table 3
Question 3

Row Labels	Negative	Positive	Total
How do you think service quality impacts the patient journey and a patients overall health outcome?	**2**	**19**	**21**
Adherence to Treatment		3	3
Cultural Sensitivity and Understanding		2	2
Negative Consequences of Low Quality	2		2
Positive Impact on Health Outcomes		5	5
Provides Hope and Encouragement		3	3
Speed and Efficiency		1	1
Trust and Satisfaction		5	5
Total	**2**	**19**	**21**

Source: Primary Data conducted for the Study

Do you visit a hospital dependent on how well the brand is known?

Source: Primary Data conducted for the Study – ATLAS.ti

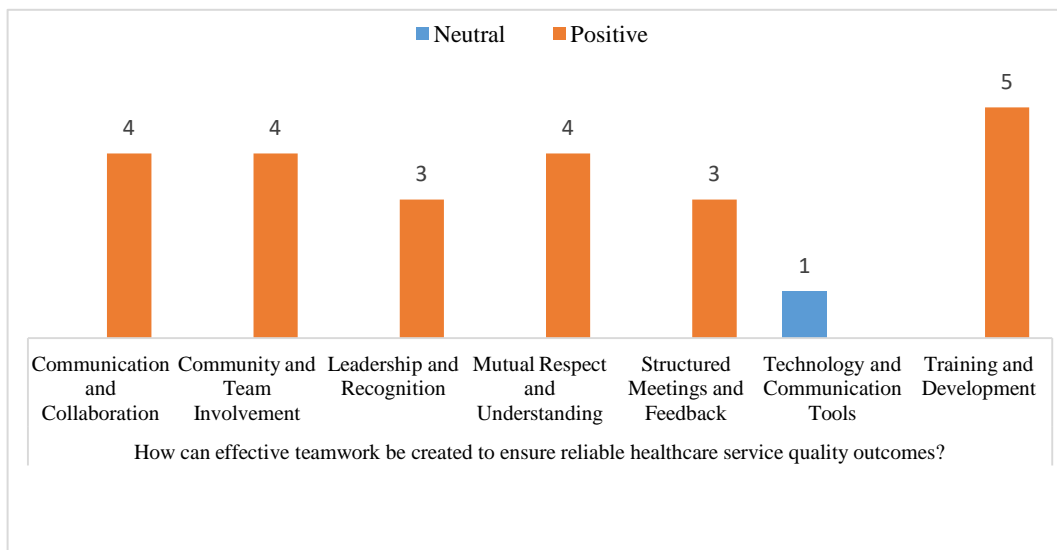How can effective teamwork be created to ensure reliable healthcare service quality outcomes?
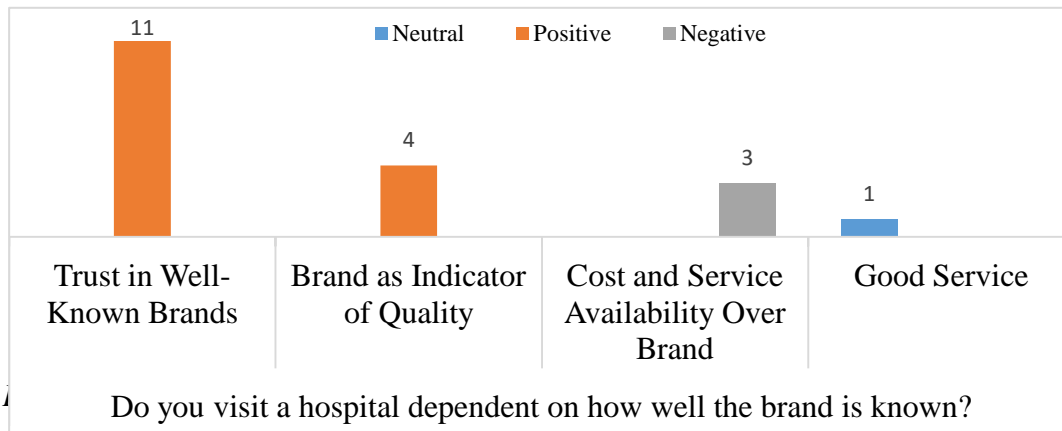
Figure 9: Question 2

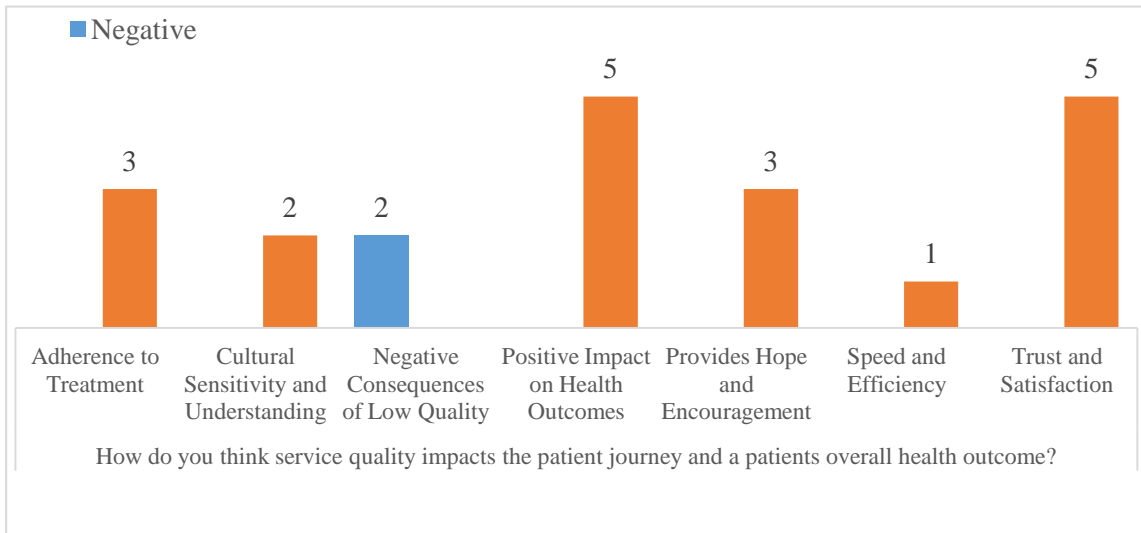*Source: Primary Data conducted for the Study – ATLAS.ti*

Figure 10: Question 3
Source: Primary Data conducted for the Study – ATLAS.ti

Primary Data

Table 4
Summary of Results Research Question 1

Factor	Description	Impact
Brand Image		
Brand Reputation	Well-known brands perceived as offering good service and trustworthy	Major factor for many
Positive Word-of-Mouth	Recommendations from past patients	Increases trust and comfort level
Familiarity	Preference for known brands over unknown ones	Reduces anxiety about seeking medical care
Cost	Financial limitations may prioritize affordability over brand	Some prioritize affordability
Service Availability	Choosing a hospital with the necessary service	May be more important than brand for some
Patient Loyalty		
Positive Prior Experience	Kind staff, efficient service, effective treatment	Most important factor for return visits
High-Quality Care	Modern facilities, up-to-date equipment	Contributes to trust and positive perception
Specific Services Offered	Facility catering to specific needs	Important for some
Convenience	Easy access, short waiting times	Improves patient experience
Patient Satisfaction		
Cultural Sensitivity	Understanding and respecting diverse backgrounds	Increases trust and willingness to participate in treatment
Open Communication	Improves trust and outlook on recovery	Feeling heard, respected, and informed
Efficient Service Delivery	Timely diagnoses, proper medication, clear instructions	Leads to shorter stays, faster recovery, and fewer errors

Source: Primary Data conducted for the Study

Brand Image

The survey results reveal a clear trend - brand reputation significantly impacts patient choice for hospitals. Out of the responses, majority of individuals indicated that a well-known brand name influences their decision, compared to the minority who prioritize other factors. Many participants expressed a connection between brand recognition and the quality of care offered. The respondents believed a well-known hospital is likely to possesses a strong reputation built on consistently delivering good service. This perception fosters trust, leading them to believe their health needs will be addressed effectively. Several respondents highlighted the power of positive word-of-mouth which indicates that a well-known brand often benefits from positive experiences shared by past patients. These recommendations act as a trusted source of information, influencing the decision to visit that particular hospital. The saying "better the devil you know than the angel you don't" resonated with some participants who expressed a sense of comfort with a familiar brand. Choosing a well-known hospital can alleviate some of the anxiety associated with seeking medical care. A couple of participants acknowledged the role of marketing in building brand awareness. They recognized that a well-known brand likely invests in the quality of its facilities, doctors, and overall services. While brands hold sway for many, other respondents prioritized other factors. Some participants believe a hospital's brand recognition doesn't necessarily translate to superior service. They prioritize actual quality of care over reputation alone. A participant highlighted the potential for well-known hospitals to be more expensive. This suggests cost might be a deciding factor for some, leading them to prioritize affordability over brand name. Another participant prioritizes receiving necessary medical care over brand recognition.

This suggests a practical approach where the availability of the required service takes precedence.

The survey demonstrates that brand reputation plays a significant role for many patients when choosing a hospital. It serves as a proxy for factors like quality care, trustworthy service, and positive recommendations. However, a sizeable portion of the population prioritizes other factors like cost, service availability, or a focus on actual service quality over brand perception. Ultimately, the decision-making process for choosing a hospital is multifaceted, with brand reputation being a major, but not the only, factor influencing patient choice.

Patient Loyalty

Understanding what motivates patients to return to a medical facility is crucial for building patient loyalty and a thriving practice. This survey sheds light on the key factors that influence a patient's decision to revisit a healthcare provider. The most resounding factor driving return visits is a positive prior experience. This encompasses a range of aspects that contribute to a patient's overall satisfaction. Kind and attentive medical personnel create a welcoming and supportive environment, these attributes are as a result of a hospital that invests in offering quality. Efficient service delivery, from registration to treatment, minimizes stress and ensures patients feel their time is valued. Most importantly, effective treatment that addresses their health concerns leaves patients feeling well-cared for and confident in the facility's capabilities leading to more visits. High-quality medical care is another critical factor influencing return visits. Patients seek not just effective treatment but also a healthcare environment that reflects a commitment

to excellence. This includes factors like a clean and hygienic environment which fosters trust and assures patients that the facility prioritizes infection control, as well as modern technology which uses up-to-date medical equipment signifies a commitment to providing the best possible care using the latest advancements.

For some participants, the specific services offered by a facility were a key motivator for returning. This highlights the importance of ensuring a facility's advertised services accurately reflect the care they can provide. Patients seek providers who can address their specific needs, and a facility that caters to their particular medical requirements fosters loyalty. While not the primary driver, convenience also factored into some patients' decisions. Easy accessibility, short waiting times, and efficient appointment scheduling contribute to a positive patient experience and make it more likely patients will return for future care. The survey results emphasize that building patient loyalty requires a multifaceted approach. Focusing on delivering positive experiences, high-quality care, and catering to specific patient needs is paramount. Furthermore, ensuring a clean, modern facility and prioritizing convenience through easy access and efficient scheduling strengthens the patient experience and encourages return visits. By understanding these key factors, healthcare facilities can cultivate a loyal patient base and ensure their future success.

Patient Satisfaction

In the realm of healthcare, service quality transcends mere pleasantries; it acts as a cornerstone for a patient's journey towards recovery and overall well-being. This holds particular significance in Zambia, where combating diseases, including malaria and

HIV/AIDS requires a healthcare system that is not only effective but also deeply understands the cultural and social landscape. Studies have consistently shown a strong correlation between positive patient satisfaction, experiences and improved health outcomes. When patients in Zambia encounter healthcare that is friendly, respectful of diverse backgrounds, and caters to their specific needs, it fosters trust in the system and the treatment plan itself. This translates to better adherence to medication schedules, appointment attendance, and a more proactive approach to managing their health. Zambia's rich tapestry of cultures necessitates healthcare services that are sensitive to these differences. A patient hesitant to disclose crucial information due to cultural barriers could lead to misdiagnosis and hinder recovery. By prioritizing cultural sensitivity, healthcare providers can bridge the gap, ensuring patients feel comfortable sharing their health concerns and actively participate in their treatment. This not only improves the patient experience but also empowers them to take charge of their health journey.

Exceptional service goes beyond technical expertise. It fosters open communication, builds trust in the healthcare provider, and ultimately leads to greater patient satisfaction. Patients who feel heard, respected, and well-informed are more likely to have a positive outlook on their recovery. This sense of hope can in itself be a powerful tool in the healing process. Efficient service delivery directly impacts patient well-being. When patients receive timely diagnoses, proper medication, and clear instructions, it translates to shorter hospital stays and a faster recovery process. Additionally, high-quality service minimizes errors in patient management, such as

incorrect labelling or medication administration. This ensures the patient receives the right treatment, leading to a more positive prognosis. The impact of service quality on patient journeys and health outcomes is not limited to Zambia. It's a universal truth that resonates across healthcare systems globally. By prioritizing patient-centered care, building trust, and fostering open communication, healthcare providers can empower patients to become active participants in their recovery, ultimately leading to a healthier and more empowered population.

Healthcare Service Quality

The survey responses overwhelmingly emphasize the critical importance of quality improvement in Zambia's healthcare system. At the heart of the matter lies the well-being of patients. Quality improvement initiatives directly translate to better health outcomes. This includes effective treatments by implementing evidence-based practices and protocols, healthcare providers can ensure patients receive treatments proven to work, leading to better recovery rates and improved overall health. A core focus of quality improvement is minimizing errors and mistakes. This can involve streamlining processes, improving communication, and implementing safety measures. Fewer errors translate to safer care and improved patient outcomes. Through quality improvement initiatives, healthcare facilities can continuously evaluate and optimize their care processes. This ensures patients receive timely and efficient care, contributing to a smoother overall experience.

Quality improvement fosters a sense of trust between patients and the healthcare system. They are more likely to trust that the care they receive is consistent, effective,

and based on best practices. Their interactions with the healthcare system are positive, with efficient service delivery and attentive staff. They see improvements in their health due to the quality care they receive. This trust translates into patients being more likely to seek preventive care and adhere to treatment plans, ultimately leading to better overall health outcomes for the population. Quality improvement goes beyond just improving existing services. It aims to bridge gaps and ensure everyone, regardless of location, has access to good quality healthcare. Many Zambians live in rural areas with potentially limited healthcare resources. Quality improvement initiatives can target these areas, ensuring they benefit from advancements and best practices in healthcare delivery. By focusing on quality improvement, the healthcare system strives to deliver consistent and effective care across the board. This promotes fairness and ensures everyone has the opportunity to receive good quality medical attention.

Quality improvement isn't just about patient care; it's also about efficient resource utilization. By identifying inefficiencies, quality improvement initiatives can pinpoint areas where processes can be streamlined or resources are wasted. Improved care processes can lead to faster patient recovery times, reducing hospital stays and associated expenses. These factors all contribute to a more cost-effective healthcare system, which is crucial in Zambia where resources might be limited. Quality improvement is not a one-time fix; it's an ongoing process. Through fostering learning healthcare providers are encouraged to continuously learn, identify areas for improvement, and implement changes. Promoting Innovation is a culture of quality improvement which encourages innovation and exploration of new methods to deliver the best possible care.

Strengthening the system is an ongoing cycle of improvement leads to a stronger and more effective healthcare system overall. In summary, prioritizing quality improvement is the cornerstone of a thriving healthcare system in Zambia. By focusing on patient well-being, building trust, ensuring equitable access, optimizing resources, and fostering continuous learning, Zambia can create a healthcare system that effectively serves the needs of its entire population.

Secondary Data

A study done in Thailand with 406 participants discovered that brand image had a strong positive influence on the five service quality attributes. Another study investigated how service quality influenced hospital brand image and patient satisfaction. The research comprised 81 people who sought medical care in Denpasar hospitals. The hypothesis test demonstrates that the hospital's brand image has a positive and significant impact on service quality. The outcomes of this study confirm prior research that suggests a substantial relationship between service quality and client expectations (Guo & Wang, 2015). The outcomes of this study are consistent with previous research, which discovered that customers construct their impressions of service delivery during the process and then evaluate the outcome. The hypothesis test findings show that hospital service quality has a positive and significant influence on patient satisfaction. The findings of this study reflect prior research by Woodside et al. (1989), which found that patient satisfaction increases service quality and behavioral intention. This study also backs up Anderson and Sullivan's (1993) claim that satisfaction is the most significant element in predicting customer loyalty. Sanyal and Hisam (2016) observed a substantial

correlation between service quality and customer satisfaction, which supports the findings of this study. The conclusions of this study show that it is vital to improve hospital brand image by increasing the hospital's excellent reputation, amazing facilities, and supply of a comfortable atmosphere. In conjunction with research done at a surgical polyclinic, the findings of this study suggest that hospitals should continue to enhance their image and service quality since it influences patient satisfaction. Patient loyalty builds rapidly as patient satisfaction rises. However, at Sawerigading Hospital's Oral Surgery Polyclinic in Palopo, the findings revealed that Quality of Service (X2) had a minor and negative impact on patient loyalty. When it comes to determining loyalty, patients and officers at the oral surgery polyclinic are more concerned with the image that meets their requirements and desires than with quality criteria such as performance, appropriateness, and reliability.

According to Berlianto and Trisno (2023), patient loyalty is important in health-care marketing techniques, particularly in hospitals. Loyal patients will save the hospital money on marketing since they will return for treatment and suggest it to others. This trait is impacted by a variety of elements, including brand image, dedication, perceived value, satisfaction, and trust. The goal of their research was to determine how perceived value and brand image, two independent variables, influenced loyalty, the dependent variable. To acquire data, 261 patients treated at XYZ Hospital were surveyed using a Google Form. The results revealed that contentment, devotion, and brand image all had a favorable impact on loyalty. Brand image also has a positive effect on satisfaction. Perceived value has a favorable influence on trust and happiness, whereas satisfaction

115

improves both. Furthermore, perceived worth and trust had no beneficial effect on the research. According to Wanjau et al. (2012), limited personnel capacity reduced service quality in the public health sector by 0.981, while insufficient technology adoption in health care provision reduced service quality by 0.917. In the public health sector, poor communication channels decreased the quality of delivery services by 0.768, and a lack of funding led to a 0.671 drop in the provision of high-quality health services. This suggested that the public health sector's ability to provide patients with high-quality services was impacted by a number of factors, including limited staff capacity, low technology adoption, poor communication channels, and a lack of financing. These factors also affected patient satisfaction and loyalty as well as perceptions of the quality of health services.

Kaban et al. (2022) studied the effect of service quality and hospital image on patient loyalty at Sri Ratu Hospital. The research had a total of 317 patients. The study found that direct quality of care, hospital image, and satisfaction all had a positive and substantial influence on patient loyalty at Sri Ratu Hospital Medan. There is a positive and strong correlation between service quality and patient satisfaction. This is supported by the findings of Zhou et al. (2017) and Fatima et al. (2018), who determined that service quality influences patient satisfaction. According to his findings, providing quality care to patients in the midst of growing competition among hospitals might result in a significant boost in patient satisfaction. Furthermore, there is a positive and significant correlation between service quality and patient loyalty. The patient's evaluation of health services that he feels satisfy his expectations determines whether the

116

service is of high or low quality. Service quality is an absolute need for a hospital while delivering health care since it allows the hospital to assess its performance.

Indardedwa's (2021) study found that service quality is the most significant factor determining customer satisfaction. Service quality is determined by several factors, including prompt service and warranty. As a result, the business must be able to exceed client expectations by constantly increasing the quality of its services. Continuous service quality improvement will make clients feel more confident in using a product. A study conducted in Zambia's residential area of Mandevu discovered that the main factors influencing the provision of quality health care in Mandevu were staff quality and number, job satisfaction, which was determined by pay and service conditions, and funding, which was found to be insufficient and irregular, stifling planning. Other concerns were inadequate infrastructure, a huge number of users, and a lack of medical and surgical supplies. The study revealed that the primary factors influencing local people's accessibility were a lack of health services in Mandevu, with the exception of a paediatric clinic for children aged zero to fourteen. This jeopardizes the quality of services offered by local clinics, which are overcrowded owing to the high volume of patients served. great lineups and waiting periods, a lack of information, and great distances all posed significant impediments to local accessibility. The research recommended that the government build a health center in Mandevu, increase the number of personnel at nearby clinics with better service conditions, and strengthen clinic financial resources (Kaonga, 2019).

4.2.2 Data Analysis: Research Question 2

The provided passage offers a glimpse into the intricate process of data analysis using grounded theory methodology within healthcare research. This method, unlike traditional hypothesis-driven approaches, allows researchers to construct a theory grounded in the data itself, specifically targeting Research Question 2 (RQ2) in this instance. The first stage involved reading through all the collected data (both secondary and primary) and assigning preliminary codes to identify emerging concepts and themes. These codes were words or phrases that capture the essence of a particular idea in the data. For the survey and interview data, I employed open coding to identify initial themes from the participants' responses.

These themes were further refined and compared to develop a comprehensive theory about effective strategies for improving Zambia's healthcare system. As I progressed through the data, similar codes were grouped together to form more focused categories. This helped streamline the initial broad concepts and identify relationships between them. Further, I developed a core theory based on the most prominent and interconnected categories. This involves identifying a central theme that explains the best strategies in improving the healthcare industry in Zambia.

This continuous comparison ensures the emerging theory remains firmly grounded in the data and avoids being swayed by preconceived notions. The process continues until saturation is reached. This signifies that no new codes or categories were emerging from the data, and the existing theory provides a comprehensive explanation for improving Zambia's healthcare system. A core principle of grounded theory is the concept of constant comparison. This means continuously comparing new data with

existing codes and categories. As I encountered new information, I revisited previous

coding decisions and added them as necessary. Throughout the coding process, I

identified areas that required further exploration. This involved a structured approach to

document review, focusing on extracting relevant concepts related to healthcare

improvement strategies and best practices.

Table 5
Question 4

Row Labels	Concern	Critical	Optimistic	Total
What are the biggest challenges the healthcare industry is facing today, and what can be done to address them?	**12**	**7**	**3**	**22**
Infrastructure and Resource Constraints	6			6
Access and Disparities in Healthcare	3			3
Quality of Care and Service Delivery		5		5
Leadership and Governance		2		2
Technological Integration and Innovation			3	3
Supply Chain and Availability of Resources	3			3
Total	**12**		**7**	**3**	**22**

Source: Primary Data conducted for the Study

Table 6
Question 5

Row Labels	Positive	Neutral	Total
What motivates you to return to a medical facility?	**16**	**1**	**17**
Accessibility and Resources	1		1
Attention and Attitude of Medical Personnel	3		3

Row Labels			
Availability of Specific Services	1		1
Cleanliness and Technology	1		1
Feeling Unwell		1	1
Hospitality and Reception	3		3
Positive Past Experiences	2		2
Quality of Service	5		5
Total	**16**	**1**	**17**

Source: Primary Data conducted for the Study

Table 7
Question 6

Row Labels	Positive	Positive	Total
What techniques, methodologies, tools, or Resources can be used to enable reliable service delivery that achieves safe, high-quality care?	**21**	**3**	**24**
Community and Patient Involvement	4		4
Equipment and Resources	3		3
Monitoring and Evaluation	2		2
Patient Care and Service Delivery	1		1
Quality Improvement Methodologies		3	3
Training and Education	7		7
Use of Technology	4		4
Total	**21**	**3**	**24**

Source: Primary Data conducted for the Study

Table 8
Question 7

Row Labels	Positive	Total
What workplace conditions influence reliable service delivery that is safe and provides high quality care?	**24**	**24**
Clean and Safe Environment	3	3
Communication and Teamwork	4	4

Row Labels		Positive	Total
Compensation and Motivation		4	4
Leadership and Governance		2	2
Patient-Centered Care		2	2
Staffing and Training		4	4
Technology and Equipment		5	5
Total		**24**	**24**

Source: Primary Data conducted for the Study

Table 9
Question 8

Row Labels	Positive	Total
Why is quality improvement important in healthcare?	**21**	**21**
Addressing Challenges and Ensuring Access	3	3
Delivering High-Quality Services	3	3
Enhancing Patient Outcomes and Safety	6	6
Improving Patient Satisfaction and Trust	5	5
Optimizing Processes and Reducing Errors	4	4
Total	**21**	**21**

Source: Primary Data conducted for the Study

The grounded theory data analysis process, as applied to healthcare research in this example, is an enriching journey of discovery. Atlas.ti was used similar to research question 1 which was used to countercheck the themes created which also assisted in summarizing the findings. The process involved a lot of reading and patience to ensure all answers were coded according to the right theme. This helped draw valuable contributions and findings which provided imperative notions and insights.
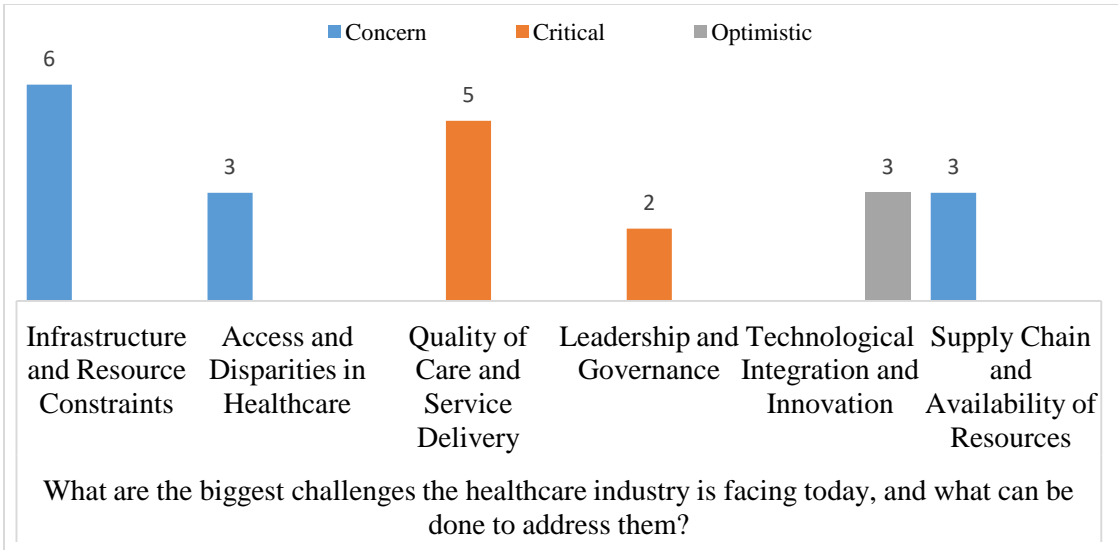
Figure 11: Question 4

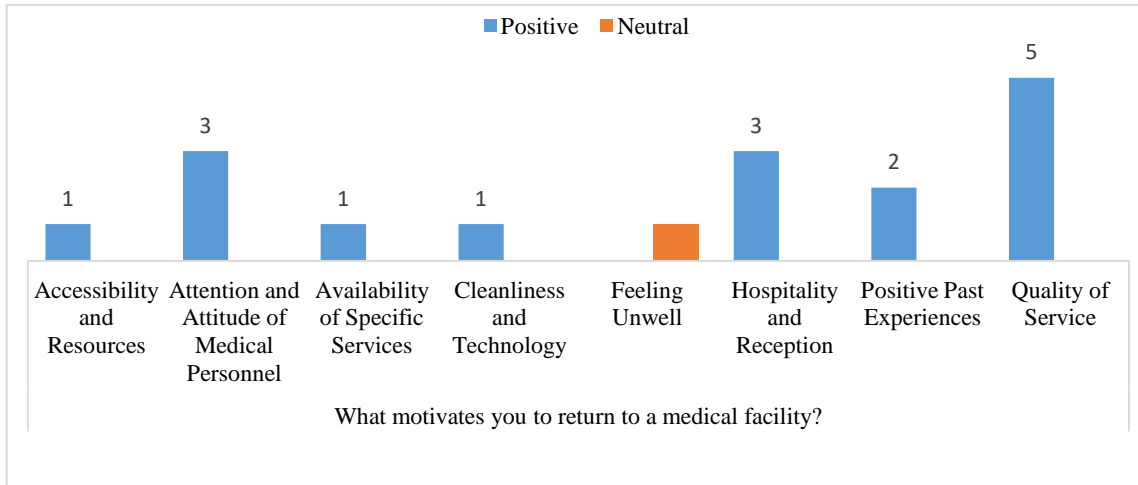*Source: Primary Data conducted for the Study – ATLAS.ti*

Figure 12: Question 5

Source: Primary Data conducted for the Study – ATLAS.ti
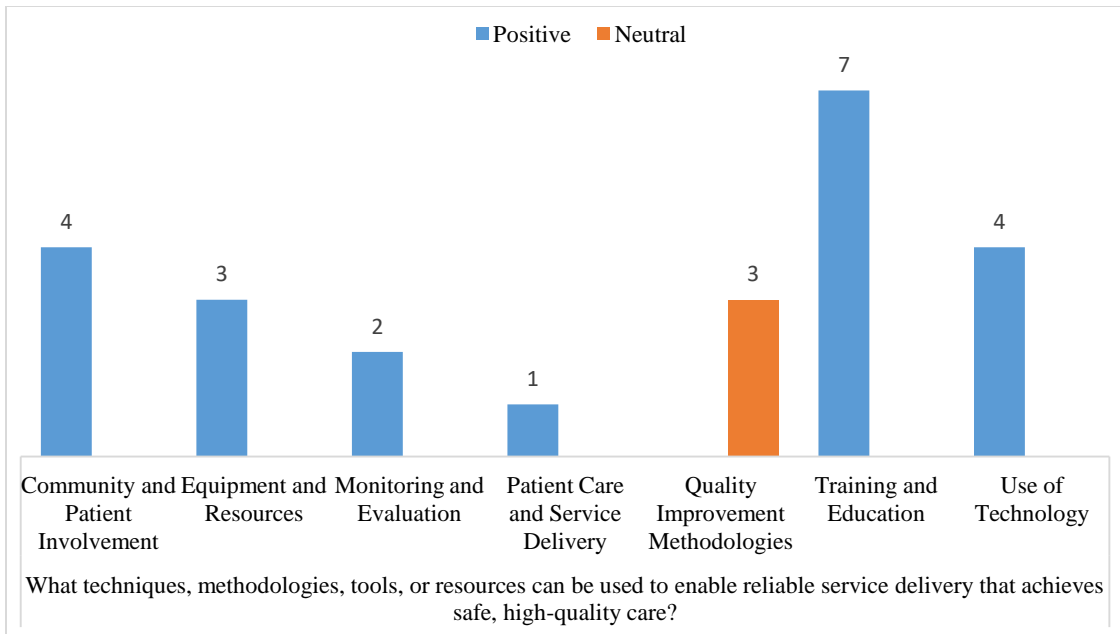
Figure 13: Question 6

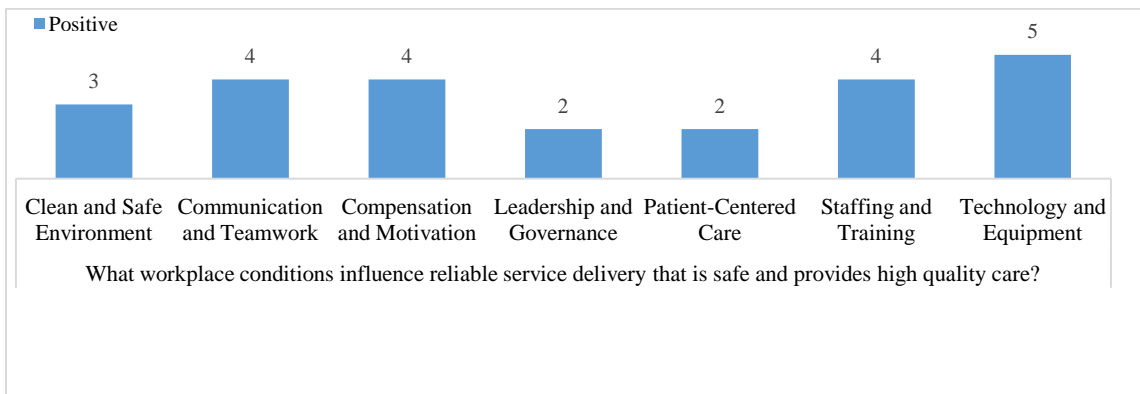*Source: Primary Data conducted for the Study – ATLAS.ti*

Figure 14: Question 7

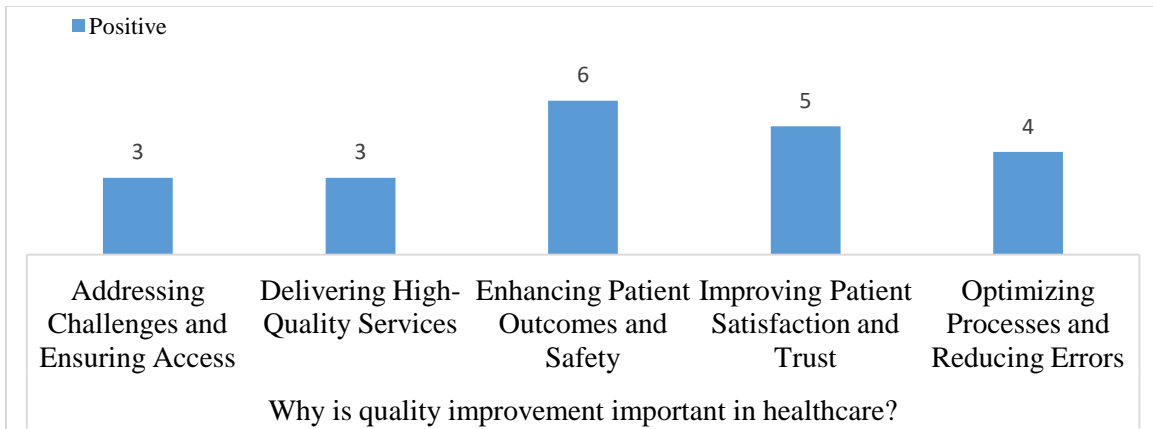*Source: Primary Data conducted for the Study – ATLAS.ti*

Figure 15: Question 8

Source: Primary Data conducted for the Study – ATLAS.ti

Table 10
Summary of Results Research Question 2

Challenges	Impact	Solutions
Rising healthcare costs	Financial burden preventing access to essential services	Invest in preventative care to mitigate chronic diseases and potentially reduce overall healthcare costs.
Disparities in access to care	Uneven distribution of resources leading to limited access for remote & low-income areas	Invest in infrastructure (clinics, hospitals) in underserved areas and leverage telemedicine/mobile health clinics to bridge geographical gaps.
Integration challenges	Difficulty integrating new technologies due to interoperability, data security, and equitable access concerns	Adopt user friendly systems to allow more users to operate the information systems seamlessly.
Lack of qualified healthcare workers	Workforce shortage, especially in rural areas, leading to long wait times and potentially compromised care quality	Invest in training programs to increase healthcare workers and incentivize them to work in rural areas (scholarships, loan forgiveness).
Limited infrastructure and resources	Shortage of doctors, nurses, and medical equipment, particularly in rural areas	Invest in infrastructure (clinics, hospitals) and medical equipment, especially in rural areas.
Financial accessibility	Challenges ensuring healthcare affordability for all Zambians	Implement policies to improve healthcare affordability (e.g., financial mechanisms, social safety nets).

Source: Primary Data conducted for the Study

Research question 2 aims at highlighting the best strategies to improve the

healthcare industry in Zambia. This chapter highlights the challenges summarized form

respondents and describes the potential solutions. The survey responses offer valuable

insights into the pressing issues facing the healthcare industry today. This analysis delves

deeper into the key challenges, both globally and specifically within Zambia, while

exploring potential solutions to create a more robust and equitable healthcare system for

all. The burden of rising costs is a significant concern across the globe is the ever-increasing cost of healthcare. This financial barrier can prevent many individuals from accessing essential medical services, particularly those from low-income backgrounds. Additionally, rising costs strain healthcare budgets, making it difficult for governments and institutions to allocate resources effectively. Disparities in access to care has been a persistent challenge is the uneven distribution of healthcare resources, leading to significant disparities in access to quality care. People living in remote areas or those belonging to low-income communities often face geographical or financial barriers that limit their access to essential services. This disparity can lead to poorer health outcomes for these vulnerable populations.

While advancements in technology hold immense promise for improving healthcare delivery, integrating them effectively presents challenges. Issues like ensuring interoperability of different systems, safeguarding data security, and guaranteeing equitable access to technology need to be addressed. A critical issue facing healthcare systems in Zambia is a lack of qualified healthcare workers, especially in rural areas. This shortage results in long wait times for patients, overworked staff, and can potentially compromise the quality of care provided. The survey further highlights lack of infrastructure and resource limitations. Zambia grapples with a shortage of doctors, nurses, and essential medical equipment, particularly in rural areas. This lack of infrastructure and resources significantly hinders the ability to deliver quality care to the entire population. Ensuring that healthcare is financially accessible for all Zambians remains a significant challenge. Without proper financial mechanisms or social safety

nets, many individuals may be forced to forgo essential medical services due to cost concerns.

Potential Solutions

The survey responses suggest potential solutions to address these challenges and build a stronger healthcare system Investing in Infrastructure which includes building more clinics and hospitals, particularly in underserved rural areas, is crucial to improve access to care for the Zambian population. This investment in infrastructure would bring essential medical services closer to those who need them most. Investing in training programs to increase the number of qualified healthcare workers, with a focus on deploying them to rural areas, is essential. This can involve scholarships, loan forgiveness programs, and targeted recruitment initiatives to incentivize healthcare professionals to serve in underserved communities. Implementing policies to improve healthcare affordability and access, alongside the strategic use of telemedicine and mobile health clinics, can help address disparities in care. Technology can bridge geographical distances and connect patients in remote areas with qualified healthcare providers.

Building strong partnerships between governments, healthcare providers, NGOs, and other stakeholders is crucial for developing sustainable solutions to the challenges facing the Zambian healthcare system. Collaboration fosters knowledge sharing, resource optimization, and facilitates the implementation of innovative healthcare delivery models. Globally, a shift towards prioritizing preventative care can help mitigate the burden of chronic diseases and potentially reduce overall healthcare costs. Investing in public health

initiatives, education, and preventative screenings can lead to healthier populations and a more sustainable healthcare system. Leveraging data analytics can inform better decision-making processes and optimize healthcare resource allocation. By collecting and analyzing healthcare data, policymakers and healthcare providers can gain valuable insights into population health needs and allocate resources more effectively. A commitment to delivering high-quality care and improving customer service can build trust and encourage preventative care utilization. By prioritizing patient well-being, communication, and a positive healthcare experience, healthcare providers can foster a more engaged and healthier population.

Essential Workplace Conditions in Healthcare

The responses offer valuable insights into the critical workplace conditions that underpin the need for reliable service delivery, patient safety, and high-quality healthcare, particularly within the context of Zambia's healthcare system. This analysis delves deeper into these essential elements, exploring their significance and how they can be implemented effectively. At the heart of effective care lies a well-trained and supported workforce. This necessitates having a sufficient number of skilled and knowledgeable healthcare professionals, including doctors, nurses, and support staff, is critical to meet patient needs and deliver timely care. Investing in continuous learning opportunities ensures that healthcare workers stay up-to-date on the latest advancements in medicine, best practices, and emerging technologies. Fostering a culture of open communication is essential for effective collaboration and teamwork. This allows healthcare professionals

to share information seamlessly, raise concerns freely, and work together to provide optimal patient-centered care.

The strategic use of technology can significantly enhance service delivery, particularly in remote areas of Zambia. Telemedicine and mobile health clinics can bridge geographical gaps, allowing patients in underserved communities to connect with qualified healthcare providers and access essential services. Understanding and integrating established traditional healing methods can be beneficial in specific contexts within Zambia. This holistic approach can complement conventional medicine, fostering culturally sensitive care that resonates with patients and their communities. Prioritizing patient needs, preferences, and values is essential for delivering high-quality care. This involves involving patients in treatment decisions, ensuring clear and compassionate communication, and creating a patient-centered environment that respects their dignity and autonomy.

Supportive Infrastructure and Processes

Maintaining a safe work environment for both patients and healthcare professionals is paramount. This includes implementing and adhering to safety protocols, robust infection control measures, and proper equipment maintenance practices. Effective leadership with a commitment to good governance and regulatory compliance is crucial for a thriving healthcare system. Strong leadership fosters a culture of accountability, continuous quality improvement, and a commitment to ethical practices. Access to well-maintained and up-to-date equipment and adequate resources is essential for effective healthcare delivery. This allows healthcare professionals to perform accurate diagnoses,

129

deliver essential treatments, and provide quality care. Ensuring manageable workloads for healthcare workers helps prevent burnout and promotes a culture of safety. This can involve proper staffing levels, efficient workflow design, delegating tasks appropriately, and utilizing technology to streamline processes. Empowering patients through education allows them to actively participate in their care and make informed decisions. This can lead to better treatment outcomes, improved self-management of chronic conditions, and a more health-literate population.

The Zambian Context: Best Practices

The survey responses highlight the importance of considering the specific context of Zambia when addressing workplace conditions: Limited resources are a reality in the Zambian healthcare system. Focusing on efficient resource allocation, innovative solutions like technology, and potentially integrating traditional healing methods can help overcome these limitations. By prioritizing these key workplace conditions, healthcare facilities can create an environment conducive to delivering reliable, safe, and high-quality care. A well-trained and supported workforce, effective use of technology, patient-centered care, strong leadership, and a commitment to safety are all essential ingredients for a thriving healthcare system. In Zambia, adapting these best practices while considering resource limitations is crucial for building a more robust healthcare system that serves the needs of its population. Through a collective effort from governments, healthcare providers, and the community, Zambia can create a healthcare system that delivers exceptional care for all. The survey responses offer a wealth of knowledge on how to cultivate effective teamwork in healthcare settings, a crucial

element in ensuring reliable and high-quality service delivery. This analysis delves deeper into these key components, exploring their significance and how they can be implemented to foster a collaborative and patient-centered healthcare environment, with a particular focus on the Zambian context.

At the heart of successful teamwork lies clear and transparent communication. Regular team meetings, well-defined communication pathways (e.g., email, designated communication platforms), and actively promoting feedback exchange are essential for keeping everyone informed, aligned, and able to contribute effectively. Team members need to feel valued and respected for their unique skills and expertise. This fosters a collaborative environment where everyone feels comfortable sharing ideas, raising concerns, and learning from each other. Encouraging active listening and fostering an environment of psychological safety are crucial. A clear understanding of the team's shared goals and objectives is essential for building a unified front. This unites team members towards a common purpose, fostering a sense of ownership and accountability for achieving desired outcomes. Shared goals should ideally be patient-centered, ensuring the team is focused on delivering high-quality care. Clearly defined roles and responsibilities help avoid confusion, duplication of efforts, and ensure everyone knows their part in contributing to the team's success. This can involve creating job descriptions, team charters, and clear communication channels for task delegation. Investing in interdisciplinary training sessions allows team members to gain a deeper understanding of different roles and fosters a spirit of collaboration. Shared training can involve joint workshops, simulations, and cross-departmental learning opportunities.

Engaging in team-building activities can strengthen team spirit, build trust, and improve communication. These activities can be social, educational, or problem-solving oriented. Involving team members in decision-making processes empowers them, fosters a sense of ownership, and leverages their diverse perspectives. Having clear processes for addressing conflict constructively is crucial for maintaining a positive team dynamic. This involves establishing clear communication protocols for addressing disagreements, encouraging respectful dialogue, and focusing on finding solutions rather than assigning blame. Recognizing and appreciating team members' contributions, both big and small, fosters motivation, a sense of belonging, and reinforces desired behaviors. This can involve public recognition, awards programs, or simply expressing gratitude for a job well done.

Building Inclusive Teams for Effective Care

The survey responses highlight the importance of considering Zambia's specific healthcare landscape when building strong teams. Including community health workers and traditional leaders in the healthcare team is crucial for building trust, ensuring culturally sensitive care, and reaching underserved populations. This can involve joint decision-making processes, incorporating traditional healing practices where appropriate, and fostering open communication channels between all stakeholders. Investing in shared training sessions and promoting open communication between all healthcare stakeholders, including doctors, nurses, community health workers, and traditional healers, can strengthen team dynamics and improve overall service delivery. By prioritizing effective teamwork, healthcare facilities can cultivate a collaborative and

132

patient-centered environment. Regular communication, shared goals, defined roles, ongoing training, conflict resolution strategies, and recognition are key ingredients for building strong healthcare teams. In Zambia, incorporating community healthcare workers and traditional leaders, alongside shared training and open communication, is essential for building inclusive teams that can effectively address the unique healthcare needs of the population. Through a collective effort, healthcare professionals in Zambia can create a reliable and responsive healthcare system that delivers high-quality care for all.

Techniques and Resources for Reliable, Safe, and High-Quality Healthcare Delivery

The survey responses offer a treasure trove of knowledge on the various techniques, methodologies, tools, and resources that can be harnessed to construct a healthcare system that delivers reliable, safe, and high-quality care. This analysis delves deeper into these crucial elements, exploring their significance and how they can be implemented effectively, with a particular focus on the unique context of Zambia's healthcare landscape. At the heart of reliable service delivery lies a commitment to continuous improvement. Implementing quality improvement methodologies, such as Six Sigma, equips healthcare facilities with a structured approach to identify and address problems systematically. These methodologies empower teams to utilize data analysis and teamwork to streamline processes, eliminate errors, and ensure consistent quality care. The strategic use of Electronic Health Records (EHRs) allows for streamlined information sharing, improved coordination of care across departments, and reduced errors in medication administration and treatment delivery. EHRs provide a centralized

133

platform for storing patient data, facilitating seamless communication among healthcare professionals, and promoting a more holistic approach to patient care. Incorporating patient feedback into care planning and promoting shared decision-making empowers patients to take an active role in their healthcare journey. This collaborative approach fosters trust, improves patient satisfaction, and leads to better treatment outcomes. Healthcare professionals can utilize surveys, focus groups, and open communication to gather valuable patient feedback and involve them in treatment decisions. Investing in ongoing training and education for healthcare professionals ensures they remain up-to-date on the latest advancements in medical practices, diagnostic techniques, and best practices. This commitment to continuous learning can involve workshops, conferences, online learning modules, and mentorship programs.

A well-trained and knowledgeable workforce is essential for delivering safe and effective care. Having established clinical practice guidelines provides a standardized framework for clinical decision-making and treatment plans. These evidence-based guidelines ensure consistency and quality in care delivery, reducing variations in practices and minimizing the risk of errors. Regularly reviewing and updating clinical guidelines based on the latest research is crucial for maintaining their effectiveness. Implementing patient safety initiatives, such as robust patient safety reporting systems and root cause analysis, helps identify potential safety hazards and prevent adverse events. These proactive measures foster a culture of safety awareness within healthcare facilities, allowing teams to learn from incidents and implement preventive measures to safeguard patients. Regularly measuring and monitoring key performance indicators

134

(KPIs) allows healthcare facilities to track progress towards their goals, identify areas for improvement, and demonstrate accountability. A data-driven approach, utilizing relevant KPIs, allows for continuous quality improvement and ensures the healthcare system remains responsive to evolving needs. Accreditation and certification programs, such as those offered by the Joint Commission International (JCI), set high standards for patient care, safety, and organizational management. Achieving accreditation demonstrates a healthcare facility's commitment to delivering high-quality care and adhering to international best practices.

Building on Zambia's Strengths

The survey responses highlight the importance of considering Zambia's specific context when implementing these best practices. Utilizing community-based approaches can improve access to care, address cultural sensitivities, and build trust within communities, particularly in remote areas. This can involve involving community health workers and traditional healers in healthcare delivery, leveraging their local knowledge and cultural understanding. Leveraging technology, such as telehealth and mobile health applications, can expand access to care, particularly in remote areas with limited healthcare infrastructure. These technologies allow healthcare professionals to reach underserved populations, provide essential services like consultations and remote monitoring, and bridge the geographical gap in healthcare delivery. Respecting and potentially integrating established traditional healing practices with modern medicine can improve cultural sensitivity and enhance the overall patient experience. This collaborative approach can address a wider range of patient needs and foster a more

holistic approach to healthcare delivery. Utilizing health information systems can enhance data-driven decision.

4.3 Chapter Summary

This chapter has presented the comprehensive results of the study on the healthcare industry in Zambia. The healthcare industry faces a complex web of challenges, both globally and in Zambia. However, the survey responses offer a glimmer of hope. By implementing a multifaceted approach that incorporates infrastructure investment, workforce development, innovative technology use, policy changes, collaboration, and a focus on preventative care and quality service, significant progress can be made. Through a collective effort from governments, healthcare providers. The investigation utilized a qualitative approach to gather and analyze data from primary and secondary data. The findings revealed several significant trends and insights, particularly in relation to the influence patient loyalty, satisfaction and brand image have on healthcare service quality. These results contribute to a deeper understanding of the healthcare service industry in Zambia and how it can be improved by highlighting the best strategies. Additionally, the findings underscore the complexity and nuance of the health care industry, suggesting implications for both theory and practice. This chapter has laid the groundwork for the subsequent discussion, where these findings will be critically examined. The following chapter will discuss the implications and recommendations.

CHAPTER V:

DISCUSSION

This chapter delves into the research findings, meticulously dissecting the responses to both research questions through a variety of established theoretical frameworks. By weaving together thematic analysis and relevant theories, the chapter shows a nuanced understanding of patient experiences within the Zambian healthcare system. Thematic analysis identified recurring concepts that transcended individual responses, forming a cohesive narrative of strengths and weaknesses. These themes were then examined through the lens of existing frameworks, such as the Service-Quality Framework and Brand Image Theory. The Service-Quality Framework provided a yardstick to measure patient perceptions of service quality. The framework's emphasis on dimensions like assurance, empathy, and tangibles offered valuable insights into how well the healthcare system fostered trust and a welcoming environment. Similarly, Brand Image Theory helped decipher the influence of brand reputation on patient choice. Positive experiences with courteous staff, efficient service delivery, and effective treatment contributed to a strong brand image, aligning with the theory's proposition that a positive brand signifies trust and quality.

This analysis goes beyond mere description; it explores the broader implications for the Zambian healthcare system. Understanding the factors influencing patient satisfaction and loyalty allows policymakers and healthcare providers to prioritize areas for improvement. This knowledge informs policy decisions, such as implementing government-subsidized health insurance plans or expanding mobile healthcare services in remote areas, to create a more equitable and accessible healthcare system for all Zambians. By unraveling the complexities of patient experiences and their connection to

137

established frameworks, this chapter provides a roadmap for evidence-based decision-making and paves the way for a more robust and patient-centered healthcare system in Zambia.

5.1 Interpretations of Study Results on Research Question 1 (RQ1)

The survey data unveils a dynamic interplay between patient satisfaction, brand image, and patient loyalty within the Zambian healthcare landscape. Patients prioritize factors that contribute to a positive healthcare experience, including courteous and attentive medical personnel, efficient service delivery, demonstrably effective treatment, a clean and hygienic environment, and access to modern technology. These aspects align with the Service-Quality Framework, which emphasizes the significance of dimensions like reliability, responsiveness, assurance, empathy, and tangibles in shaping patient perception of service quality.

The findings from the survey data reveal a strong correlation between patient satisfaction, brand image, and patient loyalty in the Zambian healthcare system. Patients prioritize factors like kind and attentive medical personnel, efficient service delivery, effective treatment, a clean and hygienic environment, and modern technology when evaluating healthcare service quality. A positive brand reputation significantly influences patient choice of hospitals, with brand name serving as a proxy for quality care, trustworthiness, and positive recommendations from others. However, a sizeable portion of the population prioritizes affordability, service availability, or a focus on actual service quality over brand perception. The decision-making process for choosing a hospital is

multifaceted, with brand reputation being a major, but not the only, factor influencing patient choice.

When evaluating healthcare providers, brand reputation emerges as a significant influencer, particularly for a substantial portion of the surveyed population. A well-established brand name serves as a shorthand for quality care, trustworthiness, and positive word-of-mouth recommendations from others. This resonates with Brand Image Theory, where a strong brand reputation signifies trust, quality, and positive associations, leading to increased patient preference. However, it's crucial to recognize that a sizeable portion of the population prioritizes other factors besides brand image. Cost-effectiveness, service availability, and a focus on demonstrably good service quality can outweigh brand perception for these patients. This underscores the multifaceted nature of patient decision-making when choosing a healthcare provider. Brand image plays a significant role, but it's just one piece of the puzzle.

The findings shed light on the key drivers of patient loyalty in the Zambian healthcare system. Positive prior experiences are paramount, encompassing a range of aspects that contribute to a patient's overall satisfaction. Kind and attentive medical personnel foster a welcoming and supportive environment, reflecting a hospital's commitment to quality care. Efficient service delivery, from registration to treatment, minimizes stress and assures patients that their time is valued. Most importantly, effective treatment that addresses their health concerns leaves patients feeling well-cared for and confident in the facility's capabilities, leading them to return for future needs. This

emphasis on effective treatment aligns with the Donabedian Model of Quality, which highlights the importance of outcomes in healthcare delivery.

The quality of medical care itself is another critical factor influencing return visits. Patients seek not just effective treatment but also a healthcare environment that reflects a commitment to excellence. This includes factors like a clean and hygienic environment, which fosters trust and assures patients that the facility prioritizes infection control. Additionally, modern technology signifies a commitment to providing the best possible care using the latest advancements. These aspects resonate with the structure dimension of the Donabedian Model, where the physical aspects of care delivery, such as equipment and facilities, influence patient experience and outcomes.

For some participants, the specific services offered by a facility were a key motivator for returning. This highlights the importance of ensuring a facility's advertised services accurately reflect the care they can provide. Patients seek providers who can address their specific needs, and a facility that caters to their particular medical requirements fosters loyalty. While not the primary driver, convenience also factored into some patients' decisions. Easy accessibility, short waiting times, and efficient appointment scheduling contribute to a positive patient experience and make it more likely patients will return for future care. By understanding these key factors – positive prior experiences, high-quality care, catering to specific patient needs, a clean and modern facility, and prioritizing convenience – healthcare facilities in Zambia can cultivate a loyal patient base and ensure their future success. Building such loyalty goes

beyond simply delivering good service; it requires a holistic approach that prioritizes patient well-being at every touchpoint.

5.2 Interpretations of Study Results on Research Question 2 (RQ2)

Thematic analysis of interview responses and secondary data identified several key challenges facing the Zambian healthcare system. These challenges include rising healthcare costs, disparities in access to care, limitations integrating technology, a lack of qualified healthcare workers, insufficient infrastructure and resources, and ensuring financial accessibility for all Zambians. The survey also highlighted potential solutions to address these challenges, including investing in infrastructure development, training programs for healthcare workers, implementing policies to improve affordability and access to care, fostering collaboration between stakeholders, prioritizing preventative care, leveraging data analytics, and a commitment to delivering high-quality care. It is important to consider Zambia's specific context when implementing these solutions. Utilizing community-based approaches, leveraging technology, respecting traditional healing practices, and utilizing health information systems can all contribute to a more robust and culturally sensitive healthcare system.

The ever-increasing cost of healthcare is a global concern, and Zambia is no exception. This financial barrier can prevent many individuals, particularly those from low-income backgrounds, from accessing essential medical services. Additionally, rising costs strain healthcare budgets, making it difficult for governments and institutions to allocate resources effectively. Uneven distribution of healthcare resources leads to significant disparities in access to quality care. People living in remote areas or those

belonging to low-income communities often face geographical or financial barriers that limit their access to essential services. This disparity can lead to poorer health outcomes for these vulnerable populations. Advancements in technology hold immense promise for improving healthcare delivery.

The study's conclusions indicated that improving staff capacity is necessary for organizations to improve the quality of services they provide. It is necessary to hire a sufficient number of highly qualified and experienced workers on a constant basis, prevent ineffective hiring, promote staff and doctor monitoring, and make sure that standards for performance and practice are satisfied to improve the delivery of high-quality services. This would enable the involvement in multidisciplinary care, boost patient happiness, foster a positive relationship between medical professionals and patients, and draw in more patients, all of which would effectively improve hospital growth. Based on the study's findings, public health sectors should increase their use of technology and their readiness to invest in new developments in order to enable service assessment and enhance communication—all of which are crucial.

Based on the findings, the study concluded that increased funding for the public health sector is necessary to improve the provision of high-quality healthcare services. This would reduce the amount of red tape in financial administration, support additional service delivery-related activities, and provide funds for the acquisition of superior medical equipment and the hiring of more qualified individuals who may volunteer. Financial accountability should be achieved through monitoring, auditing, and accounting processes to ensure that allotted money are used for the intended purposes. This will help

142

to ensure good expenditure control and maximize the effectiveness, quality, or quantity of financial resources. The following are other methods for distributing financial resources: quality control, human motivation, costing systems, strategic planning, and preserving solvency.

However, integrating these advancements effectively presents challenges. Issues like ensuring interoperability of different systems, safeguarding data security, and guaranteeing equitable access to technology need to be addressed for technology to revolutionize healthcare in Zambia. A significant lack of qualified healthcare professionals, especially doctors and nurses, plagues the Zambian healthcare system. This shortage makes it difficult to meet the growing demand for medical services and can lead to overworked and understaffed facilities, ultimately compromising patient care. The quality of healthcare delivery is heavily influenced by the infrastructure and resources available. Dilapidated facilities, a lack of essential medical equipment, and limited access to medicine can significantly hinder a healthcare provider's ability to offer effective treatment.

5.3 Interpretation related to Conceptual Frameworks

5.3.1 For Research Question 1

This section dives deeper into the research findings by analyzing them through the established theoretical frameworks. The lens of the Service-Quality Framework illuminates the strong alignment between healthcare service quality and the framework's core dimensions. This framework emphasizes the importance of factors like reliability (receiving promised services consistently), responsiveness (staff willingness to help

143

promptly), assurance (staff knowledge and courteous demeanour fostering trust), empathy (understanding and addressing patient concerns), and tangibles (facility cleanliness and modern equipment) in influencing patient perception of service quality. The study's findings demonstrate that when these aspects are prioritized, patient satisfaction flourishes.

Brand image can be effectively viewed through the Brand Image Theory. This theory posits that a strong brand reputation acts as a shorthand for trust, quality, and positive associations, ultimately leading to increased patient preference for a particular healthcare provider. The research reinforces this theory. Positive experiences with courteous staff, efficient service, effective treatment, a clean environment, and access to modern technology all contribute to a strong brand image. These findings resonate with Aladwan's model, which explores the interconnectedness of patient satisfaction, patient loyalty, and brand image. The survey data revealed a clear link: high patient satisfaction translates into a positive brand image. It's this positive brand image, built on a foundation of prior positive experiences, that fosters patient loyalty and encourages them to return to the same facility for future needs.

However, the research also unveils a layer of complexity within Aladwan's model. While brand reputation emerged as a significant influencer, the study highlights that affordability, service availability, and demonstrably good service quality also play a crucial role in patient choice. This suggests a more nuanced relationship between brand image and loyalty than the Aladwan model initially suggests. For some patients, particularly those facing financial constraints or geographical limitations, factors beyond

brand name hold equal weight in their decision-making process. They may choose a facility with a less established reputation but that offers affordable services, convenient location, or a proven track record of effective treatment. This underscores the importance of a multifaceted approach to building patient loyalty. By prioritizing service quality across all dimensions, ensuring affordability and accessibility, and cultivating a strong brand image, Zambian healthcare providers can effectively compete for patient loyalty and create a system that prioritizes the needs of all citizens.

5.3.2 For Research Question 2

This broader framework encompasses various strategies for improving healthcare service quality. The research findings offer valuable insights into the effectiveness of these strategies in the Zambian context. The study emphasizes the importance of patient-centered care, aligning with the framework's emphasis on strong patient-provider relationships. Factors like courteous staff, efficient service delivery, and addressing patient needs contribute to a patient-centered approach. While the study doesn't directly address integrated care models, the focus on affordability and accessibility suggests a need for exploring models that combine primary care with other services, potentially reducing costs and improving access for vulnerable populations. The framework highlights the potential of telemedicine and health information technology (HIT). Further research could explore how these technologies can be leveraged in the Zambian context, considering infrastructure limitations and cultural sensitivities. The framework emphasizes population health management strategies. The research findings, highlighting

disparities in access to care, suggest a need for further investigation into identifying high-risk populations and implementing targeted interventions to address their needs.

The importance of seamless transitions between healthcare settings aligns with the framework. However, the study doesn't directly explore this aspect. Further research could investigate potential challenges and solutions regarding care coordination in the Zambian healthcare system. The study doesn't explicitly address quality improvement strategies but highlights the importance of effective treatment. Implementing clear quality standards and monitoring systems, as proposed by the framework, would be crucial for ensuring consistent delivery of high-quality care. The framework emphasizes workforce development. The research findings identify a shortage of qualified healthcare professionals, highlighting the need for robust training programs to address this gap. The framework highlights health policy reforms. The research findings on affordability and access disparities suggest the need for policy changes, such as government-subsidized programs, to improve healthcare accessibility for all Zambians. The framework emphasizes ongoing assessment and monitoring. This research provides a valuable baseline for future studies to track progress made in improving the Zambian healthcare system. By considering these findings in the context of the theoretical frameworks, we gain a deeper understanding of the factors influencing patient choice and the challenges facing the Zambian healthcare system.

5.4 Summary

This study served as a magnifying glass, revealing the relationship in Zambia between patient loyalty, satisfaction, brand image, and perceived quality of healthcare

services. The results highlight a number of important areas where Zambia's healthcare system needs to be improved. Patients' value polite employees who handle them with dignity and respect. Another crucial element is the efficient provision of services with short wait periods. It is critical that they receive effective treatment that resolves their health issues and produces favorable results. The research also highlights the significant influence of brand image on patient choice. A healthcare facility with a reputation for excellence, built on a foundation of positive patient experiences, can become a beacon of hope within the community. But a brand's reputation on its own is insufficient. Important considerations include accessibility, affordability, and a track record of providing high-quality services. Important obstacles preventing Zambia's healthcare system from realizing its full potential were found through thematic analysis. Patients are burdened by rising medical expenditures, which may cause them to put off or refrain from getting necessary care. Geographical barriers to healthcare services are created by disparities in access, especially in distant places. Advances in service delivery may be hampered by limitations in technology integration brought on by things like low levels of digital literacy or infrastructure limitations. Shortages of workers in vital healthcare occupations put pressure on the system and reduce its ability to provide services. Having insufficient facilities or basic medical supplies, along with inadequate infrastructure and resources, makes it more difficult to provide high-quality care. The study doesn't simply identify challenges; it proposes potential solutions as well. These include infrastructure development to improve access and service capacity, alongside healthcare worker training programs to address staffing shortages and enhance skillsets. Improved

147

affordability and access policies, such as government-subsidized health insurance or expanded mobile healthcare services, can bridge the gap for vulnerable populations and remote communities. Collaboration among stakeholders, including healthcare providers, policymakers, and the private sector, can leverage diverse expertise and resources to tackle complex challenges. The following chapter will delve deeper into the implications of this study, propose recommendations for future research, and summarize the key findings in greater detail.

CHAPTER VI:

SUMMARY, IMPLICATIONS, AND RECOMMENDATIONS

This study functioned as a lens, focusing on the impact of healthcare service quality on patient loyalty and satisfaction in Zambia. The findings illuminate several crucial areas for improvement. The research highlights the significant influence of brand image on patient choice. A healthcare facility with a reputation for excellence, built on a foundation of positive patient experiences, can become a beacon of hope within the community. However, brand reputation alone is not enough. Thematic analysis identified key challenges that hinder the Zambian healthcare system from reaching its full potential. Rising medical costs create a burden for patients, potentially delaying or preventing them from seeking essential care. Disparities in access, particularly in remote areas, create geographical barriers to healthcare services. Limitations in integrating technology, due to factors like infrastructure constraints or digital literacy levels, can hinder advancements in service delivery. Workforce shortages in critical healthcare professions create strain on the system and limit service capacity. Insufficient infrastructure and resources, including a lack of properly equipped facilities or essential medical supplies, further impede the ability to deliver high-quality care.

The study doesn't simply identify challenges; it proposes potential solutions as well. These include infrastructure development to improve access and service capacity, alongside healthcare worker training programs to address staffing shortages and enhance skillsets. Improved affordability and access policies, such as government-subsidized health insurance or expanded mobile healthcare services, can bridge the gap for

vulnerable populations and remote communities. Prioritizing preventative care through public health campaigns and accessible screening programs can reduce the burden on the reactive treatment system in the long run. Leveraging data analytics allows for informed decision-making, optimizing resource allocation and tracking progress towards established goals. Finally, a steadfast commitment to high-quality care, achieved through clear benchmarks and robust monitoring and evaluation systems, ensures consistent service excellence across the healthcare system. However, implementing these solutions requires careful consideration of Zambia's specific context. Utilizing community health workers to expand reach in remote areas, leveraging technology in a culturally sensitive manner that respects traditional practices, and developing robust health information systems that address data security concerns are all crucial aspects for successful implementation. By acknowledging the complexities of the Zambian healthcare system, prioritizing patient-centered care, and implementing contextually-appropriate solutions, Zambia can create a more equitable, efficient, and patient-centered healthcare system for all its citizens

6.1 Implications

The findings have significant implications for healthcare providers, policymakers, and stakeholders in the Zambian healthcare system. By understanding the factors influencing patient choice and the challenges facing the system, these stakeholders can work collaboratively to improve the quality of care and ensure equitable access for all Zambians. Focusing on patient satisfaction by delivering courteous care, efficient service, and effective treatment can enhance patient loyalty and attract new patients. Investing in

a clean and modern environment, along with modern technology, can further improve patient experience. Implementing policies to address affordability and access disparities is crucial. Investing in infrastructure development, healthcare worker training, and preventative care programs are essential for strengthening the healthcare system. Collaboration between government agencies, healthcare providers, NGOs, and the private sector is vital for leveraging diverse expertise and resources to address system challenges.

The study revealed numerous major factors influencing patient satisfaction in Zambia. These elements resonate strongly with patients and have a direct impact on their view of the healthcare system. Patients favor contacts with courteous and attentive medical workers. They appreciate professionals who listen to their concerns, explain processes properly, and show empathy throughout the treatment process. Additionally, quick service delivery with short wait times is critical. Nobody wants to spend hours waiting to see a doctor or pharmacist. Furthermore, people seek demonstrably successful treatment that addresses their health concerns while leaving them feeling secure in the care they received. A clean and hygienic atmosphere builds trust and reassures patients that infection prevention is a major priority. Finally, access to contemporary technology demonstrates a healthcare provider's commitment to using the most recent advances in medical care. These elements, which include service quality, communication, environment, and technology, all contribute to a positive patient experience, along with the Service-Quality Framework's emphasis on dependability, responsiveness, assurance, and tangibles.

Brand image emerged as an important influence, especially for a large segment of the population. A well-known brand name was used as a shorthand indicating quality care, dependability, and positive word-of-mouth referrals. This is consistent with Brand Image Theory, which holds that a strong reputation indicates good connections and trust, resulting in improved patient preference. However, the investigation uncovered an important nuance. Affordability, service availability, and a focus on clearly outstanding service quality can overcome brand impression for a sizable chunk of the market. The decision-making process for selecting a healthcare provider is diverse, with brand image playing a significant, but not exclusive, role.

The study underscores how important pleasant prior experiences are in developing patient loyalty. This devotion extends beyond being satisfied with a particular interaction and includes a variety of factors that contribute to a patient's overall experience. Kind and attentive medical workers create a pleasant and helpful environment, demonstrating the healthcare facility's dedication to patient well-being. When services are delivered efficiently, from registration to treatment completion, patients experience less stress and are certain that their time is respected. Most importantly, delivering appropriate therapy that addresses their concerns builds trust and confidence in the facility's capabilities, encouraging patients to return for future needs. This focus on successful treatment aligns with the Donabedian Model of Quality, which emphasizes the importance of outcomes.

The study also found that the specific services provided by a facility were a significant reason for returning. This emphasizes the need of ensuring that a facility's advertised offerings truly represent the care it can give. Patients prefer providers who

can meet their personal demands, and a facility that accommodates their specific medical needs develops loyalty. While convenience was not the key motivator, it did influence some patients' decisions. Easy accessibility, minimal wait times, and fast appointment scheduling all contribute to a great patient experience, increasing the likelihood that patients will return for future services. Zambian healthcare facilities may create a loyal customer base by knowing five essential factors: pleasant prior experiences, high-quality service, responding to specific patient needs, a clean and modern facility, and prioritizing convenience.

6.2 Recommendations

This study served as a magnifying glass, allowing for a deeper examination of the intricate relationship between patient experience, healthcare service quality, and the Zambian healthcare system. The findings illuminate critical areas for progress. Firstly, they underscore the importance of patient-centered care. A system that prioritizes open communication, treats patients with dignity and respect, and demonstrates empathy fosters trust and leads to better health outcomes. Imagine a healthcare facility where patients feel empowered to voice their concerns, actively participate in treatment decisions, and are treated as valued partners in their health journey. Secondly, the research highlights the influence of brand image. Positive patient experiences contribute to a strong brand reputation, attracting new patients and encouraging loyalty. A healthcare facility with a reputation for excellence can become a beacon of hope within the community. Finally, the study unveils the necessity of overcoming affordability and access challenges. Cost should not be a barrier to essential healthcare. Policymakers can

explore initiatives like government-subsidized health insurance plans, targeted programs for vulnerable populations, and price controls on medications to improve affordability. Additionally, policies can address accessibility by increasing investment in infrastructure development in remote areas and expanding mobile healthcare services. By dismantling these barriers, Zambia can ensure equitable access to quality healthcare for all its citizens. Based on these key takeaways and the comprehensive research conducted, the following recommendations are made:

6.2.1 Healthcare Providers

Building a patient-centered healthcare system in Zambia requires a focus on continuous improvement and gathering regular feedback. Regularly collecting patient feedback through surveys, interviews, and suggestion boxes allows healthcare providers to identify areas where they are excelling and areas needing improvement. This feedback loop is crucial for ensuring patient needs and expectations are being met. Imagine a system where a patient who experienced a lengthy wait time can voice their frustration, and administrators can use this feedback to analyze staffing schedules and optimize appointment flow. Similarly, positive feedback about a doctor's bedside manner can highlight successful communication approaches for wider implementation. Shifting the focus to patient-centered care means prioritizing open communication, treating patients with respect, and demonstrating empathy. This can involve actively listening to patients' concerns, not just medical history, but also their anxieties and preferences. Involving patients in treatment decisions, explaining options in clear and understandable language, empowers them to take ownership of their health journey. Creating a more welcoming

environment goes beyond sterile walls. Friendly greetings, comfortable waiting areas, and addressing patients by name can all contribute to a more positive healthcare experience.

Effective training programs can enhance staff skills in areas like communication, service delivery, and treatment effectiveness. Investing in communication skills training equips healthcare workers to actively listen, explain complex medical information clearly, and respond to patient anxieties with empathy. Service delivery training can focus on streamlining processes, reducing wait times, and ensuring patients understand next steps after an appointment. Prioritizing treatment effectiveness training ensures healthcare workers stay up-to-date on the latest evidence-based practices and treatment protocols. This combination of training can lead to improved patient interactions, reduced frustration, and a sense of trust between patients and providers. A clean and well-maintained facility fosters trust and assures patients that infection control is a priority. Investing in regular cleaning and sanitation procedures, maintaining a pleasant environment, and ensuring adequate supplies are readily available demonstrates a commitment to patient safety and well-being. Beyond aesthetics, a clean facility minimizes the risk of hospital-acquired infections, protecting both patients and staff.

Investing in modern technology demonstrates a commitment to providing the best possible care using the latest advancements. This can include equipment like digital stethoscopes for improved sound quality, ultrasound machines for non-invasive imaging, and vital sign monitors for continuous patient assessment. Diagnostic tools like advanced blood analyzers or X-ray machines can expedite diagnoses and treatment plans.

Electronic medical records (EMRs) offer numerous benefits. EMRs allow for secure storage and easy retrieval of patient information, improving care coordination between different healthcare providers. They can also reduce medication errors by providing instant access to a patient's medical history and allergies. By prioritizing patient feedback, fostering patient-centered care, investing in staff training, maintaining a clean environment, and embracing modern technology, Zambia can create a healthcare system that is not only efficient but also respectful, trustworthy, and delivers high-quality care to all its citizens.

6.2.2 Policymakers

Cost should not be a barrier to essential healthcare in Zambia. Policymakers can explore a multi-pronged approach to improve affordability. Firstly, government-subsidized health insurance plans can provide a safety net for citizens, particularly those with lower incomes. Secondly, targeted programs can be implemented for vulnerable populations like children, pregnant women, and the elderly. These programs could offer exemptions from co-pays or deductibles, ensuring they receive crucial medical care without financial hardship. Price controls on essential medications can also be explored to make them more accessible. Additionally, policies can address accessibility by tackling geographical disparities. Increased investment in infrastructure development, particularly in remote areas, is essential. This could involve building new clinics, improving road networks, and establishing reliable transportation options to bridge the physical gap between patients and healthcare facilities. Expanding mobile healthcare

services, where medical teams travel to remote communities to deliver care, can further

bridge this access gap.

Strengthening the healthcare system's infrastructure is another crucial step.

Upgrading healthcare facilities with modern equipment, reliable sanitation systems, and

adequate space is necessary to deliver quality care. Ensuring a consistent supply of

essential medical equipment and medications is also paramount. Establishing reliable

supply chains that are efficient and transparent will prevent stockouts and ensure

healthcare providers have the tools they need to effectively treat patients. This investment

in infrastructure will create a foundation for delivering quality care across the country,

regardless of location.

Beyond infrastructure, a well-trained and motivated workforce is essential.

Developing robust training programs tailored to the specific needs of the Zambian

healthcare system is crucial. These programs should prioritize training in critical care

areas experiencing staffing shortages and consider incorporating innovative teaching

methods to produce a steady stream of qualified medical professionals. Additionally,

exploring avenues to retain qualified personnel is crucial. Competitive salaries, improved

working conditions, and opportunities for professional development can incentivize

healthcare workers to stay in Zambia and contribute their skills to the system.

Shifting the focus towards preventative care can significantly reduce the burden

on the healthcare system in the long run. Policymakers can implement public health

campaigns promoting healthy lifestyles, such as balanced diets and regular exercise.

Establishing accessible screening programs for early detection of diseases like diabetes or

hypertension allows for timely intervention and prevents complications that require more intensive and expensive treatment later. Educating the public about preventative measures, like proper hygiene practices and mosquito net usage to combat malaria, can further empower individuals to take charge of their health and reduce the need for reactive care.

Finally, ensuring consistent delivery of high-quality care requires establishing clear benchmarks for healthcare quality and implementing robust monitoring and evaluation systems. These benchmarks should define standards for areas like patient safety, infection control, and clinical practice guidelines. Regular monitoring and evaluation processes can identify areas where facilities are falling short of these standards. This allows for targeted interventions, such as additional training for staff or improved resource allocation, to ensure all facilities are delivering high-quality care to their patients. By addressing these areas – affordability, accessibility, infrastructure, workforce development, preventative care, and quality control – Zambia can create a more robust and equitable healthcare system for all its citizens.

6.2.3 Stakeholders

Beyond the areas highlighted for further research, fostering collaboration among stakeholders presents a powerful opportunity to strengthen Zambia's healthcare system. Imagine a space where healthcare providers, policymakers, and even private sector entities can come together to leverage their unique strengths. Healthcare providers bring their expertise in patient care and firsthand understanding of system bottlenecks. Policymakers contribute their understanding of the broader national landscape and

158

resource allocation challenges. Stakeholders from the private sector can offer innovative solutions and potential funding mechanisms. By working together, these diverse perspectives can inform the development of more comprehensive solutions. Public-private partnerships, for example, can be particularly fruitful avenues for financing crucial infrastructure development projects like new clinics or improved communication networks in remote areas. Additionally, these partnerships can expand service delivery by bringing together public healthcare facilities with private sector expertise and resources.

Data-driven decision-making stands as another cornerstone for progress. In the absence of clear data on resource allocation, service utilization, and health outcomes, decision making can become haphazard and inefficient. Investing in robust data collection and analysis systems empowers stakeholders with the information they need to optimize resource allocation. Imagine a system that tracks healthcare worker distribution across the country, pinpointing areas with critical shortages. Data analysis can also identify underutilized services or areas with higher disease burdens, allowing for targeted interventions. By tracking progress towards established goals, stakeholders can measure the effectiveness of implemented solutions and identify areas where course correction might be necessary. This data-driven approach ensures that resources are used most strategically to achieve the greatest impact on population health outcomes.

By fostering collaboration between stakeholders and embracing data-driven decision making, Zambia can pave the way for a more robust, equitable, and efficient healthcare system. This will not only improve the health and well-being of its citizens but also contribute to the country's overall social and economic development. A healthy

population is a productive population, ready to drive Zambia's progress towards a
brighter future.

6.3 Recommendations for future research

Building on the valuable insights gained from this study, several areas warrant
further investigation to strengthen the Zambian healthcare system. While the study
identified potential solutions, further research is needed to evaluate the cost-effectiveness
of these interventions in the Zambian context. This will help policymakers prioritize
resource allocation for maximum impact. Implementing new policies and programs can
be complex. Future research can explore the challenges associated with implementing the
proposed recommendations, such as bureaucratic hurdles, workforce capacity limitations,
and community acceptance. Community health workers play a vital role in resource-
limited settings. Further research can explore how their roles can be expanded to improve
access to preventative care, promote health education, and identify patients in need of
more advanced medical services. Technology has the potential to revolutionize healthcare
delivery. However, future research should explore culturally sensitive approaches to
technology integration, considering factors like digital literacy, infrastructure limitations,
and potential privacy concerns.

This study provides a general overview of patient needs and preferences. Further
research can delve deeper into the specific needs of different demographic groups, such
as women, children, the elderly, and rural populations. This will allow for tailored
patient-centered care approaches. Effective communication is a cornerstone of patient-
centered care. Future research can explore the specific communication styles and

strategies that resonate best with Zambian patients, fostering trust and improving treatment outcomes. While the study explored patient satisfaction, developing and validating context-specific patient satisfaction and loyalty measurement tools would allow for more precise evaluation of interventions aimed at improving patient experience.

Telemedicine has the potential to expand access to healthcare services in remote areas. Future research can explore the feasibility and effectiveness of implementing telemedicine interventions in the Zambian context, considering infrastructure limitations, costs, and training needs for healthcare professionals. Public-private partnerships can play a crucial role in financing healthcare infrastructure development and expanding service delivery. Further research can explore successful models of public-private partnerships in other African countries to identify best practices that can be adapted to the Zambian context. Traditional medicine plays a significant role in Zambian healthcare. Future research can explore ways to integrate traditional practices with modern medicine, where appropriate, to improve access to care and enhance patient trust in the healthcare system. Robust health information systems are essential for data collection, analysis, and monitoring progress. Future research can explore the most effective ways to develop and implement these systems in the Zambian context, considering data security concerns, interoperability with existing systems, and user-friendliness for healthcare workers.

By addressing these areas for future research, policymakers, healthcare providers, and stakeholders can gain a deeper understanding of the Zambian healthcare system's complexities and opportunities. This knowledge will inform the development of targeted

interventions and strategies to create a more equitable, efficient, and patient-centered healthcare system for all Zambians.

6.4 Conclusion

This study on healthcare service quality in Zambia sheds light on critical factors influencing patient choice and satisfaction. The findings emphasize the importance of a patient-centered approach that prioritizes not just clinical expertise but also clear communication, respectful interactions, and cultural sensitivity. A positive brand reputation built on prior good experiences emerged as a significant factor for patients, highlighting the need for healthcare facilities to invest in building trust and delivering consistently high-quality care. However, the study also unveils significant challenges hindering Zambia's healthcare system from reaching its full potential. Rising medical costs, unequal access to care, and a lack of qualified personnel all pose substantial barriers to achieving equitable healthcare for all Zambians. The burden of these challenges is further amplified by insufficient infrastructure and resource constraints. The proposed solutions offer a roadmap for navigating these challenges. Investing in infrastructure development, training programs for healthcare workers, and preventative care initiatives hold immense promise for strengthening the system's foundation. Telemedicine, although requiring further exploration regarding feasibility and implementation strategies, offers the potential to bridge geographical gaps and expand access to care, particularly in remote areas. The study underscores the crucial role of collaboration among stakeholders. Effective partnerships between healthcare providers, policymakers, and the private sector can leverage diverse expertise, resources, and

perspectives. Data-driven decision making, fueled by robust information systems, will be vital for optimizing resource allocation, identifying areas for improvement, and tracking progress towards established goals. In conclusion, this research offers valuable insights that can guide the future development of Zambia's healthcare system. By prioritizing patient-centered care, addressing affordability and access barriers, and investing in infrastructure and human resources, Zambia can create a more robust and equitable healthcare system for all its citizens. This not only has the potential to improve population health outcomes but also contributes to the nation's overall social and economic well-being. Further research, as outlined in the recommendations section, can provide even deeper understanding and inform the development of targeted interventions that ensure a future where quality healthcare is accessible and affordable for all Zambians.

INFORMED CONSENT

Perceived Healthcare Service Quality and Brand Image on Patients' Loyalty in Zambia

Investigator: Vimal Somaiya

PURPOSE OF THE STUDY

You are invited to take part in a research study which aims at gaining insights on the impact brand image, patient loyalty and patient satisfaction have on healthcare service quality in Zambia. But before you accept, I would like to help you understand the research and what participation you will be involved in. Please read through this informed consent and feel free to let us know if you need some clarifications.

STUDY PROCEDURES

Should you wish to participate, your personal information will be required. You will then answer a series of questions in order to evaluate your views on the questions being asked. The survey requires 50 individuals to take part in this study. You need not worry about privacy as we will not share the information we have gathered from this study other than statistical and non-identifiable personal information.

DURATION

This study will take more or less 5-8 minutes per individual.

VOLUNTARY PARTICIPATION

Please understand that your participation here is purely voluntary. You will decide whether you will participate or not. In case you decide to participate, you will be required to fill out the fields below for your consent as an affirmation of your participation. Should you decide to withdraw during the study, please do inform us. Your withdrawal will not

affect your relationship with us. In case you withdraw from this study before completion of the data collection, all information, including the consent will be deleted.

CONTACT INFORMATION

For further queries, questions or concerns about this study, you can get in touch with the investigator – Vimal Somaiya, at the email address vimal@ssbm.ch or by phone at +260960345146

CONSENT

I voluntarily give my consent to participate in this study. I have read the information above or the said information was read to me. I was given the opportunity to ask questions and these were answered satisfactorily and to my contentment.

Name of Participant _____

Date _____

Signature _____

Name of Witness _____

Date _____

Signature _____

Name of Researcher _____

Date _____

Signature _____

APPENDIX B

INTERVIEW GUIDE

Introduction

Thank the participant for their time.
Briefly explain the purpose of the interview.
Assure confidentiality.

Warm-up Questions

General questions to establish rapport and ease the participant into the interview.

Core Questions

Directly address your research questions and objectives.
Ask open-ended questions to encourage detailed responses.

Probe Questions

Follow-up questions to delve deeper into specific topics or unclear answers.

Closing Questions

Summarize key points.
Offer the participant an opportunity to add any final thoughts.
Thank the participant again for their time.

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