HOSPITALITY PRODUCTS' QUALITY AS A COMPETITIVE ADVANTAGE IN PRIVATE HOSPITALS IN MOMBASA COUNTY

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DECLARATION

"This thesis is my original work and has not been presented for a degree in any other University"

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DEDICATION

This thesis is dedicated to the Almighty God for His everlasting support during the entire period.

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OPERATIONAL DEFINITION OF TERMS

These terms were defined as used in the study:

Hospitality: the practice of friendly reception and treatment of patients through provision of products and services.

Private hospital : a hospital owned by a profit company or a non-profit organization and privately funded through payment for medical services by patients themselves, insurers or foreign embassies.

Hospitality product: anything of food & beverages or accommodation, either tangible or intangible that can be offered to patients for attention, acquisition, use or consumption in order to satisfy a want or a need. This includes the main item sought by the customer and anything added to facilitate or enhance its use.

Quality: This is the extent to which product characteristics conform to patients' specifications.

Competitive advantage: This is an advantage over competitors gained by offering patients greater value for their money by providing more benefits that meet their needs than other competitors.

Core products: The main benefit sought by patients in an attempt to satisfy their needs in order to fill the gap between ideal state and actual state.

Facilitating products: Services or goods that must be present for the patients to use the core products.

Supporting products: Are extra products offered to add value to the core products and help differentiate competitors.

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ACRONYMS AND ABBREVIATIONS

NHS: National Health Service

NPCF: Netherlands Patients and Consumers Federation

NACOSTI: National Commission for Science Technology and Innovation.

SERVQUAL: Service Quality

H.O.D: Head of Department

DStv: Digital Satellite Television

CCTV: Closed Circuit Television

ANOVA: Analysis of Variance

H.D.U: High Dependency Unit

I.C.U: Intensive Care Unit

ABSTRACT

Hospitality in hospitals is increasingly becoming a practice in the healthcare sector in many countries around the world. With the ever increasing number of private hospitals, stiff competition and the changing patient's needs is compelling administrators to pursue new strategies to remain relevant in the market. This has seen hospitality products taking center stage as an element of differentiation for hospitals' products in the market. Moreover, private hospitals are increasingly adopting the hotel set-up ranging from the physical design to the systems of operations to create a more welcoming and comfortable environment for the patients stay and enhancing their overall satisfaction. Despite the relevance of the concept of hospitality products in gaining competitive edge as well as increasing customer satisfaction, it has not been fully embraced in Kenyan hospitals. The main objective of this study was to assess hospitality products' quality as a competitive advantage in private hospitals in Mombasa County. The study adopted survey as the research design and was carried out in Mombasa County. Both quantitative and qualitative research methodologies were used to collect and analyze data. Representative samples of the private hospitals were arrived at using proportionate sampling while simple random sampling was used to select the number of patients in each hospital to be included in the study. Data were collected through questionnaires, personal interviews and observation checklist and analyzed by use of computer software program. The study adopted one way analysis of variance (ANOVA) as a technique for data analysis as well as correlation analysis to test the relationships between the variables. The findings revealed that hospitals in Mombasa County had adopted food & beverages and accommodation products to a moderate level (0.494=*V*=0.576, P=0.000; 0.455=*V*=0.557, P=0.00 respectively). The results indicated a close connection in set up between the private hospitals and hotels. Therefore there is need for the healthcare managers to adopt more of the identified products due to the current trends in the healthcare market where customers are now looking for more than just medical care but comfort as well. The results also indicated that the quality of hospitality products greatly influenced patients' choice of private hospital (0.000=P=0.002). Patients were more concerned about the quality of food and beverages as well as their general comfort while choosing private hospitals. Private hospital managers should therefore invest in constantly improving quality of hospitality products in order to attract more patients. Finally, the results also indicated that price had an inverse relationship with patients' choice of private hospital (*r*=-0.483, P=0.000). Patients were seen to be more price sensitive across the private hospitals and majority showed preference to those hospitals with competitive prices. Consequently, hospitals should improve quality of services while maintaining competitive prices as well. It is hoped that these results would enable healthcare managers to devise strategies to enable them compete effectively both locally and internationally.

CHAPTER ONE

INTRODUCTION

1.1 Background information

The relationship between hospitality and hospitals is not a new concept. According to Clayton and Tom (2009), the term hospitality was derived from the word hospice which is related to hospital and referred to an early form of what is now called nursing homes. A recent trend related to health motivated travel is medical travel as people travel internationally to gain access to less expensive medical care. Consequently, medical tourism packages usually include luxury room accommodation in hospitals (Deloitte, 2008; Susanne, Franziska & Jonas, 2012). Moreover, medical tourism is being blended with opportunity for vacation and those countries that want to capture the medical tourism market need to develop standard and accrediting procedures to create a perception of quality and build trust among medical tourists (Kotler, 2010). Hospitality in hospitals can therefore be traced back to the beginning of medical tourism (Walker, 2009).

A section of the global healthcare market is increasingly looking for much more than medical care. Therefore, medical technology alone does not contribute to a significant improvement in hospital product quality (Porter & Thomas, 2013; Li, 1997). As a result, private hospitals are adjusting to this current trend so as not to lose out in the competitive market (Susanne et al., 2012; Studer, 2003; Vanessa, 2003). This is marked with the introduction of features that make patients feel comfortable e.g. attractive landscaping, soothing colors and private rooms where families can feel comfortable (Vanessa, 2003).

This view is also shared by Tolga & Jiju (2006) who suggests that patients' measure quality based on different dimensions including tangible products.

Developments in the healthcare environment over the years have prompted changes in the way hospitals are managed (Davis, 2008). These have resulted into decreased revenue and increased competition; hospitals have responded by focusing on cost containment, marketing strategies, and human resource management (Porter & Thomas, 2013; John and Brian, 1995). A new trend in the healthcare managed services is the arrival of major quick food service chains which offer contract catering services to hospitals (Walker, 2009). Examples include McDonalds, Pizza Hut Express, Burger King and Dunkin Donuts which have entered into contract arrangements with major private hospitals with the aim of enhancing clients' satisfaction.

Hospital catering has improved considerably over the past ten to twenty years with the result that new hospitals in particular are benefitting from well planned and managed catering services (Davis, 2008). Some of the products that are perceived to enhance quality in the hospital catering sector include; improved taste, nutritious and interesting recipes, redesign menus and introduced twenty four hour availability of food service (Davis, 2008).

The African continent is slowly changing from the traditional source market to a destination market for medical tourists as foreigners travel from developed countries to seek quality medical care at relatively cheaper costs (Deloitte, 2008). This is a trend that

can be exploited by countries that focus on developing medical tourism as a major economic sector. According to Mohamed (2005), a study carried out in South Africa among patients in the private healthcare sector revealed that South Africa is becoming an alternative destination for medical tourists who would earlier seek services in other continents. In the same study, the results indicated that there still existed a big gap that needed to be filled with regard to provision of healthcare that could compete in the global market. Finally the same study pointed out that hospitality products are some of the determinants of service quality dimensions and impacts positively on patients' loyalty.

Kenya is a major contributor in healthcare provision in the entire East and Central Africa (KNBS, 2012). With Kenyan hospitals rated to be among the best in the region, the government in partnership with the private sector can give the region an alternative destination to medical tourists who have to travel far to get the same services (KNBS, 2012). According to a survey carried out by the Ministry of Health in the year 2012, Kenya has 247 registered private hospitals distributed over the 47 counties. However, there is need to comprehensively improve on the quality of both medical and the support services in the healthcare sector to enable the country to meet the global health standards (MoH, 2011).

The healthcare sector in Kenya is slowly embracing the concept of hospitality with a number of hospitals borrowing from the principles of hospitality management particularly in the private sector. Moreover, the Kenyan's Vision 2030 focuses on improved quality of healthcare products and services with a view of opening the country for health tourism. It's against the above background that hospitality products are increasingly playing an

important role in enhancing clients' satisfaction and creating a competitive advantage in the healthcare industry.

1.2 Problem statement and Justification

Hospitality in hospitals is increasingly becoming a common practice in the healthcare industry globally. Consequently, many hospitals have integrated programs that have enhanced patients' stays by adapting strategies used in the hospitality industry (Studer, 2003). Many hospital administrators have taken notice of the benefits of using hotel-style amenities, including private rooms, concierge services and restaurant-type food service menus. In addition, studies have revealed that these hotel-style amenities are associated with positive patient experiences (Randal & Senior, 1994; Sheehan-Smith, 2006). However, most researches carried out so far have focused more on Western countries and other parts of the world other than Africa. (Terry & Gavin, 1998; Tolga & Jiju, 2006; Oz, Zikria & Mutrie & Namerow. 2001; Jayesh & Renuka, 2010, Australia).

While there is a general consensus that hospitality products are equally responsible for patient satisfaction (Mohamed, 2005; Studer, 2003; Jayesh & Renuka, 2010), it has received very little attention if any in terms of research in African countries. In Kenya particularly, there is little if any research that has been done in the same area though there is a growing trend of hospitals borrowing a lot of strategies from the hospitality sector. This study therefore sought to fill the information gap by determining hospitality products' quality in enhancing customer satisfaction and gaining competitive advantage in private hospitals in Mombasa County.

1.3 Purpose of the study

This study sought to assess hospitality products' quality as a competitive advantage in private hospitals in Mombasa County.

1.4 Objectives and hypotheses of the study

In establishing the effect of hospitality products in creating a competitive advantage, the study specifically sought to cover the specific objectives and hypothesis as indicated in Table 1.1.

Table 1.1: **Objectives and hypotheses of the study**

	Objectives	Hypothesis
1	To determine the hospitality products used for competitive advantage in private hospitals in Mombasa County	$H_0$1.1: There is no significant difference between the level of adoption of food and beverage products and type of private hospital in Mombasa County. $H_0$1.2: There is no significant difference between the level of adoption of accommodation products and type of private hospital in Mombasa County.
2	To establish whether price has an influence on patients' choice of private hospital.	$H_0$2: There is no significant relationship between price and patients' choice of private hospitals in Mombasa County.
3	To find out whether hospitality products' quality has any influence on patients' choice of private hospitals.	$H_0$3.1: There is no significant relationship between food and beverage products' quality and patients' choice of private hospitals in Mombasa County. $H_0$3.2: There is no significant relationship between accommodation products' quality and patients' choice of private hospitals in Mombasa County.

1.6 Significance of the study

This study aimed to find more information on the concept of hospitality product quality as a competitive advantage and add to the already available body of knowledge. Scanty

research had been done on the same in Kenya and this study was vital in identifying new gaps that could facilitate and form the basis for further research.

The study also sought to assist the policy makers in the healthcare sector e.g. Kenya Association of Private Hospitals, Ministry of Health and Ministry of Medical Services. This could help in the formulation of policies and practices that are focused on achieving competitive edge by ensuring patients' satisfaction through the concept of hospitality.

1.7 Scope of the study

This study was carried out in selected private hospitals within Mombasa County. It focused on the quality of hospitality products with regard to achieving competitive edge in the healthcare market.

1.8 Limitations of the study

The limitation of this study was that the researcher had no control over patients' level of education and training which had a direct impact on the way they responded to the questionnaires.

1.9 Delimitation of the study

The private hospitals that were included in the study sample were drawn from Mombasa County, and since private hospitals in other regions operate in unique business environments and face unique challenges, the results that were obtained should only be generalized with caution.

2.0 Assumptions of the study

This study was based on the assumption that the patients' and head of departments selected for the study provided true and credible information while responding to questions asked.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Literature review in this study was organized in line with the objectives under the following sub-topics: Hospitality products used for competitive advantage in hospitals, the level of adoption of the concept of hospitality as a competitive advantage in the healthcare industry, influence of price on patient choice of hospital and influence of hospitality products' quality on customer choice of hospital.

2.2 Hospitality products used for competitive advantage in hospitals

Hospitality products in the healthcare sector have become an important research topic in view of its significant relationship to competitive advantage (Porter & Thomas, 2013). Patients are increasingly demanding not only for medical care but also comfort and quality (Li, 1997; Venessa, 2003; Jyesh & Renuka, 2010). As a result, the operational and strategic environment within which non-clinical products and services operate is facing both internal and external challenges (Tom, 2007).

Tolga and Jiju (2006) compared public and private hospital care service quality in Turkey. The results revealed that private hospitals were perceived to offer quality services than public hospitals with quality hospitality products being one of the factors. The data also indicated that in order to stand out, hospitals are using quality of hospitality products and services to differentiate their products as well as build competitive advantage.

Porter and Thomas (2013) explored the relationship between hospitality products quality and service quality performance from a sample of 150 U.K community hospitals. The research revealed a strong relationship between patient satisfaction and quality of hospitality products. The results also indicated that many health facilities are replicating themselves on hotel models so as to achieve quality products. They have concierge, chauffer, hotel-like check in process, personal translators and many have recovery centers that remind one of a resort more than a hospital.

Denver, Taryn & Shannon (2008) using an exploratory case study method explored the concept of hospitality in hospitals in U.S.A. The results revealed that hospitality products were fairly viewed and supported by the top management as a method of enhancing service excellence. It further indicated that hospitals aimed to offer hospitality to patients on par with the hospitality offered to hotel guests. Finally according to the study, hospitality products and services contributed a great deal in evaluating the overall patient satisfaction and general performance of hospitals.

From the above brief review it's evident that, numerous studies have attempted to assess the role of hospitality products in hospitals in the West and other parts of the world. From the results of these studies, one common stand that sticks out is that hospitals are increasingly relying on hospitality products to enhance patient satisfaction and eventually gain a competitive edge. However, virtually very little if any research has focused on identifying the specific hospitality products used for competitive advantage in African continent and Kenya is no exception. This investigation seeks to fill this research gap by

empirically identifying hospitality products' used for competitive advantage in private hospitals in Mombasa County, Kenya.

2.3 Adoption of the concept of hospitality as a competitive advantage in the healthcare industry.

Past empirical studies suggests that hospitals started borrowing from the hospitality sector decades ago with the advent of medical tourism (Deloitte, 2008; Studer, 2003; Tom, 2006).

Porter and Thomas (2013), in a study investigated strategies that will fix healthcare in the Asian countries. The results of the study indicated that adaptation of the concept of hospitality in hospitals started with the aim of standing out in the competitive market. The study also revealed that the top management strongly supported the idea of borrowing strategies from the hospitality sector in order to compete favorably in the healthcare market. The study also revealed that the concept of hospitality in hospitals had been adapted to a moderate level in private hospitals across Asian countries. This study however, did not identify the specific hospitality products that are key in building competitive advantage.

Tom (2006) assessed the non clinical environment of healthcare facilities in the U.K. From the study results, non-medical products and services received overwhelming attention in the United Kingdom in the year 2005 political debates with poor hygiene, catering and accommodation taking lead. The results also revealed that catering and accommodation in hospitals was a major contributor in patient general satisfaction. From the results, it was also clear that the future success in healthcare heavily relied on the non-medical aspects that create comfort and quality to patients. While Tom (2006)

posited that quality catering and accommodation contributed to patients hospitals, it was not very clear whether these products had any influence on patients' choice of hospital.

Darren (2002) also traces this phenomenon from Australia in 1980s when hospitality was used by hospitals to win the competitive tendering processes instigated by the then government. The results revealed that the concept of hospitality was strongly used to rate quality of services in hospitals across Australia. The study also revealed that integration of hospitality products in the healthcare industry is a development that is deeply rooted especially in countries where medical tourism is a key industry like U.K, India, Thailand, Australia and South Africa. From the study by Darren (2002), hospitality was used to rate quality in hospitals by the government, however it was not conclusive on whether hospitality products indicated quality from the patients' perspective.

Lo¨ffler (2007) investigated the relevance of patient hotels in improving healthcare in the U.S and Scandinavia. The study results indicated that patient hotels have been in operation for years accommodating low "care patients". These are patients who have improved health wise and no longer require round the clock hospital care. However, such patients require conducive environment to enhance recovery which should include good accommodation, food, and entertainment which are regarded as important factors. The study outcome also revealed that this phenomenon has developed over the years and hospitals are now increasingly integrating programs that enhance patient stays by adapting strategies used in the hospitality industry. These programs are directed at enhancing the process and people interactions across the patient experience.

From this review, it's evident that most studies have been carried out in the West and other parts of the world with results indicating that the concept of hospitality in the healthcare industry has gained ground in such regions. However, very little in terms of research have been done on the same in most African countries. This study therefore seeks to bridge this gap by specifically assessing how far hospitals have gone in embracing the concept of hospitality as competitive advantage in Mombasa County, Kenya.

2.4 Influence of price on patient choice of hospital

Pricing is a crucial determinant of customer satisfaction in the service industry given the unique characteristics of services hence has attracted overwhelming attention in research (Kotler, 2010). This is because it's one of the elements consumers use in evaluating service quality (Martin, Helen & Margaret, 1994). Therefore, consumers of products and services tend to be more satisfied when they receive value for their money in the products provided to them which then becomes vital in making post purchase decisions (Kotler, 2010).

Nicolaides and Zigiriadis (2011) examined medical tourism as an important niche of Tourism development in S. Africa. The study results indicated that many patients travel globally from one country to the other seeking more affordable and quality medical services. This view is also shared by Franziska and Jonas (2012). Additionally, the results revealed that there is now a trend reversal as patients from developed countries seek more affordable medical care in developing countries like India and South Africa. Patients from highly industrialized nations like the USA and Britain are often attracted to overseas hospitals and clinics by the relatively low cost of medical care. Some patients are

prepared to leave their country and have a procedure performed in another country where healthcare products and service standards are more affordable.

Susanne et al., (2012) assessed health tourism in the Swiss market. In their study, they found that the international tourist traffic of patients is driven by the desire to obtain medical services abroad for various reasons with one being the lower cost of services abroad. The results also indicated that these are trends expected to continue in the next decades and is projected to be the new economic power in travel industry. This view is shared in other studies by Jayesh & Renuka, (2010); Tolga & Jiju, (2006) and John & Brian (1995). In addition, the study outcomes indicated that setting price very high in hospitals may lead to loss of patient volume. Finally, the results revealed that the average cost of private health care is nearly eight times the cost in the public sector in the Western countries. Despite the high prices charged, more private hospitals are still coming up indicating availability of market.

Delnoij et al., (2010) in their study on the Dutch consumer quality index found out that in order to choose which hospital to go to, patients search for comparative information and price is one of such aspects. This view is shared by Lim & Tang (2000) and Baltussen et al., (2002). In addition, the results indicated that the perception and expectations of patients which is key in their decision making process is greatly influenced by the prices set in a hospital. Finally, the perceived product and service quality in a hospital is influenced by financial accessibility of the health facility.

From, this review, it's evident that most studies on how price influences patient's choice of hospitals have been carried out in the western countries and other parts of the world.

From the studies it's clear that price is a major consideration in choice of hospitals by patients. However, very little in terms of research has been done on the same in most African countries and Kenya is no exception. This study seeks to fill two gaps, firstly by assessing whether price influences patient choice of hospitals in Kenya's Mombasa County. Secondly, it's also clear from the review that private hospitals continue to get high patient volumes despite the relatively high prices charged. However, there is scarcity of empirical information on whether hospitality products are part of the pulling factors to private hospitals despite higher prices charged. This study hence, seeks to fill this gap by assessing whether hospitality products are part of the aspects patients use to justify their acceptance to pay the set prices.

2.5 Influence of hospitality products' quality on customer choice of hospital

Hospitality products' quality is increasingly becoming an important research area with regard to its consideration by patients in their choice of hospitals (Brenda & Thomas, 2010). Consequently, numerous studies have been conducted with the aim of examining the relationship between hospitality products quality and patient satisfaction (Susanne et al., 2012; Studer, 2003; Vanessa, 2003).

Clark, Wolosai & Gavran (2007) in a study examined patients', physicians and employees' experience and evaluation of healthcare quality. The study concluded that customer satisfaction is becoming the focus for most hospitals to ensure patients return to the same health facility as well as have positive word of mouth on their experience. Moreover, the results pointed that patient satisfaction increases loyalty and exert re-purchase intentions thus reducing organizational costs. This view is shared in another study by Meehan, Bergen and Stedman (2002).

This is exemplified by a study by Li (1997) which empirically explored the relationship between hospital quality management and service quality performance for a sample of 150 community hospitals in the USA using a path-analytic model. His results revealed that investment on medical aspects alone do not contribute to a significant improvement in patient satisfaction. Therefore, a blend of tangible and intangible factors whereby the host provides for the psychological and physiological comfort of the guest enhances patient satisfaction (Denver et al, 2008). These factors taken together magnify the importance of hospitality products in medical service experience (Lynch, 2005).

Huseyin, Erdogan & Salih (2008) in a study identified some service quality factors as perceived in both Northern Cyprus public and private hospitals as rooms, food and the physical environment. In the same study, they argue that these service quality factors have become the focus of attention with respect to satisfying and retaining customers. This implies that the patients are not only attracted by tangible products but also intangible ones (Jayesh & Renuka, 2010; Clark et al., 2007).

Additionally, a study on patient evaluation of the hotel function of hospitals (Oz et al., 2001) indicated that both medical treatment and hospitality function determine patient satisfaction and plays a role in competition between hospitals. Other studies also emphasize that patients satisfaction regarding non-medical aspects of hospitals stay have a large effect on their overall satisfaction (Berry & Bendapudi, 2004; Berry, 2003).

Terry & Gavin (1998) also in their study posit that there is need to adapt products particularly from the hotel sector to enhance the satisfaction of patient. There is an

increase in active participation by patients making them important players expected to make independent and rational choices (Grit, Bovenkamp & Bal 2009; Clark et al., 2007). Following such developments, patients now search for comparative information concerning aspects like quality and costs of care, effectiveness and safety of health services, access and availability, waiting times, information, as well as hospitality (Delnoij et al., 2010). These factors form the basis for patient decision making therefore most of the patients may switch hospitals when they are not satisfied in terms of non-clinical aspects (Musunuru, 2011).

From the above review, it's evident that numerous studies have attempted to assess the contribution of hospitality products' quality in enhancing customer satisfaction in hospitals. It's also clear from the above review that most studies agree that quality of hospitality products has a major influence on patient choice of hospitals. However, these studies have been conducted mostly in the western countries and other parts of the world with very little attention focusing on assessing quality of hospitality products' and its influence on patients purchase decisions in Africa and Kenya's Mombasa County in particular. This study therefore sought to fill this gap by looking into the hospitality products and whether they have any influence on patients' choice of hospitals in Mombasa County.

2.6 Theoretical Framework

This study adopted the theory of "unique selling elements" by Poster, (2013). This theory is vital in developing a competitive advantage in any organization through products and systems of operations. Most organizations in particular, hospitals have borrowed a lot and

applied this theory of ‘unique selling elements’ as put forward by Poster, (2013), in their operations. This theory analyzes how to make organizations in this case hospitals stand out from the crowd i.e. gain competitive advantage. The theory of unique selling elements posits that each private hospital should identify the three unique selling elements and use them as a cornerstone of marketing efforts. According to Poster, (2013), these elements include a proposition to potential customers that they will get a specific benefit if they purchase a specific product, a unique proposition that is not offered, or cannot be offered, by your competitors and finally a proposition that is persuasive enough to cause a significant amount of consumers to purchase the product. As the markets become interdependent and competitive, consumers have become more discerning and increasingly seeking more than just price advantage as they seek to satisfy their needs. Healthcare industry have not been left behind in this frenzy. Ideally, most private hospitals are increasingly adopting the concept of hospitality in the provision of healthcare services to the extent of some of them providing hotel-like facilities (Tom, 2006). Catering and accommodation products are basics offered in almost all private hospitals. However, for any hospital to stand out in the competitive market, it has to offer unique quality from the rest of the competitors. These unique selling elements are vital in creating a successful and unique marketing strategy and therefore enable the hospital gain competitive advantage.

2.7 Summary

The healthcare market is increasingly seeking comfort and quality services away from the medical services. Most hospitals are therefore integrating hotel products such as quality food and accommodation with the aim of enhancing patient satisfaction. It’s however not

clear what specific hospitality products are used in hospitals to enhance patient satisfaction. Studies have also revealed that non-medical aspects such as hospitality products play an integral role in determining the overall patient satisfaction but it's not clear if they amount to competitive advantage. Consequently, these non-medical aspects influence patients' choice of hospitals. Adoption of the concept of hospitality in hospitals was initially deeply rooted in countries where medical tourism is a key industry such as U.K, Australia and India. However, it's increasingly gaining popularity even in the developing countries with the ever increasing number of private hospitals though the situation is not very clear in Kenyan case. Past studies have also revealed that price is one of the major factors considered by patients in making buying decisions. Private hospitals charge relatively higher prices than public hospitals. However, despite the higher prices, the demand for the private hospitals is still increasing.

CHAPTER THREE

METHODOLOGY

3.1. Introduction

This chapter presents the research design, study area, target population, sampling techniques, sample size, research instruments, pretesting, validity and reliability, data collection techniques, data analysis and the conceptual framework.

3.2 Research Design

This study adopted descriptive survey as the research design. This was used to assess hospitality products' quality in private hospitals and how it is related to the competitive advantage. Descriptive survey design was used since descriptive studies tend to be preliminary and exploratory thus enabled the researcher to gather standardized data, analyze, interpret and present results without bias (Orodho, 2004). Both quantitative and qualitative approaches were used to ensure the study was able to define and quantify the problem, collect data and explain phenomenon more comprehensively (Mugenda and Mugenda, 2003).

3.2. Study Area

This study was carried out in Mombasa County. Administratively, Kenya is subdivided into 47 counties, Mombasa being one of them. It is situated in the southeast of Coast Province. It is the smallest in size covering an area of 212.5 km². Mombasa County has a population of 939,370 (KNBS, 2012). The county lies between latitudes 3°56' and 4°10' south of the equator and longitudes 39°34' and 39°46' east (Appendix 7.9). It borders Kilifi County to the North, Kwale County to the South West and the Indian Ocean to the East.

Mombasa County comprises six constituencies namely; Mvita, Nyali, Changamwe, Jomvu, Kisauni and Likoni and includes Mombasa city which is Kenya's second largest city. This region is also the hub of Kenya's tourism activities and has numerous private hospitals some of which cater for tourists. These hospitals are in varied sizes and capacity which makes the region ideal for obtaining a representative sample. Other economic activities in the region include fishing and agriculture.

3.3. Target Population

For purposes of this study, private hospital is defined as a hospital owned by a profit company or a non-profit organization and privately funded through payment for medical services by patients themselves, insurers or foreign embassies (Clayton and Tom 2009). The target population constituted all in-patients and hospitality Heads of Departments in all the private hospitals in Mombasa County. By the time of this study, Mombasa County had 19 registered private hospitals according to the Ministry of Health listing of private hospitals for the year 2012 (Appendix IV). The accessible population consisted of all in-patients and the heads of hospitality departments from each hospital in the representative sample.

3.4. Sampling Techniques

A list of all registered private hospitals in Mombasa County was obtained which contained a total of 19 private hospitals (MoH, 2012). All the nineteen private hospitals were included in the sample frame (Appendix IV). Sampling was done as illustrated in Table 3.1.

Table 3.1: Sampling Table

Constituency	Actual No.Of Hospitals per constituency	No. Of Hospitals Sampled Per Constituency (Ratio 30%)	No. Of Hospitality H.O.Ds Sampled Per Hospital (Ratio 100%)	Average Occupancy Per Constituency Per Day	30% Of Average Occupancy
Kisauni	5	2	4	195	59
Nyali	4	1	2	282	85
Jomvu	3	1	2	127	38
Changamwe	2	1	2	88	26
Mvita	4	1	2	143	43
Likoni	1	1	2	37	11
TOTAL	19	7	14	872	262

From the sample frame (Table 3.1), proportionate stratified random sampling was used to arrive at the desired sample since these hospitals were spread in different constituencies over the County. This was to ensure sufficient regional representations by allowing inclusion of subgroups that would otherwise be omitted by other methods (Louis, Lawrence & Keith, 2011; Mugenda & Mugenda, 2003). All heads of hospitality departments (Catering and Housekeeping) from every hospital also formed part of the sample frame. Since it would have been difficult to access all patients, 30% of the total occupancy in each selected hospital (Appendix V) was then included in the study. A sample of between 10% - 30% was representative enough for a population in a descriptive survey study. (Louis et al., 2011).

3.5. Sample Size

From the sampling table (Table 3.1), the population under study was stratified into six categories according to the constituencies. The number of hospitals to be sampled per constituency was selected proportionally by the ratio of thirty percent (0.3) totaling to 7

hospitals. For purposes of this study, these seven hospitals were then labeled hospitals A, B, C, D, E, F and G. Thirty percent of the total average occupancy was then calculated which gave a total of 262 cases to be included in the sample size. The respondents were then targeted proportionately as per the occupancy level in each hospital. Simple random sampling was then used in selecting patients in each hospital based on the accessibility of the patients with regard to ability to respond to the questionnaires. All hospitality H.O.Ds (100%) in the 7 sampled hospitals were also included in the sample. These were drawn from two major departments i.e. catering and accommodation. Two hospitality H.O.Ds were therefore included in the sample from each hospital giving a total of 14 cases.

3.6. Research Instruments

3.6.1. Questionnaires (researcher's construct)

A questionnaire was used to collect the required data from the patients (Appendix I). This questionnaire had 15 items which constituted Likert-scales and closed ended questions to ensure more structural responses as well as open-ended questions to give room for more in-depth information. The questionnaire was divided into four parts which sought to find out information as follows; patients' demographic information, hospitality products used for competitive advantage in hospitals, patients perception on influence of the hospitality products on their choice of hospital as well as influence of price on patients choice of hospital.

3.6.2. Interviews

Unit managers in the hospitality departments and head supervisors were engaged through personal interviews using an interview schedule (Appendix III) to ensure standardization.

The interview schedules sought to find out information on specific hospitality products used in the various hospitals as well as reasons why they were used.

3.6.3. Observation checklist

Observation as a technique was also used to collect data through the use of an observation checklist (Appendix II). This tool was used to gather information on hospitality products used for competitive advantage in the various hospitals.

3.7. Pretesting

The study instruments were pretested in two hospitals randomly selected and which were not included in the final study. This was 10% of the total 19 private hospitals in the county. The number of cases used in a pretest should be very small, normally between 1% - 10% of the total sample (Mugenda & Mugenda, 2003). This was vital in providing an insight into issues such as any hidden challenges, average time needed for data collection and how best the respondents understood the instruments. It aided in making the necessary adjustments before carrying out the final study especially with timing which came out as a challenge. Out of the 30 patients who took part in the pretest, 16 of them (53.3%) took too long filling in questionnaires and hence were assisted during the main study to ensure time is not lost. Observation checklist and interview schedule were tested alongside the questionnaires for similar reasons.

3.8. Validity and Reliability

According to Gliem & Gliem (2013), validity refers to "the degree to which the instrument measures what it is supposed to be measuring". The researcher mostly focused on content validity, which refers to the accuracy with which an instrument measures the

factors under study. Validity of the research instrument was determined using a panel of experts. The panel comprised of four experts drawn from the healthcare and hospitality industry. From the experts' opinion of the panel, the instruments were able to accurately measure what was sought in the study.

Reliability relates to the precision and accuracy of the research instrument or the extent to which the instrument yields consistent results (Gliem & Gliem, 2003; Louis *et al.*, 2011). The reliability of the research instrument was tested using Cronbach's Alpha. Cronbach's alpha determines the internal consistency or average correlation of items in a survey instrument to gauge its reliability. The Alpha coefficient is supposed to range between 0.7 – 0.9 for the instruments to be termed reliable (Gliem & Gliem, 2013). The high value of Alpha coefficient (0.872) indicates that the research instruments that were used were highly reliable (table 3.2) and therefore was helpful in deriving reliable outcomes in this study.

Table 3.2 :Reliability Statistics for Patients' questionnaire

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.872	.837	52

3.9. Data collection procedures

Prior to the start of fieldwork, an authorization letter was obtained from the graduate school (Appendix 7.8), and a research permit from NACOSTI (Appendix 7.7). Permission to curry out research was also sought from the Mombasa county commissioner's office. Respondents were briefed on the significance of the study as well as given an assurance that any information provided would be treated with confidentiality

and used solely for study purposes. Questionnaires were administered and interview schedules used to collect information from the respondents accordingly.

Data was collected strictly from the in-patient wards excluding H.D.Us and I.C.Us. Patients were sampled using purposive random sampling based on their medical conditions and ability to respond to the questionnaires. Those patients that were in critical conditions or were not in a position to respond to the questionnaires for various reasons at the time of the study were avoided. This was done with the help of the medical staff as the most suitable in such judgment.

The study also targeted patients whose length of stay was not less than five days and five nights. This was critical in ensuring that the patients give informed responses since it increased their contact time with the hospitality products. Such patients are deemed more critical and are able to give independent responses.

Questionnaires were distributed to the identified respondents and any assistance required by the respondents was provided to facilitate responses within the limited time allowed. The researcher waited for the questionnaires to be filled and collected them on the same day. This was important to minimize cases of misplaced questionnaires or may be some patients carrying them home since it was difficult to determine the definite discharge time. By the end of data collection, a total of 259 questionnaires had been collected hence ensuring credibility to the study.

Observation checklist was also used to collect data during data collection procedures. The researcher through observation identified various hospitality products that were available

in the various hospitals and recorded in the observation checklist. This was done separately for each of the seven sampled private hospitals.

Open ended interviews were conducted with the catering manager (n=1) and housekeeping manager (n=1) in each of the seven hospitals. The interviews lasted approximately half an hour in the respondents' offices due to tight operational schedules in busy hospitals. All the managers interviewed in the seven hospitals had been in those positions longer than two years which added more credibility to the information given.

3.10 Data Analysis

This study adopted both qualitative and quantitative techniques. Qualitative analysis seeks to yield descriptive and inferential statistics (Louis *et al*, 2011; Mugenda and Mugenda, 2003). In this case data analysis was done using the Statistical Package for Social Scientists (SPSS) computer software. The collected data were screened for accuracy and coded based on profiles of the respondents so as to eliminate any outliers that were deemed influential on the outcome. For quantitative data, descriptive analysis was carried out to generate means and standard deviations for the various variables on the likert scales. For qualitative data, thematic data analysis and verbatim quotations were used in making general statements on how categories or themes of data were related. The use of both qualitative and quantitative data was aimed at data triangulation to ensure reliable results. Data was presented using tables for purposes of clarity. A possible explanation was given for the study outcomes, which were then interpreted and compared to past studies. The study had three objectives and three hypotheses.

The first objective sought to determine hospitality products used for competitive advantage in private hospitals in Mombasa County. Means and standard deviations for the various products were calculated and those products that yielded high mean scores and low standard deviations were deemed available in the various hospitals. In order to give a better understanding of this objective, hypothesis one was tested. This sought to test the difference that existed between level of adoption of the hospitality products (dependent variable) and type of hospital (independent variable). One way ANOVA was used to test this hypothesis. To show how the means differed across the seven hospitals, Tukeys HSD post hoc tests were done. Further, a symmetric test (Cramer's V) was further performed to determine the level of adoption of these variables under the food and beverage product across the seven hospitals.

The second objective sought to establish whether price had any influence on patients' choice of private hospital. Cross tabulation was used to answer this objective. In order to shed more light on this outcome, hypothesis two was tested which sought to determine the kind of relationship that existed between price (independent variable) and patients' choice of private hospitals (dependent variable). Pearson's correlation analysis was used to define this relationship.

The third objective sought to find out whether hospitality products' quality has any influence on patients' choice of private hospitals. Means and standard deviations were calculated to answer this objective. All the hospitality products that yielded higher mean scores closer to one and low standard deviations were deemed to influence patients' choice of private hospitals. To clarify this outcome, hypothesis three was tested which

sought to establish the kind of relationship that existed between hospitality products' quality (independent variable) and patients' choice of private hospital (dependent variable) in Mombasa County. Linear regression analysis was thus used.

3.11 Conceptual Framework

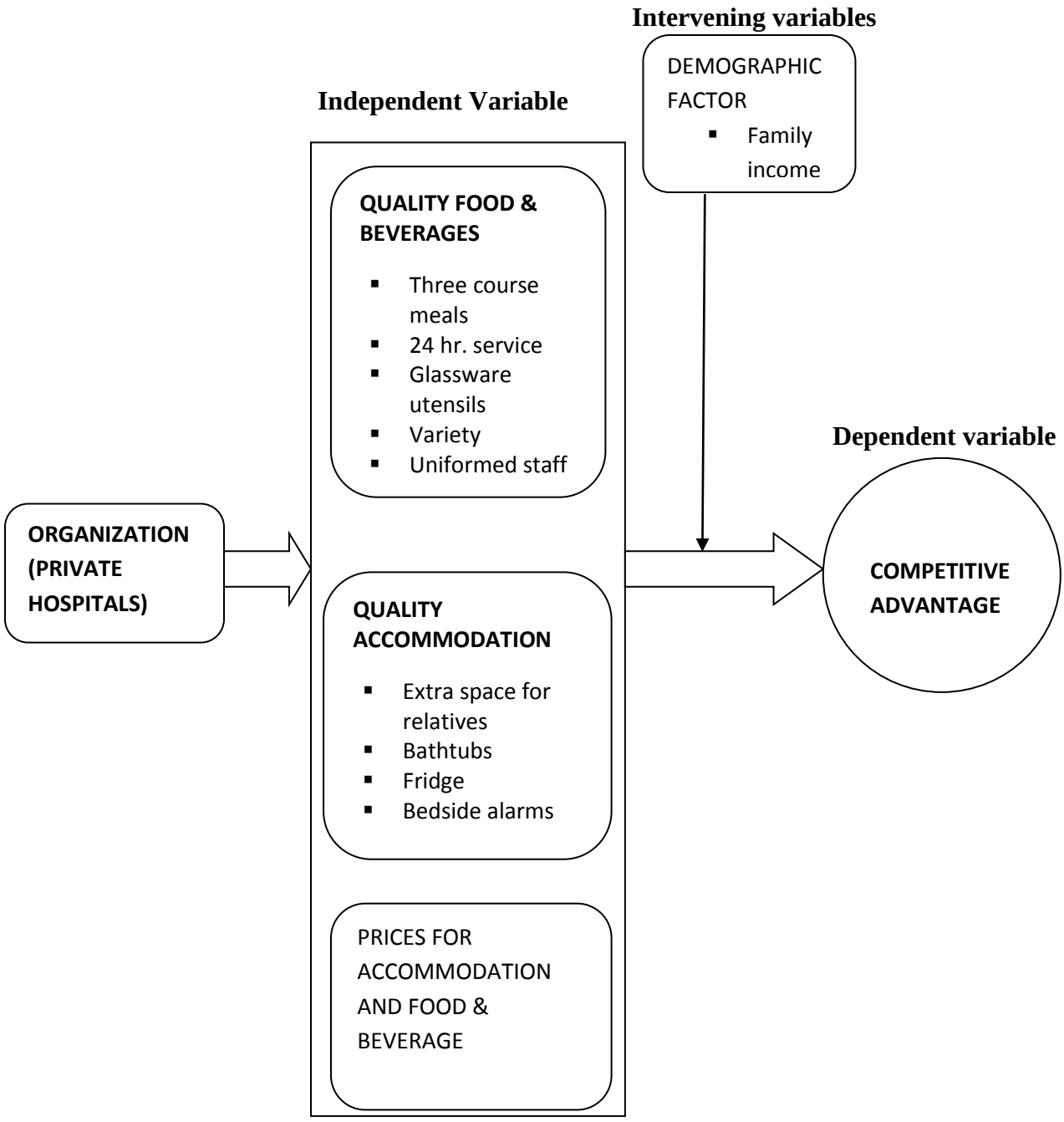

Figure 3.1: Conceptual framework (Source: Researcher' construct, 2012)

The study adopted the above conceptual framework to elaborate the relationships between dependant variable (competitive advantage) and the independent variables (quality of food & beverage, quality of accommodation and price). Under the two core hospitality products; Food and Beverages and Accommodation, there are other facilitating or supporting products which are meant to enhance quality (Appendix VI). The prices charged was also measured as an intervening variable. The quality of hospitality products was measured against how best it matched the dynamic needs and wants of the patients. This directly influences the general level of customer satisfaction and eventually the competitiveness of a hospital in the market.

More private hospitals are increasingly coming up targeting the same market segment which has resulted into stiff competition. The main hospitality products i.e. food & beverages and accommodation have remained basically the same in all hospitals. However, in order to stand out in the competitive market, private hospitals have invested on constantly improving quality of these products with the aim of providing unique quality different from the rest of the competitors. A lot of emphasis has been put by private hospitals on both tangible and intangible aspects that they deem necessary in improving quality of their hospitality products. All this effort is focusing on building a competitive edge by satisfying the individual needs of patients. Consequently, this has prompted private hospitals to provide quality products simultaneously with competitive prices healthcare in a hospitable environment as well as offering unique product quality from the rest of the competitors.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1. Introduction

This chapter presents the results of the study in line with the specific objectives. The first section presents the demographics of the respondents in the seven hospitals. The hospitality products used for competitive advantage are identified in section two. In the third section, influence of price on patients' choice of hospitals was established. Potential links between hospitality product's quality and its influence on patients' choice of hospitals' were also established.

4.2. Response rate

A total of 262 questionnaires were distributed to the respondents in seven hospitals in the area of study. By the time of completion of data collection exercise, 259 questionnaires were collected and analyzed. This presented a response rate of 98.8%. According to Fowler (2009), a survey response rate of above 75% is considered significantly valid.

4.3 Demographic characteristics and general information of respondents

Tables 4.1 shows the results of the demographic characteristics and other information on respondents surveyed during the study.

Table 4.1: Respondents' demographic characteristics and other information

Category		Frequency	Percentage
Gender	Female	150	57.9
	Male	109	42.1
Age	Below 18	4	1.5
	19-28	17	6.6
	29-38	128	49.4
	39 and above	110	42.5
Marital status	Married	157	60.6
	Single	44	17.0
	Divorced	16	6.2
	Widowed	42	16.2
Education level	Primary	6	2.3
	Secondary	12	4.6
	College	152	58.7
	University	89	34.4
Family income per month (Ksh)	50,000 and below	91	35.7
	50,001-100,000	97	38.0
	100,001-150,000	18	7.1
	Above 150,000	49	19.2
Nationality	Kenyans	222	85.7
	Non Kenyans	37	14.3
How patients paid for their hospital bills	Self	89	34.4
	Insurance	170	65.6
Number of times admitted	First time	114	44.0
	Not first time	145	56.0

Gender

From table 4.1 above, the results show that 57.9% of the patients were female while 42.1% were male. This finding implies that more women visited the hospitals than men. A possible explanation for this result is that generally more females seek medical help

than their male counterparts. In a study by NCPF (2006), it was revealed that females tend to seek medical attention more readily than men when faced by any health conditions.

Respondent's age

The findings in table 4.1 above indicate that majority (49.4%) of the patients to the seven hospitals fell in the 29-39 years age category followed closely by the 39 years and above age group (42.5%). The smallest age group was the 18years and below age category (1.5%). From these findings, it can be concluded that majority of the patients to the seven hospitals were aged 29 years and above. This result may be explained by the fact that as people age, they become more vulnerable to various lifestyle diseases and other chronic illnesses associated with old age. This finding corroborates those of WHO (2011), which found that there are common illnesses that are associated with old age across the globe.

Marital status

The findings in table 4.1 above show that majority (60.6%) of the patients who visited the seven private hospitals were married. This was followed by the single (17.0%) and the widowed (16.2%). The least group was the divorced at 6.2%. From these results it can be deduced that majority of the patients who visited the seven hospitals were married. There are two possible explanations for this outcome. Firstly, the influence of women in marriage may encourage couples to seek healthcare since earlier studies indicate that women seek medical care more freely than men (NCPF, 2006). Secondly, most married couples fall in that age group associated with various lifestyle health conditions and diseases associated with aging (WHO, 2011).

Respondents' level of education

From table 4.1, the results indicate that majority of patients (58.7%) who visited the seven hospitals were educated up to college level. This was followed by those educated up to the university level (34.4%) and the least were at the primary education level (2.3%). From the above results, it can be concluded that majority of patients who visited the seven private hospitals had an education level of either college or university. This conclusion may be explained in two possible ways. Firstly, college or university education creates job opportunities and economic stability which in turn increases access to medical care. This finding corroborates the study outcome by CDCP (2002), which revealed that access to medical care in private hospitals depends largely on financial ability. Secondly, education enlightens one on various medical conditions as well as where to seek help. This finding is in agreement with the findings of a study by FAO/WHO (2012) which showed that with education comes exposure on when and where to seek medical care when need arises.

Respondents' family income per month

From table 4.1 above, majority of the respondents earned below 50,000/= and between 50,001-100,000/= (35.7% and 38.0% respectively). The remaining number of patients earned 100,001/= and above (26.3%) as family income per month. From these results, it can be deduced that majority of the respondents (38.0%) who visited the private hospitals in Mombasa County earned a monthly income of between Kshs 50,001-100,000. The smallest categories were those who earned between Kshs 100,001-150,000 and above

Kshs 150,000 (7.1% and 19.2% respectively). It's possible that these results are due to the fact that the low income earners are the majority in most developing countries.

This outcome is consistent with the results of a study by FAO/WHO (2012) which revealed that distribution of level of income across the population in most of the developing countries is such that the low and middle income earners form the majority of the population. Four respondents (1.5%) did not provide an answer to this question hence they were defined as missing values.

Nationality of respondents

From the results in table 4.1 above, hospital A and B recorded the highest number of patients who were non Kenyans (34.2% and 25.7% respectively). In hospital D, all the patients who visited were Kenyans. This outcome implies that hospital A and B appealed to the non-Kenyans more than the other five hospitals. A possible explanation for this result as revealed later in this study is that these two hospitals had adopted the hospitality products used for competitive advantage to a larger extent than the other five hospitals.

Patients' mode of paying hospital bills

Table 4.1 above indicates that majority of the respondents' hospital bills were paid by insurance companies (65.6%). The rest of the respondents (34.4%) indicated that they paid the hospital bills by themselves. This finding implies that most patients who visit private hospitals in Mombasa County have their bills paid by insurance companies. It seems that these results are due to the fact that private hospitals are considered to be generally more expensive than public hospitals. This view is supported by Kimalu *et al*.,

(2004) who in their study found that private hospitals are relatively more expensive than public hospitals.

The number of times patients had been admitted in the hospital

The findings in table 4.8 above show that for the majority of the respondents (56%) this was not the first time they were visiting the hospital. The rest of the respondents were visiting the various hospitals for the first time (44%). This result may be explained by the fact that quality of the hospitality products translates to increased customer satisfaction hence they will be more willing to visit the hospital in future. This finding further supports the outcome of a study by Mohamed (2005), which indicated that quality hospitality products in hospitals impacts positively on patients' loyalty.

4.4. Hospitality products used for competitive advantage in private hospitals in Mombasa County.

Respondents were subjected to various questions to find out information on the availability of hospitality products used in private hospitals. The items were weighet on a likert scale which ranged from 1=strongly agree to 5=strongly disagree. The responses yielded different values of Means and Standard deviations. A high standard deviation shows that the data is widely spread and is less reliable while a low standard deviation shows that the data are clustered closely around the mean hence more reliable (Bostch, 2011). Therefore those responses that yielded higher mean scores and low standard deviations, such products were deemed available.

Table 4.2: Food and Beverage products used for competitive advantage

Food and Beverage products used for competitive advantage	N	Mean	Std. Deviation
Taste	259	3.12	1.268
Appealing appearance and texture	259	3.01	1.327
Spices	259	3.02	1.395
Variety as per different patient's nutritional needs	259	**1.10**	**.306**
Uniformed service staff	259	**1.25**	**.434**
Glassware utensils	259	**1.27**	**.447**
Service with clean plates, trays, spoons, forks	259	2.49	1.379
Wide variety to choose from	259	3.73	1.280
24hrs service	259	**1.47**	**.636**
Three course meals	259	**1.37**	**.629**
Adequate portion sizes served	259	3.11	1.488
Valid N (listwise)	259		

Factors closer to (1) represent the strongest values

Table 4.2 above shows the results for the food and beverage products used for competitive advantage in private hospitals. From the table, it can be deduced that the hospitality products used to gain competitive advantage across the various hospitals were 'variety as per different patients needs' (M=1.10, SD=0.306), 'uniformed service staff' (M=1.25, SD=0.434),'glassware utensils'(M=1.27, SD=0.447), three course meals' (M=1.37, SD=0.629) and '24 hours food and beverage service'(M=1.47, SD=0.636). This is because these products yielded high mean scores and low standard deviations.

Interviews were also conducted on the catering managers across the seven hospitals to establish their views on the food and beverage products they use for competitive advantage. Out of the seven interviewed, six of them (80 %) of them indicated that they provided a variety of food and beverages in three courses, maintained high levels of

cleanliness and hygiene, offered 24 hour service and employed competent staff. The remaining one (20%) indicated products such as offering additional food when required and serving food in glassware utensils.

The results of this study are consistent with that carried out by Davis (2008), which found out that the food and beverage products used to gain competitive advantage were taste, nutritional value, menu variety and twenty four hour availability of food service. In addition to these, this study identified three new products used by private hospitals to gain competitive advantage namely, 'three course meals', 'uniformed service staff' and 'glassware utensils'. This is therefore a new addition to knowledge. However, one unanticipated finding was that the product 'taste' which was identified by Tom (2007) in his study as one of the products used to gain competitive advantage revealed a low mean score in this study. The reason for this is not very clear but it may have something to do with standardization of taste of foods and beverages across all hospitals to an extent that little or no difference can be traced.

Accommodation products used

Table 4.3: Accommodation products used for competitive advantage

Accommodation products used for competitive advantage	N	Mean	Std. Deviation
Extra space for at least a relative's accommodation	259	**1.29**	**.625**
Bedside alarm bells for emergency	259	**1.41**	**.637**
Both hot and cold shower	259	2.75	1.410
Internal & External telephone connections	259	3.45	1.306
Fridge in the room	259	**1.83**	**.460**
Bath tab	259	**1.21**	**.511**
Attractive wall hangings and paintings	259	3.65	1.310
Complementary daily newspaper	259	4.20	1.191
Television with DSTV connections	259	3.32	1.759
Internet connections	259	3.88	1.721
Valid N (listwise)	259		

Factors closer to (1) represent the strongest values

From the results in table 4.3, it can be concluded that the accommodation products used to gain competitive advantage across the various hospitals are: ‘extra space for relative’s accommodation’ (M=1.29, SD=0.625), ‘bedside alarm bells’ (M=1.41, SD=0.637), ‘fridge in the room’ (M=1.83, SD=0.460) and ‘bath tub’ (M=1.21, SD=0.511). These products had high mean scores and low standard deviations.

This study, through interviews also sought to find out the views of the Housekeeping managers on the accommodation products they use for competitive advantage. Out of those interviewed, 74% named products such as attractive landscaping, accommodation for patient’s relative and private rooms with fridges, hot and cold shower and bathtub.

The remaining 26% mentioned products such as decorations in the rooms, clean rooms and available room attendants round the clock.

One unanticipated finding is that none of the products in past studies came out in this study. This included 'attractive landscaping', 'soothing wall colours', 'private rooms', 'hotel like check-in process', 'chauffer and concierge' as accommodation products used for competitive advantage in private hospitals (Jayesh & Renuka, 2010; Delnoij et al, 2010 and Musunuru, 2011). However, the current study identified four more accommodation products used for competitive advantage namely 'extra space for a relative's accommodation', 'bedside emergency bells', 'fridge' and 'bath tubs'. This is therefore considered a new contribution to knowledge.

Hypothesis Testing

Food and beverage products

In order to clarify further the above outcome in objective one of this study, the following hypothesis was tested to determine the kind of relationship that existed specifically between the level of adoption of food and beverage products and type of private hospital;

H_o1.1: There is no significant difference in the level of adoption of food and beverage products and type of private hospital in Mombasa County.

One way ANOVA was used to test this hypothesis (Table 4.4)

Table 4.4: Summary of One way ANOVA for private hospitals' adoption of hospitality products for competitive advantage

Food & beverage products		Df	Mean Square	F	*p*
Variety as per different patient's needs	Between Groups	6	96.169	87.326	.000
	Within Groups	252	1.101		
	Total	258			
Uniformed service staff	Between Groups	6	71.453	37.806	.000
	Within Groups	252	1.890		
	Total	258			
Glassware utensils	Between Groups	6	90.843	99.111	.000
	Within Groups	252	.917		
	Total	258			
24hrs service	Between Groups	6	71.276	81.626	.000
	Within Groups	252	.873		
	Total	258			
Three course meals	Between Groups	6	68.630	38.658	.000
	Within Groups	252	1.775		
	Total	258			

Interpretation of the results in table 4.4 above involves looking at the "sig" column if it is below the conventional cut off point of 0.05 then it is statistically significant. These results indicate that there was a statistically significant difference (P=0.000) within and between the groups of respondents surveyed during the study in the various groups of hospitals for the above food and beverage products. However, these results do not indicate how the means differed across the seven hospitals. Therefore, Tukey's HSD Post Hoc tests were conducted to determine how the means differed in the seven hospitals for the five products. Tables 4.5 to 4.9 show the results.

Table 4.5: Post Hoc Tests for 'Variety as per patients' nutritional needs'

HOSPITALS		HA	HB	HC	HD	HE	HF	HG
HA	MD	-	-.229	-.3500*	-3.244*	-3.385*	-3.11*	-3.750*
	Sig	-	.967	.000	.000	.000	.000	.000
HB	MD	.229	-	-3.271*	-3.015*	-3.156*	-2.883*	-3.521*
	Sig	.967	-	.000	.000	.000	.000	.000
HC	MD	3.500*	3.271*	-	.256	.115	.389	-.250
	Sig	.000	.000	-.	.950	.999	.745	.957
HD	MD	3.244*	3.015*	-.256	-	-.141	.133	-.506
	Sig	.000	.000	.950	-	.997	.998	.316
HE	MD	3.385*	3.156*	-.115	.141	-	.274	-.365
	Sig	.000	.000	.999	.997	-	.919	.716
HF	MD	3.11*	2.883*	-.389	-.133	-.274	-	-.639
	Sig	.000	.000	.745	.998	.919	-	.116
HG	MD	3.750*	3.521*	.250	.506	.365	.639	-
	Sig	.000	.000	.957	.316	.716	.116	-

*.The mean difference is significant at the 0.05 level.
MD- Mean Difference *Sig. -Probability significance* *HA- Hospital A (etc.)*

Table 4.5 above shows that the means were statistically significantly different between hospital A and five hospitals C, D, E, F and G (P=0.000). The means were also statistically significantly different between hospital B and the five hospitals i.e. hospital C, D, E, F and G (P=0.000). However, the means were not statistically significantly different between hospital A and B (P=0.967). This implies that the group of respondents in hospital A and B did not differ significantly on their perception on the product 'variety as per patients' nutritional needs'. This finding also implies that the group of respondents in hospital A and B varied significantly with the other five hospitals C, D, E, F and G on their perception on the product 'variety as per patients' nutritional needs'.

Further, from table 4.5, it can be deduced that the means did not have any statistically significant difference among the five hospitals C, D, E, F and G (P>0.05). This implies that the group of respondents in these five hospitals did not differ significantly in their perception on the product 'variety as per patients' nutritional needs'.

Table 4.6: Post Hoc Tests for 'Uniformed service staff'

HOSPITALS		**HA**	**HB**	**HC**	**HD**	**HE**	**HF**	**HG**
HA	MD	-	-.066	-2.895*	-2.257*	-2.664*	-2.395*	-3.395*
	Sig	-	1.000	.000	.000	.000	.000	.000
HB	MD	.066	-	-2.829*	-2.658*	-2.598*	-2.329*	-3.329*
	Sig	1.000	-	.000	.000	.000	.000	.000
HC	MD	2.895*	2.829*	-	.171	.231	.500	-.500
	Sig	.000	.000	-	.999	.993	.762	.741
HD	MD	2.724*	2.658*	-.171	-	.060	.329	-.671
	Sig	.000	.000	.999	-	1.000	.942	.302
HE	MD	2.664*	2.598*	-.231	-.060	-	.269	-.731
	Sig	.000	.000	.993	.100	-	.980	.219
HF	MD	2.395*	2.329*	-.500	-.329	-.269	-	-1.000*
	Sig	.000	.000	.762	.942	.980	-	.028
HG	MD	3.395*	3.329*	.500	.671	.731	1.000*	-
	Sig	.000	.000	.741	.302	.219	.028	-

*.The mean difference is significant at the 0.05 level.
MD- Mean Difference *Sig.- Probability significance* *HA- Hospital A (etc.)*

From Table 4.6 the means were statistically significantly different between hospital A and the other five hospitals i.e. between A and C, D, E, F and G (*P*=0.000) and between hospital B and the five hospitals (*P*=0.000). The means were also statistically

significantly different between hospital F and G (P=0.028). However, the means were not statistically significantly different between hospital A and B (P=1.000) and among four hospitals i.e. hospital C, D, E, and G (P>0.05). This result implies that the group of respondents in hospital A and B differed significantly with the groups of respondents in the other five hospitals on their perception on this product ‘uniformed service staff’. It also implies that the perception of the respondents in hospital F and G on this product differed significantly. Further, it implies that the group of respondents in hospital A and B did not differ significantly on their perception on the product ‘served by uniformed staff. It also implies that the perception of the group of respondents in the four hospitals C, D, E, and G did not differ significantly.

Table 4.7: Post Hoc Tests for 'Glassware utensils'

HOSPITALS		HA	HB	HC	HD	HE	HF	HG
HA	MD	-	-.097	-3.235*	-3.820*	-3.176*	-2.313*	-3.068*
	Sig	-	.999	.000	.000	.000	.000	.000
HB	MD	.097	-	-3.138*	-3.723*	-3.079*	-2.216*	-2.971*
	Sig	.999	-	.000	.000	.000	.000	.000
HC	MD	3.235*	3.138*	-	-.585	.059	.922*	.167
	Sig	.000	.000	-	.149	1.000	.002	.991
HD	MD	3.820*	3.723*	.585	-	.644*	1.5078*	.751*
	Sig	.000	.000	.149	-	.046	.000	.009
HE	MD	3.176*	3.079*	-.059	-.644*	-	.863*	.108
	Sig	.000	.000	1.000	.046	-	.002	.999
HF	MD	2.313*	2.216*	-.922*	-1.507*	-.863*	-	-.756*
	Sig	.000	.000	.002	.000	.002	-	.012
HG	MD	3.068*	2.971*	-.167	-.751*	-.108	.756*	-
	Sig	.000	.000	.991	.009	.999	.012	-

*.The mean difference is significant at the 0.05 level.
MD- Mean Difference *Sig. -Probability significance* *HA- Hospital A (etc.)*

From table 4.7 the means were statistically significantly different between hospital A and five hospitals i.e. between hospital A and C, D, E, F, and G (P=0.000) and between hospital B and the five hospitals (P=0.000). The means were also statistically significantly different between hospital F and all the hospitals (P<0.05), between hospital D and E (P=0.046) and between D and G (P=0.009). However, the means were not statistically significantly different between hospital A and B (P=0.999), between C and D (P=0.149), between C and E (P=1.000) between C and G (P=0.991) and between E and

G (*P*=0.999). This finding implies that the perception of majority of the respondents across the seven hospitals varied significantly for the product 'glassware utensils'.

Table 4.8: Post Hoc Tests for '24 Hours service'

HOSPITALS		**HA**	**HB**	**HC**	**HD**	**HE**	**HF**	**HG**
HA	MD	-	-.268	-3.135*	-2.673*	-2.868*	-3.146*	-3.043*
	Sig	-	.883	.000	.000	.000	.000	.000
HB	MD	.268	-	-2.867*	2.405*	2.600*	-2.878*	-2.775*
	Sig	.889	-	.000	.000	.000	.000	.000
HC	MD	3.135*	2.867*	-	.462	.267	-.001	.092
	Sig	.000	.000	-	.382	.903	1.00	1.00
HD	MD	2.673*	2.405*	-.462	-	-.195	-.473	-.370
	Sig	.000	.000	.382	-	.967	.291	.561
HE	MD	2.868*	2.600*	-.267	.195	-	-.278	-.175
	Sig	.000	.000	.903	.967	-	.585	.981
HF	MD	3.146*	2.878*	.011	.473	.278	-	.103
	Sig	.000	.000	1.00	.291	.858	-	.999
HG	MD	3.043*	2.775*	-.092	.370	.175	-.103	-
	Sig	.000	.000	1.000	.561	.981	.999	-

*.The mean difference is significant at the 0.05 level.
MD- Mean Difference *Sig.- Probability significance* *HA- Hospital A (etc.)*

Table 4.8 above presents the findings of Post Hoc tests for the product "24 hours service". There was a significant statistical difference in the means between hospital A and five hospitals i.e. between hospital A and C, D, E, F and G (*P*=0.000) and between hospital B and the five hospitals (*P*=0.000). However, there was no significant statistical difference in the means between hospital A and B (0.883). This result implies that the

respondents' perception on this product varied significantly between hospital A and B and the other five hospitals. It also implies that the group of respondents in hospital A and B did not differ significantly on their perception on the product '24 hour service'. Further, from the table, it can be deduced that the means were not statistically significantly different among the five hospitals C, D, E, E, F and G (P>0.05). This finding implies that the respondents' perception on this product '24 hours service' did not differ significantly across the five hospitals.

Table 4.9: Post Hoc Tests for 'Three course meals'

HOSPITALS		**HA**	**HB**	**HC**	**HD**	**HE**	**HF**	**HG**
HA	MD	-	.023	-3.205*	-3.215*	-2.682*	-1.939*	-1.905*
	Sig	-	1.000	.000	.000	.000	.000	.000
HB	MD	-.023	-	-3.229*	-3.238*	-2.705*	-1.962*	-1.929*
	Sig	1.000	-	.000	.000	.000	.000	.000
HC	MD	3.205*	3.229*	-	-.010	.523	1.267*	1.300*
	Sig	.000	.000	-	1.000	.672	.003	.001
HD	MD	3.215*	3.238*	.010	-	.533	1.276*	1.310*
	Sig	.000	.000	1.000	-	.558	.001	.000
HE	MD	2.682*	2.705*	-.523	-.533	-	.744	.777
	Sig	.000	.000	.672	.558	-	.197	.133
HF	MD	1.939*	1.962*	-1.267*	-1.276*	-.744	-	.033
	Sig	.000	.000	.003	.001	.197	-	1.000
HG	MD	1.905*	1.929*	-1.300*	-1.310*	-.777	-.033	-
	Sig	.000	.000	.001	.000	.133	1.000	-

*.The mean difference is significant at the 0.05 level.
MD- Mean Difference *Sig.- Probability significance* *HA- Hospital A (etc.)*

Table 4.9 presents results for Post Hoc tests for the product “served in three courses” There was significant statistical difference in the means between hospital A and five hospitals i.e. C, D, E, F and G (*P*=0.000) and between hospital B and the five hospitals (*P*=0.000). The means were also statistically significantly different between hospital C and E (P=0.003), between C and G (*P*=0.001), between D and F (*P*=0.001) and between D and G (*P*=0.000). This implies that the group of respondents in these hospitals varied significantly on their perception on this product ‘three course meals’. However, the means were not statistically significantly different between hospital A and B, between C and D, D and E, E and C, E and F, E and G and between F and G (*P*>0.05). This finding implies that the perception of respondents did not differ significantly on the product ‘three course meals’ across these hospitals.

From the Post Hoc results, it’s clear that the means for hospitals A and B on F&B products differed significantly with the means of the other hospitals C, D, E, F and G while there was no difference between these two hospitals. It was therefore important to carry out a further test to shed more light on why this was so. Individual means for hospital A and B were therefore calculated to determine how they performed on the F&B products and the results are as shown in table 4.10 below.

Table 4.10: Individual means for hospital A and B for Food and Beverage products

Food and Beverage product	Hospital A		Hospital B	
	Mean	**SD**	**Mean**	**SD**
Variety as per patients nutritional needs	1.08	.487	1.23	.426
Uniformed service staff	1.11	.311	1.17	.382
Glassware utensils	1.13	.343	1.23	.426
24 hours service	1.13	.343	1.40	.695
Three course meals	1.39	1.028	1.37	.646

From table 4.10, the results show that for these F&B products, the two hospitals had high means (closer to 1) and low standard deviations in comparison to the other hospitals C, D, E, F and G. This implies that hospital A and B had adopted these products to gain competitive advantage more than the other five hospitals.

Since the means were statistically significantly different for some of the products across the seven hospitals and the individual means for hospital A and B showed that these hospitals had adopted these Food and beverage products to gain competitive advantage more than the other five hospitals, a symmetric test (Cramer's V) was further performed to determine the level of adoption of these variables under the food and beverage product across the seven hospitals (Table 4.11)

Table 4.11: Symmetric measures results for level of adoption of food and beverage products to gain competitive advantage in private hospitals

Variable	*V*	Sig.	Interpretation
Variety as per patients' nutritional needs	**.576**	.000	Moderate
Uniformed serve staff	**.542**	.000	Moderate
Glassware utensils	**.569**	.000	Moderate
24 hours service	**.494**	.000	Moderate
Three course meals	**.551**	.000	Moderate

Computed using α=0.05 V= Cramer's V Sig. = Probability significance

From table 4.11 above it can be deduced that the Cramer's V values are all positive. This signifies a positive moderate level of adoption of these food and beverage products across the seven private hospitals in Mombasa County.

In summary, the one way ANOVA results revealed that there was a statistically significant difference in the extent the hospitals in Mombasa County had adopted the food and beverage products used to gain competitive advantage. The results further revealed that hospital A and B had adopted these food and beverage products to a larger extent compared to the other five hospitals. This could be due to the target market and prices charged seen later in this study. Further, the symmetric measures tests revealed a moderate level of adoption of the hospitality products across the seven hospitals.

Prior studies have revealed that most hospitals are increasingly borrowing strategies from hospitality industry with evidence that these hotel-style amenities are associated with positive patient experiences (Sussane, 2012; Randall and Senior, 1994; Sheehan-Smith, 2006). This study revealed that the level of adoption of hospitality products across the seven hospitals was at moderate level. In the literature review, most past studies only

identified the regions that have adopted hospitality products globally. However, very little information was available on the extent of adoption of the hospitality products. This finding therefore is a contribution to new knowledge. This finding has important implications for the managers in the healthcare sector with regard to the increasing demand for hospitality products in hospitals. Consequently, they need to adopt more of the hospitality products since they contribute considerably in patients' overall satisfaction.

Accommodation products

In order to clarify further the outcome in objective one of this study, the following hypothesis was tested to determine if any difference existed specifically between the level of adoption of accommodation products and type of private hospital;

H_o1.2: There is no significant difference in the level of adoption of accommodation products and type of private hospital in Mombasa County.

Table 4.12: One way ANOVA results for adoption of accommodation products by private hospitals to gain competitive advantage

Accommodation products		**df**	**Mean Square**	**F**	***P***
extra space for at least a relative's accommodation	Between Groups	6	99.04	111.61	.00
	Within Groups	252	.89		
	Total	258			
bedside alarm bells for emergency	Between Groups	6	68.32	87.68	.00
	Within Groups	252	.78		
	Total	258			
fridge in the room	Between Groups	6	73.20	127.29	.00
	Within Groups	252	.58		
	Total	258			
bath tab	Between Groups	6	94.11	84.68	.00
	Within Groups	252	1.11		
	Total	258			

df= degrees of freedom *Sig= Probability significance* *computed using α=0.05*

Interpretation of the results in table 4.12 involves looking at the "*p*" value if it is below the conventional cut off point of 0.05 then it is statistically significant. These results indicate that statistically, there was significant difference (*P*=0.00) within and between the groups of respondents surveyed during the study in the various groups of hospitals for the above accommodation products. There was statistical significant difference in means between the groups of respondents in the seven hospitals (*P*=0.00) and within the groups of respondents across these hospitals (*P*=0.00) on their perception on the four accommodation product used by private hospitals to gain competitive advantage. However, these ANOVA results do not reveal how the seven hospitals had adopted these accommodation products. Therefore further Tukey's HSD Post Hoc tests were performed to determine how the means differed across the seven hospitals for these products. Tables 4.13 to 4.16 show these results;

Table 4.13: Post Hoc Tests for 'extra space for relative's accommodation'

HOSPITALS		HA	HB	HC	HD	HE	HF	HG
HA	MD	-	-.040	-3.135*	-3.551*	-3.509*	-3.341*	-3.268*
	Sig	-	.987	.000	.000	.000	.000	.000
HB	MD	.040	-	-3.095	-3.511	-3.470	-3.301	-3.229
	Sig	1.000	-	.000	.000	.000	.000	.000
HC	MD	3.135*	3.095*	-	-.416	-374	-.206	-.133
	Sig	.000	.000	-	.523	.659	.975	.997
HD	MD	3.551*	3.551*	.416	-	.042	.211	.283
	Sig	.000	.000	523	-	1.000	.958	.827
HE	MD	3.509*	3.470*	.374	-.042	-	.169	.241
	Sig	.000	.000	.659	1.000	-	.987	.916
HF	MD	3.341*	3.301*	.206	-.211	-.169	-	.072
	Sig	.000	.000	.975	.958	.987	-	1.000
HG	MD	3.268*	3.229*	.133	-.283	-.241	-.072	-
	Sig	.000	.000	.997	.827	.916	1.000	-

*.The mean difference is significant at the 0.05 level.
MD- Mean Difference *Sig. -Probability significance* *HA- Hospital A (etc.)*

From table 4.13, the means were statistically significantly different between hospital A and five hospitals i.e. hospital C, D, E, E, F and G (P=0.000) and between hospital B and the five hospitals (P=0.000). This finding implies that the respondents' perception of this product 'extra space for relative's accommodation' differed significantly with the group of respondents in the five hospitals. From table 4.13, it can also be deduced that the means were not statistically significantly different between hospital A and B (P=0.987). This implies that the respondents in hospital A did not differ significantly from those in hospital B on their perception on this product 'extra space for relative's accommodation'.

Further, it can also be deduced from the table 4.13 above that the means were not statistically significantly different among five hospitals i.e. hospital C, D, E, F, G and F ($P<0.05$). This finding implies that the groups of respondents in these five hospitals did not differ significantly on their perception on this product (have extra space for relative's accommodation).

The photo below from one of the hospitals shows an extra space for a relative's accommodation. The seat is made to be used for sitting cum sleeping purposes.

Figure 4.2: A photo of an extra space for a relative's accommodation in one of the private hospitals

Table 4.14: Post Hoc tests for 'bedside alarm bells'

HOSPITALS		HA	HB	HC	HD	HE	HF	HG
HA	MD	-	-.453	-2.877*	-2.589*	-3.531*	-2.905*	-2.761*
	Sig	-	.303	.000	.000	.000	.000	.000
HB	MD	.453	-	-2.424*	-2.135*	-3.078*	-2.452*	-2.307*
	Sig	.303	-	.000	.000	.000	.000	.000
HC	MD	2.877*	2.424	-	2.289	-.654*	-.028	.117
	Sig	.000	.000	-	.822	.040	1.000	.998
HD	MD	2.589*	2.135*	-.289	-	-.942*	-.316	-.172
	Sig	.000	.000	.822	-	.000	.702	.976
HE	MD	3.531*	3.078*	.654*	.942*	-	.626*	.771*
	Sig	.000	.000	.040	.000	-	.038	.003
HF	MD	2.905*	2.452*	.028	.316	-.626*	-	.144
	Sig	.000	.000	1.000	.702	.038	-	.992
HG	MD	2.905*	2.452*	.028	.316	-.626*	.144	-
	Sig	.000	.000	1.000	.702	.038	.992	-

*.The mean difference is significant at the 0.05 level.
MD- Mean Difference *Sig. -Probability significance* *HA- Hospital A (etc.)*

From the results in table 4.14, there was a statistically significant different between hospital A and five hospitals C, D, E, F and G (P=0.000) and between hospital B and the five hospitals (P=0.000. This implies that the group of respondents in hospital A and B differed significantly with those in the other five hospitals in their perception on this product 'bedside alarm bells'. The means were also statistically significantly different between hospital C and E (P=0.040), between E and G (P=0.003) and between hospital F and E (P=0.000). This implies that the group of respondents in hospital E were

significantly different from those in the other four hospitals i.e. hospital C, D, F and G on their perception on this product 'bedside alarm bells'.

However, the means were not statistically significantly different between hospital A and B (P=0.303). This implies that the respondents in these two hospitals did not differ significantly on their perception on 'bedside alarm bells' as a product. In addition, the means were not statistically significantly different among four hospitals i.e. hospital C, D, F and G (P>0.05). This implies that the respondents' perception on this product 'bedside alarm bells' did not differ significantly across these four hospitals.

Table 4.15: Post Hoc tests for 'fridge in the room'

HOSPITALS		**HA**	**HB**	**HC**	**HD**	**HE**	**HF**	**HG**
HA	MD	-	.086	-.2.309*	-2.586*	-2.983*	-2.981*	-3.067*
	Sig	-	.999	.000	.000	.000	.000	.000
HB	MD	-.086	-	-2.395*	-2.672*	-3.070*	-3.067*	-3.154*
	Sig	.999	-	.000	.000	.000	.000	.000
HC	MD	2.309*	2.395*	-	-.277	-.674*	-.672*	-.758*
	Sig	.000	.000	-	.732	.006	.007	.001
HD	MD	2.586*	2.672*	.277	-	-.397	-.395	-.481
	Sig	.000	.000	.732	-	.229	.258	.069
HE	MD	2.983*	3.070*	.674*	.397	-	.002	-.084
	Sig	.000	.000	.006	.229	-	1.000	.999
HF	MD	2.981*	3.067*	.672*	.395	-.002	-	-.086
	Sig	.000	.000	.007	.258	1.000	-	.999
HG	MD	3.067*	3.154*	.758*	.481	.084	.086	-
	Sig	.000	.000	.001	.069	.999	.999	-

*.The mean difference is significant at the 0.05 level.

MD- Mean Difference *Sig. -Probability significance* *HA- Hospital A (etc.)*

The results in table 4.15 indicates that the means were statistically significantly different between hospital A and five hospitals C, D, E, F and G (P=0.000) and between hospital B and the five hospitals (P=0.000). This finding implies that the group of respondents in hospital A and B differed significantly with those in the other five hospitals on their perception on product 'fridge in the room'. The means were also statistically significantly different between hospital C and E (P=0.006) between hospital C and F (P=0.007) and between hospital C and G (P=0.000). This result implies that the respondents' perception on this product 'fridge in the room' in hospital C differed significantly with those in hospitals' E, F and G. However, the means were not statistically significantly different between hospital A and B and among the other four hospitals i.e. hospital D, E, F and G (P>0.05). This finding implies that the respondents' perception on this product did not differ significantly between hospital A and B and across the four hospitals. Figure 4.3 shows a fridge in a ward in one of the hospitals.

Figure 4.3: A photo showing a fridge in the room of one of the private hospitals

Table 4.16: Post Hoc tests for 'bathtub in the bathrooms'

HOSPITALS		HA	HB	HC	HD	HE	HF	HG
HA	MD	-	-.400	-3.267*	-3.488*	-3.897*	-3.111*	-3.300*
	Sig	-	.670	.000	.000	.000	.000	.000
HB	MD	.400	-	-2.867*	-3.088*	-3.497*	-2.711*	-2.900*
	Sig	.670	-	.000	.000	.000	.000	.000
HC	MD	3.267*	2.867*	-	-.221	-.631	.156	-.033
	Sig	.000	.000	-	.976	.177	.997	1.000
HD	MD	3.488*	3.088*	.221	-	-.410	.377	.188
	Sig	.000	.000	.976	-	.592	.705	.985
HE	MD	3.897*	3.497*	.631	.410	-	.786	.597
	Sig	.000	.000	.177	.592	-	.024	.157
HF	MD	3.111*	2.711*	-.156	-.377	-.786*	-	-.189
	Sig	.000	.000	.997	.705	.024	-	.987
HG	MD	3.300*	2.900*	.033	-.188	-.597	-.189	-
	Sig	.000	.000	1.000	.985	.157	.987	-

*.The mean difference is significant at the 0.05 level.
MD- Mean Difference *Sig. -Probability significance* *HA- Hospital A (etc.)*

From table 1.16, the means were statistically significantly different between hospital A and five hospitals i.e. C, D, E, F and G (P=0.000) and between hospital B and the five hospitals (P=0.000). This finding implies that the respondents' perception on this product 'bathtubs in the rooms' in hospital A and B differed significantly from those in the other five hospitals. The means were also statistically significantly different between hospital E and F (P=0.024). However, the means were not statistically significantly different between hospital A and B (P=0.670) and among the other four hospitals (P>0.05).

Figure 4.4: A photo showing a bath tub in the bathroom of one of the private hospitals

The photo of a bath tub above (figure 4.4) was taken from a private room in one of the hospitals to ensure quality and comfort to patients.

Since the Post Hoc tests revealed that the means for hospital A and B differed significantly with the other five hospitals but the means did not differ between these two hospitals, individual means were further calculated to shed more light on this finding. The results are shown in table 4.17

From table 4.17, the results indicate that these two hospitals had high means (closer to 1) and low standard deviations. This infers that these two hospitals A and B had adopted the accommodation products namely; ‘extra space for relative, alarm bells, fridge in the room and bathtubs’ to gain competitive advantage more than the other five hospitals.

Table 4.17: Individual means for hospital A and B for Accommodation products

Accommodation products	Hospital A		Hospital B	
	Mean	**SD**	**Mean**	**SD**
Extra space for relatives accommodation	1.13	.343	1.17	.382
Alarm bells for emergency calls	1.29	.460	1.74	.611
Fridge in the room	1.66	.481	1.57	.502
Bathtub in the bathrooms	1.00	.000	1.40	.497

The Post Hoc tests revealed that the means were statistically significantly different for some of the products in the various hospitals. However, it does not establish the degree and direction of the level of adoption of the accommodation products to gain competitive advantage across all the hospitals. Therefore a symmetric test (Cramer's V) was performed (table 4.18)

Table 4.18: Symmetric measures results for level of adoption of accommodation products to gain competitive advantage in the healthcare industry

Variable	***V***	**Sig.**	**Interpretation**
Extra space for at least a relatives' accommodation	**.455**	.000	Moderate
Have bedside alarm bells for emergency	**.502**	.000	Moderate
Have a fridge in the room	**.609**	.000	High
Provides a bath tab in the bathrooms	**.557**	.000	Moderate

Computed using α=0.05 V= Cramer's V Sig.= Probability significance

From table 4.18, it can be deduced that Cramer's V values are all positive (0.455, 0.502, 0.609, 0.557) which signifies a positive moderate degree of adoption of these products across the private hospitals surveyed. It can therefore be concluded that the private hospitals in Mombasa County have adopted accommodation products to a moderate extent to gain competitive advantage.

From these findings, it is clear that the probability significance value (P value) for the adoption of the hospitality products across the seven hospitals is below the conventional cut off point of 0.05 i.e. (p=0.000). This implies that the adoption of these products across the seven hospitals is statistically significant. Therefore the null hypothesis is rejected and the alternative accepted.

In contrast to the previous studies which only indicated that patients required conducive environment to enhance recovery which included good accommodation (Rulle, 2004; Lo'ffler, 2007; Vanessa, 2003; Studer, 2003), this current study tried to find out to what extent private hospitals had adopted accommodation products for competitive advantage. The results of this study indicated that the private hospitals in Mombasa County had adopted the accommodation products for competitive advantage to a moderate extent. This is therefore a new addition to knowledge.

This finding has important implications to the managers in the healthcare industry to adopt more of the accommodation products. As put forward by Li, (1997) a section of the healthcare market is increasingly looking for much more than medical care. As a result,

private hospitals are adjusting to this current trend so as not to lose out in the competitive market (Studer, 2003; Vanessa, 2003; Walker, 2009).

The present results are significant in two aspects. First, it identified the specific accommodation products used for competitive advantage in private hospitals in Mombasa County. Second, it was able to establish the extent and direction of the adoption of the accommodation products. However, this study revealed statistically significant results for four accommodation variables (Table 4.23). Further research is therefore recommended on the other accommodation products that were filtered out from the descriptive statistics that did not reveal higher means.

4.5: Influence of price on patients' choice of private hospitals

The study sought to find out whether price had an influence on patients' choice of hospital. In order to establish this, rates per night for accommodation, food & beverage were sought from the sampled hospitals (Table 4.19).

Table 4.19: Rates for Food & beverage and accommodation per night for the Sampled hospitals

Name of Hospital	Rate Per Patient Per Night in KSh.	
	Private Wing	***General Wing***
A	8,000	4,500
B	8,500	4,800
C	6,300	4,000
D	4,200	2,500
E	6,000	3,500
F	5,000	3,100
G	4,000	3,000

Source: Price list of each sampled hospital

From table 4.19, hospital A and B charged relatively higher rates as compared to the rest of the hospitals. When the respondents across the seven hospitals were asked whether

price influenced their choice of private hospital, majority of them (n = 166, 64.1%) said it had an influence while the remainder (n= 93, 35.9%) felt it did not. Specifically, respondents from hospital A and B were the least influenced by price (n=29, 76.3%) and (n=31, 88.6%) respectively was compared to those from the other five hospitals (table 4.20).

Table 4.20: Cross tabulation results for price influence on choice of hospital

Does price influence your choice of hospital * hospital group Cross tabulation									
		hospital group							
		hospital A	**hospital B**	**hospital C**	**hospital D**	**hospital E**	**hospital F**	**hospital G**	**Total**
Does price influence your choice of hospital	Yes	9 23.7%	4 11.4%	27 90.0%	37 90.2%	20 51.3%	33 91.7%	36 90.0%	166 64.1%
	No	29 76.3%	31 88.6%	3 10.0%	4 9.8%	19 48.7%	3 8.3%	4 10.0%	93 35.9%
Total		38 100%	35 100%	30 100%	41 100%	39 100%	36 100%	40 100%	259 100%

For the patients in hospital A and B, price was not their major determinant in choosing the hospitals while for the patients in the other five hospitals; price was a major determinant in their choice of hospital. This implies that price sensitivity among patients vary with some of them less sensitive. With this finding, it was imperative to establish the type of relationship that existed between price and hospital choice so as to bring out clarity. A null hypothesis was thus set;

H_{o2}: There is no significant relationship between price and patient's choice of private hospital

Pearson's correlation analysis was used to test this hypothesis as indicated in table 4.21. The findings indicate that price had a moderate statistically significant inverse

relationship with patients' choice of private hospital (r=-0.483, P=0.000). The null hypothesis was therefore rejected and the alternative accepted.

Table 4.21: Pearson's correlation analysis results for type of relationship between price and choice of private hospital

		Price	Hospital Choice
Price	Pearson Correlation	1	-.483**
	Sig. (2-tailed)		.000
	N	259	259
Hospital Choice	Pearson Correlation	-.483**	1
	Sig. (2-tailed)	.000	
	N	259	259

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

The low p value (p=0.000), implies that the higher the price of the private hospital, the less influence it has on the patients' choice of hospital. A possible explanation for this result is that, majority of the patients' hospital bills were paid by insurance companies (table 4.1) which may restrict the type of hospital to visit or set a ceiling on the amount each employee is entitled to in terms of medical care. The study also revealed that the rest of the respondents paid the hospital bills by themselves (table 4.1). There was therefore a probability that they were relatively more price sensitive.

These results corroborate the findings of previous research work in this field. For instance Nicolaides and ZIgiriadis, 2011; Franziska & Jonas, 2012 and Rulle 2004) in their study, found that the traffic of patients is partly driven by the desire to obtain more affordable medical services. However, the results of this study cannot be extrapolated to all patients since price sensitivity varies among patients.

This finding has important implications to the healthcare providers in designing strategies to improve value for their patients. As put forward by Porter and Thomas (2013), the overarching goal for healthcare providers, as well as for every stakeholder must be improving value for patients, where value is defined as the health outcomes achieved that matter to patients relative to the cost of achieving those outcomes. Improving value as Porter and Thomas (2013) further noted, requires either improving one or more outcomes without raising costs or lowering costs without compromising outcomes or both. However, these results do not explicitly explain why some patients would prefer hospitals with higher prices even though cheaper medical care may be available elsewhere. Future studies on this area are therefore recommended.

4.6: Influence of hospitality products' quality on patients' choice of private hospitals.

Objective two of this study sought to establish if hospitality products' quality had any influence on patients' choice of private hospital. Descriptive statistics were used to test this objective (table 4.22)

Table 4.22: Descriptive Statistics for influence of food and beverage products' quality on customer choice of hospital

Food and Beverage products are	N	Mean	Std. Deviation
Taste foods and beverages	259	2.81	.72
Appealing appearance and texture of food and beverages	259	1.11	.35
Adequate portions served	259	2.93	.62
Wide variety of food and beverages to choose from	259	1.25	.46
Different menus to meet patients' needs	259	1.19	.39
Clean plates, cups, trays, spoons, forks etc	259	1.24	.45
Food and beverage available for 24hours	259	1.61	.69
Meals served with at least soup, fruit and biting	259	2.95	2.04
Valid N (listwise)	259		

Factors closer to 1 represent the strongest value

The results in Table 4.22 show that the perception of respondents on the influence of hospitality products' quality under the food and beverage component produced high mean scores for all the variables (closer to 1). This finding implies that majority of the respondents agreed that the quality of these food and beverage products influenced their choice of private hospital.

This study also through interviewing catering managers sought to determine if their hospitals gave food and beverage products priority and for what reason if so. All the seven managers interviewed (100%) agreed that food and beverage products were given priority by the management. They gave reasons for this as mainly to ensure comfort to patients and their relatives so as to make their respective health facilities the hospital of choice.

'…..we invest heavily in ensuring that our patients are comfortable by providing them with quality foods and clean rooms so that they can recommend our hospital to other potential customers…..(catering manager)'

When the seven managers were asked about their future plans in the catering departments, five of them (69%) mentioned plans such as introduction of hotel-like menus, offering food to at least a patient's relative and constant improvement on taste. The remaining two (31%) gave a plan as mainly introduction of more options on the menu.

Table 4.23: Descriptive Statistics for influence of accommodation product's quality on customer choice of hospital

Accommodation products;	N	Mean	Std. Deviation
have extra space for at least a relative's accommodation	259	1.52	.832
are secure environment	259	1.27	.44
are spacious rooms and corridors	259	1.69	.85
have both hot and cold shower	259	1.47	.63
have a bath tub	259	2.08	.91
have internal and external telephone connections	259	1.75	.65
have attractive decorations in the rooms	259	1.69	.70
have entertainment e.g. TV sets with DStv connections	259	1.27	.55
Valid N (list wise)	259		

Factors closer to 1 represent the strongest value

The findings in table 4.23 show that respondents' perception on the influence of quality of accommodation products on their choice of hospital generated relatively high mean scores for all the items on the Likert scale. From these findings it can be concluded that

majority of the respondents' agreed that quality of accommodation products influenced their choice of hospitals.

Interviews were also conducted among Housekeeping managers to determine if their hospitals gave accommodation products priority and for what reason if so. All the seven managers interviewed (100%) agreed that accommodation products were prioritized to either give comfort to patients and relatives or attract patients to those hospitals.

The Housekeeping managers were also asked on their future strategies in the accommodation departments. Out of the seven managers interviewed, four of them (51%) mentioned plans such as introduction of room internet services and installing modern security systems. The remaining three gave plans such as adding more decorations in the room and putting up additional private rooms (49%).

Since the descriptive statistics yielded results that showed that majority of the respondents agreed that the quality of both food & beverage and accommodation products influenced their choice of hospital. It was important to conduct further tests to determine the extent hospitality products' quality influenced patients' choice of private hospital (Tables 4.23 and 4.24).

Hypothesis Testing

Food and beverage products' quality

The following hypothesis was tested to specifically determine the kind of relationship that existed between food & beverage products' quality and patients' choice of private hospitals.

H_o3.1: There is no significant relationship between food and beverage products' quality and patients' choice of private hospitals

A linear regression analysis was used to generate the results (Tables 4.24 and 4.25).

Table 4.24: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.703[a]	.692	.663	.485

a. Quality of food and beverages

In regression analysis, the first table of interest is the model summary which provides the R and R^2 values. The results in Table 4.24 show that the R value was 0.703, which represented simple correlation. This indicated a high degree of correlation between quality of Food and beverage products and patients' choice of hospital. The R^2 value explains how much of the dependent variable (patients' choice) could be explained by the independent variables (quality of food and beverages). From the results in Table 4.24 above, 69.2% could be explained which is considerably large. To predict the outcome variable, an ANOVA test was run (Table 4.25).

Table 4.25: ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
	Regression	**5.946**	**8**	**.743**	**3.163**	**.002[b]**
1	Residual	58.756	250	.235		
	Total	64.703	258			

a. Dependent Variable: hospital choice
b. Predictors: (Constant), quality of food and beverages

The results in Table 4.25 indicate that the regression model predicted the outcome variable (patients' choice) significantly well. This implies that, overall, food and

beverage products' quality could statistically predict the patients' choice of hospital. Therefore the null hypothesis was rejected and the alternative accepted.

Accommodation products' quality

The following hypothesis was tested to specifically determine the kind of relationship that existed between accommodation products' quality and patients' choice of private hospitals.

H_o3.2: There is no significant relationship between accommodation products' quality and patients' choice of private hospitals

Table 4.26: Model Summary[b]

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.829[a]	.784	.752	.461

a. Predictors: (Constant), accommodation products quality
b. Dependent variable: patients' choice of hospital

The model summary table 4.26 which provides the R and R^2 values indicate that the R value was 0.829 (simple correlation). This indicates a high degree of correlation between accommodation products' quality and patients' choice of hospital. The R^2 value was 0.784. Since the R^2 value indicates how much of the dependent variable "patients' choice" can be explained by the independent variable "accommodation products' quality", in this case, 78.4% can be explained which is considerably large.

Table 4.27: ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
	Regression	**11.932**	**10**	**1.193**	**5.607**	**.000[b]**
1	Residual	52.771	248	.213		
	Total	64.703	258			

a. Dependent Variable: patients' choice of hospital
b. Predictors: (Constant), accommodation products' quality

From Table 4.27, it can be deduced that *P*=0.000. This implies that accommodation products' quality can statistically significantly predict the outcome variable "patients' choice of hospital". . Basing on these results, the null hypothesis is therefore rejected and the alternative accepted.

In summary, from the linear regression results in Table 4.24 to Table 4.27, it is justifiable to conclude that hospitality products' (food & beverage and accommodation) quality influences patients' choice of private hospital

Some past studies have noted the importance of hospitality product's quality in determining patients' choice of hospital (Clark et al., 2007; Huseyin et al., 2008; Li, 1997; Lynch, 2005). Of notable importance is the study conducted by Huseyin et al., (2008), which identified some service quality factors as perceived in both Northern Cyprus public and private hospitals as rooms, food and the physical environment. In their study, Huseyin et al., (2008) further argued that these service quality factors have become the focus of attention with respect to satisfying and retaining patients. The results of this study show that the quality of hospitality products influenced patients' choice of private hospital to a large extent. This finding has important implications for the managers in the healthcare industry to identify these products that influence customers' choice of hospital and formulate strategies to enable them provide hospitality products along these attributes for competitive advantage. As put forward by Jyesh & Renuka (2010) and Clark et al., (2007), patients are not only attracted by tangible products but also intangible ones.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides the summary of the findings, conclusions and recommendations for policy and practice and for future studies in this field of study.

5.2 Summary

This study was conducted for the purpose of assessing hospitality products' quality as a competitive advantage in private hospitals in Mombasa County. A descriptive research design was adopted in this study and the standard survey technique used to gather data. Data was collected using questionnaires, observation checklists and interview schedules. All heads of Catering and Housekeeping departments and a sample of patients in seven selected hospitals in Mombasa County were the respondents. The data for this study were collected within a period of two months between March and April, 2013. The research aimed at testing three hypotheses i.e. private hospitals in Mombasa County have not adopted hospitality products to gain competitive advantage; there is no significant relationship between price and patients' choice of private hospital; and hospitality products' quality does not influence patients' choice of hospital. A total of 262 self-administered questionnaires were distributed, however only 259 questionnaires were completed and collected for analysis.

Descriptive analysis was used to analyze the three objectives for the study, while the research questions were analyzed using the appropriate analysis methods for each. The results are summarized in the Tables 5.1 and 5.2.

Table 5.1: Summary of findings as per objectives of the study

Research Objective	Summary of findings
Objective 1: To determine hospitality products used for competitive advantage in private hospitals in Mombasa County	Products used for competitive advantage are: F&B; 'menu variety as per different patients' nutritional needs (M=1.10, SD=0.306); uniformed service staff' (M=1.25, SD=0.434); glassware utensils used (M=1.27, SD=0.447); three courses meals (M=1.37, SD=0.629) and '24 hours service' (M=1.47, SD=0.636). Accommodation; 'bath tab provided' (M=1.21, SD=0.511); 'extra bed for a relative's accommodation' (M=1.29, SD=0.625); 'emergency alarm bells' (M=1.41, SD=0.637) and 'fridge in the room' (M=1.83, SD=0.460).
Objective 2: To establish whether price has an influence on patients' choice of private hospital	Price did not influence patients' choice of hospital in hospital A and B, 76.3% and 88.6% respectively. However, it influenced choice of hospital i.e. hospital C=90%, D=90.2%, E= 51.2%, F=91.7% and hospital G=90%.
Objective 3: To find out whether hospitality products' quality has any influence on patients' choice of private hospital	All F&B products influenced patients choice of hospital; 'tasty food and beverages' (M=2.81, SD=0.724); 'Appealing appearance and texture of F & B' (M=1.11, SD=0.351); 'adequate portion sizes served' (M=2.93, SD=0.621); 'wide variety of F & B to choose from' (M=1.25, SD=0.460); 'different menus to meet patients' needs (M=1.19, SD=0.395); 'clean plates, cups, trays, spoons, forks etc.' (M=1.24, SD=0.456); 'food and beverage available for 24 hours' (M=1.61, SD=0.697); and 'meals served with at least soup, fruit and biting' (M=2.95, SD=2.045). All the accommodation products influenced patients choice of hospital i.e. 'extra space for at least a relatives'' accommodation' (M=1.52, SD=0.832); 'secure environment' (M=1.27, SD=0.447); 'spacious rooms and corridors' (M=1.69, SD=0.857); 'availability of hot and cold shower' (M=1.47, SD=0.637); 'available bath tab' (M=2.08, SD=0.915); 'internal and external telephone connections' (M=1.75, SD=0.651); 'attractive decorations in the rooms' (M=1.69, SD=0.701) and 'entertainment e.g. TV sets with DSTV connections' (M=1.27, SD=0.559)

Table 5.2: Summary of findings as per hypotheses of the study

Hypotheses	Summary of findings
$H_0$1.1: There is no significant difference between the level of adoption of food and beverage products and type of private hospitals in Mombasa County.	Food and beverage products, a statistically significant difference found: (P=0.000, 0.494=*V*=0.576). The null hypothesis was therefore rejected and the alternative accepted. Food and beverage products had been adopted across the seven hospitals in Mombasa county as a means of gaining competitive advantage; Hospitals in Mombasa County had adopted the F&B products for competitive advantage to a moderate level.
$H_0$1.2: There is no significant difference between the level of adoption of accommodation products and type of private hospitals in Mombasa County.	For accommodation products, a statistically significant difference found: (P=0.000, 0.455=*V*=0.609, P=0.000). The null hypothesis was therefore rejected and the alternative accepted. Accommodation products had been adopted across the seven hospitals in Mombasa county as a means of gaining competitive advantage; Hospitals in Mombasa County had adopted the accommodation products for competitive advantage to a moderate level.
$H_0$2: There is no significant relationship between price and patients' choice of private hospital	Statistically significant relationship found: (r= -0.483, P=0.000). The null hypothesis was rejected and the alternative accepted. Price had a moderate statistically significant inverse relationship with patients' choice of private hospital.
$H_0$3.1: There is no significant relationship between food and beverage products' quality and patients' choice of private hospital	Food and beverage products, a statistically significant difference found: (r= 0.703, P=0.002). The null hypothesis was therefore rejected and the alternative accepted. Food and beverage products quality predicted the outcome variable (choice of hospital)
$H_0$3.2: There is no significant relationship between accommodation products' quality and patients' choice of private hospital	For accommodation products, a statistically significant difference found: (r= 0.829, P=0.000). The null hypothesis was rejected and the alternative accepted. Accommodation products' quality predicted patients' choice of private hospital (P=0.000).

5.3 Conclusion

This study revolved around three major hypotheses. From the analysis and discussion of these hypotheses, three major conclusions can be drawn:-

The hospitals in Mombasa County had adopted the hospitality products for competitive advantage to a moderate extent/level. This finding has important implications for the managers in the healthcare sector with regard to increasing demand for hospitality products in hospitals. Consequently, there is need to adopt more of the hospitality products since a section of the healthcare market is increasingly looking for much more than medical care.

Price had a moderate statistically significant inverse relationship with patients' choice of private hospital. This implies that as the price increases, the number of patients who choose that hospital would reduce. This finding has important implications for the healthcare providers in designing strategies to improve quality of hospitality products to ensure customers get back value for their money. This should involve improving one or more outcomes without raising costs or lowering costs without compromising outcomes or both.

The quality of hospitality products influenced patients' choice of private hospital to a large extent. This finding has implications for the managers in the healthcare industry to identify the quality attributes that influence customers' choice of hospital and formulate strategies to enable them provide hospitality products and services along these attributes for competitive advantage.

5.4 Recommendations for policy/ practice

The following recommendations are offered for policy and practice:

- The managers in the healthcare sector should adopt more of the hospitality products since past studies showed that a section of the healthcare market is increasingly looking for more than medical care i.e. quality and comfort. This fact is further supported by the outcomes of this study which revealed that hospitality products has a considerable influence on patients' choice of private hospital.

- The healthcare providers should instigate strategies that will enable them improve value for their patients without increasing costs or lower the costs without compromising on value or both.

- Managers in the healthcare sector should offer quality attributes that influence customers' choice of private hospital and provide their products and services geared towards these attributes for competitive advantage.

5.5 Recommendations for further research

The following recommendations are offered by this study for further research:-

1. Further studies should be conducted on the influence of the demographic factors on patients' choice of private hospitals with the view of developing hospitality products that meet the needs of a particular populace in a particular region.

2. Some of the hospitality products in this study did not yield statistically significant results and therefore recommended for further research to find out why it was so.

3. Further research on why some patients would prefer private hospitals with higher prices even though cheaper medical care may be available elsewhere would be of value not only to the healthcare sector but also to the hospitality industry.

4. Further studies are also recommended on the influence of hospitality products' quality on patients' choice of private hospital in other regions since some variables used in this study did not reveal statistically significant results.

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7.0 APPENDICES

7.1 Appendix I: Questionnaire for the patients

I am a Masters of Science degree student at the Kenyatta University, Mombasa Campus in the School of Hospitality and Tourism Management. I am carrying out a research on an Assessment of Hospitality products' quality as a Competitive Advantage in Private hospitals in Mombasa County. This study is aimed at promoting the concept of hospitality in hospitals as a way ensuring provision of competitive quality products. Kindly answer the questions as accurately as possible. Any information provided will be treated with at most confidentiality and used for academic purposes only. Your support will be highly appreciated.

PATIENT
CODE_____

A: DEMOGRAPHIC INFORMATION (*TICK OR FILL IN WHERE NECESSARY*)

1. Nationality_____

2. Gender

1. Male ☐ 2. Female ☐

3. Age (years)

1. 18 and below ☐ 2. 19 – 28 ☐

3. 29 – 38 ☐ 4. 39 and Above ☐

4. Marital Status

1. Married ☐ 2. Single ☐

3. Divorced ☐ 4. Widowed ☐

5. What is your education level?

1. Primary level ☐ 2. Secondary level ☐

3. College level ☐ 3. University level ☐

6. What is your family income per month?

1. Below 50,000/= ☐ 2. Between 50,001/= and 100,000/= ☐

2. Between 100,001 and 150,000/= ☐ 4. Above 150,000/= ☐

B: HOSPITALITY PRODUCTS USED FOR COMPETITIVE ADVANTAGE IN HOSPITALS

(Kindly TICK appropriately, only ONE answer for every question)

I. FOODS AND BEVERAGES

7. Please rate your perception on a scale of **1 to 5** on the following food and beverage products;

Food and beverages served in this hospital:

		Strongly agree	Agree	Do not know	Disagree	Strongly disagree
		1	2	3	4	5
1.	are tasty					
2.	have an appealing appearance and texture					
3.	are properly spiced					
4.	are in variety as per different patients' nutritional needs					
5.	are served by uniformed service staff					
6.	are served in glassware utensils					
7	are served with clean plates, trays, spoons, forks, cups etc					
8.	are served in a wide variety to choose from					
9.	are available 24 hours					
10.	are served in three courses					
11.	adequate portion sizes served					

Kindly TICK appropriately, only ONE answer for every question

II. ACCOMMODATION PRODUCTS:

8. Please rate your perception on a scale of **1 to 5** on the following accommodation products;

Accommodation in this hospital:

		Strongly Agree	Agree	Don't know	Disagree	Strongly Disagree
		1.	2.	3.	4.	5.
1.	has extra space for at least a relative's accommodation					
2.	has bedside alarm bells for emergency calls					
3.	has both hot and cold shower					
4.	has internal and external telephone connections					
5.	has a fridge in the room					
6.	provides a bath tub					
7.	Has an attractive wall hangings and paintings					
8.	has beautiful and soothing colour paintings					
9.	provides a complimentary daily newspaper					
10.	provides television with DStv connections					
11.	has internet connections					

C: INFLUENCE OF HOSPITALITY PRODUCTS' QUALITY ON CUSTOMER CHOICE OF HOSPITAL

9. Is this your first visit to this hospital?

1. Yes ☐ 2. No ☐

10. To what extent do the following hospitality products partly influence your choice of hospital?

(Kindly TICK appropriately, only ONE answer for every question)

		Not sure	No influence	Strongly	Very strongly
1.	Tasty food and beverages				
2.	Appealing appearance and texture of food and beverages				
3.	Adequate portions served				
4.	Wide variety of food and beverages to choose from				
5.	Different menus to meet patients' different nutritional needs				
6.	Clean plates, cups, trays, spoons, forks, knives, flasks etc				
7.	Food and beverages available 24 hours				
8.	Meals served with at least soup, fruit and a biting e.g. cake etc.				
9.	Comfortable rooms				
10.	Extra space for at least a relative's accommodation				
11.	Secure environment				
12.	Spacious rooms and corridors				
13.	Availability of both hot and cold shower				
14.	Available bath tub				
15.	Internal and external telephone connections				
16.	Attractive decorations in the rooms				
17.	Entertainment e.g. TV sets with DStv connections				
18.	Attractive landscape of the general compound				

11. What suggestions can you raise to improve the quality of foods and accommodation?

……

……

……

……

D: INFLUENCE OF PRICE ON CHOICE OF HOSPITAL

12. How do you pay your hospital bill?

1. Self ☐ 2. Insurance ☐ 3. Company ☐

4. Others (Specify) ☐ ……

13. Does price influence your choice of hospital?

1. Yes ☐ 2. No ☐

14. Would you choose a hospital with relatively higher prices over one with lower prices because of quality products and service?

1. Yes ☐ 2. No ☐

15. If yes, what non-medical products do you consider to justify paying the high prices?

1. Quality accommodation ☐

2. Quality foods and beverages ☐

3. Any other (specify)……

7.2 Appendix II: Observation guide

1. Are bath tubs available in the rooms?

   1. Yes 2. No

2. Are foods and beverages served by uniformed service staff?

   1. Yes 2. No

3. Are foods and beverages served in glassware utensils?

   1. Yes 2. No

4. Are three course meals served?

   1. Yes 2. No

5. Do the rooms have extra space e.g. a couch for at least a relative's accommodation?

   1. Yes 2. No

6. Are there wall hangings in the rooms and corridors to add aesthetic value?

   1. Yes 2. No

7.3 Appendix III: Interview schedule

CATERING MANAGER

1. What are the food and beverage products that this hospital uses to gain competitive advantage?
2. Is quality of food and beverages given a priority?
3. Any future plans to improve product quality?

HOUSEKEEPING MANAGER

1. What are the accommodation products that this hospital uses to gain competitive advantage?
2. Is quality of accommodation given a priority?
3. Any future plans to improve product quality?

7.4 Appendix IV: List of Private Hospitals in Mombasa County (Ministry of Health Listing 2012)

HOSPITAL	CONSTITUENCY
1. Bakarani Maternity and Nursing Home	Kisauni
2. Bomu Medical Centre	Changamwe
3. H.H.Agakhan Hospital	Nyali
4. Jocham Hospital	Kisauni
5. Mainland Health Centre	Jomvu
6. Marie Stops (K)	Mvita
7. Mary Immaculate Maternity Hospital	Likoni
8. Mewa Medical Center	Mvita
9. Mla Leo Health Centre	Kisauni
10. Mikindani Medical Centre	Changamwe
11. Meditrust Health Centre	Mvita
12. New Mvita Nursing Home	Mvita
13. Nyali Bridge Medical Centre	Kisauni
14. Nyali Paediatric Hospital	Nyali
15. Pandya Memorial Hospital	Nyali
16. Sayyid Fatma Hospital Kisauni	Kisauni
17. The Makupa Hospital	Jomvu
18. The Mombasa Hospital Association	Nyali
19. Tudor Health Care	Jomvu

Source: (MoH, 2011)

7.5 Appendix V: Average occupancy per hospital per day

NO.	HOSPITAL	AVERAGE OCCUPANCY PER DAY
1.	Bakarani Maternity and Nursing Home	41
2.	Bomu Medical Centre	56
3.	H. H .Agakhan Hospital	79
4.	Jocham Hospital	38
5.	Mainland Health Centre	29
6.	Marie Stops (K)	30
7.	Mary Immaculate Maternity and Dispensary	37
8.	Mewa Medical Center	50
9.	Mla Leo Health Centre	21
10.	Mikindani Medical Centre	32
11.	Meditrust Health Centre	31
12.	New Mvita Nursing Home	32
13.	Nyali Bridge Medical Centre	39
14.	Nyali Paediatric Hospital	47
15.	Pandya Memorial Hospital	76
16.	Sayyid Fatma Hospital Kisauni	56
17.	The Makupa Hospital	50
18.	The Mombasa Hospital Association	80
19.	Tudor Health Care	48
	TOTAL	872

Source: From occupancy records of each hospital

7.6 Appendix VI: Product Categories

Category	Examples	
Core products	• Food & Beverages	• Rooms
Facilitating products	➢ Security ➢ Lighting systems ➢ Food and beverage service staff ➢ Utensils ➢ Cutlery ➢ Clean environment	➢ Security ➢ Emergency alarm bells ➢ Lighting systems ➢ Telephones ➢ Fridges ➢ Room service staff ➢ Clean environment
Supporting products	✓ Wide variety of foods & beverages ✓ Round the clock availability of service ✓ Various meal courses ✓ Glassware utensils ✓ Provision of hotel-like menus	✓ Extra space for relative ✓ Beautiful neon lights and lighting systems ✓ Bath tubs ✓ Internet connections ✓ Attractive landscapes ✓ Flowers in rooms ✓ Complementary newspapers/magazines ✓ Attractive wall hangings and paintings ✓ Lounge for visitors ✓ DStv connections ✓ Round the clock availability of service

7.7 Appendix VII: Research permit from NACOSTI

NACOSTI

NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY AND INNOVATION

Telephone: +254-20-2213471,
2241349, 310571, 2219420
Fax: +254-20-318245, 318249
Email: secretary@nacosti.go.ke
Website: www.nacosti.go.ke
When replying please quote

9th Floor, Utalii House
Uhuru Highway
P.O. Box 30623-00100
NAIROBI-KENYA

Ref: No.

Date:

18th November, 2014

NACOSTI/P/14/3618/3906

Felix Onyango Appida
Kenyatta University
P.O. Box 43844-00100
NAIROBI.

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on ***"An assessment of Hospitality Products Quality as a Competitive Advantage in private Hospitals in Mombasa County,"*** I am pleased to inform you that you have been authorized to undertake research in **Mombasa County** for a period ending **30th December, 2014.**

You are advised to report to **the County Commissioner, the County Director of Education and the County Coordinator of Health, Mombasa County** before embarking on the research project.

On completion of the research, you are expected to submit **two hard copies and one soft copy in pdf** of the rese.arch report/thesis to our office.

DR. S. K. LANGAT, OGW
FOR: SECRETARY/CEO

Copy to:

The County Commissioner
Mombasa County.

The County Director of Education
Mombasa County.

National Commission for Science, Technology and Innovation is ISO 9001: 2008 Certified

7.8 Appendix VIII: Research proposal approval from Kenyatta University Graduate School

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 57530

Internal Memo

FROM: Dean, Graduate School

DATE: 18th September, 2013

TO: Mr. Felix Onyango Appida
C/o Hospitality & Tourism Mngt. Dept.
Kenyatta University

REF: T129/MSA/PT/21333/10

SUBJECT: APPROVAL OF RESEARCH PROPOSAL

This is to inform you that Graduate School Board at its meeting of 11th September, 2013 approved your Research Proposal for the M.Sc. Degree, Subject to editing the title to read "Hospitality Products' Quality as a Competitive Advantage in Selected Private Hospitals in Mombasa County".

Thank you.

REUBEN MURIUKI
FOR: DEAN, GRADUATE SCHOOL

c.c. Chairman, Hospitality & Tourism Management Dept.

Supervisors:

1. Mrs Alice Nzioka
   C/o Hospitality Dept.
   KENYATTA UNIVERSITY

2. Mr. Antony Pepela
   C/o Hospitality Dept.
   PWANI UNIVERSITY COLLEGE

RB/cao

Committed to Creativity, Excellence & Self-Reliance

7.9 Appendix IX: Map of Mombasa County