1.0 INTRODUCTION

Change in customer demands, high outlook for superior quality of products or services and globalization has created a competitive environment amongst several sectors. The issue of service quality and customer satisfaction is very crucial in modern times. Quality has become a great symbol and a major factor to customers in the selection of services or products. Consequently, organisations expend enormous energy and resources to provide quality products and/or services that meet customers' needs and wants.

Scholars globally have claimed that presenting quality services give a strategic competitive advantage to any business, this helps to satisfactorily fulfill not just the present needs of customers but also to anticipate their future needs. The ability to anticipate the future needs of customers allows businesses to delight their customers through quality services on consistent basis (Gantasala & Prabhakar, 2010; Wisniewski, 2001; Zeithaml, 1988). Thus, the continual improvement of service is needed in order to compete with other players in the hospital industry. In the hospital industry, just like any other service organisation, most hospitals provide common services which differ in quality. This is an indicator of competitive advantage (Säilä, 2008; Ruyter, 1997, Andaleeb, 2001). The dimensions of service quality of concern in this study are the perceptions of the patients with regards to: tangibility, reliability, responsiveness, assurance, courtesy and empathy.

Service quality has been found to have a close relationship with patients' satisfaction (Säilä, 2008; Ruyter, 1997, Andaleeb, 2001). Patient's satisfaction is considered as one of the most important quality dimensions and key success indicators in health care delivery (Pakdil & Harwood, 2005). Furthermore, patients' satisfaction, in terms of health care, is important because it has been observed to have significant influence on patients' attitudes towards health care services (Thompson & Sunol, 1995; Donabedian, 1980). Patients who are satisfied are more likely to seek more medical advice, adhere to treatment recommendations, keep appointments, cooperate with health care professionals in service delivery and even refer other patients to their physicians (Donabedian, 1980; Ferris, Williams, Llewellyn-Thomas, Basinski, Cohen & Naylor, 1992; Andaleeb, 2000; Andaleeb, 2007).

Moreover, good service quality gives encouragement to the patient to establish a strong relationship with the hospital. In the long run this relationship allows hospitals to understand carefully the prevailing expectations and needs of the patient. Thus, the hospital can improve patient's satisfaction in a way to maximize the patient and minimize the less enjoyable experience for the patient because patients hold perceptions of health care they have received. This perception underlies the perceived quality of services. In other words, customers form perceptions of the quality of services based on evaluation of services at various levels and combine similar service evaluation in order to determine the overall quality of health care delivery. Hence, to a large degree the
effectiveness of health care delivery depends on the patients' satisfaction with the services being provided.

According to Evans and Lindsay (1996), the quality of health care service is seen as all the characteristics of the service related to its ability to satisfy the given needs of its patients. Bauer, Duffy and Westcott (n.d) define quality care as the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. They explain that it is the totality of features and characteristics of a service that bear on its ability to satisfy a given need. It is the right of ill people to get better health services. It should be noted that the quality of health care delivery is important to the health system in any part of the world, to which Nigeria is not an exception. Several researchers have linked the quality of health care to patients' expectations and perceptions of quality (Pui-Mun Lee, 2006). The relationship between expectation and experience is not always direct, but where a disconnect exists between the latter and the former, what results is patients' dissatisfaction (Weinberger, Greene & Mamlín, 1981). Customer satisfaction is found when the level of a customer's expectations is met by the actual quality of the service provided (Levesque, Bogoch, Cooney & Johnston, 2000).

The Nigerian model of providing medical service (like in other developing countries), is often managed by the government which is faced with limited budget and inadequate human resources. This may lead to a scenario of low service quality with the resultant effect of patients' dissatisfaction as a result of the level of service quality rendered. It is generally argued that “health is wealth” thus, there is a dare need of providing quality health care services to the citizenry to as to enable such a populace maintain healthy characteristics that will be capable of generating the needed wealth a nation desires. Thus, this study evaluates service quality and patients' satisfaction as it relates to quality of health care delivery in Plateau State.

Research Problem
The provision of health care services is very important, yet health care services in Nigeria are characterized by widespread inefficiency. Despite the seemingly sizable budgetary allocation for the improvement of health care service delivery, particularly at the interface of health workers and the patients, the sector's objectives are still largely unmet (Harrison, 2001). It is worthy to assess patients' level of satisfaction patients in Plateau State.

Patients' satisfaction is necessary in the assessment of quality design and management of health systems (Donabedian, 1988, cited in. In developed countries, hospitals know the importance of delivering satisfaction to patients which is a strategic variable and a key determinant of their viability and success in the long-run (Arnston & Schofield, 1995; Royal Pharmaceutical Society, 1997).
Research Questions
The following research questions are posed:

i) What is the impact of tangibility on perceived patients' satisfaction in Plateau State?
ii) What is the impact of reliability on perceived patients' satisfaction in Plateau State?
iii) What is the impact of responsiveness on perceived patients' satisfaction in Plateau State?
iv) What is the impact of assurance on perceived patients' satisfaction in Plateau State?
v) What is the impact of courtesy on perceived patients' satisfaction in Plateau State?
vi) What is the impact of empathy on perceived patients' satisfaction in Plateau State?

Research Hypotheses
The research has the following hypotheses:

H_01: Tangibility has no significant impact on perceived patients' satisfaction in Plateau State
H_02: Reliability has no significant impact on perceived patients' satisfaction in Plateau State
H_03: Responsiveness has no significant impact on perceived patients' satisfaction in Plateau State
H_04: Assurance has no significant impact on perceived patients' satisfaction in Plateau State
H_05: Courtesy has no significant impact on perceived patients' satisfaction in Plateau State
H_06: Empathy has no significant impact on perceived patients' satisfaction in Plateau State

Objectives of the study
The broad objective of this paper is to evaluate service quality and customer satisfaction in health care delivery in Plateau State; however, the specific objectives are:

i) To evaluate the impact of tangibility on perceived patients' satisfaction in Plateau State
ii) To examine the impact of reliability on perceived patients' satisfaction in Plateau State
iii) To assess the impact of responsiveness on perceived patients' satisfaction in Plateau State
iv) To analyse the impact of assurance on perceived patients' satisfaction in Plateau State
v) To evaluate the impact of courtesy on perceived patients' satisfaction in Plateau State
vi) To examine the impact of empathy on perceived patients' satisfaction in Plateau State

2.0 LITERATURE REVIEW
Service quality has received a significant amount of attention by both researchers and practitioners alike. It has been defined in a variety of ways. Quality is the totality of characteristics and features of service or product that carries its ability to satisfy stated needs of customers (Kotler, 2003).
According to Gronroos (1996) quality is a multi-dimensional phenomenon so that reaching the quality of service without distinguishing the major aspects of quality is far from possibility. The concept has also been described as a form of attitude that is formed due to the difference between customer expectations regarding a service to be received and perceptions of the service being receive. To Ducker (1991) Service quality is defined as what the customer gets out and is willing to pay for rather than what the supplier puts in. To Gefan (2002), it is a comparison made by the customers between the quality of services they want to receive and what they actually received from the service provider. Service quality is cognitive and relativistic discrepancy between experience-based performance and norms regarding service benefits (Agus et al., 2007). The customers assess quality as high if perception of service exceeds customer's expectations; and as low when service performance does not meet expectations (Oliver, 1980). It is assumed to be good quality of service if it consistently meets and exceeds expectations of customer (Parasuraman et al., 1985).

The interest in health care service quality is increasing. With increasing pressure to measure quality, patient based assessments of medical care are becoming increasingly important. Patients offer a unique perspective for evaluating the nontechnical aspects of medical care. There are various definitions of health care service quality. The Institute of Medicine (2017) defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. According to Donabedian (1988), health care quality is the application of medical science and technology in a manner that maximizes its benefit to health without correspondingly increasing the risk.

To Ovretveit and Twonsend (1992) health care service quality is seen as the provision of care that exceeds patient's expectations and achieves the highest possible clinical outcomes with the resources available. Similarly, Mosadeghrad (2011) see quality health care as "consistently delighting the patient by providing efficacious, effective and efficient health care services according to the latest clinical guidelines and standards, which meet the patient's needs and satisfies providers. For the purpose of this research health care service quality is defined as health care services provided in tertiary hospitals in Jos whose characteristics and features meet or exceed patient's needs and expectations.

Customer Satisfaction

There is no single universally accepted definition of customer satisfaction. Like with other concepts, several researchers and scholars have different perspective of the concept customer satisfaction. According to Besterfield (1994), Barsky (1995) and Kanji and Moura (2002), customer satisfaction is a complex construct. Customer satisfaction is actually a term most widely used in the business and commerce industry. It is a business term explaining about a measurement of the kind of products and services provided by a company to meet its...
customer’s expectation. To some, this may be seen as the company’s key performance indicator (KPI). In a competitive marketplace where businesses compete for customers, customer satisfaction is seen as a key differentiator and increasingly has become a key element of business strategy. Rust and Oliver (1994) suggest that customer satisfaction or dissatisfaction is a cognitive or affective reaction which emerges as a response to a single or prolonged set of service encounters. Customer satisfaction is meeting the customer expectations of products and services by comparing with the perceived performance. If the perceived performance matches customer expectations of services, they are satisfied. If it does not, they are dissatisfied (Oliver, 1991; Um et al., 2006). It is the feeling of happiness or unhappiness as a result of comparing the perceived performance of services or products with the expected performance. If the perceived performance does not meet the expected performance, then the customer will feel disappointed or dissatisfied (Kotler, 2008).

Patient satisfaction is a psychological state involves their positive or negative feelings or attitudes toward their experience with the service encounter. Satisfaction captures the provision of services/goods that fulfill the patients/customers' expectations in terms of service and quality in association to price paid. According to Asadi-Lari et al. (2004), patients' satisfaction is defined as the extent to which general health care needs and condition-specific needs are met or evaluating to what extent patients are satisfied with health services is clinically relevant, as satisfied patients are more
likely to comply with treatment, take an active role in their own care, to continue using medical care services and stay within a health provider (where there are some choices) and maintain with a specific system.

It is a key to long-term success of business, which is major factor in shaping customer's intentions for future repurchase. It provides essential link between post purchase phenomena and cumulative purchase in relation to brand loyalty, repeat purchase, attitude change (Churchill & Surprenant, 1982). It is argued that satisfied customers would prefer to share their good experience to their friends and relatives so they will work as referral thorough & Kamakura, 2001).

Hospitals have always been a place of care that provides the population with complete health care, both curative and preventive. In the hospitals, quality of care is measured with two metrics: patient outcomes and patient satisfaction. Satisfaction is a person's feelings of pleasure or disappointment resulting from comparing a product's or service's perceived performance (or outcome) in relation to his or her expectations (Kotler, 2000). Patient satisfaction is defined as the appraisal, by an individual, of the extent to which the care provided has met that individual's expectations and preferences (Brennan 1995). It is the degree to which the individual regards the health care service, product or the manner in which it is delivered by the provider as useful, effective, or beneficial (Online Medical Dictionary, 2012). It is referred to patient satisfaction as patients' emotions, feelings and their perception of delivered health care services (Mohan & Saikumar, 2011).

Speight (2005) says that the implicit facts in patient satisfaction definitions is the assumption that the patient attaches values to specific attributes of the treatment or service, and that these are unique to each individual's experience. It is found that patient satisfaction increases patient retention, willingness to recommend, improve the rate of patient compliance with physician advice and requests. It improves trust, loyalty and decreases the number of lawsuits. Service quality is often regarded as the antecedent of patient satisfaction (Irfan, 2012; & Speight, 2005). For these reasons patient satisfaction survey is an effective tool that provides information and insight on patients' views of the services they receive. For the purpose of this research overall patient satisfaction was defined as the extent to which outpatient is content with the health care services which they received from tertiary hospitals in Jos.

SERVQUAL MODEL
Over a time, different quality measurement theories such as new public management (NPM) and total quality management (TQM) have been developed and practiced by many organizations around the world since the last decade. Likewise, Parasuraman, Zeithaml, and Berry (1985) conceptualized SERVQUAL model, which is most often applied model in the organizations today. This model assumes that the service quality can be measured as difference between customer's perceptions of given service delivery and customer's expectations of a given service delivery. Expectations are the wants of consumers,
that is, what they feel a service provider should offer. Perceptions refer to the consumers' evaluation of the service provider. Therefore, if the customer's performance perceptions exceed the customer expectations, then the service provider provides quality service. The difference in scores determines the level of service quality.

Through an empirical test, they developed SERVQUAL from a modification of ten dimensions to five which are tangibles, reliability, responsiveness, assurance, and empathy. After Parasuraman et al. proposed SERVQUAL; several critiques were levied against it. James Carman adapted the original SERVQUAL instrument for use in the hospital industry. The original 22 questions were extended to 34 questions. In this study we used this questionnaire. The determinants of service quality will be broken down into six (6) main categories, namely:

i) **Tangibles**: Tangibles has to do with technology, physical facilities, personnel, and communication material etc. It refers to the appearance of equipment, physical facilities, written materials and personnel which are also major factors making patients to feel delighted and ownership towards the hospital's brand image.

ii) **Reliability**: Reliability refers to the ability to perform the promised service dependably and accurately. Reliability is most important factor which is related to handling service problems of customers, performing services at the right time such as delivering services at the promised time and keeping error free records of each activity. Furthermore, reliability is all about accurate order fulfillment as accurate quote, accurate record, accurate in billing, and maintain service promise.

iii) **Responsiveness**: Responsiveness reflects the willingness to help customers and provide prompt service. Responsiveness is another quality of service playing pivotal role to exceed customer's expectation, which is the readiness and willingness of employees to offer service encompasses timeliness of services (Kumar & Charles, 2010). It further includes understanding attention to customer's safety and problems in their transaction, individual attention given by employee, and convenient operating hours. These are vital in satisfying customer's expectation that responsiveness will delight customers and increase their likelihood for the organization.

iv) **Assurance**: Assurance reflects the knowledge of employees and their ability to inspire trust and confidence. Assurance is knowledge of employees and their ability to inspire confidence and trust. In hospitals, assurance implies friendliness and politeness demonstrated by the staff, comfort of the interior, provision of financial advice, experienced and knowledgeable management team and ease of access to account information.
v) **Courtesy:** Courtesy refers to the kind behavior of employees to the customer.

vi) **Empathy.** Empathy refers to caring, individualized attention the firm provides its customers. It is the individual attention and care the organisation offers to its customers and it involves convenience opening hours.

**SERVICE QUALITY**

- Tangibility
- Reliability
- Responsiveness
- Assurance
- Courtesy
- Empathy

The relationship between service quality and customer satisfaction has been studied in many fields: electronic supermarkets (Minh, Anh and Matsui, 2014), car repairs (Miguel, DaSilva, Chiosini, & Schützer, 2007), banking (Munusamy et al., 2010; Khan & Fasih, 2014), tourism (Alababneh, 2013), mobile telecommunication industry (Zekiri, 2011) and health care industry (Neupane & Devkota, 2017; Al – Damen, 2017). A number of these studies have demonstrated that service quality and satisfaction are interrelated with each other. In today's high technology driven competitive market, the cause and effect relationship between service quality and customer satisfaction is found to play a crucial role of continuous

These are the key factors playing milestone role in meeting customer requirements, aspirations and expectations or customer satisfaction in the health care sector.

**CONCEPTUAL FRAMEWORK**

The conceptual framework of this research is:
existence and success. Oliver (1993) asserted that quality of service is antecedent to customer satisfaction irrespective of whether the constructs are transaction specific or cumulative. Whereas, service quality emphasises on specific dimension of service unlike this, satisfaction is a broader term however the factors such as product directly or indirectly affect customer's satisfaction and perceived service quality is an indispensable component of determining customer satisfaction (Zeithaml et al., 2009). Service quality is a concentrated evaluation reflecting the customer's perception of assurance, empathy, reliability and responsiveness while satisfaction is inclusive and influenced by perception of product's quality and price, service quality and personal and situational factors (Wilson, 2008).

A study by Andaleeb (2001) found that service quality has significant impacts on patient satisfaction in the hospitals in a developing country. Similarly, Agarwal and Singh (2016) also found significant relationships between service quality dimension and patient satisfaction. Another study by Chang et al. (2013) also found significant relationships between service quality and patient satisfaction in interpersonal – based medical services encounters. The results stated that perceptions of interpersonal-based medical service encounters positively influence service quality and patient satisfaction. Perception of service quality among patients positively influences their trust. Perception of trust among patients positively influences their satisfaction. It has proved that service quality and customer satisfaction are positively correlated from their definitions to their relationship in many practical aspects of business that service quality determines the customer satisfaction in different level. If perceived service quality is high then it can increase customer satisfaction index. Thus, customer satisfaction is often relied upon the level of service quality offered by the companies (Parasuraman et al., 1995). Thus, based on the above review, we conclude that there is indispensable and cause and effect linkage between the two elements of business; the six dimension of SERVQUAL scales are the key element of service quality and these factors effectively influence customer satisfaction. Thus, the above conceptual framework is developed in this investigation.

THEORETICAL FRAMEWORK

The study adopted the theory of health service satisfaction

**Theory of Health Service Satisfaction**

The theory of health service satisfaction is hinged on the facts that satisfaction is the results of participating in some particular activity and a positive attitude will lead to satisfaction with that service. However, a negative attitude will lead to dissatisfaction with that service (Vroom, 1964). The satisfaction with the medical system consists of five parts, which are:

i) **Availability** is the sufficiency ability to serve clients' needs.

ii) **Accessibility** is the location that could be easy to access.

iii) **Accommodation** is the convenience
for the clients while receiving service.

iv) Affordability is the ability to pay for a treatment or service.

v) Acceptability is the overall acceptance of the Service Quality, including the type of providers or doctors (Perchansky & Thomas, 1981).

3.0 METHODOLOGY

The research used explanatory survey design. According to Saunders, Lewis, and Thornhill (2009) Studies that establish causal relationships between variables may be termed explanatory research. Therefore, the study explained the relationship between service quality (tangible, reliability, responsiveness, assurance, courtesy, and empathy) and customer satisfaction using 399 Out-Patients of government tertiary hospitals in Plateau State: Plateau State Specialist Hospital (PSSH) and Jos University Teaching Hospital (JUTH). These hospitals were chosen because they are the only government owned tertiary hospitals in the state. The research adopted the questionnaire developed by Carman (2000) who adapted the original SERVQUAL instrument developed by Parasuraman, et al. (1985) for use in the hospital industry. The participants were selected using simple random sampling technique and the data were collected through personal approach. This approach was chosen because of the nature of the participants (sick people) and the limited availability and efficiency of postal and communication services in Nigeria, is unfavorable for questionnaires to be mailed to our respondents. A response rate of 93 percent was achieved. The sample characteristics reveal that females were more (63.5%) than males (36.5), with the majority belonging to the 41-50 age brackets (41.9%). Finally, majority of the respondents (66.8%) were married.

4.0 DATA ANALYSIS AND RESULTS

The data that were collected through the questionnaire were cleaned and coded in Statistical Package for Social Sciences (SPSS) version 19.0. The six hypotheses were tested using multiple regression analysis. This tool of analysis was used because it is the most suitable since there are six independent variables and a dependent variable.

The formula for multiple regressions is stated thus:

\[ y = \beta_0 + \beta_1 x_1 + \beta_2 x_2 + \ldots + \beta_n x_n + \epsilon \]

Where:
- \( y \) = dependent variable
- \( x_i \) = independent variable \( i = 1, 2 \ldots n \)
- \( \beta_0 \) = Intercept
- \( \beta_i \) = Slope of \( x_i \) \( i = 1, 2 \ldots n \)
- \( \epsilon \) = error term.

The model developed for the research is:

\[ CS = \beta_0 + \beta_1 T + \beta_2 R + \beta_3 RP + \beta_4 A + \beta_5 C + \beta_6 E + \epsilon \]

Where; \( CS \) = Customer Satisfaction, \( T \) = Tangible, \( R \) = Reliability, \( RP \) = Responsiveness, \( A \) = Assurance, \( C \) = Courtesy, \( E \) = Empathy, \( \epsilon \) = error term.

**Reliability**

The Cronbach's alpha values for 1) tangibility; 2) reliability; 3) responsiveness; 4) assurance, 5) courtesy and 6) empathy range from 0.707, 0.816, 0.908, 0.710, 0.700 and 0.837 respectively. These are above the threshold of .70 by Nunnally (1978).
RESULTS
Table 1: Structural Path Summarize in Table Below

<table>
<thead>
<tr>
<th>HYPOTHESES</th>
<th>Relationship</th>
<th>STD BETA</th>
<th>STD ERR</th>
<th>T STAT</th>
<th>P-VALUE</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1</td>
<td>T → CS</td>
<td>.114</td>
<td>.029</td>
<td>3.212</td>
<td>.001</td>
<td>Supported</td>
</tr>
<tr>
<td>H2</td>
<td>R → CS</td>
<td>.309</td>
<td>.063</td>
<td>6.396</td>
<td>.000</td>
<td>Supported</td>
</tr>
<tr>
<td>H3</td>
<td>RP → CS</td>
<td>.129</td>
<td>.058</td>
<td>2.325</td>
<td>.021</td>
<td>Supported</td>
</tr>
<tr>
<td>H4</td>
<td>A → CS</td>
<td>.109</td>
<td>.042</td>
<td>2.830</td>
<td>.005</td>
<td>Supported</td>
</tr>
<tr>
<td>H5</td>
<td>C → CS</td>
<td>.018</td>
<td>.029</td>
<td>.547</td>
<td>.585</td>
<td>Not supported</td>
</tr>
<tr>
<td>H6</td>
<td>E → CS</td>
<td>.349</td>
<td>.098</td>
<td>8.966</td>
<td>.000</td>
<td>Supported</td>
</tr>
</tbody>
</table>

Table 1 shows that hypothesis 1 has a p-value of 0.001 which is less than α = 0.5, thus the alternative hypothesis which states that tangibility has a significant impact on perceived patients' satisfaction in Plateau State is accepted. The difference is statistically significant. This implies that tangibility influences patient satisfaction with the hospitals.

Moreover, on hypothesis 4, the structural path summary in table revealed a significant value of 0.005 which is less than α = 0.05. As a result, the alternative hypothesis which states that assurance has a significant impact on perceived patients' satisfaction in Plateau State. The difference is statistically significant. This means that the assurance given by employees significantly influences the patients' satisfaction with the quality of service delivered by the hospitals.

Also, table 1 indicates that hypothesis 5 has a significant value of 0.585 which is greater than α = 0.05. Hence, there is no significant reason to reject the null hypothesis. This means that the staff of the hospitals are not significantly courteous with their patients. This leads to poor satisfaction with the quality of service.
delivery in the hospitals.
The table further shows that hypothesis 6 has a significant value of 0.000 which is less than $\alpha = 0.05$. Therefore, the alternative hypothesis which states that empathy has a significant impact on perceived patients' satisfaction in Plateau State is accepted. The difference is statistically significant. This implies that empathy by staff of the hospitals significantly influences the patient satisfaction with the quality of service delivery in the hospitals.

The equation model shows that $CS = -0.925 + 0.095T + 0.403R + 0.136RP + 0.118A + 0.016C + 0.879E$, this means that customer satisfaction will increase on average by 0.095 percent with 1 percent increase in tangibility while reliability, responsiveness, assurance, courtesy, and empathy are held constant. The equation also indicates that customer satisfaction will increase on average by 0.403 percent with 1 percent change reliability while tangibility, responsiveness, assurance, courtesy and empathy are fixed. Customer satisfaction will increase on average by 0.136 percent with 1 percent change in responsiveness while tangibility, reliability, assurance, courtesy and empathy are fixed. It also shows that customer satisfaction will increase on average by 0.11 percent with 1 percent change in assurance while tangibility, reliability, responsiveness, courtesy and empathy are fixed. It also shows that customer satisfaction will increase on average by 0.016 with 1 percent change in courtesy while tangibility, reliability, responsiveness, assurance and empathy are held constant. Moreover, customer satisfaction will increase on average by 0.879 with 1 percent increase in empathy while tangibility, reliability, responsiveness, assurance and courtesy are held constant.

The model summary revealed that $r^2 = 0.734$. This means that 73.4 percent of variance in consumer satisfaction can be explained by tangibility, reliability, responsiveness, assurance, courtesy and empathy. This means that service quality has significant influence patient satisfaction in the two tertiary hospitals owned by government.

5.0 DISCUSSION AND RECOMMENDATIONS
This research sought to examine the impact of service quality on patient satisfaction in government tertiary hospitals in Plateau State. The research revealed that tangibility has a significant impact on patients' satisfaction in Plateau State. This implies that tangibility influences patient satisfaction with the quality of service delivery in the hospitals. For instance, latest equipments, virtually appealing physical facilities, clean and quite rooms and convenient parking spaces in hospitals do actually influence patients' satisfaction. This finding disagrees with Arsanam and Youaspronpaiboon (2014) who reported that customers were not satisfied with service quality in terms of the physical appearance (tangibles) of public hospital pharmacies. Hospitals usually spend their limited budget on treatment rather than the buildings, the surroundings and the appearance of the hospitals, but they can easily solve this problem by cleaning the...
location regularly.

The research also indicates that reliability has a significant impact on patients' satisfaction in Plateau State. This means that reliability influences patient satisfaction with the service delivery in the hospitals. It was found that when the staff of the hospitals promises to perform certain services or promise to do something at a particular time, they do it. They also keep patients records accurately. This is a sign of reliability. This finding agrees with Zaim, Bayyurt and Zaim (2010) who found that reliability was an important criterion for customer satisfaction in Turkey.

Findings further revealed that responsiveness has a significant impact on patients' satisfaction in Plateau State. It was discovered that patients get prompt services from the health personnel. They are always willing to help their patients and treatment is always explained to the patient. Where the patient has any question, they employees of the hospitals appropriately explain questions about any procedure. In other words, treatment is always explained to the patient very clearly. This implies that the way the employees' response to patient significant influences their satisfaction with the quality of service delivery. This agrees with Eturajulu1, Liew and Rahmat (2014) who found that responsiveness has significant relationship with patient satisfaction in Malaysia.

Moreover, findings indicate that assurance has a significant impact on patients' satisfaction in Plateau State. It was discovered that patients trust doctors and nurses of the hospitals. They trust their billings and feel safe in their transactions with the personnel. Equally, the patients feel safe that doctors and nurses are knowledgeable. This means that the assurance given by employees significantly influences the patient's satisfaction with the quality of service delivered by the hospitals. This agrees with findings by Nasim and Janjua (2014) who finds that assurance has positive and significant relationship with the patients' satisfaction. Yesilda and Direktor (2010) explain that patients want the assurance of quality of services and accuracy of treatment provided to them by the hospital. Public sector hospital is efficient in providing this level of assurance to patients.

Also, findings show that courtesy has no significant impact on patients' satisfaction in Plateau State. It was particularly found out that visitors are not treated well. This means that the staff of the hospitals are not significantly courteous with their patients. This leads to poor satisfaction with the quality of service delivery in the hospitals. This disagrees with Zaim, Bayyurt and Zaim (2010) who find that courtesy has significant relationship with patient satisfaction in Turkey.

The paper further revealed that empathy has a significant impact on perceive patients' satisfaction in Plateau State. The findings indicate that employees know patients' needs. Furthermore, doctors and nurses show personal attention to the patients. This implies that empathy by staff of the hospitals significantly influences the
patient satisfaction with the quality of service delivery in the hospitals. This result disagrees with findings by Jamaluddin (2017) that empathy does not significantly affect customer satisfaction.

The research therefore recommends that:

i) Tertiary hospitals in Plateau State should continue to make tangibles like physical buildings and equipments virtually appealing to patients;

ii) The hospitals should keep been reliable by keeping their promises as well as accurately keeping patients' records so as to keep satisfying them;

iii) The employees of the hospitals should continue to be responsive to patients by offering prompt services and explaining treatment to the patients or relatives;

iv) Health personnel should always give patients assurance by building the patients' trust in their skills and knowledge by exhibiting the highest form of professionalism;

v) The employees of the hospital should also be courteous to their patients and visitors to the hospital so as to improve patients' satisfaction; and

vi) The staff should keep being empathic to the patients by paying personal attention to them.
REFERENCES


### APPENDIX 1

#### Model Summary

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.857a</td>
<td>.734</td>
<td>.730</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), E, T, C, A, R, RP  
b. Dependent Variable: CS

#### ANOVA

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Regression</td>
<td>11441.681</td>
<td>6</td>
<td>1906.947</td>
<td>167.262</td>
<td>.000a</td>
</tr>
<tr>
<td>Residual</td>
<td>4138.546</td>
<td>46</td>
<td>11.401</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15580.227</td>
<td>52</td>
<td>369</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), E, T, C, A, R, RP

#### Coefficients

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
<th>Collinearity Statistics</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
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#### Collinearity Diagnostics

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<th>Variance Proportions</th>
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a. Dependent Variable: CS
### Residuals Statistics

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a. Dependent Variable:

![Histogram](image_url)

**Dependent Variable: CS**

- Mean = 0.422115
- Std Dev = 0.425
- N = 370