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THE IMPACT OF CORPORATE IMAGE AND PATIENT-PERCEIVED HEALTHCARE SERVICE QUALITY ON PATIENT SATISFACTION AT UGANDA CANCER INSTITUTE

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PLAN A

DECLARATION

This study is original and has not been submitted for any other degree award to any other University before.

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APPROVAL

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ABSTRACT

Background: Patient satisfaction is a critical indicator of healthcare quality and plays a vital role in improving health outcomes. In resource-constrained settings like Uganda, understanding the factors that influence patient satisfaction is crucial for optimizing healthcare delivery. This study investigates the impact of patient-patient-perceived healthcare service quality and corporate image on patient satisfaction at the Uganda Cancer Institute (UCI), the only specialized cancer referral hospital in Uganda.

Methods: A mixed-methods approach was used, combining quantitative data from a cross-sectional survey of 391 patients and qualitative data from four focus group discussions. Patient-patient-perceived healthcare service quality was assessed using the SERVQUAL model, while corporate image was evaluated based on reputation, trustworthiness, visibility, and values. Patient satisfaction was measured across various dimensions, including communication, financial considerations, and overall experience.

Results: Patients generally reported positive perceptions of service quality and corporate image at UCI. However, there was variability in experiences, particularly regarding reliability, responsiveness, and financial considerations. Both patient-patient-perceived healthcare service quality and corporate image were significantly and positively correlated with patient satisfaction. Regression analyses revealed that these two factors combined could explain 65% of the variance in patient satisfaction.

Conclusion: Patient satisfaction at UCI is significantly influenced by both the perceived quality of services and the corporate image of the institution. Investing in strategies to enhance service quality and strengthen corporate image can lead to substantial improvements in patient satisfaction, ultimately contributing to better patient outcomes in this setting.

Keywords: Patient satisfaction, service quality, corporate image, cancer care, Uganda

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter provides an overview of the study's background, the problem being addressed, the study's goals, objectives, research questions, scope, and significance.

1.1 Background to the study

Delivering high-quality healthcare services is crucial for advancing economic development and improving public health outcomes (Boyce & Brown, 2019). In recent years, the healthcare sector has increasingly prioritized patient-centered care, recognizing the pivotal role that patient satisfaction plays in achieving better health outcomes (Kiguli et al., 2009; Wu, 2011). The quality of services offered by healthcare institutions directly influences patient satisfaction, which in turn affects patient retention, loyalty, and willingness to recommend the facility. These factors are integral to shaping the reputation and competitive standing of healthcare providers (Meesala & Paul, 2018).

In the context of Uganda, cancer care facessystemic challenges, including limited resources, inadequate infrastructure, and restricted access to specialized services. These challenges are compounded by the rising prevalence and mortality rates of cancer (Nakaganda et al., 2021; Sung et al., 2021; Wismayer et al., 2023). The Uganda Cancer Institute, Uganda's national cancer referral center, serves high patient volumes, often under resource-constrained conditions (Kibudde et al., 2022). Patients commonly encounter long waiting times, overcrowded clinics, and delayed diagnostics, which may affect not only clinical outcomes but also their overall care experience (Kibudde et al., 2022). As the burden of cancer continues to grow, there is an increasing demand for healthcare services that not only effectively manage and treat the disease but also provide a positive patient experience.

While technical quality of care is essential, patient satisfaction is also shaped by subjective experiences and perceptions, including how patients interpret the responsiveness, empathy, and professionalism of healthcare providers. On cancer care, where emotional vulnerability is heightened, these perceptions are especially influential. Worldwide, patient satisfaction is an essential measure for evaluating the quality of healthcare services and is regarded as a significant result of the care process (Crow et al., 2002). Efforts to improve patient satisfaction are also recognized for their role in fostering patient engagement, improving the quality of care, and ultimately achieving better health outcomes (Bombard et al., 2018). However, research conducted in Uganda, primarily in non-cancer healthcare settings, indicates that patient satisfaction levels are often suboptimal (Sekandi et al., 2023). Internal monitoring reports suggest concerns around inconsistent communication, long queues, and perceived impersonality of service delivery, which may be linked to how patients perceive both service quality and the institution's image.

The significance of patients' perceptions of service quality, defined as their overall assessment of the healthcare experience, is emphasized in both empirical research and theoretical models as a key factor in determining the level of satisfaction among patients (Cronin Jr & Taylor, 1992). Additionally, a positive institutional image, characterized by reputation, trustworthiness, and public perception, has been shown to significantly influence patient satisfaction (Coutinho et al., 2019). Corporate image in healthcare encompasses patient's beliefs about the instituition's values, professionalism, visibility, and ethical conduct, all of which contribute to their expectations and experiences of care.

While previous research had explored the impact of perceived healthcare service quality and institutional image on patient satisfaction in various settings, there was a notable gap in understanding this relationship within the Uganda Cancer Institute (UCI). Addressing this gap

was critical for both healthcare delivery and management, as it offered valuable insights into how these factors influence patient satisfaction in a specialized oncology setting. Therefore, this study aimed to investigate the relationship between patients' perceptions of service quality and the institutional image, and their combined impact on the level of satisfaction among patients at UCI, providing practical recommendations for enhancing patient care and satisfaction within the Institute.

1.2 Statement of the Problem

Despite the growing cancer burden in Uganda, patient satisfaction with cancer care remains a concern, potentially contributing to late-stage diagnoses, treatment abandonment, and suboptimal outcomes (Kiwanuka, 2018; Sung et al., 2021). The Uganda Cancer Institute (UCI), the country's national referral center for cancer care, manages an estimated 40,000 outpatient visits and 2,000 inpatient admissions annually with a limited number of oncology specialists and nurses. This high patient-to-provider ratio places significant strain on service delivery and may shape patient satisfaction. While there is growing interest in patient-centered cancer care, there is limited empirical evidence in Uganda that examines how patients' perceptions of healthcare service quality and institutional image influence their overall satisfaction with care.

Existing literature from other settings demonstrates that service quality, defined by responsiveness, empathy, reliability, and professionalism, and a positive institutional image defined by trust, reputation, and public perception, are key predictors of patient satisfaction (Abd-El-Salam et al., 2013; Coutinho et al., 2019; Meesala & Paul, 2018). However, these relationships have not been rigorously studied in the Ugandan oncology context. Moreover, in resource-constrained environments such as UCI, patients' subjective experiences and satisfaction are increasingly important indicators of service effectiveness and system responsiveness.

The absence of localised evidence on these associations limits the ability of healthcare managers and policy makers to develop interventions to improve patient experiences and outcomes at the Uganda Cancer Institute (UCI.

Therefore, this study investigates the impact of patient-patient-perceived healthcare service quality and corporate image on patient satisfaction at UCI. By examining these factors, this research aims to identify actionable insights for enhancing patient satisfaction and the overall quality of cancer care in Uganda.

1.3 Purpose of the Study

The purpose of this research was to investigate the correlations between patients' perception of service quality, corporate image, and their level of satisfaction at the Uganda Cancer Institute.

1.4 Research objectives

i. To examine the association between patients' perception of service quality and their degree of satisfaction at UCI
ii. To investigate the association between the corporate-image and the level of satisfaction among patients at UCI.
iii. To assess the predictive efficacy of patient-patient-perceived healthcare service quality and corporate-image on the level of satisfaction among patients at UCI.

1.5 Research questions

i. What is the correlation between patient-patient-perceived healthcare service quality and degree of satisfaction among patients at UCI?
ii. What is the correlation between corporate-image and patient satisfaction levels at UCI?
iii. How do patient-patient-perceived healthcare service quality and corporate-image affect the level of satisfaction among patients at UCI?

1.6 Study Scope

1.6.1 Geographical scope

This study was conducted at the Uganda Cancer Institute (UCI), located in Kampala, Uganda. UCI is the primary centre for cancer care and research in Uganda and East Africa, catering to a diverse patient population from Uganda and neighbouring countries like Kenya, Tanzania, and South Sudan.

The selection of UCI as the study site was deliberate, as it reflects the challenges of providing quality cancer care in a resource-limited environment. Being a crucial part of Uganda's healthcare system, UCI is an ideal place to investigate the connections between patient-patient-patient-perceived healthcare service quality, corporate image, and patient satisfaction. By focusing on this institution, the study offers a comprehensive understanding of these factors in a specialized healthcare facility that serves a wide range of socioeconomic backgrounds and medical needs.

The insights gained from this research are not only relevant to UCI but also provide valuable perspectives for other healthcare facilities grappling with similar challenges in Uganda and the surrounding region. By concentrating on UCI, the study allows for an in-depth exploration of the patient experience in a specialized medical environment under high demand, contributing to the broader discussion on enhancing healthcare delivery in low-resource settings

1.6.2 Subject Scope

This study explored the correlation between patients' perceptions of cancer care quality, the institutional image, and their overall satisfaction at the Uganda Cancer Institute (UCI). The research aimed to understand patients' experiences with the healthcare services they received and their views on UCI's reputation. It further examined how these perceptions influenced patient satisfaction and analysed the interactions between these factors.

The study focused on these essential components to gain a thorough understanding of what determines patient satisfaction at UCI. The results are anticipated to contribute to the enhancement of cancer care services in Uganda, providing valuable perspectives to healthcare leaders and policymakers seeking to improve the quality of care and enrich patient experiences in similar healthcare environments.

1.7 Significance

This study provided important insights into how service quality and patient satisfaction can be improved at the Uganda Cancer Institute (UCI). By exploring the correlation between the institution's public image and patients' perceptions of service quality, the research identified specific areas where service delivery needs enhancement. These findings are essential for guiding improvements aimed at improving the standard of care provided to cancer patients at UCI.

The study also uncovered key factors that influence patient satisfaction, which can serve as a basis for developing strategies to improve the patient experience. The insights generated from this research offer UCI's administrators and policymakers concrete, data-driven recommendations for enhancing patient care and satisfaction within the institute.

In addition to its practical contributions, the study enriches the broader understanding of healthcare management in low-resource settings. It sheds light on how patient perceptions of service quality and institutional image impact satisfaction, specifically within the context of cancer care in Uganda. The findings contribute to a deeper theoretical understanding of these dynamics and provide context-specific recommendations for improving cancer care in similar environments.

The results from this research are applicable not only to UCI but also to other healthcare institutions in Uganda and similar developing countries. The insights will support the

development of strategies aimed at improving healthcare delivery in resource-limited settings, ultimately leading to better patient outcomes and higher quality care.

1.8 The conceptual framework

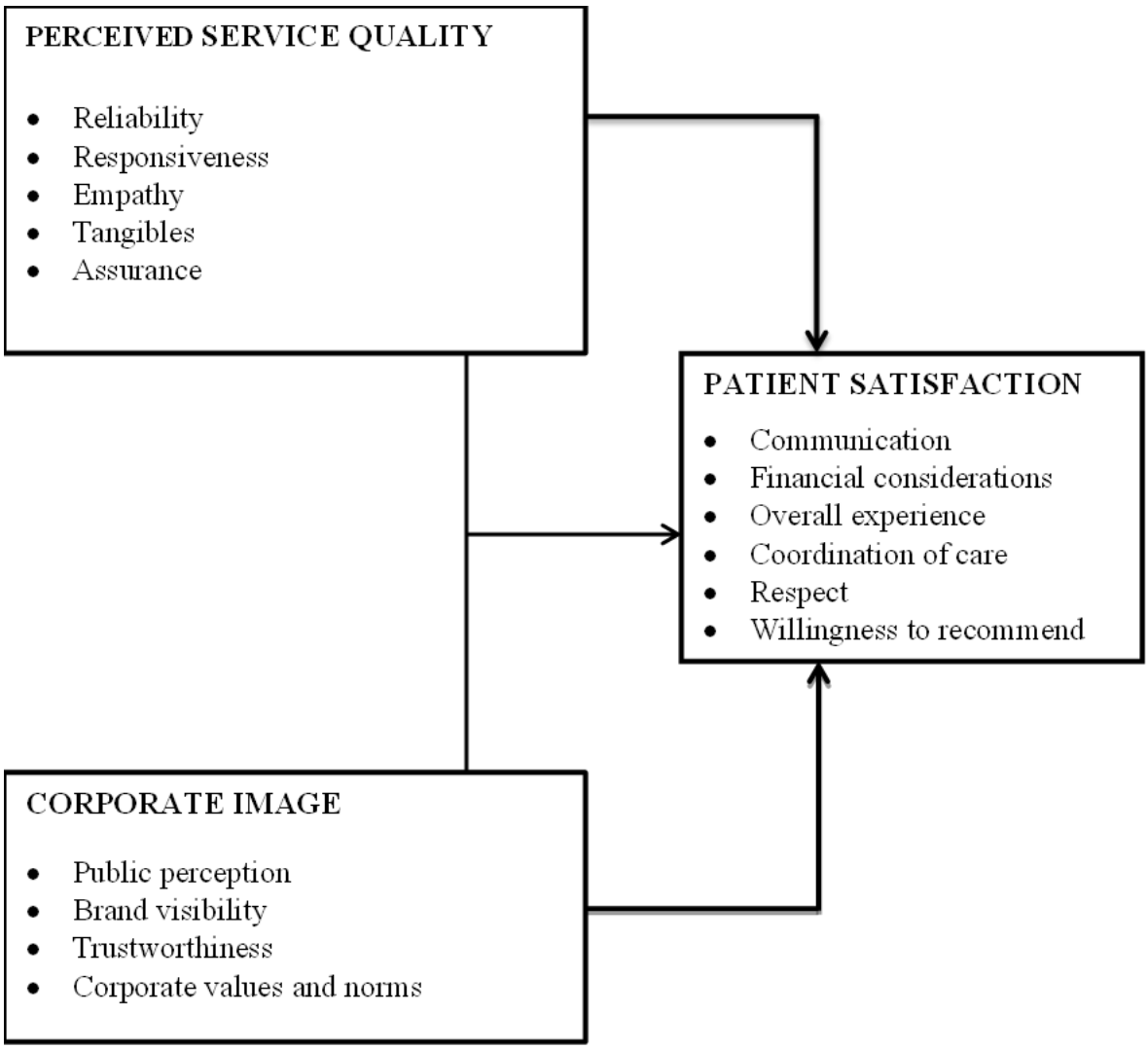

Figure 1: The Conceptual Framework

Source: Developed and modified by the researcher based on the works of Abd-El-Salam et al., (2013), Parasuraman et al., (1991)

1.8.1 Explanation of the Conceptual Framework

The conceptual framework for this study was centered on two primary concepts: the perceived quality of service and the organization's image. These concepts are recognized for their

significant impact on customer satisfaction within service-based industries (Abd-El-Salam et al., 2013; Parasuraman et al., 1991). This framework was employed to examine how the institutional image and the quality of service, as perceived by patients, influenced their overall satisfaction with cancer care services in Uganda. It provided a theoretical foundation for understanding the interplay between these variables and guided the investigation into their effect on patient satisfaction.

Perceived Healthcare Service Quality

Perceived quality of service refers to patients' personal evaluations of the healthcare they received. It includes several crucial dimensions: The consistency and dependability of healthcare providers reflect how reliably services are delivered (reliability). The speed and efficiency with which services are provided indicate how well the healthcare system responds to patient needs (responsiveness). The compassionate and empathetic behaviour of the staff showcases the care and understanding shown to patients (empathy). The confidence and assurance patients receive from the healthcare team are indicative of the staff's competence and professionalism (assurance). Lastly, the physical environment, including the adequacy and maintenance of healthcare facilities, represents the tangible aspects of the service (tangibles) (Parasuraman et al., 1988). These elements are particularly vital in cancer care, where patients require not only effective treatment but also emotional support, a comfortable environment, and timely access to medical services.

Corporate Image

Corporate image refers to the overall perception, reputation, and identity of a healthcare organization as viewed by its patients. This concept encompasses several elements. The general opinion and perception of the public about the institution reflect its overall reputation (public perception). The visibility and recognition of the institution’s brand within the community

measure its presence and influence (brand visibility). The level of trust and reliability that patients and the public place in the institution indicate its credibility and trustworthiness (trustworthiness). Finally, the ethical standards, principles, and cultural practices upheld by the organization define its values and norms (corporate values and norms) (Dowling, 2002). In the context of cancer care, a strong and positive corporate image is essential for building patient trust, fostering confidence in the healthcare provider, and enhancing overall patient satisfaction (Coutinho et al., 2019).

Patient Satisfaction

Patient satisfaction was the dependent variable in this study and represented the overall assessment of patients' experiences in cancer healthcare settings. This concept included various aspects: The quality and effectiveness of communication between patients and healthcare professionals (communication), the financial burden and considerations related to accessing care (financial considerations), the coordination of care across different services ensuring that patient care is seamless and efficient (coordination of care), the respect and dignity with which patients are treated influencing their comfort and satisfaction (respect), and finally, patients' willingness to recommend the institution to others reflecting their overall satisfaction and trust in the services provided (willingness to recommend) (Linder-Pelz, 1982). Patient satisfaction is a critical outcome as it reflects the quality and effectiveness of healthcare services, influencing patient loyalty, adherence to treatment, and overall well-being (Wiggers et al., 1990).

1.8.2Relationships and Hypotheses

Based on the conceptual framework, the following relationships were hypothesized:

Hypothesis 1: The perceived quality of service positively influenced patient satisfaction. Specifically, it was expected that patients who perceived higher levels of service quality—

encompassing aspects such as reliability (dependability of care), responsiveness (promptness and efficiency), empathy (compassionate care), assurance (confidence in the healthcare team), and tangibles (physical environment and facilities)—would report higher levels of overall satisfaction with their healthcare experience.

Hypothesis 2: The corporate image of the healthcare institution positively influenced patient satisfaction. It was hypothesized that patients who perceived a strong and positive corporate image—comprising public perception (general reputation), brand visibility (recognition and influence), trustworthiness (credibility and reliability), and corporate values and norms (ethical standards and cultural practices)—would express higher levels of satisfaction with their overall healthcare experience.

The proposed hypotheses suggested that higher levels of perceived quality of healthcare service and a positive corporate image would lead to an increase in patient satisfaction. The conceptual framework outlined in this section provided the theoretical foundation for evaluating the impact of corporate image and patient-patient-perceived healthcare service quality on patient satisfaction in cancer healthcare facilities in Uganda. By investigating these constructs and their interrelationships, this research aimed to contribute to a deeper understanding of the factors influencing patient satisfaction within the context of cancer care. The findings from this study were intended to inform healthcare providers, policymakers, and administrators in their efforts to develop strategies that enhance patient satisfaction and improve the overall quality of cancer care services in Uganda.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter delves into the theoretical framework and critically reviews the existing literature pertinent to this study. Initially, the chapter outlines fundamental concepts, perspectives, and theories related to patient-patient-perceived healthcare service quality, corporate image, and the assessment of patient satisfaction within healthcare environments. Subsequently, the chapter reviews relevant studies and their findings, providing a comprehensive understanding of the subject matter.

2.1 Key Theoretical Models and Concepts

To effectively explore the impact of corporate image and patient-patient-perceived healthcare service quality on patient satisfaction within cancer healthcare facilities in Uganda, several key theories and models were examined.

2.2 The SERVQUAL Model

The SERVQUAL model, which has undergone various adaptations, is a prominent tool for evaluating service quality based on consumer perspectives (Jonkisz et al., 2021). Initially developed by Parasuraman et al. (1988), this model assesses service quality across five key dimensions. When applied to healthcare, these dimensions can be interpreted as follows: the physical facilities and infrastructure of the healthcare provider (tangibles), the reliability and consistency of the care delivered (reliability), the promptness and attentiveness to patient needs (responsiveness), the confidence and assurance provided by healthcare staff (assurance), and the empathy shown towards patients (empathy) (Parasuraman et al., 1988; Rahim et al., 2021). Research has consistently shown a positive relationship between perceived quality of service, as measured by the SERVQUAL dimensions, and patient satisfaction, indicating that higher perceptions of service quality contribute to greater levels of patient satisfaction (Jonkisz et al.,

2021). This model was essential in assessing patient-patient-perceived healthcare service quality within cancer healthcare facilities in Uganda. However, there are ongoing discussions regarding the suitability of the model across different cultural contexts and its ability to fully encapsulate the complexities of healthcare service quality, particularly in resource-constrained settings such as Uganda (Rahim et al., 2021).

2.3 Social Identity Theory

Social Identity Theory proposes that individuals classify themselves into specific groups, which in turn shapes their behaviours and attitudes (Islam, 2014). When patients identify with a healthcare institution that has a strong reputation (corporate image), they may experience feelings of pride or trust due to this affiliation, potentially leading to greater satisfaction with the services received (Daramilas & Jaspal, 2017). Although this theory provides valuable insights into understanding patient behaviour, there is ongoing discussion regarding the extent to which social identity, compared to other factors like service quality, impacts patient satisfaction levels (Islam, 2014).

2.4 Corporate Image Theory

Corporate Image Theory suggests that an organization's image significantly influences how customers perceive and interact with it (Keller, 1993). According to Keller (1993), a strong institutional reputation can lead to heightened satisfaction, trust, and loyalty among customers. This theory was applied in this study to evaluate how the image of cancer healthcare facilities impacted patient satisfaction and their ongoing engagement with the institution. However, debates exist about whether corporate image exerts a direct or indirect influence on patient satisfaction and whether this influence remains consistent across various healthcare environments (Coutinho et al., 2019).

2.5 Integrating Theoretical Insights

When these theories are examined together, the interconnected roles of service quality and corporate image in determining patient satisfaction become evident. The SERVQUAL model provides a detailed understanding of how different dimensions of service quality affect patient satisfaction. Concurrently, Social Identity Theory and Corporate Image Theory highlight the significant influence of corporate image on patient perceptions. By synthesizing the insights from these theories, it becomes apparent that both service quality and corporate image are predictive factors influencing patient satisfaction levels.

Numerous studies conducted in healthcare settings across various countries have identified service quality and corporate image as key predictors of patient satisfaction (Abd-El-Salam et al., 2013). Given Uganda's unique healthcare infrastructure and public perception challenges, it is crucial to explore these theoretical constructs and their interrelations in this context. These theoretical guidelines informed the study's design, data collection, analysis, and the interpretation and application of the findings.

2.6 Review of Study Concepts

2.6.1 Patient-patient-perceived healthcare service quality and Patient Satisfaction

Patient-patient-perceived healthcare service quality, as defined by Parasuraman et al. (1991), is a consumer's personal assessment of the overall excellence or superiority of a service. Service quality has been extensively studied and recognized as a critical factor influencing satisfaction across various service sectors, including healthcare (Walean et al., 2022). Parasuraman et al. (1988), introduced the SERVQUAL model, identifying five key dimensions of service quality: physical facilities and equipment (tangibles), dependability (reliability), promptness in service delivery (responsiveness), the confidence instilled by service providers (assurance), and the understanding and care shown towards customers (empathy). This model

has been widely applied in studies assessing patient-patient-perceived healthcare service quality within healthcare settings (Rahim et al., 2021).

In the setting of cancer care facilities, patient-patient-perceived healthcare service quality may include factors such as the competency of medical personnel, the timeliness of services provided, the empathy extended to patients, and the adequacy of medical facilities and equipment. According to research conducted by Chahal and Kumari (2012), superior service directly improves patients' perceptions of care, resulting in increased satisfaction. This factor is especially crucial in cancer care environments, where patients' emotional, physical, and psychological requirements are particularly emphasized.

In Uganda, specific studies focusing on patient-patient-perceived healthcare service quality within cancer healthcare facilities are limited. However, given the widespread importance of service quality, it is reasonable to expect a strong correlation with patient satisfaction levels in these settings.

2.6.2 Corporate Image and Patient Satisfaction

The perception and impression that customers have about an organization make up its corporate image. This perception is influenced by a mix of emotions, thoughts, attitudes, and experiences that people associate with the organization and retain in their memory. These impressions, whether positive or negative, are often recalled when the organization's name is mentioned or comes to mind (Theurer et al., 2018). Bayton (1959) observed that customers tend to "humanize" organizations, attributing personality traits such as maturity, friendliness, and reliability to them – traits that they may admire and appreciate. Corporate image can also be understood as the communication process through which organizations project and disseminate a specific message that aligns with their strategic intent, mission, vision, goals, and identity, thus reflecting their core values (Song et al., 2019).

In the context of healthcare, a facility's corporate image often serves as an expectation setter for patients even before they interact with the services (Chou & Kohsuwan, 2019). Research indicates that corporate image can significantly influence the satisfaction patients derive from healthcare services (Asnawi et al., 2019; Song et al., 2019). This notion suggests that a patient's preconceived image of a healthcare institution can affect their subsequent satisfaction with the services provided. However, there is ongoing debate regarding the relative importance of corporate image compared to other factors in determining patient satisfaction. Some scholars argue that in low-resource settings, tangible aspects of service quality, such as the availability of medical equipment and the efficiency of service delivery, might have a more immediate and pronounced impact on patient satisfaction than more abstract concepts like corporate image (Wiggers et al., 1990).

In cancer care, corporate image may play an even more crucial role due to the serious nature of the disease and patients' urgent need for high-quality care (Wiggers et al., 1990). A healthcare facility's reputation for success rates, advanced medical technology, or highly skilled practitioners can precede patient interactions and influence their expectations and satisfaction levels (Coutinho et al., 2019). While there is limited research specifically focused on this relationship within the Ugandan context, international literature highlights the significance of corporate image in shaping patient satisfaction in healthcare settings.

2.6.3 Patient Satisfaction

The measurement of healthcare delivery success often involves examining how satisfied patients are with their care. Many factors have an impact on patient satisfaction, such as the quality of service as perceived by the patient, the reputation of the healthcare provider, communication methods, the empathy expressed by staff, and the physical environment of the facility (Daramilas & Jaspal, 2017). Although research often relies on patients' self-reported

satisfaction levels, this approach can lead to response bias and may not fully capture the complex nature of patient satisfaction (Crow et al., 2002). Furthermore, most existing studies focus on high-income countries, leaving a gap in knowledge about patient satisfaction in low-resource settings

2.6.5 Predictive Power of Patient-patient-perceived healthcare service quality and Corporate Image

Given the significant roles that corporate image and patient-patient-perceived healthcare service quality play in shaping patient satisfaction, it is plausible to view them as potential predictors of patient satisfaction. When combined, these factors can effectively predict levels of patient satisfaction.

Previous research has predominantly used quantitative approaches, such as surveys and structured questionnaires, to examine these connections. While these methods are effective for collecting data, they may not fully capture the complexity of patient satisfaction (Bryman, 2007). A notable drawback in earlier studies is the inadequate consideration of cultural and socio-economic factors when assessing service quality and patient satisfaction. Relying on models and frameworks developed in Western contexts might not accurately represent the specific circumstances in Uganda. This study aimed to fill this gap

The unique cancer care environment in Uganda is influenced by a complex interplay of socio-economic, cultural, and infrastructural factors. Healthcare facilities in Uganda are confronted with significant challenges due to limited resources in equipment and skilled personnel (Nakaganda et al., 2021). Research has shown generally low or modest levels of patient satisfaction in both cancer and non-cancer healthcare settings (Kiwanuka, 2018; Sekandi et al., 2023). Traditional beliefs and cultural factors often intersect with medical practices, impacting how the public approaches cancer diagnosis, treatment, and prevention (Kiwanuka, 2018;

Mwaka et al., 2014, 2015). Additionally, the urban-rural divide worsens disparities in access to care, especially disadvantaging rural populations (Nakaganda et al., 2021).

Despite these difficulties, there has been limited research on the influence of corporate image and patient-patient-perceived healthcare service quality in Uganda's healthcare system, particularly in specialized fields like cancer care. Understanding the intricacies of corporate image and patient-patient-perceived healthcare service quality is crucial, given the constrained resources and increasing demand for cancer treatment in Uganda, as it can help guide cancer healthcare facilities in effectively prioritizing resources and efforts to enhance patient satisfaction.

2.7 Chapter summary

Although there is comprehensive literature on perceived quality of healthcare service, corporate image, and patient satisfaction, there are also significant gaps and controversies. The interrelationships between these constructs have been well-recognized; however, there have been limited studies that investigate these relationships concurrently, particularly in low-income countries like Uganda. Previous research has been often methodologically constrained, limiting its ability to fully capture the depth and complexity of these phenomena.

This research aimed to address these gaps by using a mixed-methods approach tailored to the Ugandan context. The goal was to provide detailed insights into how corporate image and patient-perceived quality of healthcare service influenced patient satisfaction in cancer healthcare facilities. This approach enabled a culturally and contextually sensitive exploration, thereby enhancing the applicability and validity of the findings.

CHAPTER 3: METHODOLOGY

3.0 Introduction

This chapter describes the methodology employed in this research, which includes several key elements: research design, participant selection and sampling, methods and tools for data collection, and data analysis techniques.

3.1 Research Design

The research utilized a sequential explanatory design, which is a mixed-methods strategy where qualitative data serves to clarify and enhance the understanding of the quantitative results (Clark et al., 2008). At first, a cross-sectional research design was employed for the quantitative analysis, which is beneficial for identifying the prevalence of a phenomenon at a particular moment (Kothari, 2004). Subsequently, qualitative data was gathered to elaborate on the quantitative results. This qualitative stage produced in-depth information that added context to the initial findings.

3.2 Study Site

The study took place at the Uganda Cancer Institute (UCI), situated on Upper Mulago Hill Road in Kampala. UCI serves as the main hospital for cancer referrals in Uganda, handling a significant volume of cancer patients from both within the country and from neighbouring regions. Each year, the institute registers approximately 8,000 new cases and receives over 200 outpatient visits daily, amounting to about 13,319 outpatient visits every three months. (*About UCI*, 2020).

3.3 Study Population

The study involved patients from the Uganda Cancer Institute (UCI) Adult Outpatient Clinic, which handles approximately 13,319 visits per quarter (About UCI, 2020). As the main

beneficiaries of the services, these patients were well-suited to give input on the standard of care they experienced

3.4 Sampling Procedures

The sample for the study was established by referring to the Krejcie and Morgan Table. UCI manages around 13,319 adult outpatient visits every quarter (Uganda Cancer Institute, 2023). Considering that the research was conducted over a two-month duration, the number of visits during this period was approximately two-thirds of the total quarterly visits.

$$Total\ visits\ in\ 2\ months = \frac{2}{3} \times 13{,}319 = \mathbf{8{,}879\ visits}$$

As per the Krejcie and Morgan Table, it was determined that a sample size of 368 patients was suitable for a population of approximately 8,879. As a result, at least 368 patients from the UCI Outpatient Clinic were required to guarantee that the study possessed adequate statistical power to identify relationships between patient-patient-perceived healthcare service quality, corporate image, and patient satisfaction at UCI, thereby ensuring robust and dependable results.

Health Centre	Population	Sample	Sampling Method
Uganda Cancer Institute	8,879	368	Simple Random Sampling
Total	8,879	368	

Source: Uganda Cancer Institute (2023)

3.5 Sampling Techniques

Systematic random sampling, a probability sampling method, was utilized in this study. This approach enabled a focus on specific attributes of the target population. The process began with a computer-generated random number to establish the starting point, followed by selecting every 5th patient on the daily list of attendees at the UCI Outpatient Clinic. This procedure continued sequentially until the required sample size was reached. This method ensured a

systematic approach while maintaining the randomness and unbiased nature of the sample selection, resulting in a representative cross-section of the patient population.

3.6 Inclusion Criteria

- **Age:** Participants were required to be 18 years or older to provide informed consent.
- **Treatment Duration:** Only patients who had been under treatment or observation at UCI for at least four weeks were included, ensuring they had sufficient experience with the services to provide informed feedback.
- **Cognitive Ability:** Participants needed to have the cognitive capacity to comprehend and respond to the survey questions effectively.

3.7 Exclusion Criteria

- **Health Condition:** Patients with an ECOG performance status of 4, indicating they were very ill, were excluded from the study.

3.8 Data Collection Methods and Tools

The information was gathered in this study using primary data sources. Quantitative data was obtained through surveys, whereas qualitative insights were collected via interviews.

3.9 Data Collection Methods

3.9.1 Interview Method

The collection of qualitative data involved conducting four Focus Group Discussions (FGDs), each consisting of approximately eight to twelve participants. Two FGDs were facilitated exclusively with male participants, while the other two included female participants, ensuring a balanced representation of gender-specific perspectives. The goal of these discussions was to foster an open dialogue, enabling participants to share their experiences and views concerning service quality, corporate image, and patient satisfaction at the Uganda Cancer

Institute (UCI). The discussions were planned to obtain detailed and thorough responses, providing insights into the collective views of patients who had firsthand experiences with the healthcare services offered by the institute.

3.9.2 Questionnaire Method

Quantitative data were gathered using questionnaires that were given to cancer patients visiting the outpatient clinic. Research assistants, who were trained for this purpose, helped with the distribution of the questionnaires, making sure that the participants comprehended each question and minimizing the chances of misunderstanding. The engagement between the participants and the research assistants improved the clarity of the answers, which, in turn, increased the overall reliability of the collected data.

3.9.3 Quality Control Methods

To ensure the validity and reliability of the data, the research instruments underwent thorough pre-testing. Additionally, the research assistants received comprehensive training focused on the proper administration of questionnaires, effective interaction with participants, and precise data collection procedures. This preparation helped maintain the integrity and reliability of the data collected.

3.10 Measurement of Variables

3.10.1 Quantitative Measures

To quantitatively assess patient-patient-perceived healthcare service quality, corporate image, and patient satisfaction, structured questionnaires were administered to the study participants. These questionnaires included a 5-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree," allowing for the quantification of respondents' perceptions and experiences. The SERVQUAL model provided the framework for evaluating patient-patient-perceived healthcare service quality across five dimensions. The corporate image questionnaire included

items related to the institution's reputation, mission, vision, and core values. Patient satisfaction was assessed through questions reflecting the quality of care, communication with healthcare providers, and overall experiences. The use of the Likert scale facilitated the collection of quantitative data for subsequent statistical analysis.

3.10.2Qualitative Measures

Qualitative insights were exclusively gathered through Focus Group Discussions (FGDs) with patients. These discussions explored patients' perceptions and experiences, focusing on service quality, corporate image, and patient satisfaction at the Uganda Cancer Institute. Open-ended questions encouraged rich dialogue, allowing patients to express their thoughts in their own words. The qualitative data collected were subjected to thematic and semantic analyses to uncover underlying patterns and deeper insights into the patient experience. This analysis complemented the quantitative data, providing a holistic perspective on the factors influencing patient satisfaction in the context of cancer care in Uganda.

The integration of both quantitative and qualitative data in this study provided a thorough and comprehensive examination of the complex relationships between patient-patient-perceived healthcare service quality, corporate image, and patient satisfaction at UCI. Quantitative data offered numerical insights, while qualitative data provided a deeper understanding of the cognitive and emotional factors influencing these constructs.

3.11 Data Management and Processing

To maintain the integrity of the data, all interviews conducted during the FGDs were recorded and subsequently transcribed using MS Word. This step was essential to ensure that no data were lost. Qualitative data from these interviews and the open-ended responses in the questionnaires were managed and processed using ATLAS.ti software, a tool specifically designed for qualitative data analysis. The data were systematically coded and prepared for

subsequent analysis. For the quantitative data collected through the questionnaires, SPSS version 25 was utilized. This software is designed for quantitative data analysis, and the data were meticulously coded and prepared for both analysis and presentation.

3.12 Data Analysis

The analysis of qualitative data involved applying thematic and semantic analysis. Thematic analysis included grouping textual data into main themes and subthemes, which helped in identifying recurring patterns and the connections between different variables and concepts. Semantic analysis went further into examining the meaning and context of the language used by the participants, providing more detailed insights into the subtleties of their responses.

For the quantitative data, statistical analysis was performed. Correlation analysis and regression analysis were employed to explore the relationships between the variables under study. These methods provided a means to quantify the strength and direction of these relationships.

3.13 Ethical considerations

Prior to beginning the study, we obtained approval from the Faculty of Graduate Studies at Makerere University Business School, the Uganda Cancer Institute Research and Ethics Committee (UCIREC) under reference number UCI-2023-88, the Uganda National Council for Science and Technology, as well as the management of the Uganda Cancer Institute.

Before participation, each respondent was individually briefed by a trained research assistant. Written or verbal informed consent was obtained from all participants, and they were informed that their participation was entirely voluntary. Participants were also assured that they could withdraw from the study at any point without any consequences to their care. Confidentiality was emphasized throughout. No full names were recorded during focus group discussions

(FGDs); instead, participants were assigned unique identification codes to protect their identities and ensure anonymity even among fellow participants.

The FGDs were conducted in secure and private locations within UCI to ensure confidentiality and prevent unauthorized access or eavesdropping. These locations were selected to promote free and candid expression of participants' views. To ensure data protection, all electronic data were stored on encrypted and password-protected devices accessible only to the research team. Any physical documents, such as consent forms or field notes, were stored in locked cabinets in secure offices.

Participants were informed of potential emotional discomfort due to the sensitive nature of the discussions. They were offered the opportunity to pause or withdraw if needed. A modest transport reimbursement was provided to all participants in appreciation of their time, in accordance with ethical research guidelines.

Finally, the findings from the study were presented to the management and clinical care team at UCI to support efforts aimed at improving the quality of patient care and enhancing patient experiences.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.0 Introduction

This chapter presents the findings of the study in two main sections aligned with the study objectives:

i. To analyse the correlation between patients' perception of service quality and their degree of satisfaction at UCI
ii. To investigate the correlation between the corporate-image and the level of satisfaction among patients at UCI.
iii. To assess the predictive efficacy of patient-patient-perceived healthcare service quality and corporate-image on the level of satisfaction among patients at UCI.

The first section, based on a mixed-methods approach, provides descriptive statistics on patient-perceived healthcare quality, corporate image, and patient satisfaction, integrating both quantitative data and qualitative insights for a comprehensive view. The second section presents the correlation analyses and regression models, illustrating the relationships between patient-perceived quality of healthcare services, corporate image, and patient satisfaction at UCI.

4.1 Response rate

This study involved 391 patients attending the outpatient department at the Uganda Cancer Institute (UCI), all of whom completed a detailed questionnaire. Quantitative data were gathered from the questionnaire responses, while qualitative insights were obtained through four Focus Group Discussions (FGDs), separated by gender and age. Two FGDs were held with male participants and two with female participants, further divided into groups for those above and below 40 years of age.

Table 1: Response rate

Targeted responses	Attained Responses	Response Rate (%)
368	391	106

Source: Primary data, 2024

4.2 Demographic Characteristics of the Sample Population

This section outlines the demographic profile and self-reported health status of the 391 respondents in the study. The characteristics cover key variables such as gender, age, educational level, place of residence, and self-reported health status. The demographic characteristics and self-reported health status of the respondents at the time of the study are summarized in ***Table 2*** below.

Table 2:Demographic Characteristics of the Respondents

Variable	**Category**	**Frequency (n=391)**	**Percentage (%)**
Gender	Female	225	57.5
	Male	166	42.5
Age	Median, years (Range)	52 (18 – 91)	
Educational Level	None	36	9.2
	Primary	153	39.1
	Secondary	130	33.2
	Diploma	33	8.4
	Undergraduate Degree	23	5.9

	Postgraduate	6	1.5
	Other	10	2.6
Residence	Rural	228	58.3
	Urban	163	41.7
Self-Reported Health Status	Mean (SD)	60.35 (17.8)	
	Range	10 – 100	

Source: Primary data, 2024

Most patients were female (57.7%) and lived in rural areas (58.2%). The median age of the patients was 52 years. The most common educational levels were primary (39.0%) and secondary (33.2%). On average, patients reported feeling about 60.35% of their best health, with a standard deviation of 17.75, suggesting low variation in their perceived health state.

4.3 Descriptive Analysis of Patient-Perceived Quality of Healthcare Services, Corporate Image and Patient Satisfaction at UCI

Table 3 presents the descriptive statistics on patient-perceived healthcare service quality, corporate image, and overall satisfaction at the Uganda Cancer Institute. While overall ratings were generally favorable, the data reveal notable variation across specific dimensions.

Table 3: Descriptive Analysis of Key Constructs of Patient-Perceived Quality of Healthcare Services, Corporate Image and Patient Satisfaction at Uganda Cancer Institute

Category	Variable	Mean	SD	CV (%)

Patient-perceived Service Quality	Reliability	3.47	0.52	14.9
	Responsiveness	3.90	0.68	17.4
	Empathy	3.83	0.88	22.9
	Tangibles	4.27	0.57	13.5
	Assurance	4.24	0.52	12.3
	Overall Patient-patient-perceived healthcare service quality	3.90	0.45	11.5%
Corporate Image	Public Perception	3.93	0.99	25.2
	Brand Visibility	3.13	1.41	45.0
	Trustworthiness	4.10	0.82	20.0
	Corporate Values and Norms	4.04	0.71	17.7
	Overall Corporate Image	3.88	0.59	15.2
Patient Satisfaction	Communication	4.04	1.02	25.3
	Financial Considerations	3.34	0.81	24.4
	Overall Experience	3.96	0.61	15.3
	Coordination of Care	4.09	0.83	20.2
	Access to Care	3.85	1.07	27.8

	Respect	3.81	0.6	15.8
	Willingness to Recommend	4.41	0.67	15.8
	Overall Patient Satisfaction	3.75	0.48	12.7

CV – Coefficient of variation, SD – Standard deviation

Source: Primary data, 2024

4.3.1 Patient-perceived healthcare service quality

The overall perception of healthcare service quality at the Uganda Cancer Institute (UCI) was generally positive, with most dimensions rated favorably by respondents. The combined mean score for patient-perceived healthcare service quality was 3.90 (SD = 0.45), and the coefficient of variation (CV) was 11.5%, indicating a high level of consistency in patients' experiences across the various service quality dimensions.

Among the five dimensions of service quality, tangibles received the highest rating, with a mean score of 4.27 (SD = 0.57, CV = 13.5%), reflecting favorable impressions of the physical facilities, equipment, and general environment at UCI. Similarly, assurance was highly rated (M = 4.24, SD = 0.52, CV = 12.3%), suggesting strong confidence among patients in the competence, courtesy, and professionalism of the healthcare providers.

Responsiveness, defined as the timeliness and willingness of staff to help patients, also scored well (M = 3.90, SD = 0.68, CV = 17.4%), although slightly more variable, suggesting that while most patients felt well attended to, some experienced delays or limited staff availability. Empathy had a mean score of 3.83 (SD = 0.88, CV = 22.9%), indicating a generally favorable perception of the emotional support and personalized care provided by staff, albeit with moderate variability in experiences.

Reliability, which relates to the ability to deliver services as promised and handle problems dependably, had the lowest mean score among the service quality dimensions (M = 3.47, SD = 0.52, CV = 14.9%). This suggests that while some patients viewed UCI as dependable, others had concerns about the consistency of care or the institution's ability to deliver services as expected.

Taken together, these results indicate that patients perceive the quality of healthcare services at UCI as generally high, particularly in terms of the environment and provider competence. However, areas such as reliability and empathy exhibited greater variability and slightly lower mean scores, pointing to potential opportunities for targeted improvements in consistency and individualized care.

4.3.2 Corporate Image

The corporate image of the Uganda Cancer Institute (UCI) was generally rated favorably by respondents, with an overall mean score of 3.88 (SD = 0.59) and a coefficient of variation (CV) of 15.2%, indicating relatively consistent perceptions among patients. This construct was assessed through four key dimensions: public perception, brand visibility, trustworthiness, and corporate values and norms.

Trustworthiness emerged as the most positively rated dimension (M = 4.10, SD = 0.82, CV = 20.0%), indicating that most patients felt that the institution and its staff were dependable, ethical, and acted in the best interest of patients. This aligns with the broader sentiment of confidence in UCI's integrity and care standards.

Corporate values and norms were also rated highly, with a mean score of 4.04 (SD = 0.71, CV = 17.7%). These results suggest that respondents perceived the institute as upholding strong ethical standards and fostering a culture of patient-centeredness.

Public perception, which reflects how patients believe the broader community views UCI, had a mean score of 3.93 (SD = 0.99, CV = 25.2%), suggesting a generally positive image with some variability. This variation may be influenced by differences in regional awareness, personal referrals, or prior knowledge of UCI.

On the other hand, brand visibility received the lowest rating among the corporate image components, with a mean score of 3.13 (SD = 1.41, CV = 45.0%), indicating substantial variability in responses. While some participants frequently encountered UCI's presence in public campaigns, media, or outreach programs, others had limited exposure, reflecting inconsistent brand engagement across the patient population.

Overall, the findings indicate that UCI's corporate image is positively perceived, particularly in terms of trust and ethical standards. However, there is room for improvement in increasing the institution's visibility and enhancing public engagement efforts to ensure a more uniform and strengthened brand presence.

4.3.3 Patient Satisfaction

Patient satisfaction at the Uganda Cancer Institute (UCI) was generally positive, with an overall mean satisfaction score of 3.75 (SD = 0.48) and a coefficient of variation (CV) of 12.7%, indicating low variability in responses. This reflects a broadly consistent and favorable experience among patients, although some variability was observed across specific components of satisfaction.

Willingness to recommend UCI was the highest-rated dimension (M = 4.41, SD = 0.67, CV = 15.8%), suggesting that most patients felt confident in the quality of care they received and would endorse the institution to others. This high score is a strong indicator of trust and satisfaction with the overall patient journey.

Coordination of care also received favorable ratings (M = 4.09, SD = 0.83, CV = 20.2%), reflecting patients' recognition of effective collaboration among staff and departments. Similarly, communication was rated positively (M = 4.04, SD = 1.02, CV = 25.3%), though with moderate variability, indicating that while many patients were satisfied with the clarity of information shared, others experienced gaps in communication.

Overall experience (M = 3.96, SD = 0.61, CV = 15.3%) and respect (M = 3.81, SD = 0.60, CV = 15.8%) were also rated highly, suggesting that patients generally felt treated with dignity and had favorable impressions of their time at the institute.

However, areas such as access to care (M = 3.85, SD = 1.07, CV = 27.8%) and financial considerations (M = 3.34, SD = 0.81, CV = 24.4%) showed more variation and slightly lower scores. These findings highlight challenges some patients face in reaching the facility or affording care, even within a generally positive service environment.

In summary, the patient satisfaction data reveal a strong overall perception of quality, particularly in interpersonal aspects such as respect, communication, and care coordination. Nonetheless, disparities in access and financial experience point to areas where targeted improvements could further enhance satisfaction across the board.

4.4 The Correlation Between Patient-Patient-perceived healthcare service quality and Patient Satisfaction at UCI

According to the conceptual framework presented in this research, which incorporates patient-perceived healthcare service quality as a critical factor in patient satisfaction, the relationship between these variables was tested empirically. The hypotheses suggested that increased levels of patient-perceived healthcare service quality would have a positive impact on patient satisfaction.

4.4.1 Correlation Analysis Between Patient-Perceived Healthcare Service Quality and Patient Satisfaction at UCI

The findings from the correlation analysis revealed strong positive relationships between patient-perceived healthcare service quality and the level of patient satisfaction among patients at the Uganda Cancer Institute (UCI). These relationships were quantitatively supported by the Pearson correlation coefficients, confidence intervals, and p-values for each dimension, as illustrated in the table (see **Table 4**). The key dimensions that significantly influenced patient satisfaction are discussed below, supplemented by qualitative insights gathered from focus group discussions.

Table 4: Pearson Correlation Analysis of the Dimensions of Patient-Perceived Healthcare Service Quality and Patient Satisfaction at the Uganda Cancer Institute

Measure	Correlation	Lower CI	Upper CI	P value
Overall Patient-perceived healthcare service quality	0.779	0.737	0.815	<0.0001**
Reliability	0.456	0.373	0.531	<0.0001**
Responsiveness	0.670	0.612	0.721	<0.0001**
Empathy	0.635	0.572	0.691	<0.0001**
Tangibles	0.426	0.341	0.503	<0.0001**
Assurance	0.662	0.603	0.714	<0.0001**

** $p < 0.05$, CI – 95% Confidence Interval

Source: Primary data, 2024

The overall patient-perceived healthcare service quality exhibited a strong positive correlation with patient satisfaction ($r = 0.779$, $p < 0.0001$), indicating that patients who rated the overall quality of services higher also reported higher levels of satisfaction. This strong association aligns with sentiments expressed by patients, who frequently acknowledged the institution's commitment to delivering high-quality care. Many patients highlighted the professionalism of healthcare workers and the noticeable improvements in their conditions after receiving treatment, emphasizing the critical role service quality plays in shaping their overall experience.

From the focus group discussions, several key themes emerged. One recurring theme was professionalism and competence. Patients consistently emphasized their confidence in the healthcare workers' abilities. As one participant shared, "The doctors here are very professional. They explain everything in a way I understand, and I feel safe in their hands". Similarly, a male respondent remarked, "I like the way they handle things with confidence. You can tell they know what they are doing, and that makes you feel comfortable". These comments highlight how the perception of professionalism contributes to a positive overall service quality experience.

Another theme that surfaced was responsiveness and communication. Participants appreciated that their concerns were attended to promptly, and they valued the clarity of communication regarding treatment options and procedures. One male participant commented, "They never rush you. When I have questions, they take the time to explain everything", while another female respondent noted, "I appreciate how they listen to us and make sure we understand our treatment. It's comforting". This highlights that effective communication and timely responsiveness are central to patients' positive experiences at the facility.

The third significant theme was guidance and organization. Patients consistently mentioned how the structured processes at the Uganda Cancer Institute (UCI) helped reduce their anxiety and improved their overall experience. One female respondent stated, “From the moment you enter, they guide you on what to do next. It’s very organized, and you don’t feel lost”. This sense of order and clear direction fostered a feeling of comfort and reliability among the patients.

The sentiment analysis further corroborates these findings, with patients expressing overwhelmingly positive emotions regarding their care. Words such as “safe,” “comfortable,” and “confident” frequently emerged in the discussions, indicating a deep sense of trust in the healthcare providers. As one participant summarized, “I feel safe here. The staff are knowledgeable, and that gives me confidence in the care I’m receiving”. The overall sentiment was characterized by relief and satisfaction, with patients acknowledging the staff's dedication and expertise in handling their needs.

However, there were occasional mentions of neutral to slightly negative sentiments, particularly in relation to waiting times and appointment scheduling. For example, one participant noted, “Sometimes you have to wait longer than expected, but overall, I am satisfied with how they handle things”. Although such comments were less frequent, they indicate that while the overall perception of service quality is positive, there are areas where improvements in efficiency could enhance the patient experience.

Reliability

Reliability, as a dimension of patient-perceived healthcare service quality, showed a moderate positive correlation with patient satisfaction ($r = 0.456$, $p < 0.0001$). This suggests that patients who perceived the institution as reliable—defined by timely service delivery, accurate record-keeping, and fulfilling promises—were generally more satisfied with the care they received.

However, while the correlation was positive, the lower score compared to other dimensions indicates that reliability may be an area for further improvement.

Thematic analysis from the focus group discussions revealed mixed perceptions about reliability. While many patients expressed satisfaction with the overall quality of care, some noted delays in receiving services. One participant shared, “They do their best, but sometimes it takes a long time to get appointments, especially when you need urgent care”. Another echoed this concern, saying, “The services are good, but you have to wait a long time for your turn, and that can be frustrating”. Despite these frustrations, patients recognized that once attended to, the quality of care was dependable, with one participant stating, “When you finally get your turn, they are very thorough and professional”.

The sentiment analysis around reliability was generally positive, though it had some negative emotions, especially regarding wait times and service delays. While patients appreciated the quality of care, words like “frustrating” and “slow” surfaced in relation to waiting periods, indicating that delays negatively impacted their perception of reliability. Nonetheless, positive terms like “trustworthy” and “consistent” were frequently used once care was delivered, showing that patients trusted the institution's ability to provide reliable services despite the occasional delays.

Responsiveness

Responsiveness exhibited a strong positive correlation with patient satisfaction ($r = 0.670$, $p < 0.0001$), indicating that patients who felt the institution responded quickly and efficiently to their needs were more likely to report higher levels of satisfaction. This dimension reflects the promptness of service delivery and the staff’s willingness to help, which were highly valued by patients.

Thematic analysis highlighted high levels of appreciation for the responsiveness of the staff. One patient remarked, “They are always willing to help, and even when they are busy, they make sure to address your concerns”. Another participant added, “I was surprised by how quickly they attended to me, especially when I needed urgent help. They don’t make you feel like you’re just a number”. These quotes underscore the positive perception of responsiveness as a key factor in the patient experience.

The sentiment analysis for responsiveness was overwhelmingly positive. Words such as “helpful,” “quick,” and “efficient” frequently appeared in the discussions, suggesting that patients were pleased with how the staff handled their requests. However, there were some minor mentions of negative sentiment when responsiveness was perceived as lacking, as noted by one participant who said, “Sometimes they are overwhelmed, and you have to wait, but they still do their best to attend to everyone”. This sentiment reveals that while patients generally view the institution as responsive, there are instances where staffing constraints lead to delays.

Empathy

Empathy showed a moderately strong correlation with patient satisfaction ($r = 0.635$, $p < 0.0001$), indicating that patients who perceived the institution as empathetic were more satisfied with the care they received. This dimension includes the staff's ability to provide personal attention, understand individual needs, and demonstrate genuine care and compassion.

Thematic analysis of the focus group discussions revealed that many patients valued the empathetic nature of the staff. One participant noted, “They really take the time to listen to you, even when your wound is smelling. You feel like they understand what you’re going through”. Another remarked, “The doctors and nurses here are not only knowledgeable but also very caring. They make you feel important, ... they call you when you miss your appointment, like

your health matters to them". These statements highlight the significant role empathy plays in the patient experience.

The sentiment analysis revealed mostly positive emotions around empathy. Patients frequently used words such as "caring," "understanding," and "compassionate," reflecting a strong emotional connection with the staff. However, there were a few instances where empathy was perceived to be lacking. As one participant shared, "Most of the time, they are caring, but there are times when they seem rushed and don't give you the attention you need". This occasional negative sentiment points to variability in the delivery of empathetic care, which may explain the slightly lower correlation with satisfaction compared to other dimensions.

Tangibles

Tangibles exhibited a moderate positive correlation with patient satisfaction ($r = 0.426$, $p < 0.0001$), indicating that patients who rated the physical aspects of the institution positively were generally more satisfied with their overall experience. Tangibles include the cleanliness and appearance of the facilities, the modernity of the equipment, and the general atmosphere of the institution.

Thematic analysis showed that patients had largely positive views of the physical environment at the Uganda Cancer Institute. One participant remarked, "The facilities are very clean and well-maintained. You feel comfortable when you're here". Another commented, "The equipment they use is modern, and that gives you confidence that you're getting the best treatment". These insights suggest that patients appreciate the attention to detail in maintaining a professional and comfortable environment.

The sentiment analysis for tangibles was predominantly positive, with words like "clean," "modern," and "comfortable" frequently mentioned. However, there were a few neutral comments where patients noted that while the facilities were good, there could still be

improvements. For example, one participant mentioned, “The facilities are fine, but there are times when they run out of certain supplies”. While this did not significantly detract from their overall satisfaction, it indicates that occasional resource shortages may affect the patient experience.

Assurance

Assurance showed a strong positive correlation with patient satisfaction ($r = 0.662$, $p < 0.0001$), indicating that patients who felt confident in the competence and professionalism of the staff were more likely to report higher levels of satisfaction. This dimension encompasses the trustworthiness of the staff, their ability to instil confidence in patients, and their overall professionalism.

Thematic analysis revealed that patients felt highly assured by the competence and professionalism of the staff at UCI. One participant remarked, “I have full confidence in the doctors here. They are always thorough and explain things well”. Another shared, “The staff here know what they are doing, and that makes you feel safe”. These quotes emphasize that assurance, particularly in terms of competence and trust, plays a key role in patient satisfaction.

The sentiment analysis for assurance was positive, with patients expressing strong feelings of confidence and trust. Words like “confident,” “safe,” and “secure” frequently appeared, highlighting the emotional comfort patients experienced when interacting with healthcare providers. While negative sentiments were rare, there were occasional mentions of neutral sentiment when patients felt less confident in some aspects of care, particularly regarding communication about treatment options. For example, one participant noted, “I trust the doctors, but sometimes they could explain our options a bit more clearly”. This indicates that while assurance is generally high, there is room for improvement in communication to reinforce patient confidence.

4.5 The Correlation Between Corporate Image and Patient Satisfaction at UCI

The conceptual framework also posited that a positive corporate image would significantly influence patient satisfaction. Hypothesis 2 was developed to test this relationship.

4.5.1 Correlation Analysis Between Corporate Image and Patient Satisfaction at UCI

To explore the correlation between corporate image and patient satisfaction, Pearson correlation analyses were conducted for various dimensions of corporate image, including public perception, brand visibility, trustworthiness, and corporate values and norms. The results of these analyses are summarized in ***Table 5*** below, illustrating the significant correlations between each dimension of corporate image and patient satisfaction at UCI. The findings offer important insights into how UCI's corporate image impacts patients' overall experiences and satisfaction with the services they receive.

Table 5: Summary of Pearson Correlation Analysis Between the Dimensions of Corporate Image and Patient Satisfaction Among Patients at the Uganda Cancer Institute

Measure	Correlation	Lower CI	Upper CI	P value
Overall Corporate Image	0.565	0.494	0.629	<0.0001**
Public Perception	0.346	0.256	0.431	<0.0001**
Brand Visibility	0.143	0.045	0.239	0.0045**
Trustworthiness	0.592	0.524	0.653	<0.0001**
Corporate Values and Norms	0.666	0.607	0.718	<0.0001**

** $p < 0.05$, CI – 95% Confidence Interval

Source: Primary data, 2024

Overall Corporate Image

The overall corporate image of the Uganda Cancer Institute (UCI) demonstrated a moderate positive correlation with patient satisfaction ($r = 0.565$, $p < 0.0001$). This finding suggests that patients who had a favourable view of UCI's reputation were more likely to express higher satisfaction with their healthcare experience. Thematic analysis from the focus group discussions highlights that patients largely trust UCI due to its established reputation as a specialized centre for cancer treatment.

One participant shared, *"People know this place as somewhere for serious treatment; that's why many of us come here."* This sentiment reflects the trust patients place in UCI's ability to provide specialized cancer care, which fosters confidence in the quality of services they receive. Similarly, another participant commented, *"UCI is known, even outside Kampala, as the place to go for cancer care,"* further underscoring the role of UCI's reputation in attracting patients and shaping their overall positive perception.

Sentiment analysis shows that patients associate UCI's corporate image with trust, confidence, and reliability. These emotions are vital in enhancing patient satisfaction, as patients feel reassured knowing they are receiving care from a reputable and trusted institution. The generally positive emotional response to UCI's corporate image strengthens its connection to patient satisfaction.

Public Perception

Public perception had a weaker, but significant, correlation with patient satisfaction ($r = 0.346$, $p < 0.0001$). Thematic analysis revealed that while UCI is generally viewed as a trusted cancer

treatment centre, some misconceptions about its accessibility persist. A recurring theme in the focus groups was the perception that UCI primarily serves wealthier individuals.

One participant expressed this view, stating, *"Many people think this place is only for rich people, like you have to pay a lot to get treated."* Another participant remarked, *"In our place, when they hear that someone has gone to Cancer Institute, they believe it's a disease for rich people, not the poor. When I got cancer, people were saying, they told my parents to stop wasting their little money because I would die"*. This quote reflects the deeply ingrained beliefs that UCI services are financially inaccessible to the average person, which can impact patients' willingness to seek treatment. While this sentiment reflects a degree of hesitation among some potential patients, the participant also acknowledged, *"But when you come here, you find out that the treatment is for everyone."*

This mixed sentiment reflects a unique public perception of UCI. While patients appreciate the institution's expertise and reputation, there is a lingering belief that UCI is less accessible to lower-income individuals. Addressing these misconceptions could improve overall public perception and, in turn, enhance patient satisfaction.

Brand Visibility

Brand visibility exhibited the weakest correlation with patient satisfaction ($r = 0.143$, $p = 0.0045$). The thematic analysis suggests that patients place less importance on external visibility, such as advertising or media coverage, and instead prioritize their personal experiences with care. In the focus groups, participants did not express strong feelings about UCI's presence in the media but rather focused on their individual care experiences.

One participant noted, *"I don't really see a lot about UCI in the newspapers or on the radio. But for me, what matters is that when I come here, they know how to handle my case."*

Sentimentally, this highlights a more pragmatic approach among patients. While brand visibility can shape public awareness, it does not significantly influence satisfaction for individuals who prioritize the quality of care they receive directly. Patients seem to view brand visibility as less relevant to their personal healthcare experience.

Trustworthiness

Trustworthiness had a stronger positive correlation with patient satisfaction ($r = 0.592$, $p < 0.0001$), demonstrating that trust in UCI's healthcare providers is a crucial factor in patient satisfaction. The thematic analysis highlights a recurring theme of trust, with patients consistently expressing confidence in the competence and professionalism of UCI's staff.

As one participant mentioned, *"I trust the doctors here. They explain things well and you can see that they know what they are doing. It makes me feel safe."* Another participant reflected, *"The way the doctors and nurses behave here shows they know what they are doing, and they care about doing it right."*

Sentimentally, these quotes reveal a deep sense of security and trust among patients. Positive emotions such as safety, confidence, and reassurance are central to patients' experiences, emphasizing that trust in healthcare providers significantly enhances their overall satisfaction. The consistency in these sentiments highlights the importance of trust as a core aspect of corporate image that directly influences patient satisfaction.

Corporate Values and Norms

The strongest correlation was observed between corporate values and norms and patient satisfaction ($r = 0.666$, $p < 0.0001$), underscoring the significance of ethical standards and patient-centered care at UCI. Thematic analysis revealed that patients value UCI's commitment to upholding strong moral principles and ensuring that patients' well-being is prioritized.

One participant praised UCI for its patient-centered approach, saying, *"What I like about UCI is that they put patients first. They always act in a way that makes you feel like your health is their priority."* Another participant added, *"They stand by their principles. You can tell that they care about treating us well, not just about finishing the work."*

These quotes reflect positive sentiment around UCI's corporate values. Patients appreciate the institution's focus on ethical care, which fosters a sense of respect, integrity, and confidence in the treatment they receive. This strong positive emotional response to UCI's values reinforces its importance in shaping patient satisfaction.

4.5.2 Regression Analysis Between Patient-Patient-perceived healthcare service quality, Corporate Image, and Patient Satisfaction at UCI

Two simple linear regression analyses were conducted to assess the predictive power of patient-perceived healthcare service quality and corporate image on patient satisfaction. The analyses aimed to quantify the extent to which these variables influenced patient satisfaction at the Uganda Cancer Institute (UCI). The results indicate that both patient-perceived healthcare service quality and corporate image are significant predictors of patient satisfaction.

The regression model for patient-patient-perceived healthcare service quality yielded an R^2 of 0.59, indicating that 59% of the variance in patient satisfaction can be explained by patient-perceived healthcare service quality. This suggests that patient-perceived healthcare service quality plays a substantial role in shaping patient satisfaction at UCI. Similarly, the regression model for corporate image produced an R^2 of 0.48, indicating that 48% of the variance in patient satisfaction can be attributed to corporate image.

These findings align with the theoretical framework, which proposes that both service quality and corporate image are key determinants of patient satisfaction. Below (**Table 6**) is a summary of the regression results for both variables:

Table 6: Summary of Simple Linear Regression Analyses Predicting Patient Satisfaction from Patient-perceived healthcare service quality and Corporate Image at UCI

Measure	**Coefficient (β)**	**Std. Error**	**t-Statistic**	**p-Value**	**95% CI (Lower – Upper)**	**R^2**
Patient-perceived healthcare service quality	0.81	0.03	23.69	<0.001	(0.74 – 0.87)	0.59
Corporate Image	0.56	0.03	18.88	<0.001	(0.50 – 0.62)	0.48

Source: Primary data, 2024

The regression equation for patient-perceived healthcare service quality suggests that for every one-unit increase in patient-perceived healthcare service quality, patient satisfaction increases by 0.81 units. The intercept (0.61) represents the baseline level of patient satisfaction when patient-perceived healthcare service quality is zero. The scatter plot (see **Figure 2** below) with the fitted regression line below visually illustrates this positive linear correlation between patient-perceived healthcare service quality and patient satisfaction.

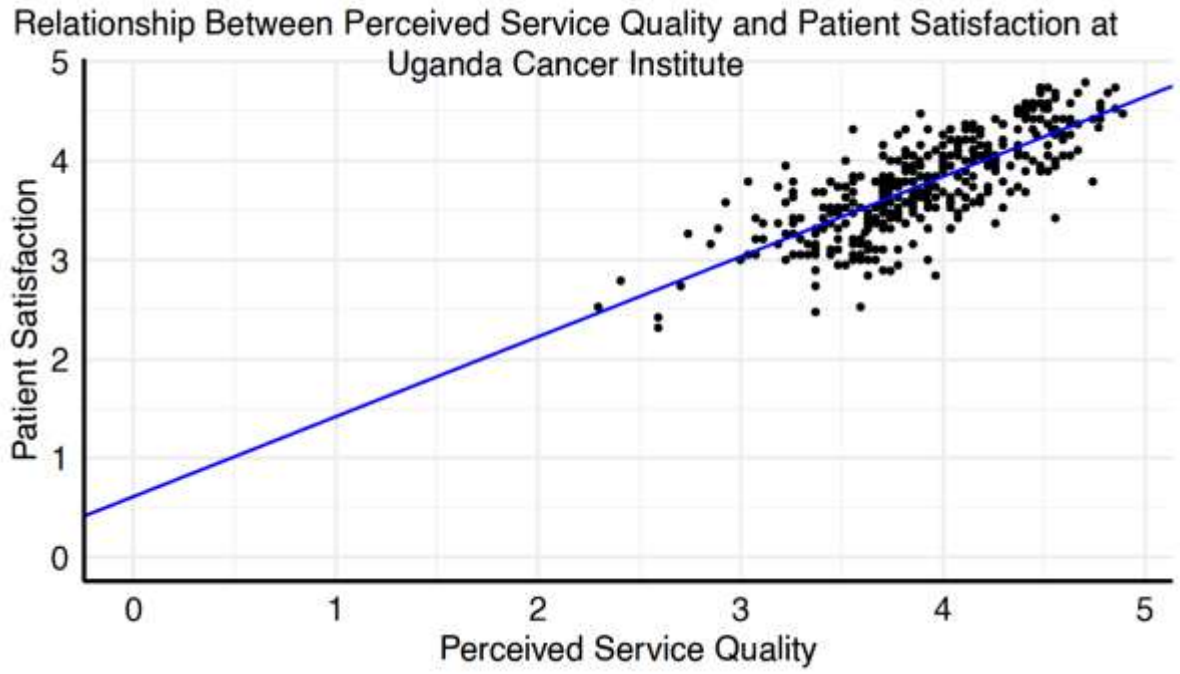

Figure 2: Scatter Plot of the Correlation Between Patient-Perceived Healthcare Service Quality and Level of Patient Satisfaction Among Patients at Uganda Cancer Institute

In the same way, the regression equation related to corporate image shows that a one-unit rise in corporate image leads to an increase of 0.56 units in the level of patient satisfaction. The intercept (1.60) represents the baseline patient satisfaction when the corporate image is zero. **Figure 3** shows this positive linear relationship, with an upward trend that supports the correlation and regression results.

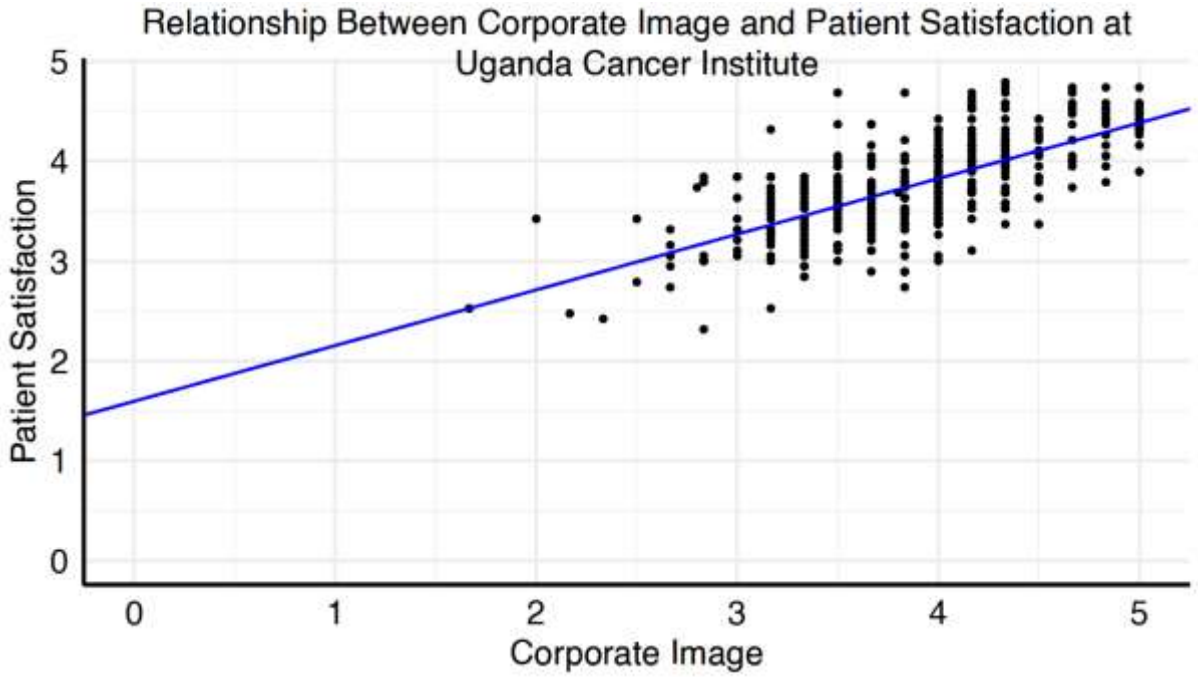

Figure 3: Scatter Plot of the Correlation Between Corporate Image and the Level of Patient Satisfaction Among Patients at Uganda Cancer Institute

4.6 The Predictive Power of Patient-perceived healthcare service quality and Corporate Image on Patient Satisfaction at Uganda Cancer Institute

A multiple linear regression analysis was conducted to further understand the combined effect of patient-perceived healthcare service quality and corporate image on patient satisfaction. The conceptual framework suggests that these two constructs jointly contribute to the level of patient satisfaction. This analysis included both patient-perceived healthcare service quality and corporate image as predictors of patient satisfaction.

The multiple regression model yielded an adjusted R^2 value of 0.65, indicating that approximately 65% of the variance in patient satisfaction could be explained by the combined effect of patient-perceived healthcare service quality and corporate image. This high R^2 value underscores the substantial impact of these predictors on patient satisfaction, supporting the theoretical model proposed in the conceptual framework.

The regression equation derived from the analysis is shown below:

Equation 1: Linear Regression Model Predicting Patient Satisfaction from Patient-perceived healthcare service quality and Corporate Image Among Patients at the Uganda Cancer Institute

$$Patient\ Satisfaction = 0.48 + 0.58 \times Perceived\ Service\ Quality + 0.26 \times Corporate\ Image$$

The coefficients for the predictors indicate that for every one-unit increase in patient-perceived healthcare service quality, patient satisfaction increases by 0.58 units, while holding corporate image constant. Similarly, for each one-unit increase in corporate image, patient satisfaction increases by 0.26 units, holding patient-perceived healthcare service quality constant. Both predictors were statistically significant, as evidenced by p-values significantly below 0.05.

The detailed regression analysis provided the following results (**Table 7**):

Table 7: Summary of Multiple Linear Regression Model Predicting Patient Satisfaction from Patient-perceived healthcare service quality and Corporate Image Among Patients at the Uganda Cancer Institute

Measure	estimate	Std error	statistic	*p*	CI	R^2	Adj R^2	σ
(Intercept)	0.48	0.12	3.84	< 0.001	0.23 – 0.73			
Patient-perceived healthcare	0.58	0.04	13.78	< 0.001	0.50 – 0.66			

service quality								
Corporate image	0.26	0.03	8.09	< 0.001	0.20 – 0.33			
Model fit			359.94	< 0.001		0.65	0.65	0.28

Source: Primary data, 2024

These findings indicate that both patient-perceived healthcare service quality and corporate image are significant and positive predictors of patient satisfaction at UCI. The combined effects of these predictors explain a substantial portion of the variation in patient satisfaction, highlighting the importance of both constructs in shaping patient experiences and satisfaction in cancer healthcare facilities.

CHAPTER FIVE: DISCUSSION OF FINDINGS

5.0 Introduction

This chapter discusses the key findings of the study in relation to the established research objectives and hypotheses. The analysis will explore how the results align with both existing literature and the conceptual framework outlined earlier in the study. Specifically, the discussion will focus on the primary objectives: examining the correlation between patients' perceptions of service quality and their satisfaction at the Uganda Cancer Institute (UCI), investigating the correlation between UCI's corporate image and patient satisfaction, and assessing the combined predictive power of service quality and corporate image on patient satisfaction.

The discussion begins by evaluating the individual correlations between patient satisfaction and each of these factors—patient-perceived healthcare service quality and corporate image – before analysing how both factors together predict overall patient satisfaction. Throughout the chapter, the findings will be compared with other studies, highlighting both similarities and differences. Finally, the practical implications for healthcare management will be considered, along with recommendations for improving patient satisfaction at UCI.

5.1 Discussion of Results

5.1.1 Correlation Between Patient-perceived healthcare service quality and the level of Patient Satisfaction

The Pearson correlation analysis revealed a strong positive relationship between the Patient-perceived healthcare service quality and overall patient satisfaction($r = 0.779$, $p < 0.0001$), indicating that higher perceptions of service quality are significantly associated with greater patient satisfaction. This finding supports Hypothesis 1 and aligns with the broader literature

on healthcare quality, which highlights the strong link between service quality and patient satisfaction (Asnawi et al., 2019; Chahal & Kumari, 2012; Sharma & Narang, 2011).

For instance, studies have shown found that patient-patient-perceived healthcare service quality was a major determinant of patient satisfaction in hospitals (Chahal & Kumari, 2012; Sharma & Narang, 2011). Parasuraman et al. (1988) also emphasized that dimensions of service quality play critical roles in shaping patient experiences and satisfaction. The high correlation coefficient of 0.77 suggests that patient satisfaction can be substantially improved by enhancing service quality.

The results show that while all dimensions of service quality are important, responsiveness ($r = 0.670$, $p < 0.0001$), empathy ($r = 0.635$, $p < 0.0001$), and assurance ($r = 0.662$, $p < 0.0001$) are particularly strong predictors of patient satisfaction at UCI. These findings align with the broader literature, which shows that healthcare institutions must prioritize not only the technical aspects of care but also the emotional and relational dimensions that significantly shape patient experiences. Research by Chahal and Kumari (2012) highlights the importance of interaction quality, such as staff behavior and empathy, as key to patient satisfaction, while Hannawa et al., (2022) stress the role of interpersonal communication and empathy in determining perceived care quality. Together, these studies reinforce the view that emotional and relational care dimensions are critical to enhancing patient satisfaction in healthcare settings.

Moreover, studies have highlighted that service quality not only impacts patient satisfaction but also affects patient loyalty and willingness to recommend the institution (Asnawi et al., 2019; Neupane & Devkota, 2017). This further validates the importance of service quality in healthcare institutions like UCI, where patient satisfaction can be used as a benchmark for both quality improvement and patient retention.

While the correlation is strong, it is important to note that the relationship is not perfect, meaning that other factors, beyond service quality, also play a role in influencing patient satisfaction. This aligns with research by Sharma & Narang (2011), who found that while service quality is a key predictor, elements like patients' personal circumstances and their expectations of healthcare services can also influence satisfaction levels. Other studies argue that structural and technical quality, such as availability of medicines and diagnostics, can outweigh perceived interpersonal care in resource-limited settings. For example, Nguyen et al., (2021) found that in some low- and middle-income countries, patients prioritized timely access to diagnostics and medications over relational aspects, especially when care delays had life-threatening implications.

In conclusion, the study's findings reaffirm the critical role that service quality plays in shaping patient satisfaction at UCI. The strong positive correlation underscores the need for healthcare managers to prioritize investments in improving service quality dimensions, as doing so is likely to result in substantial improvements in patient satisfaction. These findings align with the broader literature on service quality and satisfaction in healthcare settings, reinforcing the view that high-quality services are essential for achieving high levels of patient satisfaction.

5.1.2 Correlation Between Corporate Image and the level of Patient Satisfaction

The Pearson correlation analysis revealed a moderate positive relationship between corporate image and the level of patient satisfaction ($r = 0.565$, $p < 0.0001$), supporting Objective 2 and confirming Hypothesis 2 that a positive corporate image significantly influences patient satisfaction at UCI. The findings align with previous research, which emphasizes that trustworthiness and ethical corporate values are critical in shaping patient satisfaction (Abd-El-Salam et al., 2013; Chou & Kohsuwan, 2019; Gürses & Kiliç, 2013; Walean et al., 2022).

Among the dimensions of corporate image, trustworthiness ($r = 0.592$, $p < 0.0001$) and corporate values and norms ($r = 0.666$, $p < 0.0001$) emerged as the strongest predictors of patient satisfaction. These results suggest that patients at UCI place a high value on the competence and reliability of healthcare providers, as well as on the institution's adherence to ethical standards in care delivery. This finding is consistent with research by Hannawa et al. (2022), who stressed the importance of trust and relational aspects in healthcare settings. It also echoes Chou & Kohsuwan's (2019) assertion that ethical and patient-centered care practices are crucial for driving satisfaction.

In contrast, public perception ($r = 0.346$, $p < 0.0001$) and brand visibility ($r = 0.143$, $p = 0.0045$) had weaker correlations with patient satisfaction. This suggests that while UCI's reputation and presence in the community are important, they are secondary to the more personal experiences patients have with staff and the institution's values. These findings align with the work of Coutinho et al. (2019), who argue that internal factors such as trust and competence have a greater influence on patient satisfaction than external branding or visibility. In resource-constrained settings like UCI, patients may prioritize trust in healthcare providers and the ethical conduct of the institution over its public image or media presence.

The study also highlighted areas where corporate image could be strengthened. While UCI's trustworthiness and corporate values were highly rated, the relatively lower correlation for brand visibility suggests that efforts to enhance UCI's public presence could help reinforce its positive image and attract more patients. However, the limited impact of public perception and brand visibility suggests that UCI should focus primarily on maintaining and enhancing trust and ethical care practices to drive patient satisfaction.

Overall, these findings align with the broader literature, which emphasizes that while corporate image is important, its influence on patient satisfaction is heavily dependent on internal factors

such as trust and values. Studies by Asnawi et al. (2019) and Neupane & Devkota (2017) also support this, noting that corporate image complements service quality in shaping patient satisfaction but is not as significant as direct interactions with healthcare providers.

5.1.3 Predictive power of patient-perceived healthcare service quality and Corporate Image on Patient Satisfaction

The results from the multiple linear regression analysis revealed that both patientperceived healthcare service quality and corporate image are significant and positive predictors of patient satisfaction at UCI. Together, these factors accounted for 65% of the variance in patient satisfaction, as indicated by the adjusted R^2 value of 0.65. This finding demonstrates the importance of both constructs in shaping the patient experience, reinforcing the conceptual framework and supporting theoretical models such as SERVQUAL and previous empirical findings that position service quality and corporate image as key determinants of satisfaction in healthcare settings (Asnawi et al., 2019; Parasuraman et al., 1991).

The analysis demonstrated that patient-perceived healthcare service quality has a more substantial influence on patient satisfaction than corporate image, with a standardized coefficient (β) of 0.58. This suggests that improving the quality of services provided at UCI would lead to a considerable increase in patient satisfaction. This result aligns with existing literature, which emphasizes that service quality is one of the most critical factors driving patient satisfaction in healthcare (Asnawi et al., 2019; Chahal & Kumari, 2012; Neupane & Devkota, 2017). Healthcare managers should prioritize improvements in service delivery, particularly in areas such as responsiveness, empathy, and assurance, which were identified as key contributors to patient satisfaction in the correlation analysis.

Corporate image also emerged as a significant predictor of satisfaction, albeit with a smaller effect size ($\beta = 0.26$) compared to patient-perceived healthcare service quality. While corporate

image plays a role in influencing how patients perceive the institution, its impact on satisfaction is secondary to the direct experience of care. This finding is consistent with research by Coutinho et al. (2019) and Gürses & Kiliç (2013), which highlight that trust in the institution, its values, and its reputation can contribute to patient satisfaction, but the quality of care itself remains the most critical factor. However, contrasting evidence exists. In certain private and competitive healthcare systems, such as those described by Padma et al., (2010) in India, brand image and hospital reputation significantly influenced patient decisions and satisfaction levels, sometimes even more than actual care delivery. This suggests that in settings where patients exercise choice among providers, corporate image may play a more prominent role than it does at UCI, where it is the sole national cancer referral center.

The regression equation derived from the multiple regression analysis further highlights these relationships. For every one-unit increase in patient-perceived healthcare service quality, patient satisfaction increases by 0.58 units, while for every one-unit increase in corporate image, patient satisfaction increases by 0.26 units. These results emphasize that while both constructs contribute to patient satisfaction, patient-perceived healthcare service quality has a more direct and substantial effect.

In conclusion, the study's findings confirm that both patient-perceived healthcare service quality and corporate image are crucial in influencing patient satisfaction at UCI, with service quality having a more immediate and direct effect. These results are in line with existing theories and literature, demonstrating that healthcare institutions should focus on improving service delivery while also maintaining a strong, trusted public image. By addressing both factors, UCI can significantly enhance patient satisfaction, ensuring better patient retention and reinforcing its reputation as a leading cancer care facility.

5.1.4 Practical Implications

This study reveals that patient satisfaction at UCI is strongly influenced by both patient-perceived healthcare service quality and corporate image. To enhance satisfaction, UCI should prioritize improvements in service quality, particularly in responsiveness, empathy, and assurance. This can be achieved by reducing wait times, ensuring faster responses to patient needs, and fostering personalized, empathetic interactions between staff and patients.

While less influential than service quality, corporate image remains crucial. Strengthening UCI's image requires enhancing public perception, trustworthiness, and adherence to corporate values. This can be achieved through community outreach, public engagement, and maintaining high ethical standards.

Investing in staff training, particularly in communication and empathy, is essential to improve both service quality and corporate image. These "soft skills" play a critical role in enhancing patient interactions and building trust.

In a resource-constrained setting, cost-effective strategies are vital. UCI can leverage technology to streamline appointments, improve staff efficiency, and utilize patient feedback mechanisms to address service gaps. Partnerships with community leaders, government agencies, and NGOs are also crucial for sustaining these efforts.

By focusing on both service quality and corporate image, UCI can enhance patient satisfaction, improve outcomes, and strengthen its position as a leading healthcare institution.

CHAPTER SIX: CONCLUSIONS AND RECOMMENDATIONS

6.0 Introduction

The conclusions and recommendations section of this study synthesizes the key findings of the study and offers practical recommendations for the Uganda Cancer Institute (UCI). Drawing from the objectives of the research, this section aims to highlight the major outcomes related to patient-patient-perceived healthcare service quality, corporate image, and their impact on patient satisfaction. Furthermore, actionable strategies are proposed for enhancing service quality and corporate image to improve patient satisfaction. This section also addresses the study's limitations and suggests avenues for future research.

6.1 Conclusion

This study investigated the correlation between patient-patient-perceived healthcare service quality, corporate image, and patient satisfaction at the Uganda Cancer Institute (UCI). The findings confirmed that both service quality and corporate image significantly influence patient satisfaction.

Service quality demonstrated a strong positive correlation with satisfaction. Specifically, responsiveness, empathy, and assurance emerged as key drivers, highlighting the importance of not only technical competence but also attentive, compassionate care.

Corporate image, while moderately correlated with satisfaction, still plays a significant role. Patients' perceptions of UCI's reputation, trustworthiness, and values contribute to their overall satisfaction.

Furthermore, both service quality and corporate image were found to be strong predictors of patient satisfaction, together explaining 65% of the variance in satisfaction levels. Service quality emerged as the stronger predictor.

These findings highlight the importance of UCI strategically managing both service quality and corporate image to optimize patient satisfaction. By prioritizing responsive, empathetic care and cultivating a positive institutional image, UCI can enhance the patient experience and solidify its reputation as a trusted healthcare provider.

To stimulate future scholarly inquiry, future research could examine how perceptions of service quality and corporate image influence clinical outcomes such as treatment adherence and patient retention over time. Longitudinal studies would be particularly useful in assessing whether improvements in patient satisfaction translate into better health outcomes. Additionally, intervention-based studies could evaluate the effectiveness of targeted initiatives, such as staff training in communication and empathy or public awareness campaigns aimed at enhancing institutional trust.

6.2 Recommendations

Based on the findings of this study, several recommendations can be made to enhance patient satisfaction at the Uganda Cancer Institute (UCI) by improving both patient-perceived healthcare service quality and corporate image.

To enhance patient satisfaction, UCI should prioritize improvements in service quality, particularly responsiveness, empathy, and assurance. This involves optimizing appointment scheduling, increasing staff availability, and implementing continuous training programs focused on communication and patient-centered care.

Furthermore, UCI should strengthen its corporate image by actively engaging with the community and emphasizing its commitment to accessibility, transparency, and ethical standards. Leveraging technology to streamline patient interactions and improve communication will further enhance service delivery.

To ensure long-term success, UCI should establish ongoing quality monitoring systems to assess patient satisfaction and adapt its strategies accordingly. By focusing on both service quality and corporate image, UCI can significantly improve patient experiences, solidify its reputation as a leading healthcare provider, and ultimately achieve better patient outcomes.

6.2 Limitations and Future Research

This study, while providing valuable insights into the relationship between patient-patient-perceived healthcare service quality, corporate image, and patient satisfaction, had several limitations.

One limitation of this study is its focus on a single institution, the Uganda Cancer Institute (UCI). As a result, the findings may not be generalizable to other healthcare institutions or regions. The unique characteristics of UCI, including its patient demographics and resource constraints, may differ from other hospitals, limiting the broader applicability of the results. Another limitation is the reliance on cross-sectional data, which captures patient perceptions at one point in time. This approach does not account for potential changes in patient satisfaction or service quality perceptions over time, which may fluctuate based on various external factors such as policy changes, resource availability, or shifts in patient expectations.

Future research could address these limitations by conducting longitudinal studies that track patient satisfaction and service quality perceptions over extended periods. Such studies would offer deeper insights into how improvements in service quality impact patient satisfaction over time. Expanding the research to include multiple healthcare institutions, both within and outside Uganda, could provide a more comprehensive understanding of the factors affecting patient satisfaction in diverse healthcare environments. Additionally, future research could explore the role of cultural and socio-economic factors in shaping patient perceptions of service

quality and satisfaction. Understanding how these variables influence patient experiences could help healthcare providers tailor their services to meet the specific needs of different patient groups, thereby enhancing overall satisfaction.

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