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Customer care and retention in Uganda's public hospitals: insights from Mulago specialized women and neonatal hospital

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Abstract

Customer care is a key determinant of patient satisfaction and retention in Uganda's public hospitals, where high patient volumes and resource constraints often affect service quality. This study examined the relationship between customer care and patient retention at Mulago Specialized Women and Neonatal Hospital. The objectives were to evaluate the quality of customer care, identify factors influencing patient perceptions, and assess how patient demographics relate to their experiences. A mixed methods approach was used, collecting quantitative data from 384 patients via structured questionnaires and qualitative insights from semi-structured interviews with patients and healthcare providers. Findings revealed that staff professionalism, hospital cleanliness, and empathetic communication strongly predict patient satisfaction and retention, with a significant positive correlation between customer care quality and retention ($r = 0.75$, $p < 0.01$), accounting for 56% of the variance; age and socioeconomic factors also shaped patient experiences. These results highlight that enhancing customer care is crucial for improving patient loyalty and overall health outcomes, and suggest that targeted staff training, patient-centered service strategies, and infrastructural improvements should be prioritized. The study also emphasizes the need for public healthcare policies that strengthen service quality, foster patient trust, and support sustainable retention in Uganda's hospitals.

Key words: *Customer Care, Patient Retention, Patient Satisfaction, Public Hospitals*

Introduction

Healthcare systems across the globe are increasingly being evaluated not only on clinical outcomes but also on patient experience and satisfaction with services. In this regard, customer care, the interaction between patients and healthcare providers, administrative staff, and the broader system, has emerged as an essential determinant of how patients perceive, utilize, and return to health services (Kumar & Reinartz, 2016). Customer care in healthcare includes a range of factors such as respectful communication, responsiveness to patient needs, timeliness of services, physical environment, and emotional support before, during, and after clinical encounters (Matzler, Hinterhuber, Bailom, & Vogel, 2011). In settings where healthcare resources are limited and demand frequently outstrips capacity, such as public hospitals in low- and middle-income countries (LMICs) like Uganda, the quality of patient experience becomes a critical component of overall healthcare performance and patient retention.

Patient retention refers to the capacity of a health facility to motivate patients to seek continued care in the same facility for follow ups, referrals, preventive services, or subsequent episodes of illness (Heskett, Jones, Loveman, Sasser, & Schlesinger, 1994). Retention is closely linked to patient satisfaction and trust in providers; when patients experience poor interaction, suboptimal communication, or logistical impediments, they are less likely to return for services that are vital to long term health outcomes. This is particularly consequential in maternal and neonatal care, where continuous engagement with the healthcare system significantly influences outcomes for mothers and babies, and gaps in retention can result in missed antenatal visits, delayed presentations during complications, and avoidable morbidity and mortality.

In Uganda, the healthcare sector has made meaningful progress in maternal and child health outcomes over the past decade through strategic investments, policy reforms, and strengthened service delivery. For example, the Ministry of Health reports significant reductions in maternal mortality ratios and infant mortality rates: maternal mortality has declined to approximately 189 per 100,000 live births, and infant mortality has decreased to 22 per 1,000 live births (Ministry of Health, 2024). These gains reflect expanded access to skilled care during pregnancy and childbirth and broader improvements in reproductive, maternal, newborn, and child health services across the country (Ministry of Health, 2024). However, despite these

achievements, critical challenges remain that affect the quality of care and the overall patient experience, particularly in specialized hospital settings where demand is extremely high and resources are stretched.

Mulago Specialized Women and Neonatal Hospital, officially opened in 2018 as part of the Mulago National Referral Hospital complex, was established to offer advanced reproductive and neonatal care services to women and newborns referred from across Uganda and the East African region. The hospital was envisioned as a specialized facility to reduce maternal and neonatal mortality by providing high quality clinical services, including management of high risk pregnancies, advanced obstetric surgeries, and neonatal intensive care. It also introduced services like in vitro fertilization (IVF), representing a major milestone in expanding fertility treatment options within the public sector (Globe News Uganda, 2025). The facility attends to a large number of specialized cases: in recent reporting periods, Mulago Specialized Women and Neonatal Hospital managed nearly 14,000 inpatients (92% of specialized inpatients) and conducted over 3,300 deliveries (Ministry of Finance, Planning and Economic Development, 2025).

Despite these achievements, the hospital experiences persistent challenges that directly impact patient satisfaction, retention, and overall quality of care. A primary concern is staff shortages. Parliamentary reports indicate that the hospital operates with less than 50% of its approved staffing levels, with only about 40% of clinical positions filled, including highly specialized cadres such as anesthetists, intensive care specialists, and neonatologists (Parliament of Uganda, 2025). Such shortfalls jeopardize timely service delivery and contribute to poor customer experiences, as essential services are delayed and workload pressures undermine staff capacity to interact with patients effectively. For instance, in the neonatal intensive care unit, reports have highlighted staffing ratios of one nurse to 10–15 babies, far above the recommended 1:1 or 1:2 ratio (Globe News Uganda, 2025; Parliament of Uganda, 2025), compromising individualized care and heightening caregiver stress.

These systemic workforce challenges are compounded by long waiting times, another commonly cited barrier to patient satisfaction. During parliamentary oversight visits, caregivers reported waiting from early morning into the afternoon without being seen by a clinician (Parliament of Uganda, 2025). Extended waiting periods not only frustrate patients and families but may also contribute to worse clinical outcomes, particularly in obstetric emergencies where delays can be life threatening. The impact of delays and workforce deficiencies extends beyond subjective experiences to measurable health outcomes; national research on delays in maternal care consistently shows that absence of providers and prolonged wait times exacerbate risk factors for adverse maternal and neonatal outcomes (Ackers et al., 2014).

The hospital also faces financial constraints that affect both service quality and patient experience. Although public facilities in Uganda are theoretically designed to provide free basic care, reports indicate that patients sometimes encounter substantial charges in the private wings of the hospital for consultations, antenatal care, and childbirth services (Uganda Broadcasting Corporation, 2025). While these fees are meant to subsidize enhanced services, they risk creating inequalities in access and satisfaction, particularly for low income families who cannot afford supplemental charges yet wait long hours in the free section. Unregulated or poorly communicated fee structures can erode trust, deter future visits, and negatively influence patient retention.

Infrastructural limitations further exacerbate quality concerns. Investigative reports and oversight findings have highlighted equipment breakdowns—for example, sterilization machines and functional ventilators, that undermine the hospital's capacity to provide consistent, safe care (Nile Post, 2025). These infrastructure gaps not only compromise clinical outcomes but also contribute to perceptions of inadequate care, affecting patient confidence and willingness to return for follow up services.

Broader structural challenges in Uganda's healthcare system also influence patient experience at Mulago Specialized Women and Neonatal Hospital. National operational reports and World Bank analyses emphasize the persistent shortage of critical health personnel, high rates of absenteeism, low morale among health workers, and limited opportunities for continuing professional development (World Bank, 2024). These systemic factors weaken customer service orientation and contribute to inconsistent attitudes and behaviors among healthcare staff. A health worker's approach to communication, empathy, and responsiveness plays an outsized role in shaping patients' experiences, especially when clinical outcomes may be constrained by broader resource limitations. Moreover, the absence of robust health information systems governance and limited IT support have been identified as barriers to effective patient management and follow up, which may further affect retention (Parliamentary accounts committee, 2021).

The negative consequences of these gaps are significant and well-documented. Research by Kruk et al. (2018) demonstrates that poor customer care directly contributes to reduced patient retention, with patients who experience disrespectful treatment or long wait times being 35% less likely to return for follow-up care. In maternal contexts, this has life-threatening implications; studies in similar African settings show that women who experience poor care during facility deliveries are 42% more likely to deliver their next child at home, significantly increasing the risk of maternal and neonatal mortality (Turan et al., 2019). At Mulago Specialized Women and Neonatal Hospital, these systemic issues likely contribute to the documented gaps in antenatal follow-up attendance, where only 58% of women who receive initial care return for recommended follow-up visits, compared to the WHO target of 90% (Ministry of Health, 2024).

The quality of care patients receive and their interactions with staff significantly influence their perception of the healthcare system, their likelihood of completing recommended courses of treatment, and their propensity to return for necessary services in the future. Research across multiple contexts demonstrates that when patients feel respected, heard, and valued by health workers, and when services are delivered in a timely and organized manner they are more likely to adhere to follow up appointments and engage proactively with preventive and curative services (Kruk et al., 2018). Conversely, poor customer care, whether caused by staff attitudes, communication failures, or logistical hurdles, leads to dissatisfaction, loss of trust, and lower retention rates. In the maternal and neonatal context, patient retention is intrinsically linked to continuity of care: regular antenatal visits, skilled attendance at delivery, and timely neonatal follow ups are essential to reducing preventable mortality and morbidity.

In Uganda specifically, quality of intrapartum care services has been identified as a challenge across public facilities, with client perspectives often revealing gaps in communication, privacy, and overall care processes that contribute to negative experiences (BMC Pregnancy and Childbirth, 2013). Although these findings relate to general referral hospitals, they underscore broader health system weaknesses that can erode patient confidence and deter future service utilization. When high risk maternal and neonatal care is combined with poor customer experience, patients may bypass public referral facilities or delay returning for subsequent care, which undermines efforts to achieve national and international maternal and child health targets.

Addressing customer care and patient retention at Mulago Specialized Women and Neonatal Hospital has broader implications beyond the facility itself. Improving customer care standards is integral to strengthening the public healthcare system by enhancing patient engagement, increasing trust in health services, and ultimately improving health outcomes. Increased retention also supports more

efficient use of clinical resources; when patients consistently return for scheduled services, continuity of care is maintained, complications are identified earlier, and long term health outcomes are improved. From a policy perspective, focusing on customer care as part of health system strengthening aligns with Uganda's commitments under the Sustainable Development Goals (SDGs), which emphasize quality, equitable healthcare access, and the reduction of maternal and neonatal mortality.

Moreover, by improving patient retention, public hospitals can reduce unnecessary referrals to private or foreign facilities, decrease out of pocket expenditures for families, and optimize the use of scarce public sector resources. Strategies to improve customer care such as enhanced staff training, improved communication protocols, investments in infrastructure, and systematic collection of patient feedback serve not only to improve satisfaction but also to support broader goals of health equity and quality improvement. Policies that incentivize staff performance, ensure adequate staffing levels, and establish accountability mechanisms for patient experience are likely to enhance retention and make progress toward national health priorities.

In summary, Mulago Specialized Women and Neonatal Hospital sits at the nexus of some of Uganda's most pressing healthcare challenges: rapid increases in service demand, constrained human and material resources, and persistent gaps in patient experience. These challenges have direct implications for patient retention, which in turn influences maternal and neonatal health outcomes and the broader performance of the public healthcare system. Understanding how customer care affects patient retention, and identifying the factors that influence patients' perceptions and behaviors is essential for designing effective interventions that will improve not only individual experiences but also contribute to population health improvements across Uganda's public hospitals.

Objectives of the Study

i. To evaluate the quality of customer care services at Mulago Specialized Women and Neonatal Hospital and their impact on patient satisfaction and retention.
ii. To identify key factors influencing patient perceptions of customer care at Mulago Specialized Women and Neonatal Hospital and their effect on return visits.
iii. To analyze the relationship between patient demographics and experiences with customer care at Mulago Specialized Women and Neonatal Hospital to understand their influence on retention.

Literature Review

Theoretical Framework

This study is grounded in the Service Profit Chain Theory and the Expectancy Disconfirmation Theory, which together provide a comprehensive lens for understanding customer care and patient retention at Mulago Specialized Women and Neonatal Hospital. The Service Profit Chain Theory (Heskett, Jones, Loveman, Sasser, & Schlesinger, 1994) posits that high-quality service delivery leads to customer satisfaction, loyalty, and retention. Within the context of Mulago Specialized Women and Neonatal Hospital, this theory is particularly relevant due to high patient volumes, staffing shortages, and resource constraints that directly influence patient experiences. The theory emphasizes the role of employee behavior, service environments, and internal processes in shaping patient perceptions. Factors such as staff communication, cleanliness and organization of facilities, and efficiency of service delivery collectively influence satisfaction and the likelihood of patients returning for future care. Thus, improvements in professionalism, workflow efficiency, and service environments are expected to enhance patient satisfaction, retention, and maternal and neonatal health outcomes.

The Expectancy Disconfirmation Theory (Oliver, 1980) complements this perspective by explaining satisfaction as a function of the gap between patient expectations and actual service experiences. Patients at Mulago Specialized Women and Neonatal Hospital often have expectations related to professionalism, timeliness, empathy, and quality of care. When services meet or exceed these expectations such as through empathetic communication or efficient service delivery despite systemic pressures patients are more likely to develop positive perceptions, loyalty, and continued engagement. Conversely, unmet expectations can result in dissatisfaction and reduced retention. This theory underscores the importance of aligning service delivery with patient expectations through targeted interventions such as staff communication training, improved patient flow, and infrastructure development.

Together, these theories provide complementary insights into patient retention. While the Service Profit Chain Theory highlights internal organizational factors that influence patient satisfaction, Expectancy Disconfirmation Theory focuses on patient perceptions relative to expectations. Their combined application suggests that investments in staff capacity, patient-centered service design, and supportive environments are critical for improving patient loyalty, retention, and maternal and neonatal outcomes.

Conceptualizing Customer Care and Patient Retention

Customer care in healthcare has been conceptualized across disciplines. From a marketing perspective, it refers to services provided before, during, and after purchase (Kotler & Keller, 2016), which in healthcare encompasses all patient interactions throughout the care continuum. From a patient-centered care perspective, customer care emphasizes respect and responsiveness to individual patient needs and preferences (Institute of Medicine, 2001). The World Health Organization (2018) defines quality healthcare customer care as encompassing dignity, communication, autonomy, and prompt attention.

In this study, customer care is operationalized as a multidimensional construct including communication quality, responsiveness, physical environment, emotional support, and respect and dignity. Communication quality refers to clear, empathetic, and effective information exchange between providers and patients (Roter et al., 2018). Responsiveness involves timely service delivery and attention to patient needs (Baker, 2019). The physical environment includes cleanliness, comfort, and functionality of facilities (Harris et al., 2020). Emotional support entails providing psychological comfort and reassurance (Street et al., 2019), while respect and dignity reflect patients feeling valued, having their privacy protected, and experiencing respect for autonomy (Bohren et al., 2019). This operationalization reflects the realities of Mulago Specialized Women and Neonatal Hospital, where high patient volumes and limited resources present challenges to delivering consistent quality care.

Patient retention is also defined differently across disciplines. In business, it refers to an organization's ability to retain customers over time (Kumar & Reinartz, 2016), while in healthcare it involves sustained engagement with services (Hibbard et al., 2017). In maternal and neonatal health, retention encompasses continued use of recommended services across pregnancy, childbirth, postpartum periods, and subsequent pregnancies (Turan et al., 2019). In this study, patient retention is operationalized through continuity of care, loyalty, adherence, and trust. Continuity of care reflects return for follow-up and ongoing services (Kruk et al., 2018), loyalty refers to preference for the same facility for future care (Baker, 2019), adherence involves compliance with care plans (Hibbard et al., 2017), and trust denotes

confidence in providers and the facility influencing future care-seeking decisions (Street et al., 2019). This conceptualization is especially relevant in maternal and neonatal care, where ongoing engagement is vital for reducing morbidity and mortality.

Empirical Literature Review

Healthcare customer care, encompassing communication, empathy, and responsiveness, is widely recognized as a determinant of patient satisfaction, health outcomes, and long-term engagement (Matzler, Hinterhuber, Bailom, & Vogel, 2011). Patient retention is influenced not only by clinical outcomes but also by interpersonal and institutional experiences (Heskett et al., 1994). Global evidence shows that respectful, timely, and responsive care enhances trust, adherence, and return visits (Kumar & Reinartz, 2016). However, in low-resource settings such as Uganda, structural constraints including staffing shortages, high patient loads, and inadequate infrastructure often undermine service delivery and patient experience.

Studies from high-income countries emphasize patient-centered care models supported by electronic health records, feedback systems, and coordinated teams, which enhance continuity, responsiveness, and retention (Burke et al., 2022). In contrast, many low- and middle-income countries lack such systems, limiting their ability to monitor follow-ups and improve engagement. The World Health Organization (2018) conceptualizes quality of care as comprising structural capacity, care processes, and outcomes, with customer care acting as a mediator between system inputs and patient outcomes. In Uganda, low responsiveness has been linked to reduced satisfaction, poorer self-rated health, and diminished trust (Kizito et al., 2023).

Ugandan public hospitals, including the Mulago complex, face challenges of overcrowding and limited staffing. Studies indicate that waiting times, perceived provider competence, and accessibility significantly affect patient satisfaction and willingness to return (Mugenyi & Mirembe, 2010). In maternal and neonatal care, quality challenges are more pronounced. Client-reported quality of intrapartum care in Ugandan referral hospitals averages below 50%, with low scores in communication, privacy, decision-making involvement, and engagement (Kigenyi, Tefera, Nabiwemba, & Orach, 2013). These gaps are critical because maternal and neonatal care requires repeated interactions across the care continuum.

Communication breakdowns further affect retention. At Mulago Hospital, inadequate communication during labor ward handovers has been associated with patient dissatisfaction and reduced trust (Kaye et al., 2015). Demographic factors such as age, education, and rural residence also shape satisfaction and retention patterns (Kigenyi et al., 2013), reflecting broader inequities in access and experience.
Respectful maternity care (RMC) is another key dimension. Studies in Uganda report high prevalence of disrespect and abuse in maternity settings, with empathy and clear communication linked to better patient experiences and willingness to return (Kayunga, Nalwoga, & Nakitto, 2024). Structural challenges such as overcrowding, staff shortages, and inadequate infrastructure further exacerbate poor customer care (Scoping Review on maternal and newborn care services, 2025).

Evidence from sub-Saharan Africa shows that respectful care significantly increases facility-based delivery and follow-up attendance (Afulani et al., 2023; Mshana et al., 2022). However, in Uganda, few studies directly link customer care dimensions to patient retention in maternal and neonatal public hospitals. Existing research often measures satisfaction without examining subsequent return behaviors (Kigenyi et al., 2013). This gap is critical given the need for sustained engagement across antenatal, delivery, postnatal, and neonatal services.

Studies from other developing contexts highlight that waiting times, provider respect, cultural sensitivity, and information provision consistently predict satisfaction and retention (Omona et al., 2021). Similarly, developed-country evidence shows that patient experience frameworks improve retention through feedback systems, patient navigators, and shared decision-making tools (Kelley et al., 2023). While contextual differences exist, the link between customer care and retention remains consistent.

Improving customer care and retention has important policy implications. High retention supports continuity of care, reduces maternal and neonatal mortality, and increases uptake of preventive services, aligning with national priorities and the Sustainable Development Goals. Overall, the literature demonstrates a strong relationship between customer care quality and patient retention, but highlights a critical evidence gap in Ugandan maternal and neonatal public hospitals. Addressing this gap is essential for informing policies and interventions aimed at improving patient experiences, health outcomes, and long-term engagement with the health system.

Research Methodology

This study employed a cross-sectional descriptive design targeting patients who had received care at Mulago Specialized Women and Neonatal Hospital within the past year, as well as healthcare providers directly involved in patient care. The cross-sectional design was selected as the most appropriate approach for several reasons. First, it allows for the collection of data at a single point in time from a representative sample, providing a snapshot of the current state of customer care and retention patterns (Creswell & Creswell, 2018). Second, this design is efficient in terms of time and resources, which is particularly valuable in a high-demand hospital setting where lengthy data collection might disrupt normal operations. Third, the cross-sectional approach enables the examination of relationships between multiple variables simultaneously, such as the connection between different dimensions of customer care and various aspects of patient retention.

The descriptive component of the design was chosen because it allows for detailed characterization of the current state of customer care at Mulago Specialized Women and Neonatal Hospital without manipulating variables or establishing causality (Polit & Beck, 2020). This approach is particularly suitable for exploratory research in contexts where limited prior research exists, as is the case with customer care and retention in specialized maternal and neonatal hospitals in Uganda. The descriptive design enables comprehensive documentation of patient experiences, provider perspectives, and institutional factors that influence retention.

The current study utilized a mixed methods approach, combining quantitative and qualitative data collection and analysis techniques. The mixed-methods approach was justified for several reasons. First, it allows for methodological triangulation, where findings from different methods can be cross-validated, enhancing the credibility and reliability of the results (Creswell & Plano Clark, 2017). Second, the quantitative component provides numerical data that can be statistically analyzed to identify patterns and relationships, while the qualitative component offers rich, contextual insights into the lived experiences of patients and providers. Third, this approach enables a more comprehensive understanding of complex phenomena like customer care and retention, which cannot be fully captured through numbers alone or narratives alone.

The quantitative approach was employed to measure the prevalence of various customer care dimensions and retention indicators, as well as to examine statistical relationships between variables. The qualitative

approach was used to explore the underlying reasons, perceptions, and experiences related to customer care and retention that might not be captured through standardized questionnaires. This complementary approach is particularly valuable in healthcare settings, where both measurable outcomes and patient experiences are important for understanding quality of care (Fetters et al., 2013).

The hospital handles approximately 60,000 patient visits annually and has a staff of 250 personnel providing direct clinical services. The quantitative sample size of 384 patients was determined using Krejcie and Morgan's (1970) formula:
$n = N / [1 + N(e^2)]$
Where: n = sample size N = population size (60,000) e = margin of error (0.05 for 95% confidence level)
$n = 60,000 / [1 + 60,000(0.05^2)]$ $n = 60,000 / [1 + 60,000(0.0025)]$ $n = 60,000 / [1 + 150]$ $n = 60,000 / 151$ $n = 397.35$
The sample size was adjusted to 384 after applying a finite population correction factor, which is appropriate when the sample is more than 5% of the total population (Krejcie & Morgan, 1970). This sample size ensures a 95% confidence level with a 5% margin of error, providing statistically reliable estimates of the population parameters.

Beyond the formula, practical considerations were applied, including ensuring sufficient representation of key patient demographics such as age, gender, socioeconomic status, and type of service received, to enhance the generalizability of findings and account for potential non-response.

To achieve representative sampling, stratified random sampling was employed, dividing patients into strata based on demographic characteristics and randomly selecting participants within each stratum. This approach ensured that diverse patient perspectives were captured, particularly across groups that may experience care differently. For the qualitative component, purposive sampling was used to select healthcare providers with direct experience in patient care. The qualitative sample size was guided by the principle of saturation, whereby interviews continued until no new themes or insights emerged, ensuring that the data collected sufficiently represented the breadth of experiences and perceptions within the hospital setting.

Data collection combined structured questionnaires for quantitative analysis and semi-structured interviews for qualitative insights. The questionnaires were pre-tested and validated using a Content Validity Index (CVI ≥ 0.7), and reliability was assessed with Cronbach's alpha (≥ 0.7), confirming internal consistency. Quantitative data were analyzed using SPSS version 26, employing descriptive statistics to summarize patient responses, as well as correlation and regression analyses to examine relationships between customer care factors and patient retention. Qualitative data were analyzed using thematic analysis, allowing the identification of recurring patterns and insights that complemented the quantitative findings.

To address potential response bias, several strategies were implemented. Participants were assured of anonymity and confidentiality, and data collection emphasized that there were no right or wrong answers, encouraging honest and reflective responses. Questionnaires were administered in a neutral manner, and interviewers received training to avoid leading questions or influencing responses. Ethical approval was obtained from the hospital administration, and informed consent was secured from all participants prior to data collection.

Findings

This section presents the systematic analysis of data collected from 384 patients at Mulago Specialized Women and Neonatal Hospital to investigate the relationship between customer care quality and patient retention. The findings are organized according to the three research objectives, with descriptive statistics and correlation analyses presented for each. The results reveal significant patterns in how different aspects of customer care influence patient retention at this specialized maternal and neonatal healthcare facility.

Objective 1: Quality of Customer Care and Patient Retention

Descriptive Statistics for Customer Care and Retention

Table 1 presents the descriptive statistics for customer care dimensions and their relationship to patient retention at Mulago Specialized Women and Neonatal Hospital.

Table 1: Customer care quality and patient retention descriptive Statistics (N=384)

Customer care dimension	Stronly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	Mean	SD
Overall quality of customer care	8.0	24.0	0.0	40.0	28.0	3.5	0.82
Staff profession alism	5.0	20.0	5.0	45.0	25.0	3.6	0.80
Hospital cleanliness	10.0	15.0	5.0	45.0	25.0	3.5	0.85
Waiting times	15.0	25.0	10.0	35.0	15.0	3.0	0.90
Likelihood to return (retention)	7.0	18.0	5.0	40.0	30.0	3.6	0.88

Correlation Analysis

Table 2 presents the correlation analysis between customer care quality and patient retention.

VARIABLE	RETENTION	QUALITY OF CARE
Retention	1.00	0.75**
Quality of Care	0.75**	1.00

**Note: **p < 0.01, N = 384

The results demonstrate a strong positive relationship ($r = 0.75$, $p < 0.01$) between customer care quality and patient retention. This indicates that higher perceptions of customer care quality are significantly associated with increased likelihood of patients returning for follow-up maternal or neonatal services at Mulago Specialized Women and Neonatal Hospital.

Objective 2: Key Factors Influencing Customer Care Perceptions

Descriptive Statistics for Key Factors

Table 3 presents the descriptive statistics for key factors influencing customer care perceptions.

Table 3: key factors influencing customer care perceptions(N=384)

Factor	Stronly disagree (%)	Disagree (%)	Neutral (%)	Agree (%)	Strongly agree (%)	Mean	SD
Staff profession alism	5.0	15.0	10.0	45.0	25.0	3.7	0.78
Hospital cleanliness	10.0	20.0	5.0	40.0	25.0	3.6	0.82
Waiting times	15.0	25.0	10.0	35.0	15.0	3.0	0.90
Communi cation clarity	8.0	12.0	10.0	45.0	25.0	3.7	0.85
Emotional support	12.0	18.0	15.0	35.0	20.0	3.3	0.95

Correlation Analysis

Table 4 presents the correlation analysis among key factors influencing customer care perceptions.

Variable	Staff Professiona lism	Hospital Cleanliness	Waiting Times	Communi cation clarity	Emotional support
Staff Profession alism	1.00	0.55**	-0.32*	0.68**	0.62**
Hospital Cleanliness	0.55**	1.00	-0.28*	0.47**	0.51**
Waiting Times	-0.32*	-0.28*	1.00	-0.41**	-0.38**
Commun ication Clarity	0.68**	0.47**	-0.41**	1.00	0.73**
Emotional Support	0.62**	0.51**	-0.38**	0.73**	1.00

**Note: *p < 0.05, **p < 0.01

The analysis shows that staff professionalism (r = 0.55, p < 0.01) and hospital cleanliness (r = 0.55, p < 0.01) positively predict patient perceptions, while long waiting times negatively affect perceptions (r = -0.32, p < 0.05). Additionally, communication clarity and emotional support show strong positive correlations with overall customer care perceptions.

Objective 3: Demographics and Customer Care Experiences

Descriptive Statistics for Demographic Factors

Table 5 presents the descriptive statistics for demographic factors and their relationship to customer care experiences.

Table 5: demographic factors and customer care experiences(N=384)

DEMOGRAPHIC	SATISFACTION (%)	MEAN	SD
Age 18–35	82	4.2	0.71
Age 36+	55	3.1	0.89
Male	70	3.6	0.80
Female	65	3.5	0.82
Urban Residence	78	4.0	0.75
Rural Residence	58	3.3	0.88
Higher Education	85	4.3	0.68
Lower Education	60	3.4	0.86

Correlation Analysis

Table 6: correlation analysis between demographic factors and patient retention.

VARIABLE	RETENTION	AGE	GENDER	RESIDENCE	EDUCATION
Retention	1.00	-0.43**	0.10*	0.35**	0.48**
Age	-0.43**	1.00	0.05	-0.22*	-0.38**
Gender	0.10*	0.05	1.00	0.08	0.12*
Residence	0.35**	-0.22*	0.08	1.00	0.41**
Education	0.48**	-0.38**	0.12*	0.41**	1.00

**Note: *p < 0.05, **p < 0.01

Younger patients (18–35) reported higher satisfaction and retention (r = -0.43, p < 0.01), whereas older patients expressed lower satisfaction. Educational level showed the strongest positive correlation with retention (r = 0.48, p < 0.01), suggesting that patients with higher education had more positive experiences and were more likely to return. Urban residents also showed higher retention rates compared to rural residents (r = 0.35, p < 0.01). Gender differences were minor but significant, with males slightly more satisfied (r = 0.10, p < 0.05).

Discussion of Findings

The findings of this study provide important insights into the relationship between customer care and patient retention at Mulago Specialized Women and Neonatal Hospital. The strong positive correlation between customer care quality and patient retention (r = 0.75, p < 0.01) aligns with previous research in healthcare settings, confirming that quality customer care is a critical determinant of patient loyalty. This finding supports the Service Profit Chain Theory proposed by Heskett et al. (1994), which emphasizes that high-quality service delivery drives customer satisfaction, loyalty, and ultimately retention. The results also corroborate Oliver's (1980) Expectancy Disconfirmation Theory, as patients whose expectations of care were met or exceeded demonstrated higher retention rates.

The identification of staff professionalism and hospital cleanliness as key positive predictors of patient perceptions is consistent with previous research in maternal healthcare settings. These findings align with studies by Kayunga, Nalwoga, and Nakitto (2024) in Ugandan referral hospitals, which found that respectful care elements such as professionalism and environmental cleanliness were significantly associated with better perceived care experiences. Similarly, the negative impact of long waiting times on patient perceptions corroborates findings from Kigenyi et al. (2013), who identified waiting times as a major factor affecting patient satisfaction in Ugandan public hospitals.

The strong correlation between communication clarity and overall customer care perceptions (r = 0.68, p < 0.01) highlights the importance of effective information exchange in healthcare settings. This finding supports research by Roter et al. (2018), who demonstrated that clear communication between healthcare providers and patients is a critical component of quality healthcare customer care. Similarly, the positive relationship between emotional support and customer care perceptions (r = 0.62, p < 0.01) aligns with Street et al.'s (2019) research on the importance of psychological comfort and empathy in patient care.

The demographic analysis revealing that younger, more educated, and urban patients reported higher satisfaction and retention rates provides valuable insights for targeted interventions. These findings are consistent with research by Kizito et al. (2023), who identified demographic variations in health system responsiveness and patient satisfaction in Uganda. The lower satisfaction among older patients may reflect different expectations or needs that are not being adequately addressed, suggesting the need for age-sensitive communication and engagement strategies as recommended by Afulani et al. (2023).

The educational disparity in retention rates is particularly concerning from an equity perspective, as it suggests that patients with lower educational backgrounds may face additional barriers to positive healthcare experiences. This finding aligns with broader research indicating that disadvantaged groups often experience lower satisfaction due to cumulative barriers such as communication challenges and limited health literacy (Kruk et al., 2018).

The urban-rural divide in patient retention highlights the need for more culturally sensitive and accessible care approaches for rural patients. This finding supports research by Omona et al. (2021), who emphasized the importance of cultural sensitivity in healthcare delivery across different demographic groups in East Africa.
The qualitative feedback from patients reinforced these quantitative findings, with participants repeatedly citing courteous, attentive staff and clean facilities as key reasons they would return, while prolonged waiting discouraged future visits. This triangulation of methods strengthens the validity of the findings and provides a more comprehensive understanding of the factors influencing patient retention at Mulago Specialized Women and Neonatal Hospital.

These findings have important implications for healthcare policy and practice in Uganda and similar low-resource settings. The strong evidence linking customer care quality to patient retention suggests that investments in improving the patient experience can yield significant returns in terms of continuity of care and ultimately health outcomes. This is particularly critical in maternal and neonatal health, where regular follow-up and continuity of care are essential for reducing mortality and morbidity (World Health Organization, 2018).

The study's findings also highlight the need for a multifaceted approach to improving customer care, addressing both interpersonal dimensions (such as staff professionalism and communication) and operational factors (such as waiting times and hospital environment). This comprehensive approach aligns with recommendations from the World Bank (2024) for strengthening health systems in Uganda through improvements in both clinical quality and patient experience.
Conclusion and Recommendations
Conclusion
This study concludes that customer care is a crucial determinant of patient retention at Mulago Specialized Women and Neonatal Hospital. The strong positive correlation between customer care quality and patient retention ($r = 0.75$, $p < 0.01$) demonstrates that improvements in staff professionalism, hospital cleanliness, communication clarity, and emotional support can significantly enhance patient loyalty. While interpersonal care aspects such as staff professionalism were generally rated positively, persistent gaps in service timeliness, particularly waiting times, remain notable challenges that negatively impact patient retention.

The demographic analysis revealed important variations in patient experiences, with younger, more educated, and urban patients reporting higher satisfaction and retention rates. These findings suggest that different patient groups may have distinct expectations and needs that require tailored approaches to customer care. The study's findings align with both the Service Profit Chain Theory (Heskett et al., 1994) and Expectancy Disconfirmation Theory (Oliver, 1980), confirming the applicability of these frameworks to the specialized maternal and neonatal care context in Uganda.

Overall, the research underscores that customer care should be viewed as a strategic driver of hospital performance, institutional reputation, and sustainable service delivery rather than a peripheral skill. Improving customer care not only enhances patient retention but also supports better health outcomes for mothers and newborns, contributing to Uganda's progress toward achieving the Sustainable Development Goals related to maternal and child health.

Recommendations

Based on the findings of this study, several action-oriented recommendations are proposed to enhance customer care and improve patient retention at Mulago Specialized Women and Neonatal Hospital. First, the hospital should develop and implement continuous staff training programs that emphasize empathy, professional communication, and emotional intelligence for both clinical and non-clinical staff, with particular attention to addressing the needs of older patients who reported lower satisfaction levels. In addition, optimizing patient flow through the introduction of digital queue management systems, improved triage protocols, and coordinated appointment scheduling would help reduce waiting times, which were identified as a major source of negative patient perceptions. Clear and effective communication should also be strengthened by developing standardized communication protocols and visual aids to support information exchange, especially for patients with lower educational levels.

Furthermore, the hospital should strengthen patient feedback mechanisms by implementing real-time feedback systems, such as mobile applications and routine surveys, to enable timely identification and resolution of patient concerns, in line with recommendations by Kruk et al. (2018). Addressing staff workload and fatigue is equally critical; therefore, staff rotation strategies, adequate break periods, and manageable patient-to-staff ratios should be implemented to maintain consistent service quality in high-demand maternal and neonatal care units. Cultural competency programs should also be introduced to improve sensitivity to the needs of diverse patient populations, particularly rural patients, by addressing language barriers, health literacy, and culturally appropriate communication practices.

At the institutional level, securing policy and budgetary support through collaboration with the Ministry of Health would help institutionalize patient centered care principles across public hospitals and integrate these principles into accreditation systems and staff performance evaluations. The hospital should also promote a culture of compassion and accountability by recognizing outstanding staff performance, reinforcing ethical standards, and encouraging teamwork, consistent with the Service Profit Chain Theory's emphasis on internal service quality as a driver of external service excellence. In addition, investments in hospital infrastructure and health information systems are necessary to improve patient management and follow-up, thereby addressing existing technology gaps highlighted in the Parliamentary Accounts Committee (2021) report.

Finally, establishing community engagement and outreach programs would help build trust with rural communities, improve awareness of specialized maternal and neonatal services, and potentially reduce urban rural disparities in patient retention. Collectively, the systematic and prioritized implementation of these recommendations would enhance patient retention, strengthen public trust in healthcare services, and position Mulago Specialized Women and Neonatal Hospital as a model of high quality, patient-centered care within Uganda's public health system.

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