

Effects of Human Resource on Quality Service Delivery of Mission Hospitals in Mery County, Kenya

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Abstract

Prudent human resource management is at the core of every successful entity whether private, for profit, public, faith based and not-for-profit organizations. The human resource is the driver of other resources towards organizational development and harmonization of service delivery. This study endeavoured to explore the role of human resource in facilitating quality delivery of services in mission hospitals in Meru County of Kenya. The population were stakeholders of the mission hospitals, both internal and external clients including the chief executive officers (CEOs), Finance and Human Resource officers, public relations officers and other staff internally and, patients, suppliers and neighbours as external stakeholders. There were eight mission hospitals in the County and all of them were included in the survey. The design was a descriptive study with both purposive judgmental sampling at selection of top-level respondents and simple random sampling among the respondents at other levels. Piloting of the study instruments was carried out at Wamba hospital in the neighbouring Isiolo county which is also a mission hospital to test and improve them. Data collection was through structured questionnaires which were administered through drop and pick method or by research assistants on behalf of those who could not directly react to them like patients and some neighbours. Data was analyzed using SPSS version 23 and descriptive statistics used to interpret and describe the findings. Correlation analysis was done to establish the relationship between the dependent and the independent variables and significance established at 95 percent. The findings revealed that there was positive correlation between human resource and quality of service delivery in mission hospitals in Meru County ($R=0.71$, $F=21.397$, $P=0.00$). Human resource was critical to organizational success in determining customer royalty and repeat visits through the quality of services offered by competent, committed and skilled staff that lead to positive word of mouth marketing of hospitals. The study recommended greater emphasis on customer care, improved human resource management for quality service to enable the hospitals retain and attract more clients. Studies on the same in private and public hospitals were advocated.

Keywords: Human Resource, Quality Service Delivery, Mission hospitals,

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1. Introduction

The current world order dictates that high quality service delivery be at the core of every service-oriented organization if success and growth are to be realized amidst the highly competitive players in any industry. Every industry has its expectations in terms of the service delivery level below which customers seek alternative providers or solutions. Human resource (HR) is the core capability and the most valuable resource that enables efforts (Bowen & Ostroff, 2004; Wright, Gardner, Moynihan and Allen, 2005) since it is their practices that influence organizational performance such as service quality, customer satisfaction, and employee engagement (Boxall and Macky, 2007). Healthcare systems operate for the diagnosis and treatment of diseases, prevention of illness, and promotion of healthy living habits (Sang, DonHee and Chang-yuil, 2012). The Kenyan healthcare service is a devolved function as per the 2010 constitution in which healthcare services were transferred from the central to county governments (Kenya Constitution, 2010). This came with a lot of challenges related to “teething problems” but also inefficiencies and bureaucratic red tape in which resources were taking relatively long to reach the county governments resulting to complaints by several governors and strikes by medical staff that greatly affected the health sector in the years following the implementation of devolution. Mission hospitals as well as private ones were seen as the fall back for provision of medical services. However, the resource poor majority of the population who could not afford medical care in private hospitals resulted to mission ones for reprieve. Even before devolution, mission hospitals had played a key role in healthcare provision in the rural areas due to their unique niche as faith-based caregivers and reasonably affordable costs.

Meru County is situated in the upper Eastern side of Mount Kenya with 11 sub-counties. There are eight mission hospitals in the County that play a critical role in health care provision. Mission hospitals are faith-based institutions that are or were supported by missionaries when they settled in the areas where the hospitals are situated. They belong to the founding religions or denominations that brought about Christianity and education as well as healthcare. Most of the mission hospitals especially in Meru County were established by Catholics who, together with Methodists, were the first faithful to settle in the County. The hospitals are geographically

well spread out in the county and serve all sub counties and beyond. They are Igoji, Nkubu, Chaaria (Katolenco), Gitoro, Kiirua, Tigania, Maua and Mutuati. Many of the staff in mission hospitals especially the catholic ones are seconded directly from their missions as catholic sisters or brothers to serve in these hospitals either as a result of their 'calling' or from their qualifications or both.

Mission hospitals bridge the service gap that is brought about by inefficiencies or deficiencies that sometimes characterize public hospitals' service delivery and the expensive Medicare in private hospitals in that they are affordable and mostly well stocked with drugs and supplies as observed by many stakeholders. Further, due to the perceived human touch (politeness and empathy) accorded to patients by the staff who are bound by their faith to handle human life with dignity and love as Christians, the hospitals are preferred to other categories unless otherwise.

The quality-of-service provision in mission hospitals in the recent past has however been perceived to go down. Although the support given to the mission hospitals at the beginning could not be maintained by their financiers on perpetual basis, the shortage of resources should not significantly affect the quality-of-service delivery in this preferred category of Medicare providers. There was a compelling need to establish how mission hospitals were performing in terms of their human resource capability in provision of quality service in this study.

Literature Review

Human Resource

Human resource (HR) has been described as the core capability and the most valuable resource that manages other resources and efforts (Bowen & Ostroff, 2004) and especially in healthcare systems where managers strive to deliver quality care, reduce medical errors, ensure patient safety, reduce medical costs for both patients and the hospital and provide needed patient and customer service (Sang, DonHee, Chang-Yuil & Kang, 2012). The skills, attitude and commitment of health workers are very critical to success of mission hospitals. Sang Lee, DonHee and Chang-yuil (2012) conducted a study on the impact of high-performance work systems in the health-care industry and the effects of employee reactions, service quality, customer satisfaction and customer royalty in China. A total of 196 pairs of employee-customer respondents were tested among 500 selected hospitals with more than 500-bed capacity using structural equation modelling in which they found that to improve customer care and service delivery, job satisfaction by employees was critical especially in terms of salary and promotions. For hospitals to improve their service delivery, high performance work systems in healthcare were associated with employee reaction at 0.701 and improved service quality at 0.676 meaning all efforts at improving customer satisfaction and customer royalty are related to perceptions and attitudes of medical staff. High performance HR practices are assumed to enhance employee motivation and performance, and, in turn, these more motivated and better performing employees improve firm performance (Den Hartog, Boon, Verburg, and Croon (2013).

Organizations exist for purposes of delivering quality services to their customers through the human capital which should be competent to enhance realization of the firms' goals (Armstrong, & Taylor, 2014). The stability of any organization is based on its human resource since the best plans without the right implementers are bound to fail as Ul Hassan, Mukhtar, Qureshi, & Sharif, (2012) posits, and HR with rare, inimitable, non-substitutable qualities has been found to offer sustainable competitive advantage to firms (Barney, 1991). Training and development to better the capabilities and competences of employees is critical in any organization for realization and development of roles that enhance performance and quality service. Evans and Davis (2005) define high performance work system (HPWS) as an 'integrated system of HR practices that is internally or externally consistent and includes selective staffing, self-managed teams, extensive training, open communication, and performance compensation' and represents an important concept in the workplace ((Boxall & Mackey, 2007).

Effects of human resources in other service industries have been analyzed with similar findings. In their study on effects of human resource practices on service delivery in the County government of Siaya in Kenya, Luballo and Simon (2017) found that it was critical for organizations to be very careful on the competencies of who they were recruiting to ensure the staff kept pace with the service industry requirements. Emphasis was placed on flexibility in adapting to dynamics in the service industry that keep evolving hence requiring high value and well-trained employees. Experience of employees in healthcare industry was further emphasized by Sang et al, (2012) while Scotti, Driscoll, Harmon, and Behson (2007) reported positive relationship between High Performance Work Systems (HPWS) and customer satisfaction which leads to repeat consumption of services (Hallowell, Schlesinger, & Zornitsky (1996).

Quality Service delivery

The new generation of healthcare consumers (eg patients, patients' families, and potential patients or other consumers), demands improved quality of service, increased satisfaction, reduced medical errors, and prevention of diseases (Sang Lee et al, 2012). Service delivery is a business component defining relationship between the

providers and customers with services being offered by the provider in form of task or information leading to value gain or loss (Rae, Bohringer, Ashman, Brown, & Collins, 2016). Employees, as internal consumers, should assess service quality for better patient outcome such as short lengths of stay at hospital, reduced hospital infection and reduction in medical errors (Yoon, Choi and Park, 2007). Hospital leaders should take initiative in creating and improving service quality of their employees to benefit patients for increased value of service (Porter & Tiesberg, 2004). Becker and Gerhart (1996) argue that in a rapidly changing economic environment characterized by such phenomena as globalization and deregulation of markets, changing customer and investor demands, and the ever-increasing product-market competition that have become the norm in organizations, firms must continuously improve their performance by reducing costs, innovating products and services as well as processes, improving quality of service and increasing productivity and speed to market if they have to remain competitive.

Statement of the problem

Medical care is a critical support function in human development and the quality and timelines of the care determines the patronage of facilities that provide it. There are three major categories of medical service providers in Kenya; public funded from the exchequer, private funded by individuals or companies and faith based funded by faith organizations with variants in between. Health care is expensive in Kenya due to the majority of the population especially in rural areas comprising of resource poor, low-income households. Their preferred health providers are mission hospitals because they charge pocket friendly rates and are empathetic to their clients. However, the quality-of-service delivery over the years in the mission hospitals had been perceived to be declining or stagnating necessitating a closer look at whether this was as a result of human resource. The role of human resource in quality service provision is critical and need no emphasis. Therefore, the study sought to establish the relationship between the quality service delivery and the customer care levels given by the human resource of the mission hospitals to ensure continued value provision.

Purpose of the Study/Objective

Given the critical role played by mission hospitals in Meru County, there was need to establish the quality of their service by analyzing the relationship between their human resource and the quality-of-service in those healthcare facilities. The null hypothesis of no relationship was tested.

Justification and scope

Mission hospitals play a critical role in medical care provision in Meru County and will continue to be at the core of this critical service for a long time. In order for them to maintain or improve their service delivery, the negative perception on the quality-of-service delivery, real or imagined must be corrected. This study was very important since human resource plays a central role in service provision hence its quality is paramount. The study focused on all the mission hospitals in the county. It targeted both internal stakeholders as providers and external clients as recipients of service and their perceptions of the quality of the service. Although the study focused on Meru County, the pilot study at Wamba Mission Hospital in Isiolo county revealed similar results though it was for piloting. It means the findings apply to the various mission hospitals in the Country and probable beyond. Further, the findings are applicable in all hospital settings since they reveal that highly skilled, motivated and qualified staff are a prerequisite for quality service delivery hence the need to enhance staff welfare in these and other hospitals.

Limitations and assumptions

Due to the category of hospitals chosen, the study was limited in that it did not cover other forms of hospitals or medical care providers and so the findings may or may not apply across the board. The assumption was that the findings would however apply across the all forms of healthcare providers. It was a cross section study at a point in time (June 2021) meaning long term analysis of the situation would probably have yielded different or better results. The study assumed that human resource was the most critical factor driving others as revealed from literature. Finally, it was assumed that other factors had insignificant role in the level of quality service delivery in the mission hospitals.

Methodology

Research Design and population

The study adopted descriptive design. According to Kothari (2004), descriptive research studies are designed to obtain relevant and precise information concerning the current status of a problem or phenomenon and whenever possible to draw valid general conclusions from the facts discovered. The descriptive research design was chosen based on the research objectives and the fact that data and information could be obtained using the method without changing the environment. The research design is concerned with determining how variables are related

and the frequency of events (Bryman and Bell, 2014). The population targeted by the study were both internal and external stakeholders in mission hospitals. Internal stakeholders included top managers like the Chief executive officers (CEOs,) of the hospitals, Finance managers, Human Resource Managers, Customer relations and quality assurance officers. External stakeholders were patients, suppliers/merchants, and neighbours of these hospitals.

Sampling and sample size determination

Purposive judgmental sampling is used when the target respondents are known and the information they have is not common to others hence there is no need of generalization (Kothari, 2004) making it the appropriate sampling method to target the senior managers of the hospitals. Simple random sampling was employed to select external stakeholders like patients, suppliers and neighbours to avoid systemic bias. To limit and create uniformity in the hospitals, a number of five of the external stakeholders was decided on. The sample size was determined using the criteria described above and was as shown in Table 1.

Table 1: Sample Size

HOSPITALS	Nkubu	Igoji	Charia	Kiirua	Tigania	Gitoro	Maua	Mutuati	Total
RESPONDENTS									
CEO	1	1	1	1	1	1	1	1	8
Finance	1	1	1	1	1	1	1	1	8
HR	1	1	1	1	1	1	1	1	8
PR Officer	1	1	1	1	1	1	1	1	8
QA Officer	1	1	1	1	1	1	1	1	8
Suppliers	3	3	3	3	3	3	3	3	24
Patients	5	5	5	5	5	5	5	5	40
Neighbours	3	3	3	3	3	3	3	3	24
Total	16	16	16	16	16	16	16	16	128

Source: Hospital Human Resource departments, (2020)

Data Collection Instruments and Procedure

Questionnaires were designed for each category of respondents; thus, different for chief executives, for finance managers and so on for all internal and external stakeholders. The questionnaires were basically structured to capture the demographics in the first section and the subject matter in the second section which was largely based on a five-point Likert scale for ease of responses and analytics. The researcher and assistants would drop questionnaires and pick them later especially for hospital internal stakeholders. For outsiders, the data was either collected on the spot if the respondent had time and was willing to do it immediately after treatment especially for outpatients since they would be leaving for home, but for others including inpatients, data was collected by the enumerators by filling in for respondents or having them do it themselves where they were competent enough respond. The instruments would then be collected for data cleaning and entry into excel spreadsheets for analysis.

Reliability of research instruments

Reliability represents the variance of measurement values resulting from repeat measurement of the same concept. It is related to non-systematic error that can be expressed as stability, consistency, predictability and accuracy (sang et al, 2012), and tested using Cranbach's alpha values that range from -1 to 1 with values of 0.7 and above being preferred (Nunnally, 1978). Test-retest reliability of instruments has been advocated by scholars (Silverman, 2016).

Validity of Research Instruments

Validity refers to accuracy of measure or the degree to which a study accurately reflects what it was meant to show or assesses or reassesses the specific concept that the author is attempting to measure. Validity is normally tested by piloting the instrument and refining it from responses before subjecting it to the actual study. The author consulted some medical practitioners about formulating the constructs of the questionnaires and pretested it on a similar category of respondents from the neighbouring county of Isiolo. Mugenda and Mugenda (2011) advocates for pretesting research instruments with non-target group of respondents to improve on the constructs or questions before actual testing on sampled respondents.

Data Analysis and Presentation

Completeness and comprehensiveness of data are critical if it has to serve the intended purpose. Data was cleaned, summarized and entered into excel spreadsheets for analysis. Analysis was conducted using Statistical Package for Social Science (SPSS) and interpretation of findings done using descriptive statistics and

proportions. Correlation analysis was carried out to show how study dependent variable was correlated with the independent variables. Findings were presented in tables with explanations.

Ethical Issues

Requisite authorization to carry out the research was obtained from the relevant bodies as per legal requirements in Kenya. The National Commission for Science, Technology and Innovation (NACOSTI) is mandated to authorize any research in the country and had given the approval of the research. Respondents were handled with utmost respect to their time and confidentiality and were at liberty not to include any personal information. The data was handled with utmost confidentiality.

Results and discussions

Response rate

The total number of questionnaires administered were 128 as per Table 1. Out of these, 111 equivalent to 87% were returned which was considered an adequate response rate.

Reliability analysis

The instrument yielded a Cranbach alpha of 0.87 ($\alpha=.87$) meaning it had a high level of internal consistency among constructs and found reliable for data collection.

Respondents' position

The positions of respondents in the hospitals were as presented in Table 2.

Table 2: Position held by respondents

current position		Frequency	Percent
Valid	Chief executive officer	7	6.3
	Financial controller	8	7.2
	Human Resource Manager	8	7.2
	Customers/patients	33	29.8
	Merchants/suppliers	21	18.9
	quality control officer	8	7.2
	customer care officer	8	7.2
	neighbours	18	16.2
	Total	111	100.0

Source: Data analysis

Respondents' level of education.

The majority of the respondents 67(60.4%) had diploma followed by 21(18.9%) who had certificates in secondary or primary education making all of them able to answer the research questions appropriately. Those with bachelor's degrees and above were about 20% (Table 3).

Table 3: Highest level of education

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid others	21	18.9	18.9	18.9
diploma	67	60.4	60.4	79.3
undergraduate	19	17.1	17.1	96.4
Masters	3	2.7	2.7	99.1
PhD.	1	.9	.9	100.0
Total	111	100.0	100.0	

Source: Data analysis

Respondents' Length of service

In terms of length of service, the highest 33(29.7%) had over 11 years while 31(27.9) had served between 6 – 10 years followed by 28(25.9) 3 - 5 years and lastly 19(17.1%) 0 – 2 years. It was clear from the findings that most respondents had long experience in the institutions and hence able to provide the required information as shown in Table 4.

Table 4: length of service

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0-2 years	19	17.1	17.1	17.1
3-5 years	28	25.2	25.2	42.3
6-10 years	31	27.9	27.9	70.3
11 years & above	33	29.7	29.7	100.0
Total	111	100.0	100.0	

Source :(analyzed data)

Human resource

The majority of the respondents, 68 (61.3%) agreed that employees in the hospitals exhibited the appropriate attitudes as 65 (58.6%) further agreed that employees in critical sections of the hospitals were experienced. On whether the employees were adequate, 104 respondents (93.6.8%) opined that there was no shortage of the right caliber of employees in any critical section and they had the necessary qualifications with only 7 (6.1%) having dissenting views (Table 5).

Table 5: Human resource capacity

STATEMENT	1 -SD	2-D	3-N	4-A	5-SA
1. The hospital has adequate employees with the right qualifications in all the critical areas	2(1.8%)	5(4.5%)		52(46.8%)	52(46.8%)
2. The hospital has experienced employees in critical areas	4(3.6%)	1(.9%)		65(58.6%)	41(36.9%)
3. The hospital has competent employees	1(.9%)	2(1.8%)	6(5.4%)	57(51.4%)	45(40.5%)
4. The hospital has employees with the right skills		1(.9%)	8(7.2%)	55(49.5%)	47(42.3%)
5. The hospital has employees with the right attitudes	1(.9%)	2(.18%)	1(.9%)	68(61.3%)	39(35.1%)

Source: (analyzed Data, 2021)

On the competence of the employees to offer services in their designated areas, it was the opinion of the majority of the respondents at 102 (91.9%) that employees were qualified and did their work well. This meant that the hospitals were not compromising on the quality-of-service delivery by engaging quacks or unqualified staff. Medical care is a critical life sustaining service and cannot be compromised by engaging unqualified staff. This could explain why most clients in the region still prefer mission hospitals to other categories like private and public hospitals besides the affordable cost. This resonates with the assertions of Sang Lee et al (2012) that customers in hospitals have expectations of intensive interpersonal relationship with employees and employees' attitudes and behaviour are critical factors for customer satisfaction.

The skills of the hospitals' employees were rated high by the majority at 102 out of 117 (91.8%) meaning no competencies were lacking for service delivery in the mission hospitals. Skills complement is a critical factor of service delivery as only skilled staff can accord sensitive services like those required in medical care. This means that these mission hospitals were keen on recruiting and retaining skilled staff which is a critical human resource management factor in any organization. Skills update by training on-the- job on emerging innovations is highly recommended for continued high quality of service delivery.

The attitudes of service providers make the whole difference to the recipients of services. The findings revealed that the respondents considered the attitude of service providers positive at 107 of the 117 respondents (92.8%). This is very important in that the respondents were confident of the attitudes of the hospital staff. "Attitude determines altitude" so goes a common saying. Therefore, for the clients of the hospital to discern a positive attitude among staff is a very important marketing tool through referrals. This explains why the mission hospitals have continued to thrive despite the many challenges especially financial ones, facing them. To improve employees' attitudes and behaviour for their work outcome, Sand Lee et al (2012) suggests that there is a need for organizations to support their employees to develop positive attitudes and hence relationships with customers. Employee reactions are determined by the degree of engagement by their perceived organizational support, politics, compensation systems, structure and work activities (Fedor, Maslyn, Farmer, and Bettenhausen, 2008).

Regression results for Human resources

There was a positive relationship between human resource and the quality-of-service delivery (R=0.71, F=21.397, P=0.00). Therefore, the null hypothesis of no relationship was rejected. Table 6 gives the model summary.

Table 6: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.710 ^a	.505	.481	.501	.505	21.397	5	105	.000

a. Predictors: (Constant), employees have the right attitude, the hospital has experienced employees, the hospital has competent employees, employees have the right skills, hospital has adequate employees with the right qualifications

Quality service delivery

The majority of the respondents at 104 out of 117 (93.6%) confirmed that customer compliments, which was a major indicator of the level of quality service delivery were well received. On the other hand, the management was also receptive of customer complaints at an equally high rate of 91.9% of the respondents. This implied that management was open to both compliments and complaints (critique) and hence had a positive attitude to customers. The other indicators of provision of quality service, the perceived growth of the number of clients in the hospitals supported by 92.8% of respondents and increase in profits was supported by 103 of the 117 (92.8%) of the respondents (Table 7). This implied that all indicators of quality service delivery were highly rated by the respondents and were perceived to give the hospitals the positive perception (clean bill of health) to continue serving their clients who kept on increasing.

Table 7: Quality service delivery

STATEMENT	1 -SD	2-D	3-N	4-A	5-SA
1. Customer compliments are always well received	1(.9%)		6(5.4%)	49(44.1%)	55(49.5%)
2. Customer complaints are received and acted upon promptly		3(2.7%)	6(5.4%)	57(51.4%)	45(40.5%)
3. There is hospital growth in numbers	1(.9%)		7(6.3%)	59(53.2%)	44(39.6%)
4. Profits are continually increasing	1(.9%)		7(6.3%)	59(53.2%)	44(39.6%)

Source :(Analyzed data)

Discussion on human resources and quality service delivery

The positive statistically significant results confirmed a correlation between human resource and the quality-of-service delivery in the mission hospitals in Meru County. It is true that human resource is the backbone of every organization. The result of this study were consistent with those of Luballo and Simon (2017) in Siaya County in Kenya. They were also a reflection of earlier assertion by Sang et al, (2012) that medical service industry the world over is under reforms for improved service delivery since it is also a very sensitive industry in which repeat visits highly depend on the treatment that the customer (patient), their families, potential customers and other stakeholders get (Friesner, Neufelder, Raisor, & Bozman, 2008) and favourable word of mouth marketing directly or indirectly (Heskett, Sasser, & Sclesinger, 1997). High involvement practices help employees develop the kind of firm-specific human capital – knowledge of a firm’s products, customers, and work processes that enable them interact effectively with customers (Mills, Chase, & Marguiles, 1983) and the behaviour of the employees shapes the customers’ buying behaviour. Therefore, it is imperative that the staff of the mission hospitals had the requisite HR skills and attitudes to retain and attract customers due to quality service offered in the healthcare facilities.

Conclusion and recommendations

The findings confirmed the critical role played by adequate, qualified and skilled human resource with the right attitude to quality service delivery. In mission hospitals particularly, this is important in combining their spiritual duty and customer service as “service to humanity is service to God”. The conclusions from this study are consistent with those drawn by Sang et al (2012) that medical service is best characterized as a system “by the people, for the people and of the people” meaning medical staff employees are critically important for any health care system to work well as reforms in healthcare continue throughout the world to provide quality, timely and affordable Medicare. The skill and attitude of service providers cannot be compromised in a hospital setting. This further confirms that the industry is very highly regulated to reduce risks of complacency and incompetence.

The study recommends evaluation of public and private hospitals in Meru County on the same parameters to establish effects of human resource on the quality-of-service delivery offered there and compare with the findings of this survey. Maintaining and improving on human resource compliment through skills development and welfare improvement for sustainable quality service delivery is recommended. It is further recommended that this study be carried out on a nationwide basis probably by the Ministry of health to provided policy

direction.

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