

**FACTORS AFFECTING MAINTENANCE OF QUALITY SERVICES IN PUBLIC  
INSTITUTIONS**

**(A CASE STUDY OF WAJIR COUNTY REFERRAL HOSPITAL)**

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## **DECLARATION**

### **Declaration by the Student**

This Project is my original work and has not been presented for a degree in any other university.

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### **Declaration by the Supervisor**

This project has been submitted with my approval for examination as the university Supervisor.

Sign \_\_\_\_\_ Date \_\_\_\_\_

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## **DEDICATION**

I dedicate my project to my lovely Family whose prayers words of encouragement and push for tenacity ring in my ears.

## **ACKNOWLEDGEMENT**

I would like to express my sincere gratitude to my supervisor Dr. Diana Opollo for the continuous support and guidance while carrying out my project, for her patience, motivation and immense knowledge. I thank my beloved family, loved ones and friends, for having supported me throughout the entire process by keeping me in their prayers. I will forever be grateful for your support.

## **ABSTRACT**

The study aimed at establishing factors affecting maintenance of quality services in public institutions, Wajir County Referral Hospital as the case study. The specific objectives of the study were; to find out the effect of work environment on maintenance of high quality services in Wajir County Referral Hospital, to determine the effect of staff capacity on the maintenance of high quality services in Wajir County Referral Hospital and to find out the influence or the effect of technology on maintenance of high quality services in Wajir County Referral Hospital. The study is of great significance to various stakeholders such as policy makers/planners, Ministry of Health and Sanitation professionals with new ideas on provision of quality health service to the public that should be taken into account in serving the public since quality, efficient and effective service provision offers an opportunity to a healthy and active nation. The independent variables of the study were work environment, staff capacity and technology, while the dependent variable will be maintenance of quality service. The target population of the study was divided into three: management team, medical staff and non-medical staff who add up to two hundred. 20% of the target population was selected to make up a sample size of 40. Random sampling was used to select respondents for the sample size. Data was collected using a questionnaire having open and closed questions based on the objectives. Data was coded and analyzed using Microsoft Office Excel 2007 program to generate, bar charts, line graphs, pie charts, tables and histograms in the presentation of the data. The findings of the study showed that workers; lack adequate tools and equipment for service deliver, they work beyond the normal working and lack encouragement for service deliver. The hospital lacks adequate workforce therefore workers are overworked. The study revealed salary increments are not reflected in worker's pay slip, overtime is not compensated and payments are delayed, these often results to industrial actions. The findings also revealed low use of technology in the hospital which led to slow service deliver leading to long queues. The study recommended provision of necessary tools and equipment's for service deliver, hiring of more workforce, introduction of database technology, compensation for overtime, timely processing of payments and implementation of salary increment agreements.

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### **LIST OF ABBREVIATIONS**

ERSWEC	-	Economic Recovery Strategy for Wealth and Employment	Creation
GOK	-	Government of Kenya	
HIV	-	Human Immunodeficiency Virus	
ICT	-	Information Communication Technology	
MDGS	-	Millennium Development Goals	
MOH	-	Ministry of Health	
SPSS	-	Statistical Packages for the Social Science	
TWA	-	Theory of work Adjustment	
WHO	-	World Health Organization	

## **OPERATIONAL DEFINITION OF TERMS**

**Services** refer to economic activities offered by one party to another, most commonly employing time based performances to bring about desired results in recipients themselves or in objects or assets for which purchasers have responsibility.

**Quality** is the degree of goodness or worth of something. Therefore a product or service is said to be of high quality if it has attributes or features that meet the expectations of its consumers or users.

**Staff capacity** refers to both competence and the number of staff needed to deliver services to the clients is important. Training and development enables the employees to acquire skills for higher performance.

**Training** is any process by which the skills and abilities of employees to perform specific jobs are increased

## **CHAPTER ONE**

### **INTRODUCTION OF THE STUDY**

#### **1.0 Introduction**

This chapter gives an overview of the study. It outlines the background of the study, statement problem, objectives of the study and the importance of the study.

#### **1.1 Background**

##### **1.1.1 Quality management in the public institutions**

Enhancing the quality to a well key level is viewed as a fundamental state of fruitful operation amid the most recent decades in each field of characterized economy. No administration or creation association can avoid the utilization of value administration strategies and instruments on each framework level. The frameworks have built up parallel with the change on the quality idea and the application consequently advancement of these different quality frameworks and methodologies may have created because of incompletely change in quality embracement. (Topar, 2001)

In assurance quality have numerous different definitions; whatsoever, pointing out its essence, it is evident that quality means meeting all latent or expressed demands of a prospective customer (client, partner). With reference to this meaning, in essence, Topar reveals that services are the same to the number of your clients or partner with respect to number of various demands. (Topar, 2001)

To fulfill authority functions to the majority of institutions, most quality management systems must be put into considerations, this is part of public service institutions and in fact, a tool to meet specific unique customer demands. In this case clients demand and legal background at times fail to fully comply. Of course, most extensive client demands as bided by law are given the foremost priority in such cases; according to the creator of law these are always specified. In reference to public service in quality matters, it is a must to remember that basic methods of quality management and techniques have been revived in industry production connection.

In developing and creating your quality management methods and systems, proper adaptation of the systems must be reached to achieve good results this is by consideration of the special features of organization and sector at any time they are applied. The effective modern quality systems application and methods is significant requirement as per public service institutions. (Dudas, 2002)

The focus has been fulfilling to service function from the official function as far as the organization work is regarded or concerned. Moreover, today the characteristics of official authority processes includes professional analyzing, consulting and service approach, supporting activities, after all, as this describes clientele work support and meeting client satisfaction, hence quality. (Topar, 2002)

### **1.1.2 Service provision in the Public Institutions**

Flynn (1993) highlighted that every public institution is made up of civil service of the local governments and not only that but also the government has created other statutory agencies. Lynch (2002) identifies the difference between the private and the public institutions by concluding that the major difference has come out by the inadequate in the government owned institutions hence the objective in delivering the profit.

In Kenya the common administration was early settled by the English frontier government. Amid the season of autonomy, general society benefit throughout the years has kept on rendering truly low quality administrations because of poor work there were next to zero fundamental changes of structure out in the open administration. Without a doubt, endeavors were illuminated in supplanting the withdrawing ostracizes with the indigenous Kenyans subjects under one approach known as Kenyanization. Execution and is coordinated to residents by the representatives (DPM, 2002). This started the distance from the season of autonomy in 1963 which addresses poor administration conveyance and poor work execution out in the open area, this exuded definitely from Kenyanization strategy.

Well-functioning public institution that delivers standard public services consistently with people preferences and that boost services using fiscal resources on private market-led growth which deliberated seriously to vision of the World Bank. In reducing poverty mitigation and attain a Millennium Development Goals. In the last decade many governments are seen to restructure

their public institutions in an attempt to reduce pressure in twin problems of growing citizen disenchantment and indebtedness with the government (DPM, 2002).

In specialists, reorganization endeavors have incorporated the weight of the need. To utilize an execution based or comes about based strategy to foundation organization endeavors are required. Following the Financial Recuperation System for Riches and Business Creation (ERSWEC) fruitful execution in the year 2007, the Legislature of Kenya (GoK) thought of the possibility of vision 2030 which keeps running from the year 2008 to 2030. To make Kenya a prosperous and all around aggressive country worldwide was the entire advancement plan and it mirrors the change of elevated expectations of living as we are heading our vision 2030. To accomplish this a significant and predictable motivation which will distinguish social, political and financial frameworks must be held onto as this is the capable mainstay of Kenya's improvement.

### **1.1.3 Wajir County**

Wajir County is located at former North Eastern Province at the northern part of Kenya. It's the largest town and capital is Wajir. Its population is estimated to be 661,941 and has an area of 55,840.6 km<sup>2</sup>. The County has only a single local authority which is Wajir county council. Wajir County constitutes of four constituencies Wajir West, Wajir North, Wajir south and Wajir east. Also the County is sub-divided into 14 administrative divisions.

Wajir is a Borana word which means coming together, bequeathed to this part of the country because of the pastoral communities and different clans that used to congregate in areas within Wajir town to provide their animals with water from the dependable and abundant shallow wells that characterize the overall general land geomorphology.

The town is well centrally located with due to all major towns in the region, with its shallow wells high human traffic and abundant water resources, the British officially established the town of Wajir in 1912, the reason behind this is to serve as their colonial headquarters. The town is now regarded as one of the oldest town in Kenya history after Mji wa Kale and malindi in Mombasa. In 2012 its Centennial Anniversary was marked with weeklong week-long celebrations amid much colour and pump.



#### **1.1.4 Wajir County Referral Hospital**

Wajir East Sub-county is where a district Hospital of Wajir County Referral Hospital is located. The hospital has applicable 120 beds, 10 cots and operates 24 hours 7days per week. In collaboration with the ministry of health under the county government, the hospital is ranked as a county referral hospital under the county government of Wajir in collaboration with the ministry of Health. The Hospital offers the following services, FP family Planning, ART Anti-retroviral Therapy, HBC Home based Care, C-IMCI community Integrated management of childhood illness, , and IPD inpatient Departments.

#### **1.2 Statement of the problem**

Provision of high-quality services by public institutions has been a great concern to Kenyans. In the year 2014, the government appointed new officials to head various public institutions such as Kenya Port Authority with the reason for enhancing the arrangement of value administrations. However, in some public institution provision of services have merely improved, this show despite leadership factor there are other factors facilitating inadequate maintenance of quality services by public institutions.

In the health sector, there is a growing concern over the poor quality of health services rendered to the population, even though the MOH policy endeavors to advocate for improved quality of services to be provided at health facilities in the country (MoH, 2012). According to Mutua (2011) provision of public health services in hospitals lack priority that it should enjoy in relation to staff commitment, provision of required materials and equipment's, technology and communication channels which translate to other health service delivery the aim of this study is to investigating the factors affecting maintenance of high-quality services in a public institution with special reference to Wajir County Referral Hospital.

#### **1.3 Objectives**

##### **1.3.1 General Objective**

The main aim of the study was to find out factors affecting maintenance of high quality services in public institutions

##### **1.3.2 Specific objectives were;**

1. To examine the effect of work environment on maintenance of high quality services in Wajir County Referral Hospital.

2. To determine the effect of staff capacity on the maintenance of high quality services in Wajir County Referral Hospital.
3. To assess the influence or the effect of technology on maintenance of high quality services in Wajir County Referral Hospital.
4. To examine the influence or the effect of remunerations on maintenance of high quality services in Wajir County Referral Hospital.

#### **1.4 Research Questions**

1. What are the effects of work environment on maintenance of quality service in Wajir County Referral Hospital?
2. What are the effects of staff capacity on maintenance of high-quality services in Wajir County Referral Hospital?
3. What are the effects of Technology on maintenance of high-quality services in Wajir County Referral Hospital?
4. What is the influence or the effect of remunerations on maintenance of high quality services in Wajir County Referral Hospital?

#### **1.5 Significance of the Study**

The discoveries of this investigation are of practical value to persuade various stakeholders such as policy makers/planners, Ministry of Health and Sanitation professionals with ideas on provision of quality health service to the public that should be taken into account in serving the populations since quality, efficient and effective service provision offers an opportunity to a healthy and active nation.

The findings are useful to the government health officials and the civil society by equipping them with facts and knowledge necessary to ensure effective partnership and collaboration with other stakeholders in helping health service providers to work more efficiently. The key results of this valuable investment will be seen in the lives of the beneficiaries of the public health sector and especially patients, the entire community and the nation at large after the relevant stakeholders apply the knowledge recommended in this study.

The information gathered will help the Human resource management and management team of Wajir County Referral Hospital to enhance working environment and working conditions of their staff.

The study formed a reference for academicians and researchers interests in maintenance of quality services in public institutions. The variables and findings of the study may form a basis for further research.

### **1.6 Scope of the study**

The study was conducted to determine the factors affecting the maintenance of quality Service in the public institutions Wajir County Referral Hospital as the case study. The study targeted two hundred employees of Wajir County Referral Hospital from top management, medical and non-medical staff. The study was conducted in a period of four months June to September.

### **1.7 Chapter Summary**

In the health sector, there is a growing concern over the poor quality of health services rendered to the population. As a result the research aims at finding out factors affecting maintenance of high quality services in Wajir County Referral Hospital. The main variable to be studied include work environment, staff capacity, technology and remunerations

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter reviews relevant literature on the provision of quality service in a public institution. The chapter develops a conceptual framework that will be used in the study regarding each variable in the study. The review will identify research gaps and areas that have been recommended for further research.

#### **2.1 Theoretical literature Review**

##### **2.1.1 Resource-based theory**

To comprehend how any organizations attain viable competitive advantage the resource-based concept has been advanced. For an organization to compete in the global market there is the need to develop new technologies together with new business strategies. The best understanding of the new ways to implement and adopt new technologies such as information technology is necessary due to their short life cycle which leads to changing cost increase of using the Information Technology (Bridge et al. 1998). Basing the argument on resource-based philosophy, the competitive advantage only develops in a resource heterogeneity condition (diverse resources across companies) and immovability of resources (the inability of rival organizations to acquire resources from other firms) (Barney, 1991). As recommended by the asset based view (RBV) firms possess assets, a subsection which encourages them to achieve and understand the upper hand pick up, and furthermore a subsection of those that incredibly point on long haul execution. To pick up and build up upper hand resources are esteemed. This pick up can be maintained over protracted eras to the extent that the organization is fit for guarding against asset, exchange substitution, or faking. When all is said in done, asset based translation has strongly supported experimental examinations by the hypothesis.

As clarified by Grover et al. (1998) "The center of the asset based idea is that given asset satisfaction and fixed status of the need of blemished unchanging nature and asset heterogeneity, non-substitutability, esteem and rareness. Organizations' assets can be a premise of preceded

with upper hand". Undertakings are dealt with as potential makers of significant worth included capacities by the asset based hypothesis as found in the investigation. Understanding this advancement of such skills and abilities will include seeing the assets, the advantages of the firm in connection to learning based point of view (Hamel and Prahalad, 1990).

They attentively focused on the consolidated learning procedures of the business, on the aptitudes improvement and innovation mix. "Center abilities" is their idea which is identified with components by which firms create business capacities to beat contenders through learning and aggregating new aptitudes. One of the objective objectives of the rationality to assess and help supervisors to perceive why aptitudes can be seen as an organization's most refreshing quality and, correspondingly, progress of corporate execution is acknowledged when these benefits are used. Comprehension of this hypothesis in association acknowledges that qualities identified with going before institutional culture, encounters and capacities are basic and vital to the accomplishment of the firm.

Conner (1991) claims that "there is a likelihood to deliver abilities in an in-house group, specialized learning or schedule that suits best with current exercises inside the firm." Mata et al. (1995) in a hypothetical report watching Data Innovation five qualities (buyer exchanging costs, restrictive innovation, administrative and in addition specialized Data Innovation aptitudes and access to capital) discovered that official IT abilities are the just a single of these highlights that can offer a legitimate upper hand.

### **2.1.2 The theory of Work Adjustment (TWA)**

The Work Adjustment (TWA) theory belongs to a P-E class theories (Dawis, 2000), which touches the person (P) in the same environment (E) and the correlation or interaction of, E and P. There are a many Es (family, physical, home, school, social, or even any one other person), (Dawis & Lofquist, 1984). This was initiated in University of Minnesota's Work Adjustment Project, which reveals how vocational rehabilitation customers adjusted to work. It collected a huge number of variables, collected data on a large number of individuals that includes, work attitudes, job satisfaction, education work histories, job performance ratings and training experiences, needs, attitudes, personality and interests. TWA is all about the work environment.

As per the TWA theory effective service delivery requires a suitable combination of Persons and Environment as declined to the P and E variables. P-E combination defines the appropriate fit and interaction of the person and Environment. Fit will refers to state at which P features corresponds respective E characteristics as assessed across the commensurate (matching or parallel) dimensions. Example is that, different sets of skills are acquired by different workers (P), and different jobs (E) will require sets of skills that are different. Fit replicates that some employees have gained different set of skills that a job will requires whereas other workers fail, or set of skills are required in some of these jobs that a worker has but other jobs do not. This theory begins with several assumptions that (1) being a living organism, P need to meet some requirements, most or even of them through E, (2) Phase capabilities which enables it in meeting the requirements and (3) more of the P's behavior is corresponding and interacting with E so as to enable the requirements to work. (Dawis, 2000).

The theory is based on the understanding that: interaction between a work environment and an individual shows how work is conceptualized ; performing certain tasks is the idea that work environment requires, the individual utilize their skills in task performance; In exchange, an individual will require compensation to enhance certain preferred conditions, which include favorable environment and safety in work; In relation individual with respect to environment should maintain the relationship by meeting each other requirements.

Where all requirements are met correspondence comes in. Work adjustment is the state of maintaining or achieving correspondence. This is indicated by individual satisfaction in relation with the work environment, and not only that but also by the satisfaction of individual in work environment and by the individual' satisfactoriness; satisfactoriness. Satisfaction always result in tenure, this is the principal indicator of this. Tenure can be well predicted from the individual's work personality correspondence with work personalities and environment also can be described in style and structure variables that use same dimensions on measurement (Dawis, 2000).

## **2.2 Empirical literature Review**

### **2.2.1 Working environment**

Warrior (2004) asserts that when the government ministers' interfere in running of ministries a fear is developed among the public servants as they try to seek favors their political supporters

and themselves. The public servants have constant fear of being suspended from work. Armstrong (2000) adds that to make employees more secure there is need for safe environment free from any danger. The association needs to guarantee that workers have great and ideal condition that prompts them performing. Giving employer stability to workers help in keeping up a protected domain which is the main path representatives to feel their lives are sheltered, and their occupations secure so they can perform and focus their assignments to the best of their capacities. Nzuve (1997) contends that both the lawful and good commitment is a need to any association to give a sheltered and sound workplace and additionally guaranteeing the aggregate prosperity of their representatives. Associations should be troubled about representatives' similarly mental, general wellbeing, and physical are both financial and helpful reasons. In any given association specialists are the most pivotal resources, and their prosperity isn't just critical to themselves however similarly so to the business. Luthans (1992) focuses that intelligent and clean environment allure to expand work fulfillment henceforth making specialists cheerful while doing their work. The turnaround beyond any doubt poor working conditions, for example, lacking space and boisterous awkward encompassing will prompt disappointment of the specialists in their jobs (Wilson et al. 2008).

Arnold, ET al, (1995) contends that ours mells, physical surroundings- noise and lighting can have an impact on our mental state and mood, if or not found objectionable. He suggests that "unpleasant working conditions relates directly to poor mental health, the necessity fast work and to expend more of physical effort and to inconvenient hours and excessive" repetitive and dehumanizing work settings adversely affect out physical health if found by others.

### **2.2.2 Staff Capacity**

Both competence and the number of staff are needed to deliver services when considering staff capacity to the clients and this is important. To acquire more skills for improving high performance employees needs training and development. Thus, he says organizations must also use training and development to create skill in their work force that will lead efficient of organizations and organizational effectiveness. He further comments that policies, training in business strategy and economics are critical for organization employees in its well-being. Technical training is also critical for skill development to perform work assignments (Lawler, 1998).

Human resource are the most prized resources in any foundation, with the materials, , and the money, machines, no action completes without labor. Abiodun (1999) expressed that: Preparation is an efficient development of the states of mind, abilities, and information required by laborers to work sufficiently on a given obligation or occupation. It can occur from numerous points of view, on or off the work; inside the gathering or outside the association.

Adeniyi (1995) saw that advancement and staff instructing is an occupation activity can make an effective and extremely generous commitment to the general productivity and benefit of business. He, along these lines, offers a deliberate technique to showing which encases the principle highlights of preparing. If employees lack knowledge and skills required for doing a particular job as claimed by Buttrick, (2009) training results in fewer accidents since errors are likely to occur. He further notes that employees become an asset of the organization, since training improves efficiency and productivity of employees this leads to increased productivity.

The service delivery system requires a good grasp of market dynamics and an input of professionals with honed negotiating skills. In light of the diversity of functions this need is needed that a unit is charged with that are intricately connected to its effectiveness and efficiency. On the operation and effectiveness of the organization there is given impact of service delivery , it is vital that these actions be done by qualified personnel with great expert and ethical principles and using comprehensive processes anchored in suitable policies and regulations. To have a transparent and corruption-free process and use good practices experience has shown that an efficient service delivery process is being improved all the times.

Quality of human resources availability within an organization is vital factors that influence the capacity of an organization to deliver services. Two factors that influence the availability of skills and human resource are training of personnel (Hildebrand and Grindle.1994). A mixture of skills is required to manage assets in the case of service delivery management in this case, services and good delivery, inventory management, monitor and use feedback as well as motivate performance.

According to Njenga (2010), many Ministries in Kenya inadequately staffed due to inadequate requisite skills, with grave implications for service delivery. With adequate knowledge we can equip the staff adequately as it is a basic in their respective fields to enable them to perform and maintain their duties as expected. The various services offered in Wajir Level 5 hospital requires



different competences for effective service to be offered. Nature of the administration will be affected by the level of preparing advertised.

### **2.2.3 Technology**

The ICT (Information and Communication Technology) is vital fundamental to the strategies in public service reform and developing modern government. The new information creation and communication systems is regarded as critical component in creation of transparent and accountability (Heeks, 1998)

Ongwae (2002) support the argument by stating that improved service and efficiencies that develop from digital processes makes a government to benefit. Not only the government use Into focus on effectiveness as well as efficiency but also help in empowering citizens to use the available information to interact with each other (Gage, 2002).

The use of IT is perceived to reduces operating costs improve operational efficacy, and provides great opportunities for best doing. It has to be overstated that adoption of technology on service delivery has some effects. It is vital that business operations be ICT driven to attain efficiency and effectiveness in their services to customers and realization of their internal objective among them, reducing costs and making profits. To eliminate corruption opportunities use of dis-intermediating facilities while letting citizens carry out transactions on their own, ICT systems are put in work. Such schemes also extend the convenience of information material in the public segment by offering enhanced accounting systems, auditing and monitoring. These systems guarantee the community business is more wholly open to outside scrutiny and high-ranking managerial. Improved communication ensures people get more entirely concerned with all facets of government. This comprises the policy-making thus strengthening the formation of a culture in mutual interest (Nazetai, 2006).

Information exhaustive, and four chief types of official information are distinguishable is a duty of the government (i) Management support within. This comprises material and staff management and information concerning financial records for administration., it can be put to use for entirety day-to-day implementation similar to the other three forms of information to long-standing policy scrutiny and preparation (ii)Information which support public services which include education and health (e.g. Patient, records). (iii) Transport and public utilities.

Information is needed to support regulation and public administration. This comprises information that gives details of the main 'entities': buildings, people, business enterprises, imports/exports, plots, land etc. Furthermore, it is used in areas such as fiscal and legal: and (iv) Information which is publicly available.

Consultation papers, press releases, and details of laws, regulations and policies, details of entitlements and benefits are some of examples. Therefore, given the information intensity implementation in information systems is an important part in Africa to all reform initiatives and changes in information technology will be a performance in public sector for its efficiency and effectiveness.

In principle, all that Information Technology be performed using other methods. On the contrary, in practice, its ability to reduce the cost of information tasks and increase the speed means it can perform things that would never otherwise be contemplated (Heeks, 2002).

#### **2.2.4 Remuneration**

Investigation by Ilhaamie Ghani Abdul Azmi(2009) reveals the relationship between service quality and the compensation, due to service delay in Malaysia a lot of complains were raised in the public sector. It suggests that customers do not deliver the service delivery as anticipated. In the public sector when compensation system is being offered at the SSM(System Saraan Malaysia) its goal is to generate competent employees with quality services with response to customer demands, expectation is that an enhancement in general quality is rendered when giving services(Chang, 1997). For an organization compensation is valued as cost or expense, hence central tool tin in attaining competitive advantages. Compensation not only will influence wealth sharing in a society, but will also symbolize social justice and equity in a society. Therefore, the influences of compensation and variety of implications is profound as Lin claims (Lin, 2000) in conjunction with this the employees contribution is returned. Compensation is always regarded as an encouragement design. It will also stimulate workers to work even harder, thus job performance improvement and increasing productivity. (Chuah and Ponnu; 2010) embrace performance, year-end, work, merit, full attendance, and proposal rewards. Just because of attention towards work among employees rewards were proposed to them. This study following Robbins (1992), it considers compensation system by basing argument with three factors: skill-based pay, performance-based pay and job-based pay. In Job-based pay the

organizations makes argument and decision on job-based pay relative value. The criterion used in pay design comprises internal equity, job attributes, dependability and difficulty. Equity theory organizational performance is theoretical foundation in job-based security, this focuses well on inner equity. Skill-based pay: also known as knowledge-based pay, talks more about skills of employees. Performance-based pay: This is a flexible compensation system plan that considers individuals' different demands, justice and provides best suited incentive for work ended. Basically, it reflects how employees are paid using different way with accordance to their skills, capabilities and education. In past years, managers have greatly valued this. Even though this design will increase the cost of firms, the paybacks exceeds the whole cost. If needs of employees are measured and at the same time learning motivation to them is improved and embraced, they work extra harder hence becoming more reliable to companies they work. Eventually, consistency is strengthened among employees and employers. Wright and Hughes(1989) argues that when organizations in the past planned on compensation systems, compensation was treated by managers as assess to discipline and reward employees' behavior. On-management factors in modern organization such as workers values should be measured together with their consciousness of equity and equality. On the same, the strategy of compensating in organizations can arouse talent, keep and draw and can achieve their strategic goals and market competition as per their demands. Locke (1976) suggested the Value theory, proposing that employee's fulfillment do not refer to human wants, however, it linked to individuals' values, needs and wants. If employees are having best quality work environment, well-paid and endorsement opportunities to meet and satisfy their work values, they will be morally pleased. Various circumstances must be fulfilled so as to apply a competency-based pay. To start with, competency criteria applied should be well experienced, designed, understood and researched (Brown & Armstrong, 1998). It should watchfully match with the culture, goals and organization political reality. Locke (1973) suggestion is that factors which determine job satisfaction of employees can be alienated per two basic categories which are behavior and work events. They must also be demonstrable to basis of pay. Moreover, other practices including routine management (Ledford & Heneman, 1998) first development of career should be implemented, (Zingheim & Schuster, 2003). Compensation, working surroundings and work itself are work functions. Competency-based pay is one of competency based human resource. It is a plan or technique which determines payment of an individual based on performance

capabilities. (PSDM, 2004) (Eileen Appelbaum; Rheum Park; Douglas Kruse 2011 )states that:" The impact of group incentives and employee participation on turnover purpose and organizational dedication were examined using collected data from analytical review of over 4,100 employees in 30 manufacturing companies. We investigated the capital intensity moderate role on the associations between group incentives and employee participation and the outcomes were analyzed by use of mediated restraint model. the findings and results exposed that participation of employees is extremely efficient and of merit in capital-intensive compared to labor intensive in firms but assembly incentives is seen as more successful as same in labor-intensive firms.

### **2.2.5 Quality Service Delivery**

A contrast of expectations with performance is encompassed by Quality Amenity delivery. Service is refers to the set of activities which performed by organization day to day lives aiming value creation, which includes performance of the customers together with other organizational activities that are perceived to be part of the value creation process including management styles and leadership, specific services or economic activities, customer relationship initiatives, structure of operations and not services such as market offerings alone. Relatively 'service' perspective implies how service will involve the process of interacting with as well as customers involvement before, during and finally after distribution, production and consumption of whole organization's offering (Kauppinen- Raisanen H. et al., 2007, Edvardsson et al., 2005).

Service quality is regarded as a measure of how well customer's satisfaction is delivered through service matches in performance this is according to according to Luis and Joana (2005), for any enterprise customer satisfaction is one of the most important factors for the survival. The importance of customer satisfaction has also been recognized as an important parameter in government service delivery. Government departments have developed strategies focusing on improving service delivery such as, key performance indices, rapid results initiatives and customer service charters.

These techniques ensures the critical aspects of the service supplied to be identified, revived and satisfaction of customer is maximized (Cuomo 2000) an enhancement of supplied service feature can entice further users. The overall Performance of Wajir Hospital 2008/2009 was rated at 2.1719. This was the equivalent of very good. The evaluation was based on the quarterly reports

and annual evaluations under the Performance Contract. The purpose of the evaluations is to ensure Government resources are well utilized and that public service delivery is enhanced by the Government rewards performing ministries and sanctions those that fail (MIRP, 2009). The Citizens Service Delivery Charter inclusion as an indicator of performance in the country performance contract is known to be key contracts; every public institution have established a charter that communicates its services achievements geared towards enhancing service delivery.

Publicly these have been empowered fighting of corruption in the public institutions because the Kenyan government has publicly sensitized the effect that efficient service and goods on government officers is their inherent right (<http://performance.gov.in>). Wilson et al. (2009) assert on how complex combination of policies and strategies is needed. This is to ensure all service employees are able and willing to deliver quality of services as well as to stay motivated in performance. Building a customer oriented, companies must employ the right people; develop citizens in delivering service quality, service-minded workforce, needed support systems as well as retaining the best people.

Gronroos (2000) supports that; employees can achieve attitude requirement and knowledge through training on good service delivery. He also noted that employees also need excessive training on interactive skills that are heavily intertwined highly with practical abilities which ensure them to offer caring, responsive, courteous and empathetic service. Also skills of training provided to employees' supports employees especially on customer contact as far as communication is in through specific skills.

### **2.2.6 Concept of Public Healthcare Service Provision**

Health is a significant component of socioeconomic long-term development. It is clear that health improvement is recognized to be social development activity and humane value in it is independent to other political considerations and economic (WHO, 2010). At the same time, there is certainly connection between efficiency in health and economic since health backs creation and human investment preservation. Health is important in preserving and improving production of labor force and it facilitates the pre-work populace to gain effective benefit of investment in scholastic facility needed for their future operation in life (Blas, & Limbambala, 2011)

Studies carried out in Latin America by Cohen and Levinthal (2008) on Absorptive capacity, a new idea and perspective on innovation and learning revealed that in order to enhance an improvement in health it requires substantial internal support on investments this is in addition to the funds which are expended for health. Areas with deliberate variances and nations with detail health pointers, group for meeting health difficulties, the platform of health planning and the inequalities in the allocation of health amenities in rural and urban areas need investments.

According to Choi, Kim, and Lee (2008) working in patient Satisfaction Relationships and Service Quality Dimensions in South Korea, a watchful research must be carried out to identify the important chances which will exploit the contribution of external agencies on improved effectiveness and better planning and in the use of current human resources and enlarge general investments allotted to the health segment.

### **2.3 Summary and Research Gap**

The Service been deliver in the public organizations involves making the best utilization of the available resource to give public services. However, the public sector is usually characterized by bureaucracy, inordinate funding allocation and delays in payments. In the various departments of the public sector this leads to a lot of inefficiencies. In a study carried out by Njenga (2010) entitled 'Factors that determine Service Delivery By Local Authorities in Kenya', it was found out that the Local Authority is faced with many challenges in line with its quest to deliver services related to quality service provision including staff capacity and technology. This study, however, was conducted in Local Authorities, and this study would like to replicate the same in a Government Ministries scenario.

Applebaum (2000) in his study 'Challenges facing service Delivery in the provision of Health, working environment were some of the major challenges facing the ministries in the delivery of services, care services to citizens in sub-Saharan Africa' found out that technology. The study sample size consisted of recipients and health care providers

Personnel in public sector are not competent enough to handle the present challenges in the business world because they attend very few training sessions. There are also many cases of fraud and corruption in the public sector leading to inefficiency in all the operations in the public sector (Cuomo, 200). Cardosos (2004) in his study 'Service Delivery in the Hospitality industry

in the Middle East' found out that working environment, operating statutes was the major challenge facing service delivery. The study recommended a replication of the same study in other areas. This study would, therefore, like to replicate the same in Wajir hospital and a developing country to fill the apparent gap in the literature. This study hence pursues to fill the knowledge difference by investigating the factors affecting service delivery in Wajir Hospital.

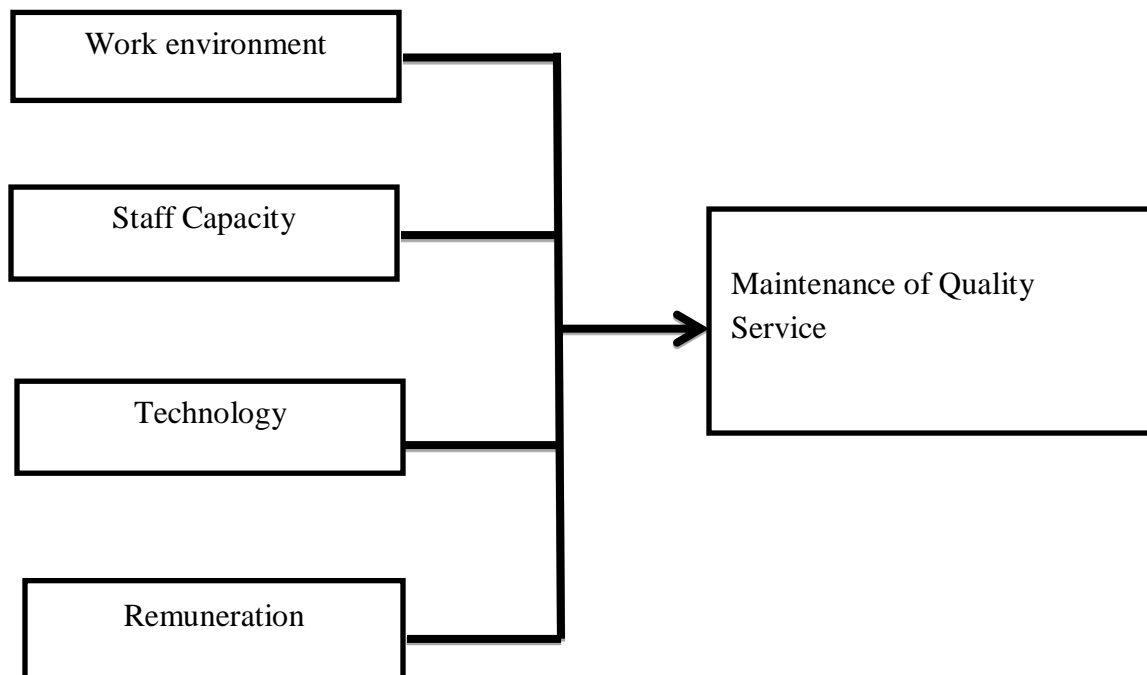
## 2.4 Conceptual Framework

The conceptual framework is a diagrammatical representation that shows the relationship between dependent variable and independent variables, (Young, 1960). In the study, the independent variables include work environment, staff capacity and technology, while the dependent variable will be maintenance of quality service

**Figure 1: Conceptual framework**

**Independent variables**

**Dependent variable**



## 2.5 Operationalization of Variable

**Table 1 Operationalization of Variables**

<b>Variable</b>	<b>Criteria</b>	<b>Source/ Tools</b>	<b>Outcome</b>	<b>Attribute</b>
Work environment (Independent Variable)	The working environment in the hospital	Participatory observation, Focus group discussions, Semi- structured interviews	Effect of work environment on maintenance of high quality services	Hospital staff
Staff capacity (Independent Variable)	The ability of staff to deliver high quality services	Participatory observation, Focus group discussions, Semi- structured interviews	Effect of staff capacity on the maintenance of high quality services	Hospital staff
Technology (Independent Variable)	Incorporation of technology in respect to deliver high quality services	Participatory observation, Focus group discussions, Semi- structured interviews	Effect of technology on maintenance of high quality services	Hospital staff
Remunerations (Independent Variable)	Remuneration as motivation in respect to deliver high quality services	Participatory observation, Focus group discussions, Semi- structured interviews	Effect of remunerations on maintenance of high quality services	Hospital staff

## 2.6 Chapter Summary

This chapter reviews the theoretical aspect of the study which was institutional theory quality management, technology and environmental theory .It also covers the objective of the study acknowledging the source of the information about the objective, the critical analysis of the theoretical review and the summary of the research study.



## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.0 Introduction**

This chapter presents the research methods and techniques used in the study. It describes the research design, the variables of analysis, target population, sample and sampling techniques, data collection procedures and tools, data processing and analysis techniques.

#### **3.1 Research Design**

Study design serves best in studies that collect descriptive data and is the general plan of how to counter research question. Saunders et al. (2003) identified the research designs such as surveys, grounded theories, experiments, case studies, ethnography, and, cross-sectional, action research and longitudinal studies, exploratory, descriptive and explanatory studies in the social sciences. Since the design reports is analyzed the study descriptive research design will be applied and also the strategies and way things are will be defined and also generally attempts describes issues such as behaviors, values, characteristics and attitudes (Mugenda and Mugenda, 2003). Tables, mean scores, frequency distributions and percentages will be defined by use of descriptive approach. Both primary data and secondary data in the study was used. Primary data was collected or attained through questionnaires from sample size while secondary data was collected through literature review of the relevant source from the relied online sources and library.

#### **3.2 Target Population**

The target population of the study was the management team, medical staff and non-medical staff of Wajir County Referral Hospital. The total target population was two hundred. Table 1 below presents the target population

**Table 2 Target population**

<b>WORK GROUP</b>	<b>TOTAL POPULATION</b>	<b>PERCENTAGE</b>
<b>Management team</b>	10	5%
<b>Medical Stuff</b>	80	40%
<b>Non-medical stuff</b>	110	55%
<b>TOTAL</b>	200	100%

### **3.3 Sample and Sampling Technique**

Stratified sampling was used to select the respondents. The population was divided into layers of structures according to their work group and random sampling was used to select the sample. The study took 20% of each work group total population. Therefore the sample size of the study will be 40. Table 2 below illustrates

**Table 3 Sample design**

<b>WORK GROUP</b>	<b>TARGET POPULATION</b>	<b>SAMPLE SIZE (20% of total population)</b>
<b>Management team</b>	10	2
<b>Medical Stuff</b>	80	16
<b>Non-medical stuff</b>	110	22
<b>TOTAL</b>	200	40

### **3.4 Instruments**

To obtain the required information, data was collected from both primary and secondary sources. Primary data was acquired using questionnaires directed to sample size. The questions were both open and close ended. The questionnaire was designed in such a way that each question in the questionnaire addresses the specific objectives. The research distributed the questionnaires to the sample size in the morning and picked them in the evening. For the respondents who were not busy the research administered the questionnaire in person. The sample questionnaire is attached

at Appendix 1. Secondary data was source from desktop and library research. The sources were picked based on their relevance to the study.

### **3.5 Pilot of the Study**

Content validity was used to examine whether the instruments answered the research questions. To achieve reliability the instruments was tested whether they answered what they were intended to answer in order to ensure reliable findings. Based on the analysis of the pre-test, the researcher was able to make corrections, adjustments and additions to the research instruments.

### **3.6 Data Collection Procedure**

The researcher first got a letter of authority from the university and presented it to Wajir Hospital management for approval to collect data. The researcher administered the questionnaires physically. In cases where the respondents were busy the questionnaires was issued and collected after three days.

### **3.7 Data analysis and presentation**

Questionnaires were coded and analyzed using SPSS software version 11.5 and MS excel, percentages and proportions were generated to describe the nature of the occurrences of the various variables of analysis. Frequencies were generated to identify the characteristics of the various variables and the computations cross-tabulated to determine the nature of the relationship between the different variables. However, data that wasn't subject to quantitative analysis was presented as narratives to corroborate the descriptive analysis. The outputs of the analysis showed the magnitude of the occurrence of the variables of analysis. The output was further subjected to Microsoft Office Excel 2007 program to generate, bar charts, pie charts and tables for presentation of the data.

### **3.8 Ethical Considerations**

The study acknowledges all the secondary sources through in-text citation and listing of biographies. On the other hand, the study was to Endeavour to favor confidentiality as a means of respecting respondent's privacy.

### **3.9 Chapter Summary**

The study will use descriptive research design since the design reports and defines the way things are and also attempts to describe such things as possible behavior, attitudes, and values and characteristics. The target population of the study was the management team, medical staff

and non-medical staff of Wajir County Referral Hospital. Stratified sampling was used to select the respondents. The population was divided into layers of structures according to their work group and random sampling was used to select the sample. The sample size of the study will be 40. Data will be collected using a questionnaire and analyzed using MS excel.

## CHAPTER FOUR

### DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.0 Introduction

These chapter covers descriptive and inferential analytical of the study. The chapter presents primary data using tables, pie charts and bar graphs. The data presented is also interpreted according the objectives of the study. Further, this chapter presents variables on statistical demographic characteristics of the respondents such as gender, age, academic level, working duration. The chapter also covers the summary of data analysis.

#### 4.1 Presentation of Findings

**Table 4 Response Rate**

<b>Department</b>	<b>Issued Questionnaires</b>	<b>Returned Questionnaires</b>	<b>Percentage</b>
Management team	2	2	100%
Medical staff	16	16	100%
Non-Medical staff	22	22	100%
<b>Total</b>	<b>40</b>	<b>40</b>	<b>100%</b>

In relation to the response rate the researcher managed to realize 100% response rate in the research study. Although some responses were busy the researcher booked appointment to ensure the threshold of the sample size was met. The response rate is an indication of achieved research reliability that has ensured the research findings are useful in relation to significance of the study as contained in chapter one.

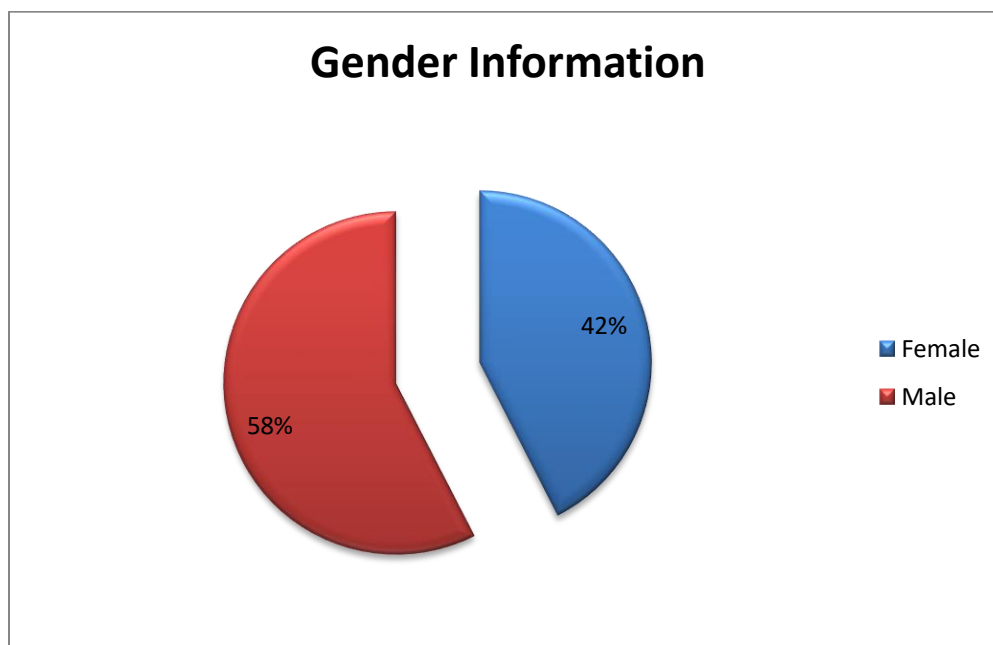
#### 4.1.1 Gender Information

**Table 5 Gender Information**

Gender category	Response	Percentage
Female	17	42%
Male	23	58%
Total	40	100%

The information gathered shows 42% of the people responded were male while 58% were female. According to gender analysis most of the workers are male as compared to female in Wajir Hospital. However from the sample size the gap is relatively small. The gender information is represented in the pie chart below:-

**Figure 2 Gender Information**



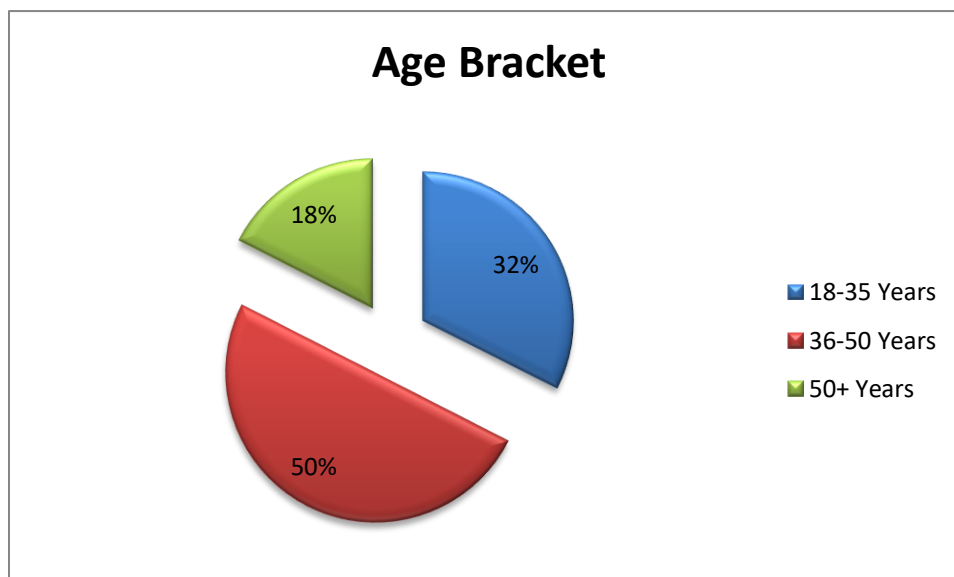
#### 4.1.2 Age Bracket

**Table 6 Age Bracket**

Age	Response	Percentage
18-35 years	13	32%
36-50 years	20	50%
Above 50 years	7	18%
Total	40	100%

The information gathered on the age of respondents showed that 32% of the employees are aged 18-35 years, 50% of employees are aged 36-50 years and 18% of the employees are aged above 50 years. The information therefore shows the age of employees contains the young and medium aged categories that can be used to enhance the performance of the departments. The age information is presented in the pie chart as shown below:-

**Figure 3 Age Bracket**



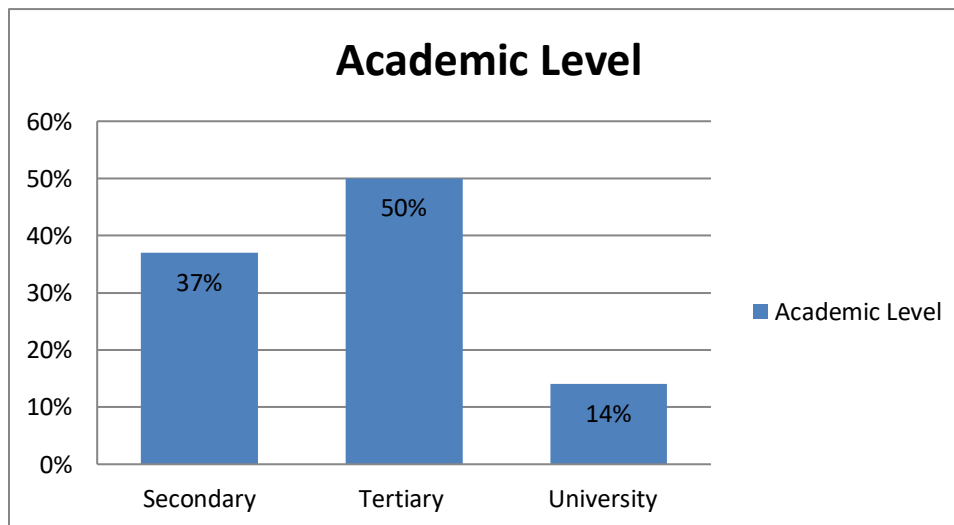
### 4.1.3 Academic Level

**Table 7 Academic Level**

Level	Response	Percentage
Secondary	15	37%
Tertiary	20	50%
University	5	14%
Total	40	100%

The gathered information on academic level shows that 37% of the respondents are of secondary level, 50% are tertiary level and 14% are university level. The respondents have the right qualification that aims at ensuring that the necessary support is accorded to their respective department which is the central section in the organization. The information is represented in the figure below:-

**Figure 4 Academic Level**





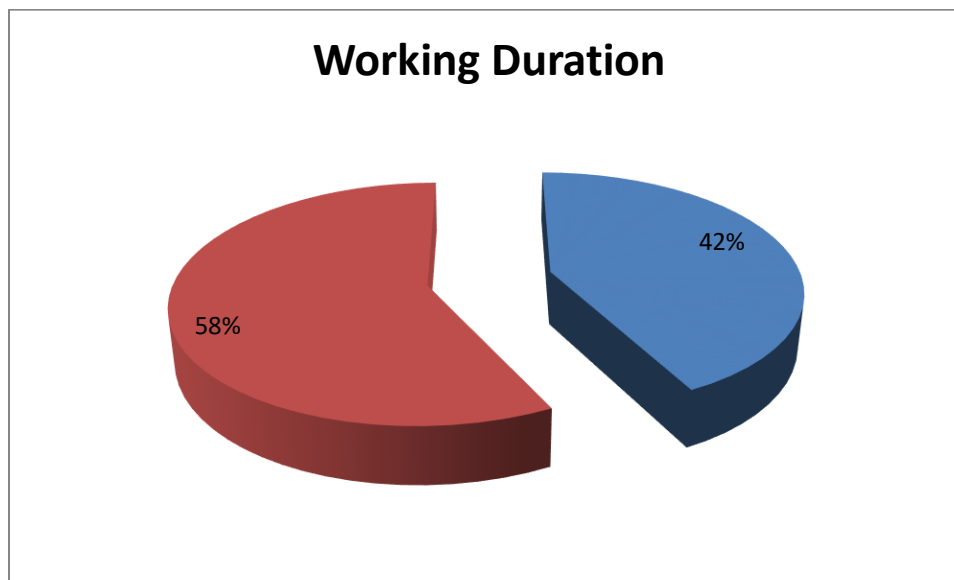
#### 4.1.4 Working Duration in the institution

**Table 8 Working Duration in the institution**

Duration	Response	Percentage
1-10 years	17	42%
More than 10 years	23	58%
Total	40	100%

The information on working duration of the employees showed that 42% of the respondents have worked for a period of 1-10 years and 58% have worked for more than 40 years. This shows that the institution has employees with experience which is very necessary in ensuring that the goals of the institution are met. The information is presented in the figure below:-

**Figure 5 Working Duration in the institution**



## 4.2 Working Environment

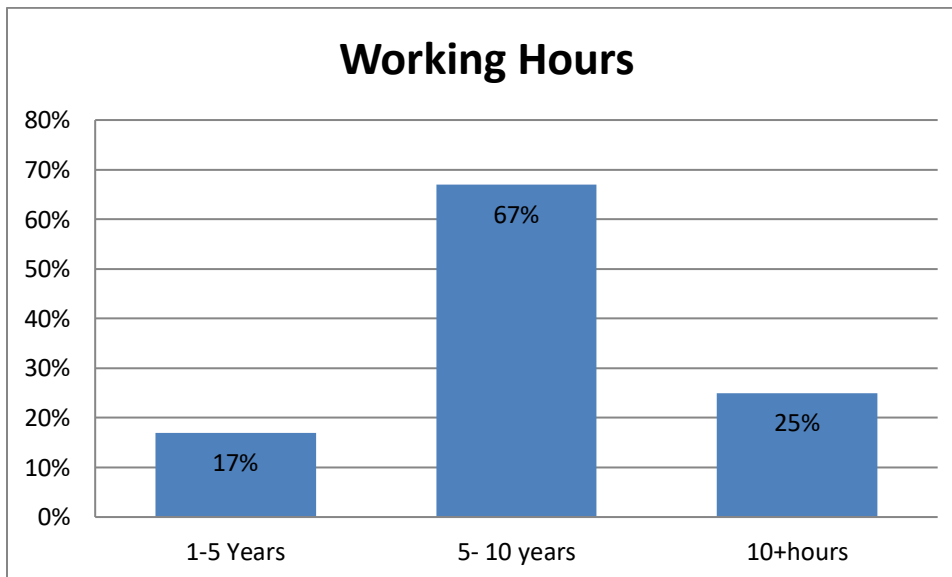
### 4.2.1 Working Hours

**Table 9 Working Hours**

Working Hours	Response	Percentage
1-5 hours	3	8%
5-10 hours	27	67%
10+ hours	10	25%
Total	40	100%

The study reveals 8% of workers work 1-5 hours a day while the majority 67 % work 5 – 10 works. 25% of workers are overworked because they work 10+ hours a day contrary to the normal working hours of 8 hours. Overworking affects the quality of service delivered by workers. This information can be represented by the figure below

**Figure 6 Working Hours**



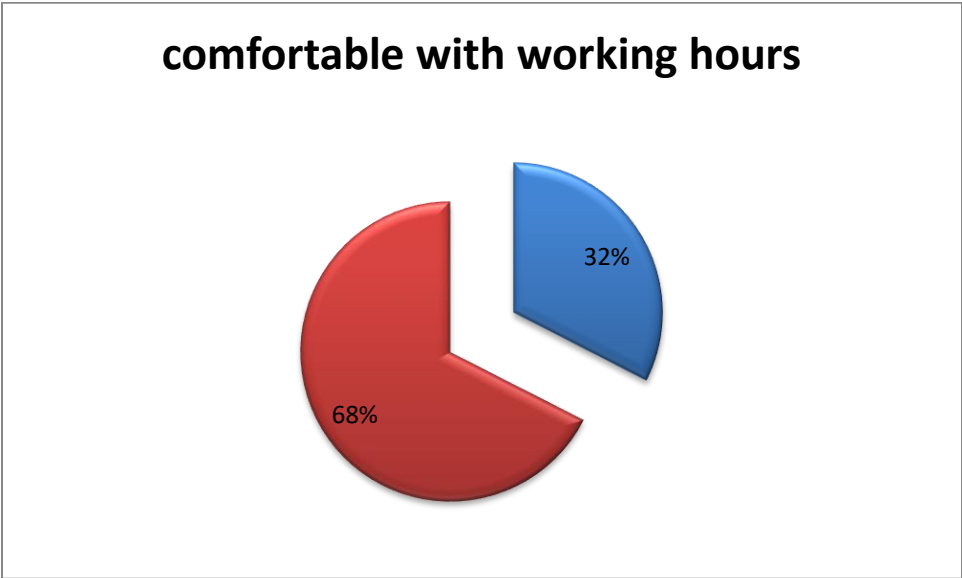
**4.2.2 comfortable with the working hours**

**Table 10 Comfortable with working hours**

Comfortable with working hours	Response	Percentage
YES	13	33%
NO	27	67%
Total	40	100%

The study shows that only 33% of the workers are comfortable with the working hours while 67% claim not to be comfortable. This affects service deliver because if the majority of the workers of not comfortable with the working hours quality of service delivers is low. The information can be represented by figure 7

**Figure 7 comfortable with working hours**



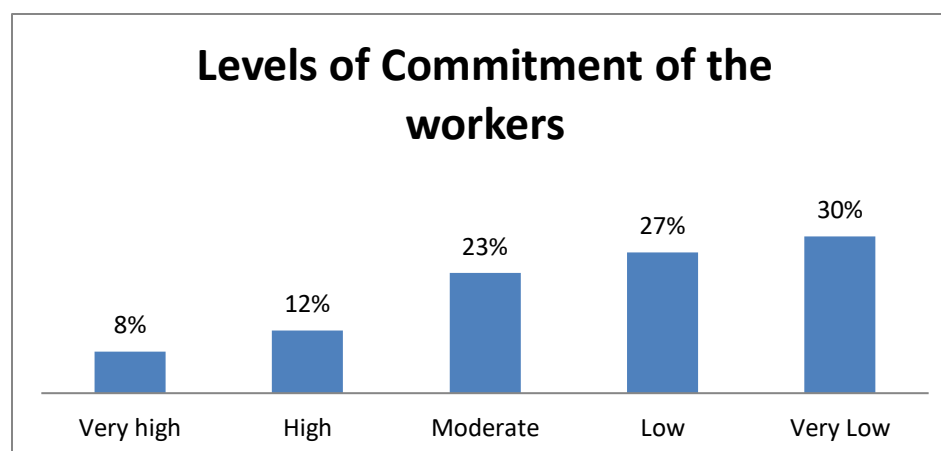
### 4.2.3 Level of commitment of the workers

**Table 11 Level of commitment of the works**

Level of commitment of the works	Response	Percentage
Very high	3	8
High	5	12
Moderate	10	23
Low	10	27
Very Low	12	30
Total	40	100%

The study shows the level of commitment in the Hospital is low. 30% of workers have very low commitment to their work, 27% have low commitment, 23% have moderate commitment, 12% have high commitment while only 8% have very high commitment to their work. When commitment levels are low service deliver is also low, therefore this facilitates poor service deliver in the hospital. The information is represented by figure 8

**Figure 8 Level of commitment of the works**



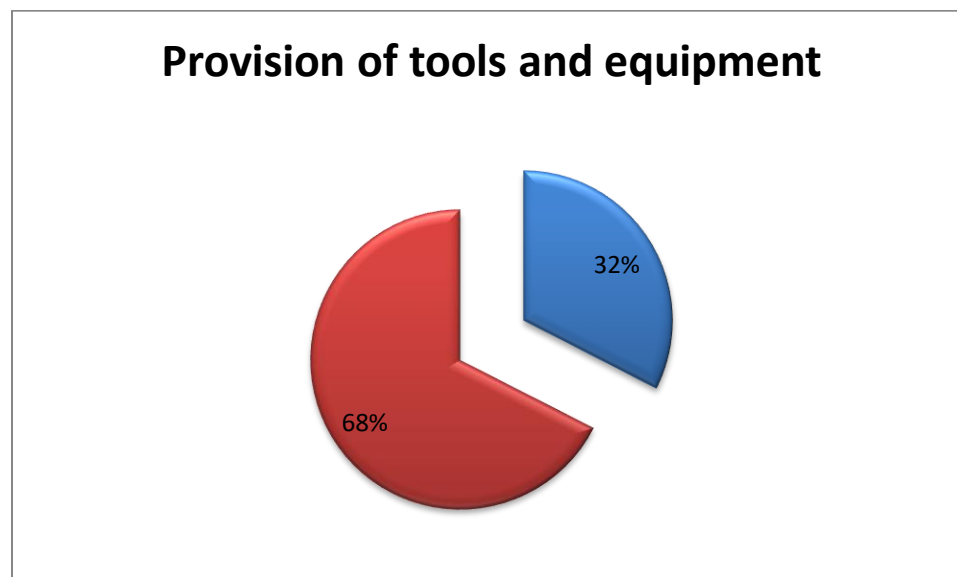
#### 4.2.4 Provision of tools and equipment necessary in delivering of quality service

**Table 12 Provision of tools and equipment**

Provision of tools and equipment	Response	Percentage
YES	13	32%
NO	27	68%
Total	40	100%

The study shows that only 32% of the workers have the necessary tools and equipment needed for service deliver. While 68% of workers have no access to required tools and equipment this affects service deliver in the hospital. The information can be represented by figure 9

**Figure 9 Provision of tools and equipment**



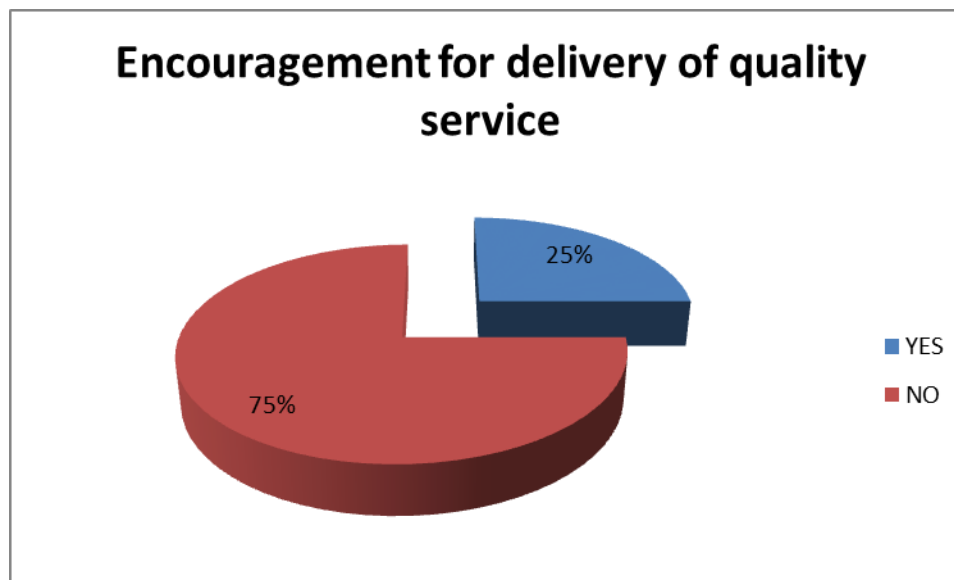
#### 4.2.5 Encouragement for delivery of quality service

**Table 13 Encouragement for delivery of quality service**

Encouragement for delivery of quality services	Response	Percentage
YES	10	25%
NO	30	75%
Total	40	100%

The information gathered shows 25% of the respondents claimed there are given an encouragement for delivery of quality services while 75% claimed not to receive any kind of encouragement. This might affect service delivery because most of the workers are not motivated. The information is presented by figure 10

**Figure 10 Encouragement for delivery of quality service**



### 4.3 Staff Capacity

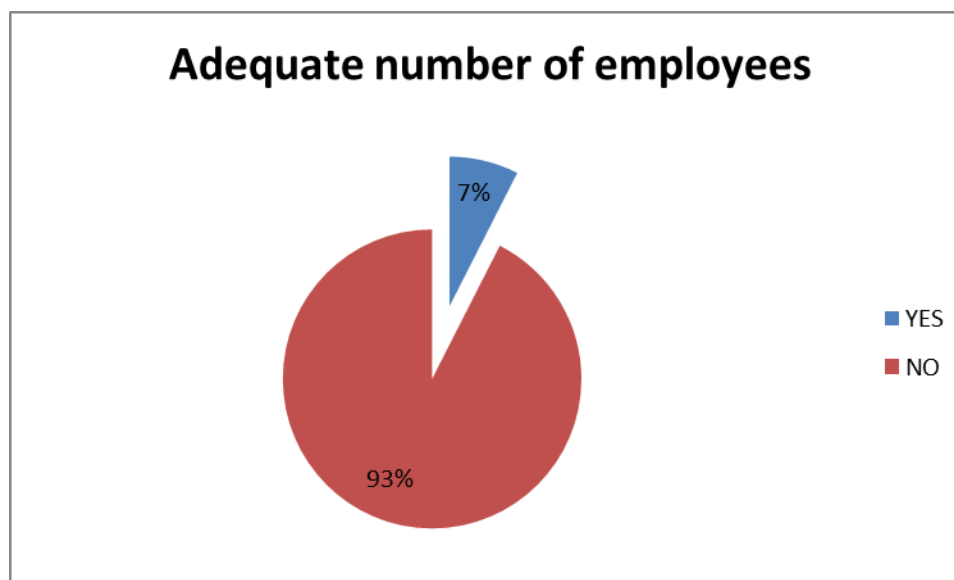
#### 4.3.1 Adequate number of employees

**Table 14** adequate number of employees

Adequate number of employees	Response	Percentage
YES	3	7%
NO	37	93%
Total	40	100%

The study shows Wajir hospital lacks adequate number of employees only 7% claim the hospital has adequate staff. The majority 93% claimed the hospital lacks adequate staff. As result the hospital lacks adequate staff to provide quality service. The information can be represented by figure 11

**Figure 11** adequate number of employees



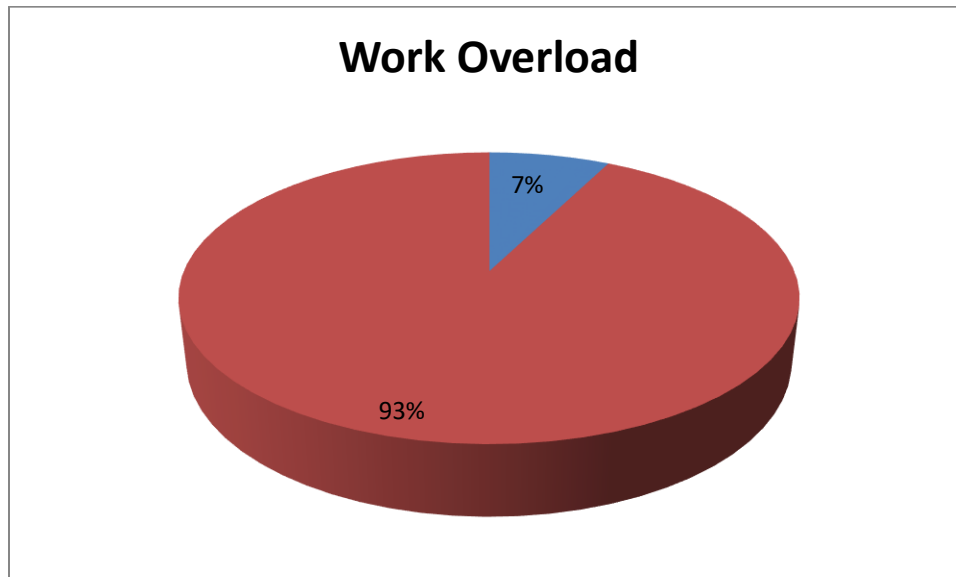
### 4.3.2 Work overload

**Table 15 Work overload**

Work overload	Response	Percentage
YES	3	7%
NO	37	93%
Total	40	100%

The study shows the works in Wajir hospital experience work overload often. 93% of the works experience work overload often while only 3% are fortunate not to experience work load often. Work overload affects the works ability to deliver quality services in the hospital. The information can be represented by 12

**Figure 12 Work overload**





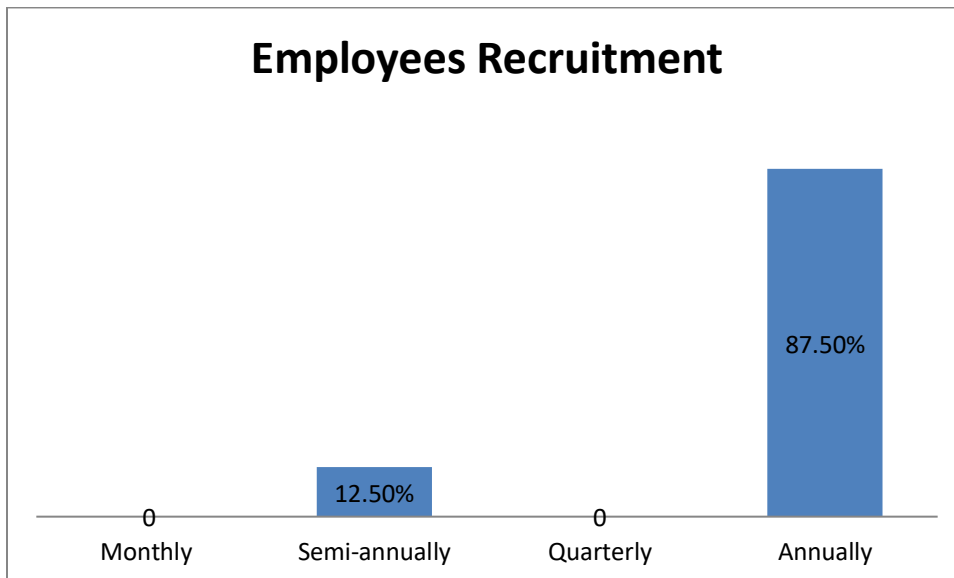
### 4.3.3 Employees Recruitment

**Table 16 Employees Recruitment**

Employees Recruitment	Response	Percentage
Monthly	0	0
Semi-annually	5	12.5%
Quarterly	0	0
Annually	35	87.5%
Total	40	100%

The information gathered shows that's 87.5% claimed the hospital recruits workers annually 12.5% semi-annually. The study reveals as result shortage of workers has occurred affecting service deliver in the hospital. The information can be represented by figure 13

**Figure 13 Employees Recruitment**



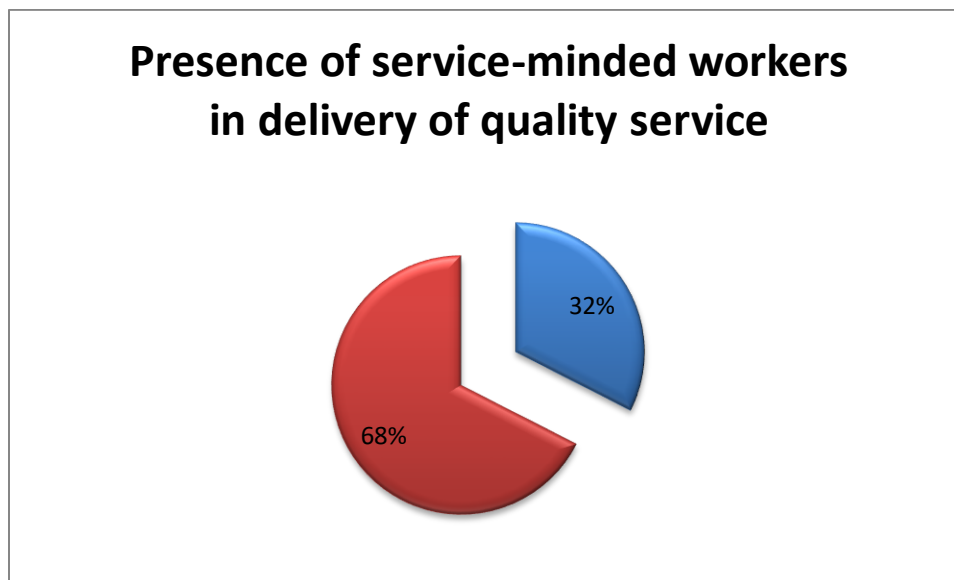
#### 4.4. Presence of service-minded workers in delivery of quality service

**Table 17 Presence of service-minded workers in delivery of quality service**

Presence of service-minded workers in delivery of quality service	Response	Percentage
YES	13	33%
NO	27	67%
Total	40	100%

The study shows only 33% of workers are service-minded in delivery of quality service while the majority, 67% are not service-minded in delivery of quality service. The information can be represent by figure 14

**Figure 14 Presence of service-minded workers in delivery of quality service**



## 4.5 Technology

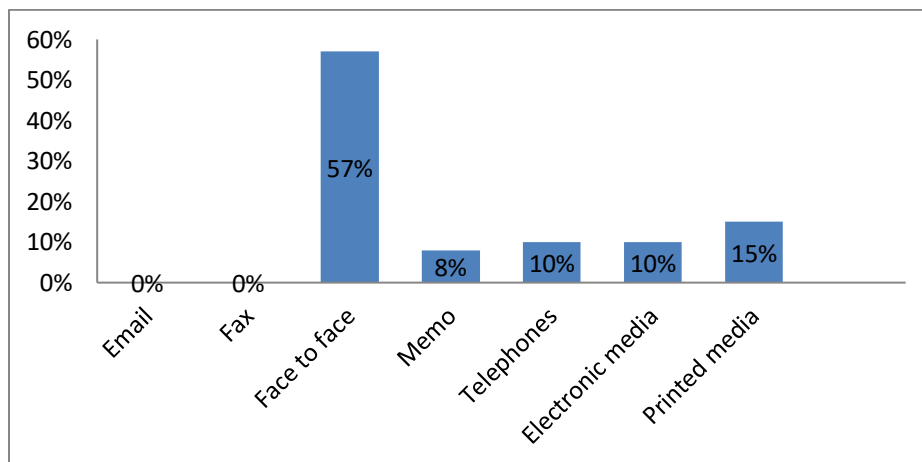
### 4.5.1 Channels of communication often used in line of delivery of service

**Table 18 Channels of communication often used in delivery of service**

Channel	Response	Percentage
Email	0	0%
Fax	0	0%
Face to face	23	57%
Memo	3	8%
Telephones	4	10%
Electronic media	4	10%
Printed media	6	15%
Total	40	

The study show 57% of communications are done face to face, 15% via printed media, 10% via telephone, 10% via electronic media and 8% via memo. The study reveals fax and emails are not used as a channel for communication. The information gathered shows technology is not embraced in the hospital as a channel of communication. The information can be represented by figure 15

**Figure 15 Channels of communication often used in delivery of service**



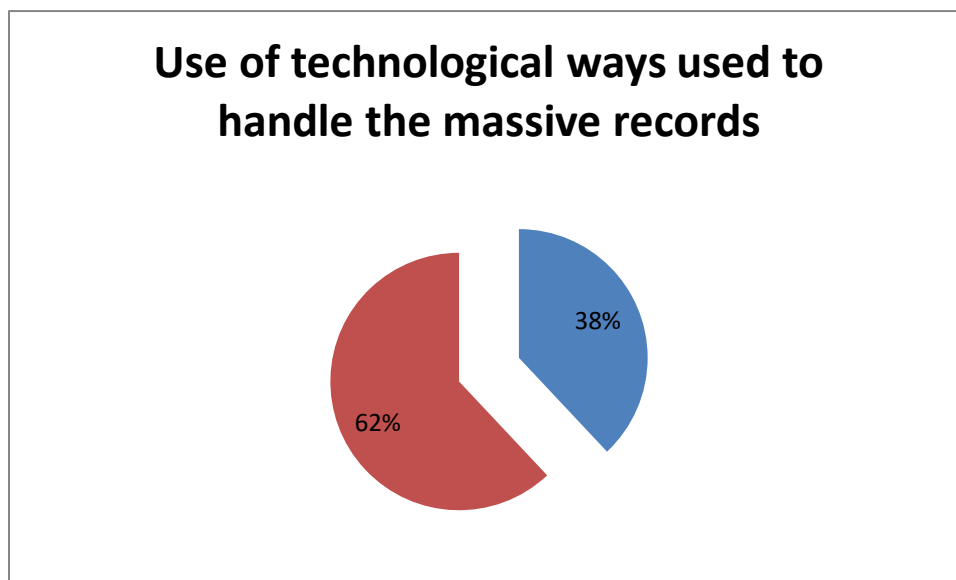
#### 4.5.2 Use of technological ways used to handle the massive records

**Table 19 Use of technological ways used to handle the massive records**

Use of technological ways used to handle the massive records	Response	Percentage
YES	15	38%
NO	25	62%
Total	40	100%

The information gathered shows 38% agree technological ways are used to handle the massive records while 62% disagree. The respondents answered this question in respect to their workplace. This shows the use of technology in handling massive records is low. The information can be represented by figure 16

**Figure 16 Use of technological ways used to handle the massive records**



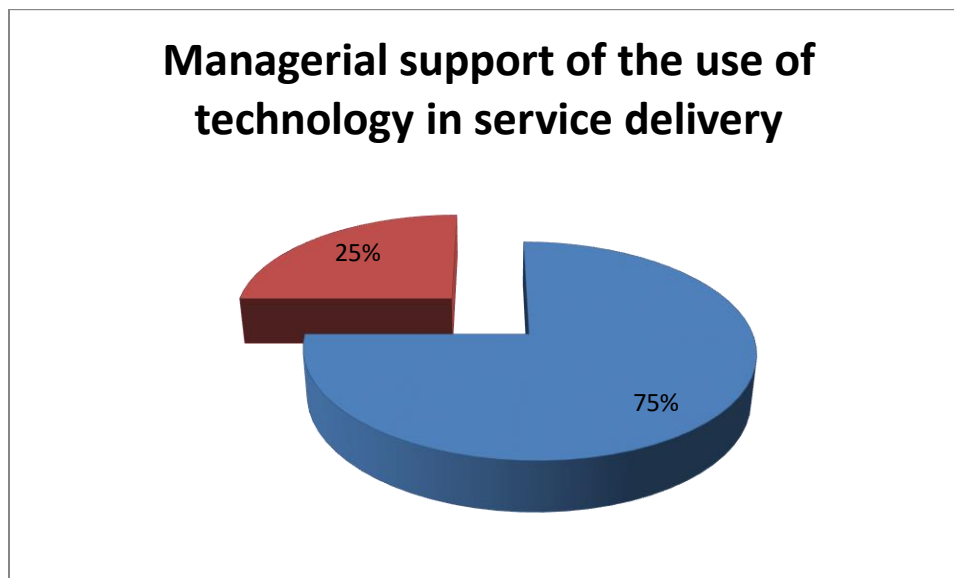
### 4.5.3 Managerial support of the use of technology in service delivery

**Table 20 Managerial support of the use of technology in service delivery**

Managerial support of the use of technology in service delivery	Response	Percentage
YES	30	75%
NO	10	25%
Total	40	100%

The study shows that 75% agree the management supports the use of technology in service delivery while 25% disagree. This show the management team is willing to embrace technology in the hospital. The information can be represented by figure 17

**Figure 17 Managerial support of the use of technology in service delivery**



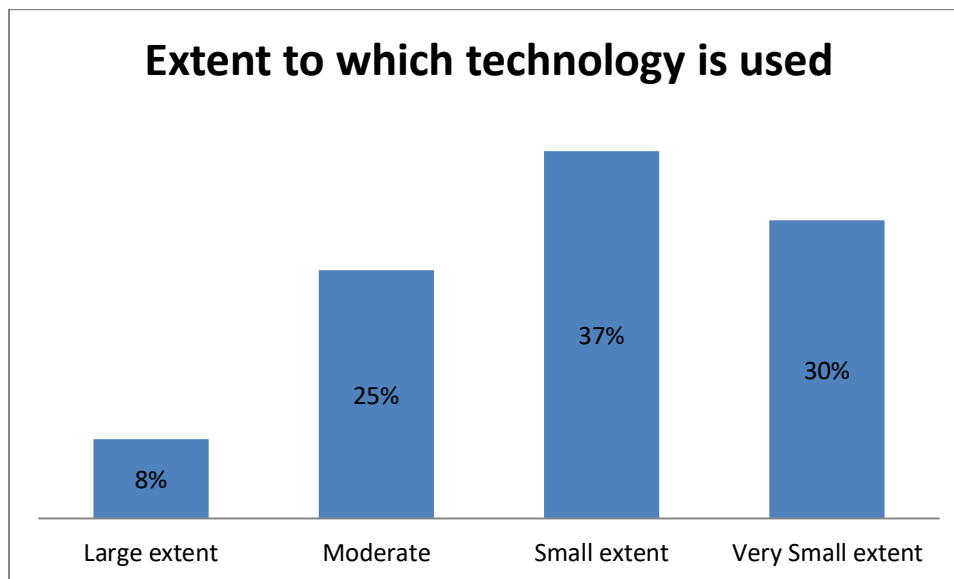
#### 4.5.4 Extent to which technology is used

**Table 21 Extent to which technology is used**

Extent to which technology is used	Reponses	Percentages
Large extent	3	8%
Moderate	10	25%
Small extent	15	37%
Very Small extent	12	30%
Total	40	100%

The study shows 37% of respondents claimed technology is used at small extent, 30% at very small extent, 25% moderate while only 3% claimed technology is used at large extent. The information shows technology is used at small extent in the hospital. The can be represented by figure 18

**Figure 18 Extent to which technology is used**



## 4.6 Remuneration

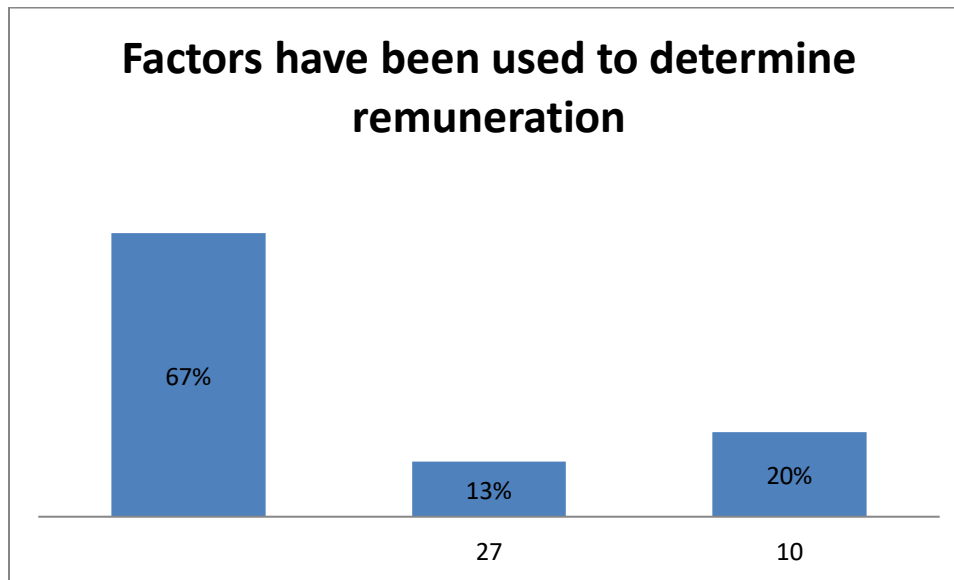
### 4.6.1 Factors have been used to determine remuneration

**Table 22 Factors have been used to determine remuneration**

Factors have been used to determine remuneration	Responses	Percentages
Experience and education	27	67%
Performance	5	13%
Working Hours	8	20%
Total	40	100%

The study shows that 67% claimed remuneration in the hospital is determined by experience and education, 20% by working hours and 13% by performance. Use of experience and education is a just way of determining remuneration. The information can be represented by figure 19

**Figure 19 Factors have been used to determine remuneration**



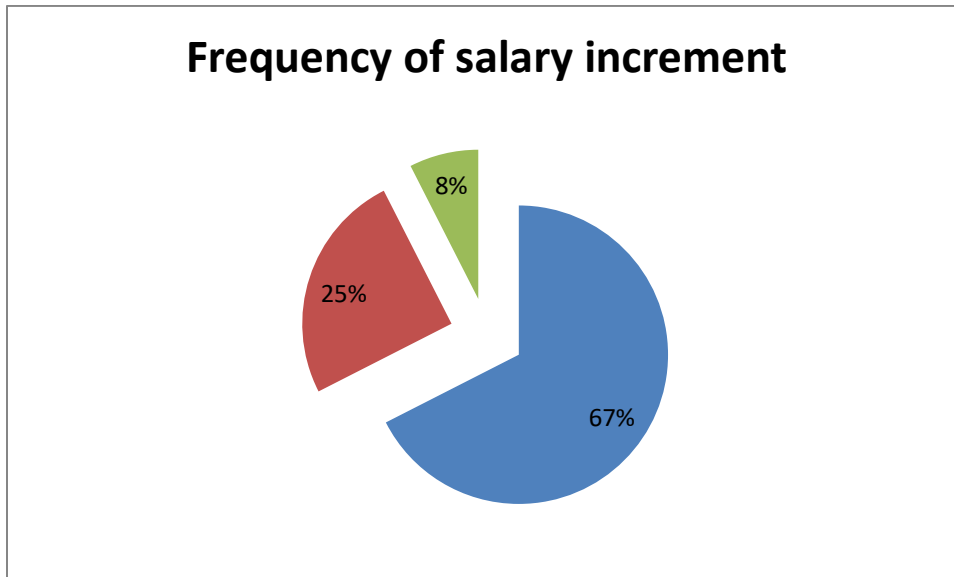
#### 4.6.2 Frequency of salary increment

**Table 23 Frequency of salary increment**

Frequency of salary increment	Responses	Percentage
1-3 years	27	67%
4-7 years	10	25%
Never	3	8%
Total	40	100%

The information gathered shows 67% claimed salary increment is do 1-3 years, 25% 4-7 years while 8% claim salary increment is not done. However most respondents expressed their disappointment in salary increments which are never reflected in their pay slips at the end of the day this affects service deriver because workers are not motivated. The information can be represented by figure below

**Figure 20 Frequency of salary increment**





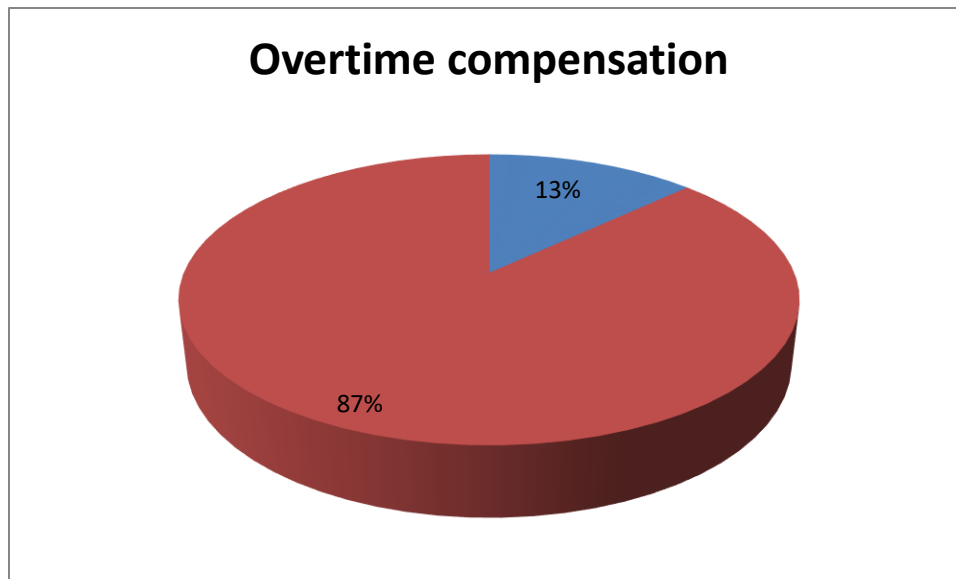
### 4.6.3 Overtime compensation

**Table 24 Overtime compensation**

Overtime compensation	Responses	Percentages
YES	5	13%
NO	35	87%
Total	40	100%

The study reveals overtime is hardly paid. 87% of respondents claimed overtime is not pay and most of the time they work overtime while only 13% claimed overtime is paid. The information show majority of the workers are not motivated to work overtime this affects service delivery on the hospital. The information be represented by figure below

**Figure 21 Overtime compensation**



#### 4.6.4 Timely payment of salary

**Table 25 Timely payment of salary**

Timely payment of salary	Responses	Percentages
YES	7	18%
NO	33	82%
Total	40	100%

The study shows majority of the workers do not receive their salaries on time. 82% claimed not to receive salaries on time especially since devolution of health services only 18% claimed to receive salary on time. The study revealed lack of timely payment has resulted to several industrial actions decreasing the rate of service deliver. The information can be represented by figure below

**Figure 22 Timely payment of salary**



## **4.7 Summary of findings**

### **4.7.1 Working Environment**

The study shows 67% of the workers beyond the normal working hours and is not compensated for overtime. 23% of the workers have a low commitment to their work. While 68% claimed not to have necessary tools required for service deliver further, 75% lack encouragement for quality service deliver. The findings reveal that the working environment affects the rate of service delivery.

### **4.7.2 Staff Capacity**

The findings show 93% claimed Wajir hospital lacks adequate staff to delivery services as a result 93% claimed the workers in the hospital are overworked. Therefore the workers are not at capacity to deliver quality services to the public.

### **4.7.3 Technology**

The findings show 62% of the records are not stored in a computer database. Further 37% claimed there is low extent of technology use while 30% claimed there is very low extent use of technology in the hospital. Low use of technology in the hospital slows down the rate of service deliver in the hospital.

### **4.7.4 Remuneration**

The findings show 67% claimed salary increment are done between 1-3 years however the increments are not always reflected in their pay slips. 87% claimed they work overtime but overtime are not compensated. Further 82% claimed payments are not done on time. As a result workers sometime go on strike affecting service deliver in the hospital.

## **4.8Chapter Summary**

The section concentrated on information examination, comes about introduction and dialog of the discoveries. The general target of the examination was to set up the variables warmth the support of value benefit in broad daylight foundation .The analyst discoveries were exhibited in type of tables, diagrams and outlines.

## CHAPTER FIVE

### SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

#### 5.0 Introduction

The chapter presents the summary of major findings in relation to the research study carried by the researcher on the research problem. The chapter goes further to give answers to research questions to give in collaboration with the findings gathered. Conclusions and recommendations concerning the research problem are also captured.

#### 5.1 Summary of Findings

##### 5.1.1 What are the effects of work environment on maintenance of quality service in Wajir level 5 Hospital?

The study reveals the work environment affects the maintenance of quality service in the hospital. The study shows 67% of the workers work beyond the normal working hours and are not compensated for overtime, further, 75% lack encouragement for quality service deliver therefore these show workers are not motivated thus they do not deliver quality services. The study also established 57% of the workers have a low commitment to their work therefore they do not give their work their best. While 68% claimed not to have necessary tools required for service deliver therefore there are unable to deliver quality services.

##### 5.1.2 What are the effects of staff capacity on maintenance of high-quality services in Wajir level 5 Hospital?

The study reveals the staff capacity affects the maintenance of quality service in the hospital. The findings show 93% claimed Wajir hospital lacks adequate staff to deliver services thus current workforce is not in capacity to deliver quality services. As a result 93% claimed the workers in the hospital are overworked. Due to shortage of workers the available workforce is forced to work extra hours without pay of the overtime. As a result 65% of the workers are not service-minded in delivery of quality service. The findings prove that staff capacity in the hospital affects maintenance of high quality services.

### **5.1.3 What is the influence or the effect of remunerations on maintenance of high quality services in Wajir level 5 Hospital?**

The study reveals the remuneration affects the maintenance of quality service in the hospital. The findings show 67% claimed salary increment are done between 1-3 years however the increments are not always reflected in their pay slips. The study reveals 87% claimed they work overtime often because of staff shortage but overtime are not compensated. Further the findings shows 82% claimed payments are not done on time. As a result workers of the above findings workers feel unmotivated to work and sometime end up going on strike affecting service deliver in the hospital.

### **5.1.4 What are the effects of Technology on maintenance of high-quality services in Wajir level 5 Hospital?**

The study reveals the Technology affects the maintenance of quality service in the hospital. The findings show 62% of the records are not stored in a computer database these results to misplacement of patients' records and other important documents. Further, 37% claimed there is low extent of technology use while 30% claimed there is very low extent use of technology in the hospital. Technology is meant to enhance service deliver by making work easier and speeding up the rate of service deliver. The field study revealed low use of technology in the hospital slows down the rate of service deliver in the hospital resulting to long queues.

## **5.2 Recommendations**

### **5.2.1 Work environment**

Given the complexity of the work-environment issues to be addressed, policy responses need to be multidimensional, cross-cutting and inclusive. For coherent policies, policy action has to be considered in order to ensure quality provision of services in hospital since it plays an integral part in national development. Effective solutions are context-related and therefore priority has to be given to policy makers in the hospital so as to come up with proper policies to protect the workers. The workers need to work within the normal working of 8 hours in a day. The other levels to improve service provision must ensure that provision of the legislative and regulatory framework and provide guidance and support for the development of workplace policies aiming at improving work environment. Employees must be provided with necessary tools and equipment's needed for service deliver to enables them to perform. The workers also need to be

encouraged through salary increment, provision of leaves, compensation for over time and promotions.

### **5.2.2 Staff Capacity**

The number of staff needed to deliver services to the public needs to be increased to avoid overworking. Training and seminars for workers should be organized to enable the employees to acquire skills for higher performance. Thus, organizations must also use training and development to create skill in their work force that will lead to organizational effectiveness. The administration conveyance framework requires a contribution of experts with sharpened arranging aptitudes and a decent handle of market elements. This need is dire in light of the decent variety of capacities that a unit is accused of that are unpredictably associated with its productivity and adequacy.

### **5.2.3 Remuneration**

The county government in charge of salaries in the hospitals needs to ensure the salaries increment provided to workers are reflected into their pay slips. The governments need to ensure payments are always done on time. In addition the government needs to compensate the workers for their overtime services.

### **5.2.4 Technology**

The hospital needs to embrace technology in its service delivery. Database systems can be used to store records making it easy to store, manage and retrieve records in addition the records will be safe from misplacement. Due to easy retrieval of record and document the hospital will be able to service the public faster eliminating the long queues. The use of IT is perceived to improve operational efficacy, reduces operating costs and provides great opportunities for doing better. It has to be overstated that adoption of technology on service delivery has a number of effects.

## **5.3 Conclusion**

### **5.3.1 Working Environment**

The study concluded that the working environment influences provision of quality health services. Workers lack adequate tools and equipment for service deliver, they work beyond the

normal working and lack encouragement for service deliver. The issues affecting the working environment need to be addressed.

### **5.3.2 Staff capacity**

Based on the findings, the study concluded that employee capacity influences provision of quality health services. It was established that the hospital lack adequate workforce therefore workers are overworked. There is need for this sector to be addressed. The hospital needs to be in capacity to deliver quality services to the public.

### **5.3.3 Remuneration**

Based on the findings, the study concluded that remuneration influences provision of quality health services. Salary increments are not reflected in worker pay slip, overtime is not compensated and lack of timely payment. These results to industrial actions in the hospital, the issue of remuneration needs to be addressed.

### **5.3.4 Technology**

The study also concluded that modern technology techniques are lacking in the hospital. This conclusion was reached after identifying that there were no e-system services in the hospital, bar coded medication, automatic dispensing techniques and reduction of time lags. These are some of the modern techniques that lead to effective and quality service delivery since they are fast, and ensure accurate results.

## **5.4 Chapter Summary**

This part contained the synopsis of the discoveries, conclusions and suggestions for training. This examination aimed at establishing the factors affecting maintenance of quality service in public institutions with reference to Wajir level 5 hospitals

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**Appendix 1 Research Questionnaire**

**THE MANAGEMENT UNIVERSITY OF AFRICA**

**RESEARCH QUESTIONNAIRE**

I am a student in The Management University of Africa, pursuing a Bachelor of Art in Development Studies. I am carrying out a research on the title “Factors affecting maintenance of quality services in public institutions”. “A Case study of Wajir County Referral Hospital”

This questionnaire is aimed at collecting information which will be useful in the above academic work. The information gathered will be used strictly on academic purpose only and will be treated with privacy.

Your co-operation will be highly appreciated.

Yours Faithfully:

.....

Balqeysa Ahmed Abdikarim

**Date.....**

**I. BACKGROUND INFORMATION**

1. Gender                      Male    [    ]                      Female    [    ]

2. Age bracket

18 – 35 years    [    ]

36 – 50 years    [    ]

Above 50 years    [    ]

3. Academic level

Secondary                      [    ]

Tertiary [ ]

University [ ]

4. Working duration in the institutions?

1-5 years [ ]

5-10 years [ ]

More than 10 years [ ]

Position.....?

**II. WORKING ENVIRONMENT**

5. How many Hours do you work in a day? 1-5 [ ] 5-10 [ ] 10+ [ ]

6. Are you comfortable with the working hours? Yes [ ] No [ ]

If No why.....  
.....  
.....

7. What is the level of commitment of the workers in the hospital?

Very High [ ] High [ ] Moderate [ ] Low [ ] Very low [ ]

8. Are you provided with all tools and equipment necessary in delivering of quality service?

YES [ ] NO [ ]

If no give examples of the critical tools that lack

1. ....
2. ....
3. ....
4. ....
5. ....

9. Does the management encourage you in delivery of quality service? YES [ ] NO [ ]

If yes how?

Provision of good remuneration [ ] Provision of a sick leave [ ]

Provision of overtime remuneration [ ] Provision of bonuses [ ]

Others.....  
.....  
.....

**III. STAFF CAPACITY**

10. Do you think there are an adequate number of employees? YES [ ] NO [ ]

11. As an employee do you experience work overload? YES [ ] NO [ ]

12. How often does the Ministry recruit employees?

Monthly [ ] Semi-annually [ ] Quarterly [ ] Annually [ ]

13. Are the workers service-minded in delivery of quality service? YES [ ] NO [ ]

14. How often does the Ministry monitor the performance of the employees through the key performance indices?

Quarterly [ ] semiannually [ ] annually [ ] others (specify).....

Never [ ]

15. Suggest what can be done with regards to staff capacity to improve service delivery

.....  
.....  
.....  
.....  
.....  
.....

**IV. TECHNOLOGY**

16 which are the channels of communication often used in delivery of service to the public

Email [ ] Fax [ ] Face to face [ ] Memos [ ]

Telephones [ ] Electronic media radio/TV [ ] Print media, posters [ ]

others.....

17. What are the technological ways used to handle the massive records in the hospital that assist in effective service delivery?

Computer database storage [ ] Application of the latest computer Software [ ]

Computer Programming [ ] None [ ] Others (Specify) .....

18. To what extent does the use of technology affect service delivery at hospital?

Very Great [ ] Great [ ] Moderate [ ] Low [ ] Very Low [ ]

19. Is the top management supportive of the use of technology in service delivery?

Yes [ ] No [ ]

20. To what extent is technology used?

Large extent [ ] Small extent [ ] Very Small extent [ ] Moderate [ ]

21. Suggest what can be done with regards to technology to improve service delivery

.....  
.....  
.....  
.....  
.....

**E REMUNERATION**

22. Which factors have been used to determine remuneration in Wajir County Referral Hospital?

Experience and education [ ]      Performance [ ]

Working Hours [ ]      others.....

23. How often do you receive salary increment?

1-3 years [ ]      4-7 years [ ]      Never [ ]

24. Is overtime compensated?

Yes [ ]      No [ ]

25. Do you receive your salary on time? Yes [ ]      No [ ]

**END OF QUESTIONNAIRE**

**Thank you for your time**

## Appendix 2: Work Schedule

### WORK SCHEDULE

Steps	Activity	Tools used	Timeline
1	Presentation of research topic	<ul style="list-style-type: none"><li>• Online research</li><li>• Study of other research projects</li></ul>	1 week
2	Chapter one	<ul style="list-style-type: none"><li>• Journals</li><li>• Online research</li></ul>	2 weeks
3	Chapter two and three (Proposal)	<ul style="list-style-type: none"><li>• Online research Study of other research projects</li><li>• Journals</li></ul>	4 weeks
4	Data collection	Questionnaires	2 week
5	Data analysis and interpretation	MS Excel	2 weeks
6	Conclusions and recommendations	Findings of the study	2 week
7	Presentation of the final Project for signing and examination		September

### **Appendix 3: Budget of the Study**

#### **BUDGET FOR THE STUDY**

Expense	Cost
Printing of 40 questionnaires For field study	KSH 1000
Traveling cost (to interview the respondent)	KSH 1000
Final draft Printing	KSH 2500
Miscellaneous	KSH 2500
Total cost	KSH 7000