International Journal of Sciences: Basic and Applied Research (IJSBAR)

ISSN 2307-4531
(Print & Online)

http://gssrr.org/index.php?journal=JournalOfBasicAndApplied

Role of Performance Management System on Service Delivery, Case Study of Kakamega County General Hospital, Kenya

John Chegenye[a]*, Shedrack Mbithi[b*], Douglus Musiega[c*]

[a,b,c] *Jomo Kenyatta university of Agriculture and Technology, P.O BOX 1014, Kakamega-, Kenya*

[a] *Email: chegenyemjohn@yahoo.com*

[b] *Email: shyydy@yahoo.com*

[c] *Email: dmusiega@jkuat.ac.ke*

Abstract

Researchers world over have concentrated their efforts on challenges affecting the public health sector. Many of their findings show that these problems include high vacancy rates and attrition. They highlight that these results from poor conditions of work and funding. This is the same case in Kenya. The purpose of this study was to investigate the role of performance management system on service delivery. It was to specifically examine the role of performance target setting on service delivery in public hospitals in Kenya. The study was conducted at Kakamega county General Hospital, Kenya. The researcher adopted a descriptive case study design. Three hundred (300) permanent health workers were targeted. Stratified random sampling technique was used to categorize the population into respective stratum consisting of Doctors, Nurses, and Clinical Officers, Laboratory Technologists /Technicians, dentists and Pharmacists. Simple random sampling and purposive sampling techniques were employed to pick the respondents who participated in the study. A closed-ended questionnaire was the main instrument used to collect data. Instrument Validity and reliability was found through SPSS to be to be 0.82 and 0.97 respectively.

---

* Corresponding author.

chegenyemjohn@jkuat.ac.ke.

Data collected was analyzed using (SPSS). SPSS provided both qualitative and quantitative analysis. From qualitative analysis frequencies and percentages were obtained. Quantitative analysis provided correlation and regression coefficients. This assisted in identification of the significant level of the relationship. From the study 49.2% of the respondents agreed with statements on service provided.31.4% were undecided while 19.4% disagreed.

This implied that services delivery at the hospital were not quality as expected. However correlation results reveal that performance target setting has a strong significance positive relationship at r=0.544, p=0.000 hence p<0.005 with service delivery. The researcher therefore concluded that this may have been as a result of the ineffective performance target setting system used. The researcher therefore recommended for an improvement on the system of performance target setting at the hospital and the health sector in Kenya as a whole to enhance and improve service delivery.

Keywords: Performance Management; Performance Targets; Target Setting; Service Delivery

1. Introduction

This chapter will highlight the background of the study, the statement problem, objective of the study, justification, scope and limitation of the study.

1.1. Background of the Study

Large segments of the population in developing countries like Kenya, Uganda, Tanzania, Ghana, Mozambique, Ethiopia, and Nigeria are deprived of access to basic health care [1]. This problem is particularly common in public hospitals where public healthcare services are and continue to deteriorate [2].

Although the health crisis is a global problem, sub-Saharan Africa has been the hardest hit. These countries' population has increased markedly, Communicable and non-communicable disease epidemics have intensified and yet the supply of health workers remains low and has worsened [3]. Human resource for health constraints at most levels have posed major challenges and hampered health sector planning, service delivery and ultimately health outcomes [4]. In order to achieve universal access to quality healthcare and meet health-related millennium development goals, it is important to ensure that the level of service offered in public hospitals improves [5].

In recent years, some countries like Kenya have struggled to build systems that can effectively deliver quality healthcare to their people. The government in Kenya has designed and implemented policies aimed at promoting access to modern healthcare. It has stated that provision of health services should meet the basic needs of the population. That the services should be geared towards providing health services within easy reach of Kenyans [6]. That, Providing Kenyans with affordable, accessible, and safe health services is a key obligation of the government. It therefore calls for proactive to improve the quality of health care.

To improve service delivery, Programmes like KHPF, KEPH, SWAPs, FMS, IFMS, and HMIS have been implemented. Reference [4] asserts that, these Programmes have been aimed at addressing the downward spiral

of deteriorating health status, reverse the downward trend in the outcome indicators and ensure that the health sector plays its essential role in realization of the Kenya economic recovery strategy for wealth and employment creation. These attempts have not achieved much in raising the quality of service in public health institutions [4]. [6] Says that, even with the increased government allocation to the health sector from year 2005 to date, Kenya's health care sector suffers from systemic and widespread problems that deny Kenyan's quality service.

The introduction of Performance contracting by the government in 2004 was aimed to improve service delivery. It aimed to reform the mindset of the public service away from a culture of inward looking towards a business-like, focused on the customer and results [7]. The introduction of the Result-based Management (RBM) strategy, in 2004, was also aimed at improving performance, service delivery, and governance. This was a participatory and team-based management approach designed to achieve defined results. Similarly the civil service reform programme (CSRP) established was to help focus attention and resources on the achievement of definite objectives and targets. Regardless of these efforts, health indicators still show disproportionate achievements.

Research conducted on the health sector has indicated that most challenges affecting the global health sector are attributed to human resource management. The challenges include high attritions rates, de-motivated staff and general public dissatisfaction with the quality of service. For example, in Kenya, the period 2013/2014, has witnessed the resignation of over 500 doctors. This has resulted to a reduction in the number of doctors working in the ministry of health from more than 4000 to 3500 and more are expected to resign. This is irrespective of the shortage of over 20 000 doctors and 40000- 60000 nurses required. The mass exodus of doctors and other professionals from government-owned health facilities has adversely affected the quality of healthcare service in public health facilities where most Kenyans go for treatment.

Similarly, the increased number of strikes by health professionals agitating for an improvement in their overall compensation system against the existing outcry over questionable quality of the nature of healthcare services offered at the public health facilities is a worrying trend [8]. The reports of gross misconduct of health professionals, who have revealed serious inadequacies, negligence, malpractices and mistreatment of patients is a call for reforms.

References [9] & [6] have noted that the crisis in the public health sector in Kenya is characterized by shortages and management of the health professionals. They have revealed that there is a poor system of Performance management: lack of productivity monitoring, existence of strategic plan that is not result- based with no clear performance targets. These have translated into poor services, especially inadequate attention to service seekers and high cost associated with informal charges and extortion.

The researcher presupposed that to deal with the crisis, there is need for effective human resource management in the health sector in Kenya. Management of HRH can be possible through the use of HRM practices. The main objective of HRM is to utilize the human resource available in a most optimal manner so that targets can be set and achieved [10]. He says that Performance management is an aspect of HRM. It defines what employees should be doing. It involves enabling people to perform their work to the best of their ability; meeting and exceeding targets and standards. A Performance Management System is a system is an integral system that

emphasizes on performance target setting. Performance target setting is a critical performance management factor for achieving quality service. Performance target setting ensures that workers meet and continues to meet certain performance and practice standards [2].

This study proposed that performance management has a role to play to improve the quality of service in public hospitals in Kenya. Since Organizations are run and steered by people, it is through people that goals are set and objectives are realized. [11] Has indicated that the performance of an organization is dependent upon the sum total of performance of its individual members. That to succeed, an organization must have ability to measure accurately the performance of its members and use the information obtained objectively to optimize their performance as a vital resource. That they have to ensure peak performance of their employees continuously in order to compete effectively and survive at the market place [12]. Through performance target setting employees will understand what is expected of them and give them a sense of direction and purpose in their personal development and the overall development of the organization [13].

1.2 Problem Statement

Human resource for health constraints at most levels have posed major challenges and hampered health sector planning, service delivery and ultimately health outcomes [4]. This has called for proactive action including but not limited to human resource management. [6] Identified major challenges facing the health sector in Kenya as the poor system of Performance management with an existence of unclear performance targets. That the global health sector is characterized by long waits for medical care in public hospitals which have been found to be sources of dissatisfaction for patients. There have been reported cases of doctors being accused of negligence of duty, drunkenness, failing to follow standard procedures during attendance to patients, and denying patients critical information on decisions like sterilization or family planning. [3] says that, the massive resignation of health professional and the general brain drain in the sector are clear indication of an ailing institution which has failed on service delivery.

The public reports of gross misconduct of health professionals that reveal serious inadequacies, negligence, malpractices and mistreatment of patients are cases of poor service. Women have been physically and verbally abused by nurses and repeatedly denied medical care when seeking maternal health services.Some cases of inadequate attention to service seekers, high cost of services associated with informal charges and extortion and increased number of court cases against medical officers are indication of deficiencies in service delivery. These shows that health care service provided in public health system in Kenya today does not correspond to core values of quality healthcare service that incorporates the key pillars of privacy, dignity, choice, safety, autonomy, and fulfillment[14]. It therefore implies that there is need to find a mechanism to improve service delivery.This was the basis of this study.

1.3 Objectives of the Study

The objective was to examine the role of performance target setting on service delivery in public hospitals in Kenya.

Justification of the Study

The study will benefit the government which will obtain data that will enable it to develop the health sector policy that will enhance production of quality healthcare service through performance management. The management team of health facilities, the ministry of health, other ministries and departments of government will get information on the factors that affect performance of employees and therefore come up with measures to counter the challenges. Patients and the general public will benefit from improved service delivery. Other researchers and students of human resource management and medicine will find this study a useful guide in carrying out more research in this area.

1.4 Scope of the Study

This study focused on healthcare providers in Kakamega county General Hospital. It focused on doctors, nurses, clinical officers, pharmacists, dentists and laboratory technicians/technologists.

2. Literature review

2.1. Introduction

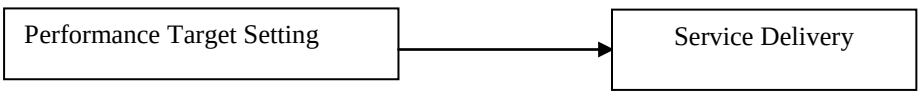
The review of literature focused mainly on target setting and its role on service delivery.

2.2. Theoretical Framework

This study was based on the Theory of change for Result- Based Management. The theory identifies five principles upon which management for results are based which include dialoguing on results, Aligning Programmes to expected results, monitoring and evaluation of results, managing for and not by results, and using results information for learning and decision- making [11]. Result-Based Management model identifies the importance of setting strategic goals. Goals create a framework for defining Programmes, organization structure and management arrangement. [16] espouses that this is what Performance management system strives to do as it has evolved to create a means to plan, implement and steer strategy so as to provide long- term competitive advantage.

2.3. Conceptual Framework

The researcher conceptualized the relationship between the independent and the dependent variables to exist as provided by the diagram below. He realized that service delivery was dependent on setting performance targets.



INDEPENDENT VARIABLE ***DEPENDENT VARIABLE***

2.4. Service Delivery

Over the past decade, there has been a growing acknowledgement of quality and safety concerns in health care [15]. Reference [16] Acknowledges that quality service delivery has been receiving much prominence of late due to its relationship with costs, financial performance, customer satisfaction and customer retention. Reference [2] Adds that it also has significant relationships with customer loyalty, profitability, service guarantees and growth of organization.

Reference [17] Says that, evaluation of quality service in the health sector was started by a U.S surgeon, Ernest Codman. His work in quality assessment led to the founding of the American College of Surgeons and the Joint Commission on Accreditation of Health Organizations (JCAHO). This was the beginning of the formation of quality improvement methods linked to quality and safety standards and the subsequent establishment of the international society for quality in health care. Quality Service is a product of quality management (QM) that was developed by Japanese industrial organizations in 1950s through 1980s and later adopted in the USA as total quality management approach. QM has today gone beyond quality management to maintaining competitiveness by providing philosophies to manage the entire organization [18]. [14] Defines quality as the degree to which a service meets consistently desired outcomes for individuals and populations. That, service delivered should also be consistent with current professional knowledge. Quality is multifaceted. It spans inputs, processes and outputs. It corresponds to core values of privacy, dignity, choice, safety, autonomy and fulfillment to individuals and groups. Without these indicators a service is said not to be quality [17].

Service delivery defines the quality and availability of a specified service. A service is delivered if customers know what it is and what to expect from it, scope and operations. It details eligibility, limits, costs and how it is obtained the service. To deliver a quality service is to provide and deliver spontaneously with minimal delay [18]. That delivering quality health care service consistently creates and fosters in the patient the feeling of being cared for and leads to patient satisfaction and loyalty. That how doctors, nurses and supportive staff treat patients affectively, and how patients perceive treatment is important as a measure of quality service. Reference [15] Highlights that, quality service lies a long a continuum, with unacceptable quality at one end while ideal quality is represented by different gradations of quality along the continuum.

Improved quality has a positive impact on patients and staff satisfaction. It leads to improved efficiency and effectiveness of healthcare provision and increased trust in the health care system. Quality Service can be assessed using various aspects including but not limited to patient satisfaction with physicians and nurses, their quality, overall cleanliness of facilities, overall administration and all technical services offered. These aspects are what are used to measure the perception of patients to quality services.

Reference [17] identified ten determinants of service quality that are related to any service. He listed them as competence, courtesy, credibility, security, access, communication, and understanding, knowing the customer, tangibles, reliability, and responsiveness. Reference [19] Later categorized them into five: tangibility, reliability, responsiveness, assurance, and competence. Quality service is an assessment of whether the service delivered is compatible with the needs and the requirements of customers. It is a critical determinant to competitiveness and value for money. A customer- focused approach to service delivery is premised on the setting of sound standards,

service delivery plans and targets that achieve measurable spheres of interest. The services should be appropriate to purpose, have ability to consistently meet and exceed perceived customer and citizen needs [15].

Improving customer service is not only a requirement but a necessity in these days of budget cuts and decreasing public satisfaction with services [20]. Quality improvement is at the forefront of health. That, for quality improvement, services should always focus on customer needs and have a holistic, non-punitive approach to improvement based on identification of underlying causes of poor performance. It should incorporate data and scientific methodology in improvement efforts and have a goal of empowering staff so that quality improvement happens from the bottom up and top down. These are core functions of performance management and setting service standards through setting performance targets is important to improving service delivery.

2.5. Performance Target Setting

Setting performance targets has been a mechanism used in industrial psychology to motivate managers and workers to achieve specific organizational goals [13]. Targets are a specific type of performance measurement, an incentive scheme and a quantitative expression of an objective to be met in future [21]. World Health organization describes targets as incentive mechanism where anobjective to be met in the future is established [4]. Targets associated with a measure represent a goal and standard to be achieved over time. Standards are statements that define the required key functions, activities, processes and structures so that various departments in an organization can provide quality services [13]. Performance Standard or goals are management approved expressions of the performance thresholds, requirements or expectation that must be met to be appraised at a particular level of performance [19]. Standards and goals for a given performance define an acceptable range of performance and falling below that level is said to be unacceptable. Employees need targets so that they can know what is expected of them.

In the recent years there has been increasing public sector attention on improving quality of care and setting of standards of healthcare [13]. Quality in health care refers to extend to which an organization meets its client's needs and expectations as measured against predetermined standards [16]. That establishing standards or goals can be a very effective way to communicate performance expectation and can raise employee performance levels [23].

Reference [16] Says that over a period of 60 years, evaluation of quality in health care has evolved into a dynamic and exciting modern science. That evaluation of quality plays a significant role in patient safety, quality assurance standards (QAS), benchmarking and continuous quality improvement (CQI). It has been consistently shown that quality care needs improvement all over the world and many stakeholders including providers, consumers, payers, researchers, quality improvement organizations, and government have become engaged in the measurement towards improvement of care quality and safety [14]. Hence the importance of setting performance targets to improve service delivery in the health care system.

Performance Target setting is an important mechanism for accountability. Targets play an important role in highlighting key policy goals and helping to motivate an organization to achieve the goals as they represent what the organization aspires to. Targets are founded on the notion that when goals are explicitly defined more

organized and efficient efforts will be made to meet the targets [21]. That they can help organizations and practitioners focus on a manageable number of achievable goals and lead to system improvement.

For targets to achieve success they should be precise and short term, be based at the local level and not national, involve professionals in their design and implementation, provide financial, informational and managerial capacity to respond to those very challenging and be attached to concrete incentives [21]. That determination of targets should be done by professionals' bodies, healthcare professional staff, patients and citizens and should be optimal, achievable and designed to encourage continuous improvement [16]; Hence, the need to align individual, departmental and overall organization targets.

Performance Target setting is an important component of performance management. Setting appropriate individual standards and goals is extremely important for effective performance of individuals and teams [7]. Targeting setting should typically go through several stages of development notably the normative stage where the idea is suggested by professionals; the empirical stage where the idea is tested in pilot sites and lastly the consensus phase, which is the final stage, where targets are modified and consolidated to achieve a useful balance between what is ideal and what is real [16].

When employees are involved in setting goals, it increases the chances of acceptance of the goals. When goals are customer-focused, employee thoughts and actions are centered on the customer satisfaction and efforts are expended to satisfy customers. Employees will strive to please customers when the goal is challenging and they have agreed to the goal [20]. Goals affect performance in three ways. First, they direct an individual's thoughts and actions. Secondly, they regulate energy expenditure and acceptable and thirdly hard goals increases individual's persistence in achieving them.

3. Methodology

3.1. Introduction

This chapter will present the research design, target population, sampling frame, the sampling technique, sample size, data collection procedure, processing and analysis.

3.2. Research Design

The study was designed as a descriptive case study. The researcher preferred the method because of its ability to describe a situation and its minimum bias in the collection of data. [2] Says that descriptive design involves large numbers of persons, and describes population characteristics by the selection of unbiased sample. It involves using questionnaires and sometimes interview tests, and generalizing the results of the sample to the population from which it is drawn. Descriptive design is the most frequently used method of collecting information about peoples' attitudes, opinions, and habits on social issues and such studies usually do not involve hypothesis testing. The study was not concerned with testing of hypothesis.

3.3. Population

According to [24] a population is an entire group of individuals, events or objects with same common observable characteristics. The study population included all permanent health professional staff working in public hospitals in Kenya. The target population was about 300 workers at Kakamega County General Hospitals (KCGH).

3.4. Sampling Frame

A sampling frame is a list, directory or index of cases from which a sample can be selected [24]. The sampling frame for the study was the list of permanent health professional employees obtained from the hospital Administrator's or human resource office at the Kakamega County Hospitals.

3.5. Sampling Technique

According to [24] a sample is part of the target (or accessible) population that has been procedurally selected to represent it. The area of study, Kakamega County General Hospital was purposively selected. The target population composed of doctors, nurses, clinical officers, laboratory technicians and pharmacists who were selected using stratified random sampling technique for categorization. The respondents were selected using simple random and purposive sampling techniques.

3.6. Sample Size

Sample size is an important feature of any empirical study in which the goal is to make inferences about a population. To obtain the sample size the following formula was used.

$S = X^2NP\ (1-P) \div d^2\ (N-1) + X^2P\ (1-P)$. (Robert, 2012)

This gave a sample size of 167respondents.

3.7. Research Instruments

The main research instrument for the study was a questionnaire for hospital staff. The questionnaire was close-ended to ease analyze of data (Jackson, 2009). It consisted of ten statements for each of the fivevariablestotaling to fifty (50) statements. The statements were rated using a five point Likert scale with each aspect rated from 1(strongly disagree) to 5(strongly agree) that is (1- Strongly Disagree; 2- Disagree; 3- neutral/undecided; 4- Agree; 5- Strongly Agree). An interview schedule was prepared for patients to rate the quality of service deliveryand assist to determine whether responses from staff on service delivery were correct or biased.

3.8. Data Collection Procedure

The source of data was primary as this study was an original study. As indicated earlier a close-ended questionnaire for staff was used as the main instrument to collect data. Personal interviews were conducted with patients. Before administering the instruments the researcher was given permission from the Director, JKUAT,

and Kakamega CBD. He sought permission from the hospital administrator. The administrator introduced him to departmental heads who then introduced him to respondents that participated in the study. The researcher established a working relationship with the respondents who accepted to participate in the study. The appropriate time for administration was negotiated between the researcher and the respondents. The questionnaire distribution was facilitated by the assistance a head of department who also assisted in the collection process. The whole of this exercise was done for a period of three weeks as some of the respondents were too busy due to workload constraints.

3.9. Data Processing and Analysis

Data collected was analyzed qualitatively and quantitatively using the statistical product for scientific studies (SPSS).Before starting the analysis process, the researcher processed the data by editing, categorizing and coding it appropriately. After processing the researcher then fed the data into the computer via the SPSS programme. As a data analysis tool the SPSS offers extensive data handling capabilities and numerous statistical analysis routines that can analyze small to very large data statistics (Araoye, 2004). The SPSS programme helped in generation of frequency tables which provided frequencies and percentages used in qualitative analysis. The SPSS also helped in quantitative analysis that gave the Pearson correlation and regression coefficient which aided in the identification of the level of significance in the relationship between the variables under study. This statistics were very important in interpretation, discussions, conclusions and recommendations made.

4. Results and discussions

4.1 Introduction

This presents the results as obtained for demographic characterization, service delivery and Performance target setting

4.2 Demographic characteristics

Out of the 109 respondents that formed the study sample 49(45.0%) were male while 60(55.0%) were female. 17(15.6%) of the respondents had certificate qualification, 55 (50.5%) had Diplomas, 34(31.2%) had bachelor's degrees, 3(2.8%) masters. Eight (7.3%) worked in the surgical department 48(44.0%) in medical, 41(37.6%) from Outpatient. On designation, only 1(0.9%) was a dentist, 12 (11.0%) were laboratory technologists/technicians, 59(54.1) were nurses, 9(8.3%) were pharmacists, 15(13.8%) were Clinical officers while 13(11.9%) were Doctors. Thirty three (30.3%) respondents had worked at the hospital for between 1-2 years, 21(19.3%) for 3-5 years, 22(20.2%) for between 6-10 years whereas 33(30.3%) had an experience of over 10 years.

4.3 Results On Service Delivery

Service delivery was the dependent variable. The description of the dependent variable was conceptualized using ten statements. The section required respondents to rate the nature of service provided to patients at the hospital on the ten statements provided using a five- point Likert scale with 1- strongly disagree to 5- strongly

agree. The purpose of the statement was to identify whether the staff at the hospital objectively felt that the hospital provided service with regard to the hospital service charter which puts the patient's rights first. Service delivery was measured in terms of availability of all services sought, timeliness of provision, confidentiality, courtesy, and safety of patients during service delivery among other issues.

Table 4.1: Demographic Characteristics

Statement	Category	F	%
Gender	Male	49	45.0
	Female	60	55.0
Education level	Certificate	17	15.6
	Diploma	55	50.4
	Bachelors	34	31.2
	Masters	3	2.8
Department	Surgical	8	7.3
	Medical	48	44.0
	Outpatient	41	37.6
	Dentist	1	0.9
Designation	Laboratory	12	11.0
	Nurse	59	54.1
	Pharmacist	9	8.3
	Clinical Officer	15	13.8
	Doctor	13	11.9
Years worked	1-2	33	30.3
	3-5	21	19.3
	6-10	22	20.2
	Over 10	33	30.3

The results revealed that respondents agreed with only four statements and rated them at between 50-70 %. On the statement (staff serve patients willingly), 62.3%, (staff behavior give patients confidence), 56.9%, (patients feel safe with staff), 65.2%, (staff have job knowledge), 77.9%. Statements which recorded high level of disagreement were two (all serviced required are available), 33.9% and (staff are never too busy for patients), 34%). Staff felt that most services were not available and that sometimes, according to interview with patients, they were referred elsewhere. On average 49.2% of respondents agreed that the services at the hospital were

quality, 19.18% disagreed. 31.4% were undecided.

Table 4.2: Results for Service Delivery

Statement	**SD**		**D**		**UD**		**A**		**SA**	
	F	%	F	%	F	%	F	%	F	%
Service provided is quality	3	2.8	16	14.7	44	40.4	34	31.2	12	11.0
Service is timely	6	5.5	18	16.5	42	38.5	37	33.9	6	5.5
Staff serve willingly	4	3.7	15	13.8	22	20.2	48	44.0	20	18.3
All service available and provided	12	11.0	25	22.9	40	36.7	29	26.6	3	2.8
Staff behavior give patients confidence	3	2.8	12	11.0	32	29.4	47	43.1	15	13.8
Patients feel safe with staff	2	1.8	11	10.1	25	22.9	50	45.9	21	19.3
Patients are informed about services	7	6.4	14	12.8	45	41.3	29	26.6	14	12.8
Staff never too busy for patients	10	9.2	27	24.8	29	26.6	35	32.1	8	7.3
Staff has job knowledge	0	0	6	5.5	18	16.5	54	49.5	31	28.4
Patients are given individual attention	7	6.4	14	12.8	45	41.3	29	26.6	14	12.8

4.4 Results on Performance Target Setting

The study was interested in examining the role of performance target setting on service delivery. Staff at KCGH was given a list of ten statements to rate performance target setting at the hospital. Out of the ten statements, the Staff agreed with eight statements. Those who agreed accounted for 73%, those undecided 20.1% while those who disagreed accounted for 11%. This indicated that performance targets have been set at the hospital. The hospital has individual employee targets, departmental and overall hospital targets. The process of target setting is a consultative and involves all interested parties; employees, departments and hospital administration.

Table 4.3: Results for Performance Target Setting

Statement	SD		D		UD		A		SA	
	F	%	F	%	F	%	F	%	F	%
There are department performance targets at the hospital.	1	.9	6	5.5	13	11.9	56	51.4	33	30.3
Targets are set at the beginning of the year	1	.9	1	.9	13	11.9	62	56.9	32	29.4
Employees are involved in setting the targets.	1	.9	7	6.4	16	14.7	60	55.0	25	22.9
Individual employees have their performance targets.	2	1.8	6	5.5	15	13.8	57	52.3	29	26.6
Individual targets are aligned to departmental targets.	1	.9	1	.9	13	11.9	64	58.7	30	27.5
The targets measure employee performance.	0	0	4	3.7	25	22.9	54	49.5	26	23.9
The targets emphasize on efficient service delivery.	0	0	3	2.8	17	15.6	51	46.8	38	34.9
The performance targets are achievable in short and long term.	1	.9	5	4.6	30	27.5	46	42.2	27	24.8
Employees achieve targets within set period.	4	3.7	10	9.2	34	31.2	38	34.9	23	21.1
Employees are motivated to achieve targets	19	17.4	30	27.5	28	25.7	25	22.9	7	6.4

From quantitative analysis, the study revealed that performance target setting has high positive relationship with service delivery at r=0.544, p=0.000, hence p< 0.005 at the hospital. From regression analysis model summary the relationship had R2= .295 showing that only 29.5% of the variation in service delivery can be explained by performance target setting while the rest, 70.5% can be explained by other factors not considered for this study.

5. Summary, conclusion and recommendations

5.1. Service Delivery

This results show that the level of service delivery is not satisfactory. Staff at the hospital feels that the hospital is not providing quality service to patients.

5.2. Performance Targets Setting

This study has revealed that performance targets have been set at the hospital. However the process of target setting is not as consultative as required as there seems to be only top-down approach and not the inclusive top-down and bottom-up approaches.From quantitative analysis, the study revealed that target setting has a high positive relationship with service delivery at 0.544 at the hospital. This implies that performance target setting has a significant role to play in improving service delivery at Kakamega County General Hospital.

5.3. Recommendations

5.3.1. Service delivery

There is need to improve service delivery at KCGH as the study has revealed that the quality of service is not good.

5.3.2. Performance Target Setting

Resulting from the findings on target setting, the hospital performance targets have been set at the hospital. However, there is need for the programme to ensure that employeesbuy-in and own the whole process. Since the level of achievement of targets is low there is need to use both top-down and down-up approach in setting targets so that there is full stakeholder participation.

References

[1] W. O, Nyongesa. (2013). Evaluation of the level of quality of healthcare accorded to patients in selected public and private hospitals in kiambu and nairobi counties in kenya. *primary health care 3;129. Dol.* , 129.

[2] K., Wanjau &, B, Wanarigi . &. (2012). ‘’Factors Affecting Provision Of Service Quality In Public Health Care: A Case Of Kenyatta National Hospital.’’ *international journal of humanities and social sciences* .

[3] D. Delanyo(2004). ‘’The Brain Drain In Africa; An Emerging Challenge To Health Professionals' Education.’’ *Boston college and council for science research,* .

[4] MOH. (2012). ‘’Accelarating Attainment Of Health Goals, The First Kenya Health Sector Strategic And Investment Plan-KHSS.’’ Nairobi: Government printer.

[5] B. Nicole, (2013). ‘’Implementing free maternal health care in kenya, challenges, strategies and recommendations.’’ Nairobi: KNHRC.

[6] KACC. (2010). ‘’Sectoral Perspective on Corruption in Kenya, The Case of Public Health Care Delivery.’’: *research department and policy department of preventive series. Nairobi, Kenya*

[7] S. Obong'o, (2009). ‘’Implementation Of Performance Contracting In Kenya.’’ *international public management review, IMPSnet vol. 10* .

[8] K..N. Atambo, (2013). ‘’The Role Of Employee Incentives On Performance: A Survey Of Public Hospitals In Kenya.’’*global business and economic research 2(12)* , 29-44.

[9] N. Nzuve (2013). ‘’Percieved Factors Affecting Performance Management Among Local Authorities In Kenya, A Case Of The City Council Of Nairobi.’’ *DBA African Management Review, vol. 3 No.2* .

[10] G. Wamai, (2009). ‘’The Kenya Health System- Analysis Of The Situation And Enduring Challenges.’’ *International medical community, on-line review 2014* .

[11] L. Toppo (2012). ‘’From Performance Appraisal to Performance Management.’’ *IOSR Journal of Business and Management (IOSRJBM)* , 01-06.

[12] L . Prasad (2006). ‘’Human Resource Management.’’ *sultan chand and sons education publishers. india*

[13] Boundless. (2015, march 20). ‘’The Importance of Performance Targets.’’ Retrieved march 20, 2015, from Boundless Management. Boundless: https://www.boundless.com

[14] T. V. Vlieland, (2009, April). ‘’General Hospitals’ Strategic Responses To Performance Indicators An

Exploratory Study.'' *MBA Health Thesis . Erasmus University, Rotterdam, The Netherlands: Erasmus Centre for Management Development in Healthcare,Institute of Health Policy and Management*.

[15] M. Sibanda, (2012). ''Monitoring Customer-Focused Quality Service Delivery In Local Government: Conceptual Issues And Perspective For Consideration.'' *African public service delivery and performance review vol 1* .

[16] W. C. Stuart, (2011). ''Quality Standards for Health Care Establishment in South Africa.'' south Africa: SAHR.

[17] J. Petrick, (2009). ''The Role Of Quality, Value And Satisfaction In Predicting Cruise Passengers Behavioral Intentions.'' *journal of travel research vol.41(3)* .

[18] S. R. Srimai, (2013). ''An Inerdisciplinary Perspective On The Evolution Of Strategic Performance Management System.'' *knowledge management and innovations* .

[19] D. Algilanan, (2003). ''Attitudes To Service Quality: The Expectation Gap.'' *Nutrition and food science, vol.33* , 165-173.

[20] Choi, K. L. (2008). ''Service Quality Dimensions And Patient Satisfaction Relationships In South Korea: Comparison across Gender, Age and Types of Service.'' *services and marketing vol. 19 No. 3* , 140-149.

[21] P. M. Smith, (2008). ''Performance Measurement For Health System Improvement, Experiences, Challenges And Prosperity.'' DK-2100 Copenhagen, Denmark: WHIO, Scherfisvej8.

[22] MOH. (2006). ''norms and strategies for health service delivery.'' nairobi: government printer.

[23] B. Dzimbiri, (2009). ''Experiences In New Public Management In Africa: The Case Of Performance Management In Botswana.'' council for development of social sciences research in Africa. Gaborone, Botswana

[24] A . Mugenda, &. (2003). ''Research Methods: Qualitative And Quantitative Approaches.'' Acts press, Nairobi:

[25] M . Araoye, (2004). ''Research methodology with statistics for health and social sciences.'' *ijvl* .