STRATEGIC INTERVENTIONS AND QUALITY SERVICE DELIVERY IN PUBLIC HOSPITALS IN EMBU COUNTY, KENYA

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THIS RESEARCH PROJECT IS SUBMITTED TO THE SCHOOL OF BUSINESS, ECONOMICS AND TOURISM IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER'S OF BUSINESS ADMINISTRATION DEGREE (STRATEGIC MANAGEMENT OPTION) OF KENYATTA UNIVERSITY

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DECLARATION

This research project is my original work and has not been submitted to any other University/institution

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I confirm that the student prepared this research project under my guidance as the University appointed Supervisor.

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DEDICATION

I wish to dedicate this research project to my daughter Glorious Ndanu and to my parents Mr Joel Ngatu and Mrs Joyce Nyamai who gave me a lot of moral and spiritual support.

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ABBREVIATIONS AND ACROYNMS

RBV: Resource-Based View

QSD: Quality Service Delivery

PHI: Public Health Institutions

SDF: Standard Delivery Framework

ICT: Information and Communication Technology

PHC: Primary Health Care

WHO: World Health Organization

RBV: Resource Based View

GOK: Government of Kenya

OPERATIONAL DEFINITION OF TERMS

Human Resource: An employee of a public health, referred as a strategic asset with the relevant skills and competencies working in public health institutions.

Financial Resource: Refers to the liquid assets that a public health hospital possesses to implement its health programme.

Physical Resource: These are tangible items such as drugs and other equipment used in the treatment of patients.

Information and Communication

Technology: They are the ICT infrastructure used by the health care workers to carry out health programmes.

Public Health Institution: Government organization whose aim is to serve patients by improving health, well-being and quality of life**.**

Quality Service Delivery: Measure of public hospitals on how they are able to either meet or exceed clients' needs.

Strategic Interventions: Strategic resources that are employed by a hospital for satisfaction of patients

ABSTRACT

The right to health is a constitutional right for each citizen in Kenya. It is for this reason that the Kenya government has made significant invested in terms of resource allocation in the health sector. However, there exist great inequalities in accessing health care among the counties in Kenya. Customer dissatisfaction is a characteristic feature in Kenya's public health facilities. The study sought to investigate the effect of Strategic Interventions on quality service delivery in Public Health facilities in Embu County, Kenya. The specific objectives were; to examine the effect of human resources on quality service delivery, effect of financial resources on quality service delivery, effect of physical resources on quality service delivery and effect of information communication technology on quality service delivery of public health facilities in Embu County. The study used explanatory, descriptive, and cross-section research designs. The target population was 427 employees (comprising of doctors, nurses, clinical officers, laboratory technicians, and pharmacists) drawn from public hospitals in Embu County while the sample size was 128 employees. Proportionate random sampling and Purposive sampling technique were employed to establish the sample for the study. Data collection was done through semi structured questionnaire. The data was analyzed by use of descriptive and inferential statistics. The analyzed data was presented in frequency distribution tables. From the findings, it was revealed that the human resources, financial resources, physical resources, and information communication technology had a positive statistical significant effect on quality service delivery in public hospitals in Embu County. The study recommended that both county government and national government should invest in human resources, information communication technology and physical resources so as to improve service delivery in public hospitals in Embu County. The study recommended that this can be applied in education sector and private organizations. Further both national and county governments should disburse financial resources to hospital promptly.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

In the current global competitive world, the delivery of high-quality services is seen as a crucial factor in a company's success and operational performance (Barros, 2015). By continuously improving their products and services, organizations strive for superior organizational performance in order to satisfy the needs of the community in which they operate (Johnston & Clark, 2018). The ever-increasing interconnectedness of global markets has increased the demand on the service delivery sector to assure the quality and currency of service delivery. These difficulties may be attributable to the market's quick transition, which causes frequent changes in fashion, taste, and pricing. Patient satisfaction requires organizational efficiency in the healthcare industry, as the provision of quality service has a direct effect on consumer satisfaction. According to Hayes, Batalden, and Goldmann (2019), service loyalty and profitability are essential aspects of every for-profit firm. As a subset of the service sector, the healthcare sector is a rapidly expanding and dynamic system. As a survival strategy for the volatile and ever-changing business climate, the industry has modified its service delivery system (Holloway & Galvin, 2019).

The challenges in USA healthcare system clearly indicate that there is need for reforms. This is because of decrease of the efficiency of amenities in health care which lead to high costs and poor health care. There is small evidence regarding the effective procedures and treatments, failure to detect and minimize errors which lead to gaps in quality and efficiency of health

institutions (Hsu & Nedeljkovic, 2015). Japan is known to be having high quality health system in the world highest enhancing the high life expectancy. However, it has its own share of challenges of burden of diseases and fast aging population. Burden of disease. Strategic interventions are called for to reduce years lived with disability and morbidity (Kato, Ryu, Matsumoto, Abe, Kaneko, Ko, Burton, Gre, Irving, Ramsay & Kondo, 2019).

In Australia, health institutions face a number of issues, including the need to provide the correct mix of treatment for the chronically sick, a high desire to enhance quality, and a rising patient population. Since health expenditures have risen faster than population growth or ageing, there is a need for efficient service utilization (Oladipo, 2014). Acute myocardial infarction is associated with a thirty-day death rate following hospitalization in Europe. This demonstrates that the quality of acute care varies by nearly a factor of three. The information shows that quality improvement is necessary. There is a need for a combination of strategies tailored to the specific conditions and objectives of health institutions to address quality. (Chukmaitov, Herless, Bazzoli & Muhlestein, 2018).

Many quality improvement initiatives have been initiated, modified, and analysed in South Africa, but they have not improved the quality of care provided by public hospitals. Errors in diagnosis and medicine prescription, delays in service delivery, inefficiency, diminished market share, and exorbitant expenses are a few of the difficulties facing the health system. People could no longer have faith in South African healthcare facilities as a result. The effort of the government is to implement National core standards with the objective of obtaining desired outcomes that provide long-term solutions for quality improvement and service delivery in the health sector (Winnie, Maphumulo & Busisiwe, 2019). Some of the challenges cited in Nigerian

health institutions are; lack of staff training, insufficient finances, human resource issues and deployment of health workers. There were crises in health workforce crises due to salary delay for months, inadequate health institutions. Poor management has contributed to internal health workforce crisis in the health sector (Adeloye, David, Olaogun, Auta, Adesokan, Gadanya, Iseolorunkanmi, 2017). In Ghana, health institutions are one of biggest sectors, in terms of revenue and Employment. Patients are continuously seeking for good quality healthcare. A study was conducted to examine the need of physical resources towards the quality service delivery at public health facilities. It was based on 233 respondents. According to (Abor, 2016), there is a positive association between physical environment and efficiency of serviced delivery.

The public health system in Kenya is organized in a step-wise manner to allow referral to a higher-level hospital in the event of complicated cases. The nation's healthcare system is classified in six hierarchical levels, from Level 1 up to Level 6. For instance, Level 1 is made up of community service facilities, Level 2 has dispensaries and clinics, whilst Level 3 entails nursing homes, health centres, and maternities. Level 4 entails medium-sized private healthcare facilities as well as sub-county hospitals. Level 5 is made up of the big private hospitals and county referral hospitals whereas Level 6 entails the national referral hospital facilities and big private teaching hospitals (Ministry of Health, 2018). Kenya is the first nation to necessitate referral healthcare services in East Africa, but the public healthcare sector has been affected by a high migration of Health Care Workers (HCW) from public to private practice and other private healthcare sectors due to different reasons such as empowerment in decision-making, better compensation, better working conditions, clearer communication channels, and effective conflict resolution approaches. HCW's are mainly dispensed by human resource department who are

core in maintaining a cordial relationship between employees and their employers thus making it a crucial department in optimal delivery of healthcare services (Munyoki, Kinoti & Owino, 2019).

1.1.1 Quality Service Delivery

High-quality health services involve the right care, at the right time, responding to the service users' needs and preferences, while minimizing harm and resource waste. Quality health care increases the likelihood of desired health outcomes and is consistent with seven measurable characteristics: effectiveness, safety, people centredness, timeliness, equity, integration of care and efficiency (Boxall & Purcell, 2019). For instance, in Pakistan, increasing first-contact accessibility to health care workers through the Lady Health Worker Programme improved management of pneumonia and lowered neonatal mortality (Huang & Han, 2018).

According to (Bava, 2018), quality service is considered of essence and fundamental in public organizations. Globally governments have a responsibility to ensure that these services are available and provided in a bureaucratic way. In the current challenging and dynamic world, quality service delivery is a valuable asset in the health sector. Having the trained personnel, functional systems, rewarding and proper infrastructures lead to sustained competitive. The five foundational elements critical to delivering quality health care services are health care workers; health care facilities; medicines, devices and other technologies; information systems; and financing. To ensure that quality is built into the foundations of systems, governments, policy-makers, health system leaders, patients and clinicians should work together to: ensure a high-quality health workforce; ensure excellence across all health care facilities; ensure safe and

effective use of medicines, devices and other technologies; ensure effective use of health information systems; develop financing mechanisms that support continuous quality improvement (Hayes, Batalden, & Goldmann, 2019).

In a number of instances, adherence to clinical practice recommendations in eight low- and middle-income nations was below 50%, resulting in inadequate prenatal and child care and family planning. In seven low- and middle-income countries, the Service Delivery Indicators initiative revealed significant variance in provider absenteeism (14.3–44.3%), daily productivity (5.2–17.4 patients), diagnostic accuracy (34–72.2%), and adherence to clinical recommendations (22–43.3%). A study of 80 papers revealed that inadequate clinical practice is prevalent in both private and public primary health care institutions in a number of low- and middle-income nations. 19–53% of women aged 50–69 did not have mammography screening, and 27–73% of older persons (age 65 and older) did not obtain influenza vaccine, according to OECD data from high- and middle-income nations.

According to Yanti, Faiza, Dewi & Wibisono (2020), quality service delivery is pegged on five elements that are ranked by consumers to be vital for quality service. These are; responsiveness, tangibility, assurance, reliability and empathy. According to Kabene, Soriano, Leduc and Orchard (2016), human resource management is essential to health care system and it improves health care activities globally. Understanding of the need for human resource was clear though comparing the selected countries. Quality does not come automatically; it requires planning, and should be a clearly identified priority of universal health coverage, along with access, coverage and financial protection and therefore strategic intervention is key. The current study will use;

customer satisfaction, efficiency, employee satisfaction and innovation as indicators of quality health care service delivery.

1.1.2 Strategic Interventions

Strategic interventions involve a deliberate attempt to move organizations towards a more effective state, grow and improve performance (McLean, 2016). It is a long-term effort to bail out organizations (Cummings & Worley, 2019) and a determining factor of sustained firm performance According to Gibson (2018), strategic interventions are measures that can be put in place to offer fast, effective and flexible solutions to deal with organizational challenges. Strategic interventions in public health institutions can help to achieve value-based health care transformation (Power, 2018). Strategic intervention needs to be set in place so as to improve management of health institutions (Vemula, Leahy & Jacobson, 2016). Strategic intervention in this study will involve human resources, financial resources, physical resources and information communication technology.

According to Khalumba (2012), the good management of human resources is appreciated in Kenyan enterprises not only for its role in implementing a given competitive scenario, but also for its improved productivity. Effective human resource management practices have the potential to create organizations that are more intelligent and flexible than their competitors through the use of policies and practices that focus on hiring, developing, and syncing the contributions of talented employees within the organization's resource pool. Human resources are unique assets in organizations that provide sustainable competitive advantage (Mutiso & Kilika, 2017). The measurement indicators of human resources in this study are remuneration, work environment and professionalism.

Financial resources are essential for financing key organizational resources and increasing business activities in accordance with the strategic objectives of the firm (Yusuf, 2015). According with the findings of prior research, the availability of adequate business financing is a crucial component in sustaining long-term investments that contribute to corporate success (Basu, Andrews, Kishore, Panjabi, & Stuckler, 2019). Jaca and Psomas (2019) suggested that an organization should allocate financial resources to priority areas in order to gain the highest possible return on the investment in question, which will result in enhanced performance. Barney (2007) argues that an organization's ability to attract additional investment from its stakeholders is contingent on its availability to dependable sources of funding and its capacity to deliver acceptable returns on invested capital. This, in turn, leads to increased performance. According to Macharia, Hassan, Blackhurst, Erasmus and Matsha (2019), inadequate financial resources cause a decline in offering of quality health services. Measurements in this study were financial availability, adequacy and utilization.

A study conducted by (Mark, Diana& Hollingworth, 2013) argued employees of public hospitals have low morale due to inadequate infrastructure, unconducive working environment and insufficient equipment. It is important to improve quality in health facilities. The measurement indicators for the study are availability, adequacy and utilization. A study conducted by Mwanza, Hirschorn, Nisingizwe, Michel and Gimbel (2017) established the significance of quality data to inform, monitor, and manage health programs. Proper strategies should be set aside to evaluate and improve the quality of primary data in health institutions. The measurements indicators are ease to use, function ability and integration.

The influence of strategic interventions which were; Human resource, Finance resources, Physical resources and Information Communication and Technology on quality health services provided in public hospitals in Embu County, has not been well addressed. In conclusion, for strategic intervention to be effective there is need of coalition- building, effective oversight, accountability, installation of system design and proper strategic policy frameworks (Mukami & Kiiru, 2019).

1.1.3 Health sector in Kenya

As more nations vow to providing universal health coverage by 2030, it is becoming increasingly apparent that good health care cannot be provided by merely assuring the cohabitation of infrastructure, medical supplies, and health care providers. Improving health care delivery necessitates a conscious emphasis on the quality of health services, which entails delivering treatment that is effective, safe, patient-centered, timely, equitable, integrated, and efficient. In Kenya, health institutions are categorized into Faith, Private and Public Hospitals. However, public health facilities are classified into 6 levels; level 6 is National Referral Hospitals which includes the Kenyatta National Hospital (KNH) and the Moi Teaching and Referral Hospital (MTRH) Eldoret. The other hospitals are Level 5 hospitals, also Level 4 are Sub County hospitals, as well as Level 3 are Health centres, and level Dispensaries and Level 1 are Community health care institutions. In Embu County there is one level 5 hospital and four level 4 hospitals which includes: Embu County Hospital, Siakago, Runyenjes, Ishaira and Kianjokoma (GoK, 2022).

Challenges which face the health sector include: poor or inadequate infrastructure, deficit of finances, insufficient well spread health facilities and untrained personnel. This affects the

quality-of-service delivery. Public hospitals have been faced with continuous staff unrest which has led to death of patients making most patients end up looking for other alternative sources of treatment. According to Rubisain, Barani and Lopez (2018), in Low- and middle-income countries more than eight million people die out of conditions that can be treated in health system. This calls for optimization of health systems with high-quality to achieve quality service delivery.

Many Kenyans can't access quality services from public health clinics, despite this being a constitutional right. Public health insurance has also been available in the country since 1966, but just 20% Kenyans are able to access medical cover. Since the population is 45 million and still rising, it leaves approximately 36million of Kenyan citizens unable to get quality health service coverage. Mostly, the patients get to pay a quarter of health institution services from their pockets (NHS report, 2016). According to Grenier and Muchukuri (2019), the infant mortality rate in Kenya was 64 deaths in every 1000 births. KNBS (2019) report revealed that the under-five mortality rate was 100. Quality service delivery may not be achieved without putting in place strong stakeholder relationships and engaging in particular organizational contexts which leads to sustainable competitive advantage.

Health services in Kenya are offered by more than 4,700 health institutions in the entire county, where 51% of the facilities are in public health sector. This health facilities are ranked from the national referrals, county, sub-county hospitals, health centers and dispensaries (RoK, 2022). According to Alford and Flynn (2022), quality service delivery can be improved by putting strategic interventions in place. Efficient and quality service delivery is achieved when there is implementation of private and public partnership in health sector.

1.2 Statement of the Problem

Health care systems in Kenya tend to be geared towards treating acute illnesses, and are rarely organized to help patients with lifelong diseases overcome the hurdles of daily life (WHO, 2020). Although the Kenyan government through the ministry of health has highly invested in health sector, customer dissatisfaction still continue to prevail in public hospitals making patients to seek alternative services of treatment (Makhamara, 2017). According to MoH (2019) report nurse patient ratio is 1:870 and a clinical officer patient ratio of 1:8333 while the doctor patient ratio is 1: 9090 in Embu County as opposed to WHO recommended of 1:4602. According to KPMG International (2020) there is continuous unrest of health care workers of public hospitals in Kenya. In 2014, 201 doctors resigned from public hospitals in the country, 16 were from Embu County (Matendechero, 2020). The neonatal rate, infant mortality rate and maternal rate in Embu County are 24,43 and 400 respectively while in national averages for the same are 31,45 and 488 (KDHS, 2018).

According to Guyatt, Muiruri, Mburu and Robins (2020) public hospitals in Kenya have been experiencing serious challenges. Some of the biggest challenges cited are inadequate staff, poor infrastructure, lack of finances, lack of maintenance, inadequate computerization of services, untimely internal feedback, lack of finances by some patients for services offered, high congestion in the wards and child mortality of children aged under 5years. Despite the heavy government investment in public health institutions, quality service delivery in public hospitals remain below the required threshold (KNBS, 2020).

Previously empirical studies on the link of single resource and efficiency of service offered. For instance, Human resources and the quality service delivery was studied by Luballlo (2017).

Financial resources and the quality service delivery studied by Jane (2018) and Emmanuel (2019). Alwaka and Matsalia (2018) studied the effect of information communication technology on the quality service delivery. The studies ignored the need for strategic interventions in regard to quality service delivery. To fill this gap, the current study investigated the effect of strategic interventions on the quality service delivery among public hospitals in Embu County, Kenya.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of this study was to determine the effect of strategic interventions on the quality service delivery in public hospitals in Embu County, Kenya.

1.3.2 Specific objectives

i. To examine the effect of human resources on the quality service delivery in public hospitals in Embu County, Kenya.
ii. To assess the effect of financial resources on the quality service delivery in public hospitals in Embu County, Kenya.
iii. To establish the effect of physical resources on the quality service delivery in public hospitals in Embu County, Kenya.
iv. To assess the effect of Information Communication Technology on the quality service delivery in public hospitals in Embu County, Kenya.

1.4 Research Questions

i. What is the effect of Human Resources on the quality service delivery in Public Hospitals in Embu County, Kenya?

ii. What is the effect of Financial Resources on quality service delivery in Public Hospitals in Embu County, Kenya?
iii. How does Physical Resources affect quality service delivery in Public Hospitals in Embu County, Kenya?
iv. What is the effect of Information Communication Technology on the quality service delivery in Public Hospitals in Embu County, Kenya?

1.5 Significance of the study

This document is meant for policymakers who wish to incorporate the basics of quality improvement in health care into their respective health systems. Thus, it examines the quality of health care services as a starting point. Although the document is not intended to give technical assistance for frontline health care workers, they may find useful information herein. Findings may be applicable by both public and private hospitals management not only in Embu County but also other counties in enforcing and strengthening human resource policies by developing attractive pay package, training staff and providing conducive working environment to improve on quality services delivered by these hospitals. The study will help public hospitals in formulating policies on procurement of computers, hospitals equipment's and proper utilization of hospital resources that lead to achievement of the quality service delivery. The study will increase literature on strategic interventions quality service delivery in Embu County, Kenya. It can be applied in other areas such as County Government, education sector, Faith based hospitals and private sector since they employ the human resources, the financial resources, the physical resources and the Information Communication Technology.

1.6 Scope of study

The study investigated the influence of strategic interventions on the quality service delivery on public health hospitals in Embu County, Kenya. The project was based on human resource, financial resources, physical resources and Information Communication Technology. The study employed, semi structured questionnaires in primary data collection from the nurses, doctors, laboratory technicians, clinical officers, and pharmacists in the public hospitals in Embu County. While descriptive statistics was used in data analysis.

1.7 Limitations of the Study

Due to the hectic schedules within the health sector, versatility as well as readiness in allocating sufficient period to administer the questionnaire was a constraint. This constraint was addressed through a scheduled appointment that was distributed to the management. Another limitation was that respondent's prospective biased opinion on their long-term interactions. The research addressed this limitation by clarifying the purpose of the study and assuring the respondents of their anonymity and confidentiality of the information given.

1.8 Organization of the study

The study has five chapters, chapter one encompasses the introduction and background of the study, also statement of the problem is discussed here, objectives guiding the study as well as the research questions, significance and study Scope. The second Chapter covers the theoretical foundation, literature review, and summary together with knowledge gaps established as well as the conceptual framework. chapter three consists of the study research design employed, empirical model, the target population for the study, the sample size, sampling technique and sampling procedure, instruments data collection, data collection procedure, operationalization and measurement, validity and reliability, the process of data analysis and findings presentation

as well as the ethical considerations. Chapter four comprises of response rate, demographic characteristics, Results of reliability, the descriptive statistics, the inferential statistics and data analysis based on the objectives. Chapter five covers the summary of the findings, the conclusion drawn and the study recommendations made.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter comprises of Theoretical view, literature review regarding the past studies on the basis of the study variables, summary literature review and knowledge gaps and conceptual framework.

2.2 Theoretical Review

The current study was guided by three theories which include; Kotters Theory, resource-based view (RBV), and the Dynamic capability theory.

2.2.1 Kotter's Theory

This theory was created by Kotter (1995), a professor at Harvard Business School, and presented in his book "Leading Change," which was based on years of study indicating that only 30% of organizational change implementations are successful. Many change management approaches are implemented in enterprises in order to manage change. This inquiry was primarily concerned with the eight-step Kotter model. This eight-step approach describes how an organization should manage change (Kotter, 1995). It offers a thorough technique for implementing substantial organizational change. Creating a sense of urgency is the initial step. The management must convince the workforce and employees that the organization must urgently shift course. According to Kotter, management should push others to take immediate action and achieve success (Kotter, 2011). Phase two involves the development of a steering coalition. The reform effort must be directed by a coalition of individuals. To anticipate the success of the transformation, the team must have adequate influence, credibility, knowledge, excellent leadership skills, and a shared objective (Kotter, 2011).

The third phase is visioning the change. Creating a future vision is crucial at this stage, according to Kotter (1995), because it provides a framework for decision-making, motivates individuals to take proper action, and facilitates the efficient and effective coordination of the actions of numerous people. Sharing the vision in order to gain buy-in is the fourth phase. It is essential to communicate the goal to the entire organization if you want employee support. According to Kotter, communication and consistency issues are extremely common. He says that effective leaders consistently express the vision across all available communication channels. The sixth phase is to encourage widespread employee action. According to Kotter (1995), after the staff accepts the new vision, they must be granted the autonomy to implement it. The leading coalition is responsible for removing any barriers and ensuring that individuals have access to the necessary processes, tools, and resources to effect the change.

The instant generation of victory is the sixth step. Research indicates that businesses usually lose the momentum of transformation quite quickly. Short-term achievements are essential for preserving motivation and zeal. According to Kotter (2011), businesses with significant short-term success are significantly more likely to complete a transformation process. The seventh step entails consolidating achievements to produce greater change. Kotter cautioned against announcing victory before the adjustments and business innovations have taken root in a firm' culture. This might destabilize the existing momentum and allow the resistance to seize control. The final step is integrating changes into the culture. This step entails integrating and establishing the new procedures and practices inside the business culture so that they remain in place once the pressure of change has subsided (Kotter, 2011). The study variable; human resource intervention and information communication intervention is evident in Kotter’s theory

in the need to focus on customer service delivery. The study underpins the human resource and information communication interventions in improving performance.

2.2.2 The Resource Based theory (RBV)

Penrose (1959) gave the resource-based theory. Penrose argue that an organization does not run administratively only, it also has production involved. According to Wernerfelt (1984) this is one of the valuable theories used to identify the strategic interventions that are available to an organization. Most researchers consider Barney (1991) as the father of Resource Based View. The theory argues that resources in an organization which include employees, finances, physical resources and systems being well integrated will lead to the quality service delivery. Organizations operate and have impact in an ever-changing environment where resources are essential to different types of institutions (Barney 1991; Wronk & Szymaniec, 2013).

Razaee (2016) posits that different organizations can utilize resources to achieve sustainable competitive advantage. Wernerfelt (1984) indicates that competitive advantage is gained through application of various tangible resources that are available in the organization. Economists Penrose (1959) and Pitelis (2004) have significantly contributed towards the Resource based view. According to Barney (1991), firms possess heterogeneous resources which can improve the organization value by applying different strategies and the resource mixes which lead into valuable resources that are not substitutable or imitable. The theory is about reducing cost and increasing efficiency adding uniqueness and value to the resource in order to increase advantage of an organization as compared to another (Miller1996; Porter, 1991).

Resource based view can be applied in health sector to show how the human resources, the financial resources, the physical resources and the information communication technology in an

organization can be used towards achieving quality service delivery (Lock, 2011). According to Mina Woo (2016), intangible resources have high influence on achievement of strategic interventions. Resource Based Review was applicable in the study because it addresses the theme of this theory which is improving the quality service delivery through use of the available resources to the hospital. Thus, this theory supports the improved service delivery through utilization of human, financial and physical resources.

2.2.3 Dynamic Capability View

Dynamic capability view was developed by Pisano, Shuen and Teece (1997), it is based on how an organization can utilize its resources in the ever-changing environment. This theory, combined with the previous resource-based view reveals that the financial resources, the physical resources and the information communication technology can be utilized to achieve local and global competitive advantage among public hospitals. Dynamic capacity theory leads to competitive advantage of an organization where its resources are efficiently integrated for long run improved service delivery. This theory has main focus on two aspects which are; changing the character of environment and the need for strategic management, organizing, integration and adoption of both internal and external resources. Functional competencies including systems towards achieving the quality service delivery in a changing environment (Denrell & Powell, 2016).

According to Mutiso and Kilika (2017), organizations that effectively utilize internal and external resources through timely delivery and strategic human resource management, are able to achieve quality serviced delivery. Researchers have focused on specific areas under developing organization capabilities with an objective of adjusting shifting of business environment and achieve quality service delivery. The Dynamic capacity theory was applicable in the study

because the public health institutions operate in an ever-changing environment where the four variables; human resources, physical resources, financial resources and adapting changes in IT could be utilized.

2.3 Empirical Literature review

The section presents the empirical results based on Human resources, physical, financial and IT usage.

2.3.1 Human Resources and the Quality Service Delivery

Ringo and Jiang (2021) studied the effect of human resources practices on organisational performance: evidence from the telecommunication sector in Tanzania. The population of the study comprised all workers of Tanzania Telecommunication Corporation (TTCL) the largest telecommunication company in Tanzania. The stratified sampling technique was used to select the sample for the study. The employees were grouped into two different strata based on their level in the organisation. That is, middle level management staff and operational level staff who are responsible for the day-to-day activities of the companies.

The quota sampling technique was then used to apportion quotas for the two samples (80/20). That is, the sample selected comprised 80% operational level staff and 20% middle level staff. Thus, out of the 250-sample selected, 200 was selected from the operational level staff and 50 middle level management staff. After the data cleaning, out of the 250 data sample collected, only 220 data sample was suitable for data analysis. Findings from this study revealed that, HR activities have an impact on organizational performance. In other words, the findings revealed a positive and significant relationship between compensation and rewards, training and

development, recruitment and selection, job design, and organizational performance. The study finds that because these HR activities have a favorable impact on organizational performance, managers must pay attention to them.

Nasieku (2018) conducted a study effect of human resource management practices on employee performance in public hospitals in Kenya. This study adopted the expectancy theory of motivation, and human capital theory to explain and justify the study variables. Using a descriptive research design and case study methodology, the study attempted to define and clarify the stated aims. The target population consisted of six public hospitals in Nairobi County. Statistical Package for the Social Sciences (SPSS) IBM 2015 was utilized to evaluate data utilizing means, standard deviations, and regression analysis.

In addition, a linear regression model was employed to assist in determining the relative impact of each of the two objectives on the performance of the employee. According to the mean test, the correlation analysis, and the regression analysis, the study factors had a beneficial effect on employee performance. This suggested that an increase in the planning and recruitment of human resources affects employee performance. The focus of future research should be on identifying other management elements that influence employee performance. Relevant variables would include, among others, organizational changes, technological changes, and organizational structure.

Gudermann, Meijerink and Bondarouk (2018) examined how Human resource management practices enhances organizational performance among local companies in Germany. The target

population was 11000. The findings indicated that performance contracting, human resource functions depicted a positive effect of the performance of the companies. The study however failed to focus on how human resource management established new ways of growth which can be a basis for the future research.

A study conducted by Muscoda, Ochieng and Muoki (2016) on factors affecting provision of the quality service delivery revealed that there has been a decline in the quality of services that clients received in public health institutions. The target population was 129 respondents. Findings reveal that public hospitals need to focus on employee's capacity so as to improve the quality service delivery. To increase the quality service delivery there is need of adequate skilled employees. However, proper employee sourcing should be applied to effectively manage staff. This was applied in the study to ensure there is improvement in the quality service delivery which is also focusing on public hospitals.

2.3.2 Financial Resources and the Quality Service Delivery

Karama and Muia (2019) ascertained the effect of financial resources on the delivery of devolved services in selected counties in Kenya. The study was anchored on Resource Based View Theory, employing a blended research design and positivism approach. Data was collected using structured and open-ended questionnaires from 384 employees that were randomly selected from eight counties. Results from regression analysis showed that financial resources had significant and positive effects on devolved service delivery. The study concludes that financial resources are significant drivers of projects in counties. It is however a delicate balance since financial resources may be in place but the mechanisms to deploy them may be non-existent. Therefore, it

is important for county governments to provide both financial and organizational resources in order to achieve improved delivery of county services.

Tsofa (2017) on Kilifi County Government, one of the 47 counties in Kenya, provides useful insights. The study established that financial resources and human resources for health management functions, a devolved service, were rapidly transferred to counties before appropriate county-level structures and adequate capacity to undertake these functions were put in place. This led to disruptions in staff salary payments, political interference with management functions and confusion over health sector roles. In addition, there was also a lack of clarity over specific roles and responsibilities at county and national government, and of key players at each level. Subsequently, Kilifi County witnessed several health workers' strikes and mass resignations. Service delivery was further compromised on account of significant delays in procurement that led to long stock-outs of essential drugs in health facilities.

Upon examining five key functions of hospitals after devolution, Barasa (2017) reports that there was a substantial reduction in the autonomy of county hospitals. Some of this resulted in weakened hospital management and leadership, reduced community participation in hospital affairs, compromised quality of services, reduced motivation among hospital staff, non-alignment of county hospital priorities, staff insubordination, and compromised quality of care. Barasa reported that the negative effect on service delivery can be reversed by increasing the autonomy of county hospitals and developing county legislation to give hospitals greater control over resources and key management functions.

The above notwithstanding, contrasting findings were reported by Maina (2017) who sampled three counties (Nairobi, Kiambu and Kajiado) in Kenya to examine the role of public financial management practices on service delivery. The study findings were that budgeting and stakeholder participation practices and regulatory practices had a positive effect on service delivery in the selected counties. Another interesting finding was that revenue mobilization, spending practices, auditing and forensic accounting practices had an insignificant effect on service delivery. Three recommendations from the study are relevant for this paper. Firstly, in order to be more effective, counties should prepare plans and budgets with high levels of participation and ownership by the public. Secondly, spending above the budget estimates should be discouraged. Thirdly, counties should adopt technology to enhance efficiency in revenue collection; act on audit reports and hold regular public expenditure review meetings in which expenditures are discussed widely by the county with donors, civil society organizations and citizens.

According to Mustapha, Weham, Hadley and Hart (2017) public financial management is correlated with the quality health service delivered in healthy facilities. The findings indicated that both issues have been researched in but in their own right, but only few studies compared the relationship between them. The findings reveal that the main causes of poor service delivery include corruption, inadequate citizen participation, lack of employee capacity, political manipulation, poor planning, lack of accountability and transparency, poor monitoring and evaluation, and poor human resource policy. However, different can be employed through community partnership to improve the quality of the service delivered. Thus, more studies can be conducted on the same. The study guide how the challenges of accountability and transparency,

poor monitoring and evaluation can be overcome to ensure achievement of the quality service delivery at public hospitals in Embu County, Kenya.

2.3.3 Physical Resources and the Quality Service Delivery

Brackertz (2019) studied the effect of physical resources on quality service delivery in public institutions in Australia. A descriptive research design was used. The study targeted 453 employees working in various public institutions. Primary data was collected through a questionnaire. The study found that there was a strong association between the physical resources depict and the quality service delivered in public institutions in Australia. More emphasis should be on increasing the volume of physical resources since any unit change of physical resources will significantly improve the quality service delivery. The study concentrated on council infrastructure. The study used human resources and three other variables which are; and financial resources, physical resources and information communication technology as the strategic interventions to improve the quality service delivery in public hospitals in Embu County, Kenya.

Borman and Oppler (2018) conducted study to determine the effect of physical resources on the service delivery of Canadian businesses. Thirty institutions participated in the study, and questionnaires were distributed to ensure data collection. According to the findings of the study, the service quality of a health institution remains crucial to the organization's successful operations despite the physical resource-related aspects that characterize an organization's operations. Notwithstanding the competence and significance of a company's physical resources, their contribution to the organization is negligible if they lack the technical support provided by the human resource element at the managerial level. Furthermore, the research determined that

the firm's physical resources continue to impede and restrict the provision of appropriate healthcare services in Canada. The study was limited to Canadian businesses, creating a contextual gap.

According to Marks, Diana and Hollingsworth (2020) despite the increase of investment on quality of physical resources in health facilities, the quality service delivery has not improved significantly. Findings were that there is little improvement in terms of quality of physical resources due to decentralization. The conclusion is there need to improve quality in all hospitals. The current study will examine the effect of strategic interventions on service delivery among public hospitals in Kenya.

Azila (2018) studied the effect of physical resources on service delivery. The study utilized descriptive research design with 233 respondents as the targeted population. The study established that physical resources depicted a significant influence on the service delivery. Findings indicate that there is a clear connection between physical resources and the quality of service offered in in public health facilities. The conclusion is public institutions are faced with many challenges which include; image, service delivery, inadequate resources, reputation and funding. The study recommended that the quality service delivery can be improved through offering better physical environment in the service mix which can be applied in public hospitals. There is need to improve management of services to achieve improved on the quality service delivery in public hospitals.

2.3.4 Information and Communication Technology and the Quality Service Delivery

Soi (2019) studied the effect of ICT on service delivery in TSC. The study sought to find out if ICT has a positive or negative impact on service delivery at TSC. The study adopted a longitudinal case study design in establishing the impact of ICT on service delivery. The population of the study in this research was the secretariat of Teachers Service Commission from different departments and teachers from 50 public schools in Nairobi County. Stratified random sampling was used to select employees of TSC. The researcher used sample size determination table for continuous data with margin error of 0.03 developed by Bartlett, Kotrlik, & Higgins to determine the sample size. The findings indicate that TSC endeavor to achieve competitive advantage over their competitors in such a dynamic environment by using ICT. The study concluded that if a proper mechanism is put in place in implementing ICT practices, TSC will be an excellent organization in service delivery. Information Communication Technologies has dramatically changed services, business models, and people's expectations of the quality and efficiency of information sharing and service delivery. ICT reduces costs of transactions, improves the quality of production, empowers consumers, and ultimately boosts profits. ICT investments should help early-adopting firms to achieve higher levels of performance, for example, by improving the efficiency with which various tasks are performed by different sections of the workforce; and by facilitating more rapid monitoring of trends in customer demand and improvements in communications with suppliers of key components and services.

Bhatnagar (2018) conducted a study that established that Information Communication had influence on service delivery. Descriptive approach was used in the study. The finding are that staff motivation, innovation and system efficiency lead to improved service delivery. Study

concluded that accuracy, variability of systems, client loyalty in services offered and customer service management lack in all government organizations including public hospitals.

Masai (2017) asserts that Information Communication Technology enhances efficiency hence transforming service delivery in organizations. A descriptive design was employed. 61946 was the population targeted of with sample size of 196. The study found that Information Communication Technology had a positive and significant influence on quality service delivery. Recommendations were made from the study that the organizations ought to invest more in information technology to achieve competitive advantage. The study focused on the educational sector thus suggested further study to be conducted in the health sector to establish how information technology enhances the quality service delivery.

A study conducted by Kabanda (2017) on Information Communication Technology on customer service excellence revealed that adoption Information Communication Technology depicts a significant influence on customer satisfaction, as well as customer service excellence. The study target population was 42,349. Findings are that despite having proper infrastructure facilities in Zimbabwe, still there is a gap in effective and application utilization of Information Communication Technologies to grow the customer service excellence. However, on application of effective use of Information communication technology depicts a gap that if improved will enhance customer service. The study recommended the study can be done in different countries other than Zimbabwe.

2.4 Summary of Literature review and Knowledge gaps

Table 2.4 shows the summary of literature review and research /knowledge gaps.

Table 2.1: Summary of the Literature Review and the Gaps Established

Author	Study	Findings	Gaps established	Focus of the current study
Gudermann, Meijerink&Bon darouk (2018)	Human resource management practices on performance	Human resource functions had significant influence on organization performance	Study ignored effect of human resources on service delivery	Study focus on the quality service delivery
Razaee (2016)	RBV for sustainable competitive advantage	RBV can be used to achieve Sustainable competitive advantage	Did not consider other aspects that would lead to Sustainable Competitive Advantage	Other aspects would bring competitive advantage such as equipment and systems
Mustapha, Weham, Hadley &Hart (2017)	Public financial management on the quality service delivery	There was a correlation with the quality service delivery	Effect of financial resources on quality service delivery was not considered	Effect of financial resources on quality service delivery
Musyoka, Ochieng &Muoki (2016)	Factors that affect provision of the quality service delivery in public health institutions	Public health institutions should enhance employee's capacity to improve the quality service delivery	The study ignored effect of human resources on quality service delivery	Effect of human resources on quality service delivery
Marks, Diana & Hollingsworth (2019)	Investment on physical resources improve on the quality service delivery	There is need to invest on quality physical resources	Study mainly focused on investment of physical resources. Study was done in Indonesia	Effect of physical resources on quality service delivery
Azila (2018)	Focused on Physical resources and service delivery in public	Physical resources and the quality service delivery have a significant relationship.	The study was done in Ghana which has a different contextual setting	Study is done in Embu County

	facilities in Ghana			
ChinhoIkobe, Kwandayi & Makanyeza (2019)	Strategies on how to make service delivery better	Several strategies can be applied to better and quality service provision.	Study ignored strategic interventions on quality service delivery	The study focus is on effect of strategic interventions on quality service delivery
Brackertz (2018)	Effect of Physical resources on quality service in public health sector	Results depicted a positive correlation of quality service delivery and the performance of the physical building	Study ignored strategic interventions on quality service delivery	Study focused on effect of physical resources on quality service delivery
Murithi (2019)	Impact of Information Communication Technology on the quality service delivery	Information Communication Technology has influence on the quality service delivery	Study was done the power generation company which has different characteristics from those of health sector	Effect of ICT on quality service delivery on public health facilities in Embu County
Masai (2017)	The role of information Communication technology in enhancing service delivery among universities in Kenya.	Investment in Information Communication Technology had a positive relationship on service delivery	Study was done in Education sector which has totally different characteristics from Health sector	Effect of ICT on quality service delivery on public health facilities in Embu County
Kabanda (2017)	Influence of Information Communication Technology on service excellence in Zimbabwe	Use of Information Communication Technology has significant impact towards customer excellence	The study was done in in Zimbabwe	The study was based in Embu County, Kenya
Bhatnagar (2018)	Influence of Information Communication Technology on service delivery in public institutions in India	The study found that accurate and valid systems led to the quality service delivery in government organizations	Study was on impact of information communication technology	Study is on strategic interventions on the quality service delivery in Embu County

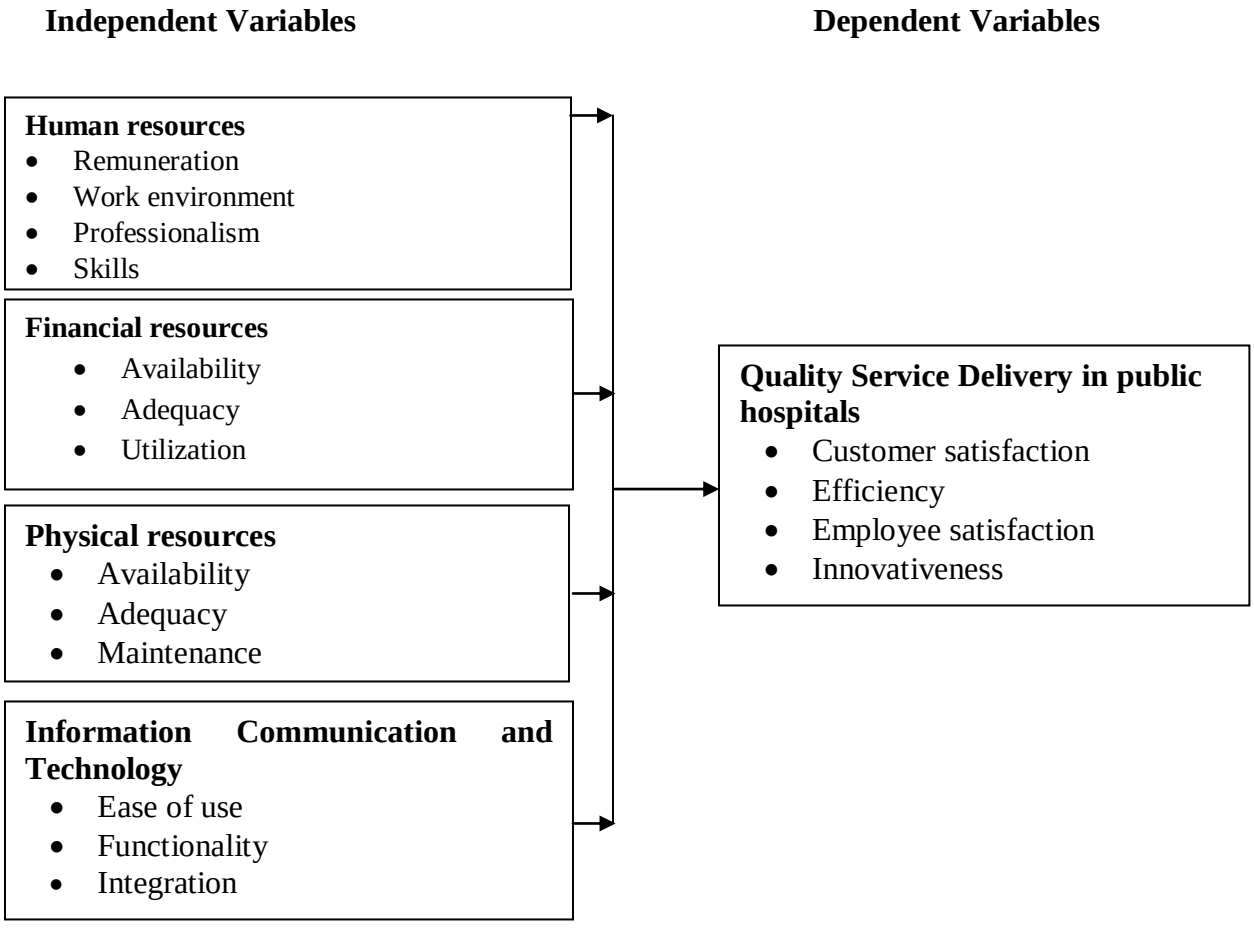
Yusriadi (2021)	Influence of human resource on infrastructure service process in Rwanda	Both have a significant impact on the quality service delivered	Was based on human resources and physical resources	Study conducted in health sector in Embu County
Jensen and Chindarkar (2018)	Role of ICT in enhance service delivery and service improvement among production health facilities in India.	ICT integration on improving service	The study was on production health facilities in India	Study was conducted in public hospitals in Embu County

Source: (Author, 2021)

2.5 The Conceptual framework

According to Mugenda (2008), it is a hypothesized model for linking concepts being learnt and an existing relationship. It shows the connection that exists between the independent variables and the dependent variable. The following independent variables were employed are the human resources, the financial resources, the physical resources, and the information communication and Technology on the quality service delivery at public hospitals was the dependent variable.

Figure 2.1 Conceptual Framework



Source: Author (2023)

CHAPTER THREE

RESEARCH METHOLOGY

3.1 Introduction

The chapter comprises the research design employed, the target population, the sample size and the sampling procedure, the data collection instruments, as well as the validity and reliability of the data collection instruments and the data collection procedure. Further, the operationalization and the measurement of variables is done in this chapter, the empirical model for data analysis and results presentation and the ethical consideration.

3.2 The Research Design

According to Creswell and Creswell (2018), research design is as a process involving the overall plan that the study followed in conducting the study right from data collection, data analysing and data interpretation. It gives guidance on the research framework method chosen, the sampling method, data analysis process, the sample size and measurement employed in responding the research questions posed. The study employed descriptive research design and cross sectional and descriptive research design. Mugenda and Mugenda (2013), advocates the descriptive design since it allows research to summarize, easily organize the data in meaningful for effective utilization. Descriptive research design was adopted since it assisted in data collection from the population and get the description of existing situation of the variables in question. It involves describing and observing of behaviour of phenomena without influencing it.

3.4 Target Population

Williams (2006) proposes that target population include elements put together from which a researcher would like to draw conclusion. This study covered five public hospitals in Embu County which are: Embu County Hospital, Siakago, Runyenjes, Ishaira and Kianjokoma. The

target population was 427 employees which included: doctors, nurses, pharmacists and laboratory technicians drawn from the eight departments which included inpatients, outpatients, pharmacy, MCH, maternity, ENT, laboratory, comprehensive care and counselling departments.

Table 3.1: The Target Population

Hospital	**Doctors**	**Nurses**	**Clinical Officers**	**Lab Technicians**	**Pharmacist**	**TOTAL**
Embu County Hospital	35	210	20	18	6	289
Runyenjes	2	27	7	4	3	43
Kianjokoma	0	11	3	3	0	17
Ishaira	4	37	8	6	1	56
Siakago	1	13	5	3	0	22
TOTAL	42	298	43	34	10	**427**

Source: County Government of Embu (2023)

3.5 The Sample Size and Sampling Procedure.

This study used 30% of the target population as the sample size as recommended by Mugenda and Mugenda (2003). This translates to 128 employees. The study used purposive sampling and proportionate random sampling. In order to get employees in each category factor of 0.3 was used while purposive sampling was applied to ensure head of departments were included.

Table 3.2: Study Sample size

Categories of staff	Total No.	Sample (factor of 0.3)	%
Doctors	42	13	10
Nurses	298	89	70
Clinical Officers	43	13	10
Laboratory Technicians	34	10	8
Pharmacists	10	3	2
Total	**427**	**128**	**100**

Source: Field data (2021)

The variation in sample size is simply because the number of nurses were usually more than clinical officers, doctors and others in a facility.

3.6 Data Collection Instruments

Primary Data was collected through use of questionnaire. The study employed Semi structured questionnaires for data collection. Questionnaires were preferred since they are inexpensive, detailed and can gather large quantity of data. The respondents can complete and return the forms. The study employed the use of questionnaire as the tool for data collection because it allowed the researcher to cover a larger area within a short period of time, and also it allowed confidentiality of information; hence prompting respondents to give accurate information on the subject matter. The questionnaires were also convenient to the respondents as they filled the questionnaire at their own free and convenient time. Structured questionnaires were used in the following five sections; the first section (Section A) of the questionnaire entailed demographic

information including, gender, age, education level, marital status of the employee. The second section (Section B) consisted of questions on the human resources. The third section (Section C) elicited information on financial resources. The fourth section (Section D) comprised of questions on information communication technology. The fifth section (Section E) contained data related to quality service dependent delivery. Statements in the questionnaires were assessed on a five (5) point Likert scale as follows: SA- strongly agree, A- agree, U- undecided, D- disagree, and SD- strongly disagree, with ratings ranging from 5 to 1.

3.7 Data Collection Procedure

It involves the procedure that was followed in data collection. The researcher sought relevant authorization to collect data from Kenyatta University School of business. After data collection authorization letter, the researcher applied for a permit from the Ministry of Education, NACOSTI offices. Then, the researcher proceeded to collect data where a drop and pick later method was used. After dropping the questionnaire to the selected respondents, the researcher allowed the respondents five to seven days to fill in the questionnaire. Later the questionnaire were picked by the researcher for coding and data analysis.

3.8 Operationalization of variable and measurement of variables

Quality service delivery in the study was the dependent variable which was operationalized into different outcomes that include; efficiency, customer satisfaction, innovativeness and employee satisfaction. The dependent variable is affected by independent variables namely; human resources, financial resources, physical resource and Information Communication Technology.

Table 3.3: The operationalization of variables and the measurement

Variables	Nature	Measurement of the Indicators	Operationalization	Scale of Measurement
Human Resources	Independent	Remuneration	Pay package of Health care workers	Likert Scale 1-5
		Work environment	The prevailing conditions surrounding the health care workers in the hospital	
		Professionalism	Ability of health workers to observe code of regulations in their work	
		Skills	Staff training to perform a task	
Financial Resources	Independent	Availability	Provision of money to carry out hospital programs effectively	Likert Scale 1-5
		Adequacy	Extent to which funds were sufficient for the health programmes	
		Utilization	Ability of top management to use financial resources for the intended purpose	
Physical Resources	Independent	Adequacy	Extent to which the physical resources are enough for hospital needs	Likert Scale 1-5
		Availability	Extent to which the relevant equipments are present	

		Maintenance	Extent to which hospital equipment are well kept for normal functioning	
Information Communication Technology	Independent	Ease of use	Extent to which the health workers are able to use the ICT equipment to perform their work	Likert Scale 1-5
		Functionality	Extent to which ICT system are in working order	
		Integration	Extent which different departments of the hospital are connected to each other	
Quality Service Delivery	Dependent	Customer satisfaction	Extent to which customer meet the expected service	Likert Scale 1-5
		Efficiency	Ability of the hospital programs to be carried promptly at minimal cost	
		Employee satisfaction	Extent to which workers are contented with their job or organization they work for	
		Innovativeness	Ability of hospital staff to develop new ways for providing improved service	

Source: (Author, 2023)

3.9 Pilot Study

This entails the systematic measurements of the correctness of data by a research instrument. The collected data was coded using excel software for data analysis. Data analysis was conducted using a method in the form of percentages, ranking, scale and average using the SPSS program.

3.9.1 The Validity of Research Instrument

Validity of data collection instruments means the level to which the instrument is able to measure what is required to be measured in relation to the purpose given several chances (Post, 2016). The different types of validity are; Face Validity in the study was established through double check. Content Validity in the study was done by ensuring the questionnaire addresses the topic under investigation. The study established Construct Validity to ensure that objectives were well covered in the questionnaire and Criterion validity by ensuring the questionnaires predict the outcome of the actual study.

3.9.2 The Reliability of Instruments

According to (Rodrigues & Post, 2016), Reliability means the capacity of a data collection interment to obtain consisted results when subjected to different trials and that it able to measure what it entitled to measure effectively. According to (George & Mallery, 2003), Reliability coefficient and analysis strategy should be qualitative and quantitative. The study conducted reliability for data collection instruments. The study used Cronbatch alpha coefficient of 0.7 threshold as recommended by George and Mallery (2003).

Table 3.4 Reliability Results

Constructs	No. of Items	Alpha Score	Comment
Quality Service Delivery	6	0.732	Reliable
Human Resources	13	0.765	Reliable
Financial Resources	9	0.771	Reliable

Physical Resources	9	0.766	Reliable
Information Communication and Technology	6	0.743	Reliable
Aggregate Score		0.753	Reliable

Source: Researcher (2023)

The Cronbach Alpha score threshold was 0.7. According to the results in table 3.4, the aggregate Alpha score was 0.753>0.7 and therefore the research instruments were reliable. This was supported by individual Alpha score of 0.732, 0.765, 0.771, 0.766 and 0.743 for quality service delivery, human resources, financial resources, physical resources and information communication technology variables respectively.

3.10 Data Analysis and Presentation

Coding was done using assigned symbols and numbers to respond to classes that were grouped. Data was analysed using descriptive statistics method on the basis of descriptives and summarizing for simpler interpretation (Lynch, 2013). Descriptive and inferential statistics was used in the analysis. Descriptive statistics was used to describe and summarize the data to enable meaningful description of the distribution of the scores or measurements. Correlation was used to assess the relationship between strategic intervention and quality service delivery. Multiple regression was computed to investigate how the independent variable predicted the dependent variable. The analysed data was presented on frequency distribution tables. The regression model was given as:

$Y= \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$

Where it stands for the following

Y, the quality service delivery in public hospitals

$X_{1,}$ is the Human resources

$X_{2,}$ is the financial resources

$X_{3,}$ is the physical resources

X_4 is the Information Communication and Technology

Where β_0 is the Constant

And $\beta_1, \beta_{2,} \beta_{3,} \beta_4$ = are the Coefficients of the independent variables that is the human resources, the financial resources, the physical resources and the Information Communication and Technology respectively. And lastly, ε is the Error term which means other factors not included in the study.

3.11 Ethical Considerations

To ensure research was done under ethical conditions adhering guarding the privacy of the participant and protect their welfare. The following considerations were made: Confidentiality/privacy of respondents was maintained and protection of identification of individuals. The permit for conducting the study was obtained by presenting the approved proposal by graduate school of Kenyatta University to NACOSTI. The researcher sought authority from medical superintendent to collect data and finally the researcher sought consent from respondents and reported findings as found in the field.

CHAPTER FOUR

RESEARCH FINDING

4.1 Introduction

Chapter four illustrates the data analysis based on the collected data. It illustrates the response rate, bio-data regarding gender, age, educational level and designation. Further, reliability, and validity was established in this chapter. Also, the findings form descriptive statistics and the inferential statistics were illustrated in this chapter.

4.2 Response Rate

Out of the total of 128 questionnaires distributed to the respondents, a total of 104 were fully filled and returned while 24 were not returned because of unknown reasons. Table 4.1 represents the distributions. The total response rate stood at 104(81.25%) implying a good response rate as described by Luck & Gaspelin (2017) who proposes that for significant statistical analysis, the response rate should be above 50% which is minimum response rate. Moreover, only 24(18.25%) were not returned because of unknown reasons.

Table 4.1 Response Rate

Questionnaire	Frequency	Percentage
Returned	104	81.25%
Not Returned	24	18.75%
Total	**128**	**100.00**

Source: Survey data (2022)

4.3 Demographic Characteristics

Demographic distribution was done using frequency and percentages in describing the sample population in terms of the gender of the respondent, age, designations, and education level for analysis and interpretation purposes.

4.3.1 Gender Distribution

Table 4.2 illustrate the respondent distribution in terms of gender. From the results, a total of 56 (53.8%) were male while 48 (46.2%) were female. This implies that the government policy of the third gender rule is observed.

Table 4.2 Gender Distribution

Gender Response	Frequency	Percentage
Male	56	53.8%
Female	48	46.2%
Total	**104**	**100.00**

Source: Survey Data (2022)

4.3.2 Respondent's Age

Table 4.3 illustrates the distribution of the respondents in terms of age. This reflects the age of the staff who have worked in the hospital over the study period. This also has to do with the continuous training policy. The respondents were experienced and had thorough knowledge of their roles. This implies that there was well presentation in terms of age distribution.

Table 4.3: Age Bracket Distribution

	Frequency	Percent
19-25	21	20.2
26-35	29	48.1
36-45	32	78.8
46-55	16	94.2
above 56	6	**100.0**
Total	**104**	

Source: Survey Data (2022)

4.3.4 Respondents Designation

Further in establishing the distribution description in terms of designation which the respondent holds within the facility. Results in table 4.4 reveal that nurses were the majority with respondent rate of 36(34.62%) followed by clinical officers who were 32(30.77%). Doctors accounted for 16(15.38%) while lab technicians were 12(11.54%) and the least in number were pharmacists who accounted for 8(7.69%) of the total respondents. This implies that the there was a normal distribution in terms representation of respondents by designation.

Table 4.4: Respondents distribution

Designation	Frequency	Percent (%)
Doctors	16	15.38
Nurse	36	34.62
Clinical officer	32	30.77
Lab technician	12	11.54
Pharmacist	8	7.69
Total	**104**	**100.0**

Source: Survey data (2022)

4.4.5 Level of Education

The study sought to ascertain level of education of the respondents. Table 4.5 shows the results. From the results it was revealed that diploma holders' were the majority of respondents as evidenced by 38(36.5 %), followed by 29(27.88%) of those with certificates. The respondent with bachelor's degree were third represented by 21(20.19%). Respondents with master's degrees were represented by 12(11.54%) and PhD 4(3.85%) respectively. This indicates that majority of the respondents had thorough knowledge of strategic interventions on the quality service delivery in public health facilities in the county.

Table 4.5 Level 0f Distribution

Level of education	Frequency	Percent (%)
Certificate	29	27.88
Diploma	38	36.54
Bachelor's degree	21	20.19
Master's degree	12	11.54
PhD	4	3.85
Total	**104**	**100.0**

Source: Survey data (2023)

4.4 Reliability Results

According to (Rodrigues & Post, 2016), Reliability means the capacity of a data collection interment to obtain consisted results when subjected to different trials and that it able to measure what it entitled to measure effectively. According to (George & Mallery, 2003), Reliability coefficient and analysis strategy should be qualitative and quantitative. The study conducted reliability for data collection instruments. The study used Cronbatch alpha coefficient of 0.7 as threshold as recommended by George and Mallery (2003).

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Constructs	No. of Items	Alpha Score	Comment
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Physical Resources	9	0.766	Reliable
Information Communication and Technology	6	0.743	Reliable
Aggregate Score		0.753	Reliable

Source: Researcher (2023)

From table 4.6, the aggregate Alpha score was 0.753>0.7 and therefore the research instruments were reliable. This was supported by individual Alpha score of 0.732, 0.765, 0.771, 0.766 and 0.743 for quality service delivery, human resources, financial resources, physical resources and information communication technology variables respectively.

4.5 Descriptive statistics

In ascertaining the association between strategic interventions and the quality service delivery by public hospitals in Embu County. The study used four independent variables which were the human resources, financial resources, physical resources, and Information Communication Technology.

4.5.1 Human Resource and Quality Service Delivery

The study sought to establish the influence of human resources on quality service delivery in public hospitals in Embu County. The respondents were asked to indicate their level of agreement on the statements on influence on human resources on quality service delivery in public hospitals on a scale of 1-5 where 1=Not at all, 2= Small extent, 3= Moderate extent, 4= Large extent and 5= Very large extent. Table 4.7 presents the results.

Table 4.7: Human Resources

Statements	n	Min	Max	Mean	Std. Dev
Staff remuneration is as per the current rates	104	1	5	4.34	.568
Employee remuneration is sufficient	104	1	5	2.38	1.464
Remuneration is based on employee education level	104	1	5	2.59	1.274
Economic factors are considered in remuneration	104	1	5	4.00	.960
Working environment is conducive	104	1	5	4.04	.812
The working environment friendly enough to motivate staff	104	1	5	4.22	.800
The working environment accommodative to persons with disability	104	1	5	4.12	.896
There is teamwork	104	1	5	4.68	.724
Staff are well trained	104	1	5	4.78	.803
Staff are well represented in all departments	104	1	5	4.46	.606
Staff are well-coordinated	104	1	5	4.77	.766
There are enough staff to serve	104	1	5	2.47	1.192
Aggregate Overall				**3.84**	**1.91**

Source: Survey Data (2023)

From the table 4.7, the lowest mean score was 2.38 with a standard deviation of 1.464 on the statement that the employee remuneration is sufficient. This means that the respondents agreed to small extent and had similar views. The statement with largest mean score i.e 4.78 with standard

deviation of 0.803 was that staff are well trained . This means that the respondents agreed to very large extent and all had similar views. The overall mean score was 3.84 with a standard deviation of 1.91. This means that the respondents agreed to large extent and all had divergent views.

4.5.2 Financial Resources and Quality Service Delivery

The study sought to examine the influence of financial resources on the quality service delivery by public hospitals in Embu County. The respondents were asked to indicate their level of agreement the statements on the influence of financial resources on quality service delivery in public hospitals in Embu County, on a scale of 1-5 where 1=Not at all, 2= Small extent, 3= Moderate extent, 4= Large extent and 5=Very large extent. Table 4.8 presents the results.

Table 4.8 Financial Resources

Statement	n	Min	Max	Mean	Std. Deviation
Financial resources are available when required	104	1	5	2.38	1.14
Financial resources can be accessed when required	104	1	5	2.37	1.12
Financial resources are accessible	104	1	5	1.89	0.91
There are adequate financial resources in the facility	104	1	5	1.45	2.72
Financial resources are sufficient	104	1	5	2.14	1.13
The financial resources are enough	104	1	5	2.05	1.12
Financial resources are well distributed	104	1	5	2.21	1.12
There are sufficient financial resources to run the organization	104	1	5	2.4	1.27
There is prudent allocation of resources across various departments	104	1	5	2.32	1.13
Aggregate Overall				**2.13**	**1.07**

Source: Survey Data (2021)

Table 4.8, the statement with the lowest mean i.e 1.45 with a standard deviation of 2.72 was that there is adequate resources in the facility. This means that the respondents agreed to a small extent regarding the adequacy of financial resources in public hospitals in Embu County. The statement with the highest mean was that there are ample financial resources with a mean of 2.4 and a standard deviation of 1.27. This means that the respondents agreed to a large extent and all

had divergent views. The overall mean score was 2.13 with standard deviation of 1.07. This means that the respondents in general agreed to a very small extent and all had divergent views.

4.5.3. Physical Resources and Quality Service Delivery

The study sought to establish the influence of physical resources on the quality service delivery in public hospitals in Embu County. The respondents were asked to indicate their level of agreement on statements regarding the influence of financial resources on quality service delivery in public hospital in Embu County, on scale of 1-5 where 1= Not at all, 2= Small extent, 3= Moderate extent, 4= Large extent and 5= Very large extent. Table 4.8 presents the results.

Table 4.9 Physical Resources

Statement	N	Min	Max	Mean	Std. Deviation
The facilities are well equipped	104	1	5	3.62	.767
The infrastructure considered disabled persons	104	1	5	3.21	.797
There are sufficient treatment rooms	104	1	5	2.36	1.329
The in-patient wards are well equipped	104	1	5	1.45	.722
There are adequate waiting areas that has factored in the patient's mobility	104	1	5	1.62	.958
The patient waiting areas are well equipped with sitting space	104	1	5	4.07	.714
The facilities have up-to-date testing equipment	104	1	5	3.75	.810
The patient management systems are up-to-date	104	1	5	3.76	.782
All the installed equipments are functional and well maintained	104	1	5	4.03	.782
Aggregate Overall				**3.097**	**1.251**

Source: Survey Data (2021)

From table 4.9, the statement with the lowest mean score (1.45) and a standard deviation of 0.722 was that inpatient wards are well equipped. This means that the respondents agreed to

small extent and all had similar views. The statement with highest mean score i.e 4.07 with a standard deviation of 0.714 was that the patient waiting areas are well equipped with sitting space. This means that the respondent agreed to a large extent and all had similar views. The overall means score was 3.097 with standard deviation of 1.251. This means that the respondents agreed to a moderate extent and all had divergent views.

4.5.4 Information Communication Technology and Quality Service Delivery

The study sought to establish the influence of Information communication Technology on quality service delivery in public hospitals in Embu County. The respondents were asked to indicate their level of agreement on the statements regarding the influence of financial resources on quality service delivery in public hospital in Embu County, on a scale of 1-5 where 1= Not at all, 2= Small extent, 3= Moderate extent, 4= Large extent and 5= Very large extent. Table 4.10 presents the results.

Table 4.10 Information Communication Technology

Statement	n	Min	Max	Mean	Std. Dev
The systems are well integrated in the entire facility	104	1	5	3.54	.709
Computers in the hospitals are functioning well and there is regular upgrading	104	1	5	4.04	.880
Systems are easy to use	104	1	5	4.02	.682
Departments are well connected	104	1	5	3.51	.914
Staff are conversant with use of ICT systems in the facility	104	1	5	2.42	1.068
The systems are integrated with other branches	104	1	5	3.55	1.096
Aggregate Overall				**3.51**	**0.892**

From table 4.10, the statement with the lowest mean score i.e 2.42 with a standard deviation of 1.068 was that the staff are conversant with the use of ICT systems in the facility. This means

that the respondents agreed to small extent and all had divergent views. The statement with the highest mean score i.e 4.04 with a standard deviation of 0.880 was that the computers in the hospitals are functioning well and there is regular upgrading. This means that the respondents agreed to a large extent and all had similar views. The overall means score was 3.51 with a standard deviation of 0.892. This means that the respondents agreed to large extent and all had similar views.

4.5.5 Quality Service Delivery

The study sought to establish whether there was quality service delivery in Public hospitals in Embu County. The respondents were asked to indicate their level of agreement on the statements regarding quality service delivery on a scale of 1-5 where 1= Not at all, 2= Small extent, 3= Moderate extent, 4= Large extent and 5= Very large extent. The results are presented on Table 4.11.

Table 4.11 Quality Service Delivery

Statement	N	Min	Max	Mean	Std. Dev
The quality service delivery in these hospitals is excellent	104	1	5	3.56	.709
Quality service delivery implementation was well planned	104	1	5	4.03	.894
Quality service delivery was emphasized by the hospital management	104	1	5	4.02	.682
Departments embraced quality service delivery	104	1	5	3.58	.914
Staff are familiar with quality service delivery	104	1	5	2.45	1.070
The staff in these hospitals are regularly trained	104	1	5	3.57	1.096
Overall values				**3.53**	**0.924**

Source: Survey Data (2021)

From table 4.11, the statement with the lowest mean is 2.45 with a standard deviation of 1.070 was that the staff are familiar with quality service delivery. This means that the respondents agreed to moderate extent and all had divergent views. The statement with the highest mean i.e 4.05 with a standard deviation of 0.894 was that quality service delivery implementation was well planned. This means that the respondents agreed to a large extent and all had similar views. The overall means score was 3.53 with standard deviation of 0.924. This means that the respondents agreed to large extent and all had similar views.

4.6 Inferential statistics

The study used multiple linear regression to analyse quantitative data. The study used multiple linear regression as recommended by Cooper &Schindler (2011). The results are represented in table 4.12

Table 4.12: Results of Regression Analysis

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.917[a]	.840	.834	1.47960

Predictors; Constant, Financial resources, Human resources, Physical resources and Information Communication Technology, Dependent variable - Quality service delivery

ANOVA

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	1039.884	4	184.971	30.171	.007
Residual	116.732	100	2.189		
Total	1256.615	104			

a. Dependent Variable: Quality service delivery in public hospitals

b. Predictors: (Constant), Human Resources, Physical Resources, Financial Resources, Information Communication Technology

Regression Coefficients

Model	Unstandardized	Standardized	Std Error	t	Sig.
1	Beta	Beta			
(Constant)	13.200				0.000
Human resource	0.314	0.222	0.067	2.508	0.001
Financial resources	0.412	0.132	0.463	1.412	0.000
Physical resources	0.234	0.229	0.513	4.224	0.000
ICT	0.317	0.301	0.982	2.020	0.008

a. Dependent Variable: Quality Service Delivery in Public Hospitals

b. Predictors: (Constant), Human Resources, Physical Resources, Financial Resources, Information Communication Technology

Source: Researcher (2023)

From table 4.12 the adjusted R squared is 0.834. Implying that independent variables jointly contribute to 83.4% of the quality service delivery in Embu County while 16.6% is due to other factors not included in the study. From table 4.12 the F (4,100) statistics is 30.171 with P–value of 0.002<0.05. Implying that the model employed was significant and could be used for further statistical analysis.

From table 4.12 the regression coefficient of human resources is 0.314. The finding established that human resources had a positive and statistical significant effect on quality service delivery. This implies that a unit increase in human resources will lead to 0.314 increase in quality service delivery.

From table 4.12 the regression coefficient of financial resources is 0.412 with a P–value of 0.001<0.05. This means financial resources had a positive and statistical significant effect on quality service delivery. This indicates that a unit increase in financial resources will lead to 0.412 increase in quality service delivery in public hospitals in Embu County.

From Table 4.12 shows the regression coefficient of physical resources is 0.234. This means physical resources had a positive statistical significant effect on quality service delivery. This indicated that a unit increase in physical resources will lead to 0.234 increase in quality service delivery.

From table 4.12 regression coefficient shows that Information Communication Technology is 0.317. This means Information Communication Technology had a positive and statistical significant effect on quality service delivery. This indicated that a unit increase in Information Communication Technology will lead to 0.317 increase in quality service delivery.

The results were summarised in the following equation model

$$Y = 13.200+0.314X_1 +0.412X_2+0.234X_3+0.317X_4+ \varepsilon$$

Where:

Y = Quality of Service Delivered at public health institutions

$X_{1,}$ = Human resources

$X_{2,}$ = Information Communication and Technology

$X_{3,}$ = Financial resources

X_4 = Physical resources

ε = Error term (includes the different variables affecting the dependent variable but not considered in the model).

4.6.2 Result Analysis by Objectives

Objective one: To determine the effect of human resource on quality service delivery.

The study established that human resources had a positive statistical significant effect on the quality service delivery. These study findings are in line with Mutiso (2013) whose study was on human resource management and quality service delivery. Who found that human resources had a significant impact on the quality service delivery. The findings further concur with Gudermann, Meijerink and Bondarouk (2015) whose study was on human resource managememt conducted in Kenya, Dzani and Yao (2010) and Judeh (2021) whose study was conducted in Rwanda who found that human resources had significant impact on the quality service delivery.

Objective two: To determine the effect of financial resources on quality service delivery

The results revealed that financial resources had a positive statistical significant effect on the quality service delivery. The study finding is in line with Chinhoyi, Ikobe, Kwandayi & Makanye (2013) whose study was on strategies on how to make service delivery better. Established that financial resources had a significant influence on the quality service delivery. The findings further concur with Ennew, Waite and Waite (2017), Chang & Ramachandran (2015), Mustapha, Weham, Hadley and Hart (2017) whose study was conducted on public financial management and Jensen and Chindarkar (2018) study conducted in India who found that financial resources had a significant influence on the quality service delivery.

Objective three: To determine the effect of physical resources on the quality service delivery

The study established that physical resources had a positive statistical significant effect on the quality service delivery. The findings are in line with Azila (2013) whose study was conducted in Ghana, found that physical resources had a significant impact on the quality service delivery. The findings further concur with Bracketz (2006) study was on effects of physical resources on

public health, Marks, Diana and Hollingsworth (2013) was conducted in Indonesia and Yusriadi (2021) whose study was done in Rwanda who established that physical resources had a significant impact on the quality service delivery.

Objective four: To determine the effect of Information Communication Technology on quality service delivery

The study established that Information Communication Technology had a positive statistical significant effect on quality service delivery. These findings are in line with Masai (2017) whose study was on role of Information Communication and Technology on quality service delivery found that positive significance between Information Communication Technology and the organizational performance. The findings further concur with Kabanda (2017) study conducted in South Africa, Saxena and Sharma (2012) study was conducted in India and McBride (2010) was on autism who established that information communication technology and the organizational performance are significantly correlated.

CHAPTER FIVE

SUMMARY CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary, conclusions, and recommendations.

5.2 Summary

The study sought to investigate the effect of strategic interventions on the quality service delivery in public hospitals in Embu County. The following were the specific objectives: The first objective sought to examine the effect of human resources on the quality service delivery in public hospitals in Embu County, Kenya. The study established that human resources had a positive statistical significant influence on the quality service delivery in public hospitals in Embu County.

The second objective sought to assess the effect of financial resources on the quality service delivery in public hospitals in Embu County, Kenya. The study found that financial resources had a positive statistical significant effect on quality service delivery in public hospitals in Embu County.

The third objective sought to establish the effect of physical resources on quality service delivery in public hospitals in Embu County, Kenya. The study revealed that physical resources had positive statistical significant effect on the quality service delivery in public hospitals in Embu County, Kenya. The fourth objective sought to assess the effect of information communication

technology on the quality service delivery in public hospitals in Embu County, Kenya. The study revealed that information communication technology had a positive statistical significant effect on quality service delivery in public hospitals in Embu County.

5.3. Conclusion

Human resources are significant in public hospitals; hence, substantial investments in human resources are required to ensure the delivery of quality services. This is achieved by enhancing employee compensation package, improvement of working environment, and personnel training. Acquisition of enough financial resources in public hospitals from various sources will guarantee availability of adequate funding. Physical hospital resources should be invested in public hospitals by assuring their availability, adequacy, and maintenance. Information Communication Technology in public hospitals will be achieved by acquiring functional, user-friendly, and well-maintained Information Communication technology equipment.

Results indicated that the quality service delivery in public hospitals is influenced by four primary interventions: human resources, financial resources, physical resources, and information and communication technology. These interventions should be implemented because they play a critical role on the quality service delivery in public hospitals in the Embu County.

5.4 Recommendations

The recommendation of the study is that public hospitals should implement strategic interventions quality service delivery. For example, each of the strategic intervention had a significant effect on service delivery. They should be enhanced to increase their impact on quality service delivery. The administration of public hospitals should implement and strengthen

human resource strategies by creating attractive compensation packages, training employees, and providing a conducive working environment.

The national and county governments should disburse funds to the public hospitals in timely manner. It should establish and enhance a policy financial management for the public hospital. The government should implement a sound procurement policy for hospital equipments. The procurement of computers and other information and communication technology equipment should be guided by an information and communication technology policy. In addition to the research conducted on public hospitals in Embu County, similar research could be conducted in the education sector, faith-based hospitals, the County Government, and the private sector, as all of these utilize human resources, financial resources, and physical resources and systems.

5.5 Recommendations for Further Research

Further studies should be conducted on other public institutions in Kenya such as national referral hospitals, state corporations, education sector and faith based hospitals in regard to strategic interventions as all these institutions utilize human resources, physical resources, financial resources and information communication technology resources.

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Appendices

Appendix I: Introduction Letter

Orphar Nyamai

Kenyatta University

P.0 Box 43844,

Nairobi

Dear Respondents,

RE: INTRODUCTION LETTER

My name is Orphar Mwende Nyamai, Registration No. D53/EMB/PT/38269/2016, Am a Kenyatta University student studying a Master degree in Business Administration (Strategic Management). Carrying out research is part of the university requirement. My study is on the "**INFLUENCE OF STRATEGIC INTERVENTIONS ON THE QUALITY SERVICE DELIVERY IN PUBLIC HOSPITALS IN EMBU COUNTY, KENYA".** For this study I have designed a questionnaire to assist in collection of relevant data. I therefore, requested your few minutes and fill the questionnaire below that may help in this study. The data collected is for academic purposes only and it will be held with high integrity and confidentiality.

Your cooperation is highly valued and appreciated.

Yours Faithfully,

Orphar Nyamai

Appendix II: Questionnaire

Please fill in the questionnaires as honest as possible. Use a tick to indicate your choice.

Part I: Demographic Description

1. Gender

Male [ ]

Female [ ]

2. Age bracket Range

19 - 25 [ ] 26 - 35 [ ]

36 – 45 [ ] 45 -59 [ ]

3. Designation

Doctor [ ] Nurse [ ] Clinical Officer [ ]

Lab Tech [ ] Pharmacist [ ] Other……

4. Education Level

Certificate level [ ] Diploma level [ ]

Bachelor's Degree level [ ] Master's level [ ]

PHD level [ ] any other indicate……

Section B: Human Resource and Quality Service Delivery in Public Hospitals

Statements below regards the indicators of human resources and their influence on the quality service delivery in public hospitals. In a 1 -5 scale indicate using a tick () to what extent you agree or disagree on the statements. In the scale 1= implies "Not at all", while 2 implies "Small extent" 3 implies "Moderate extent", 4 implies "Large extent" and lastly 5 implies "Very large extent".

	STATEMENTS	**1**	**2**	**3**	**4**	**5**
1	The staff remuneration is as per the current rates					
2	The employee remuneration is sufficient					
3	The remuneration is based on employee education level					
4	The economic factors are considered in remuneration					

5	The working environment is conducive					
6	The working environment is friendly enough to motivate staff					
7	The working environment accommodative persons with disability					
8	There is team work in the facility					
9	The employees are well-trained					
10	The employees are adequately represented in each department					
11	The employees are well-coordinated					
12	There are adequate personnel to serve					

Section C: Financial Resources and Quality Service Delivery in Public Hospitals

Statements below regards the indicators of financial resources and their influence on quality service delivery in public hospitals. In a 1 -5 scale indicate using a tick () to what extent you agree or disagree on the statements. In the scale 1= implies "Not at all", while 2 implies "Small extent" 3 implies "Moderate extent", 4 implies "Large extent" and lastly 5 implies "Very large extent".

	STATEMENTS	**1**	**2**	**3**	**4**	**5**
1	The financial resources are available when required					
2	The financial resources can be accessible when required					
3	The financial resources are accessible					
4	There are adequate financial resources in the facility					
5	The financial resources are sufficient					
6	The financial resources are enough					
7	The resources are well distributed					
8	There are sufficient financial resources to run the organization					
9	There is prudent allocation of resources across departments					

Section D: Physical Resources and Quality Service Delivery in Public Hospitals

Statements below regards the indicators of physical resources and their influence on quality service delivery in public hospitals I. In a 1 -5 scale indicate using a tick () to what extent you agree or disagree on the statements. In the scale 1= implies "Not at all", while 2 implies "Small extent" 3 implies "Moderate extent", 4 implies "Large extent" and lastlyin5mplies "Very large extent"

	STATEMENTS	**1**	**2**	**3**	**4**	**5**
1.	The facilities are well equipped					
2.	The infrastructure are friendly to disabled persons					
3.	There are sufficient treatment rooms					
4.	The in-patient wards are well equipped					
5.	There are adequate waiting areas that has factored in the patients mobility					
6.	The patients waiting areas are well equipped with sitting space					
7.	The facility has up-to-date testing equipment					
8.	The patient management systems are up-to-date					
9.	The equipments are functional and well maintained					

Section E: Information Communication Technology and Quality Service Delivery in Public Hospitals

In the following statements regarding information communication technology and the quality service delivery in public hospitals. In a 1 -5 scale indicate using a tick () to what extent you agree or disagree on the statements regarding information communication technology. In the scale 1= implies "Not at all", while 2 implies "Small extent" 3 implies "Moderate extent", 4 implies "Large extent" and lastly 5 implies "Very large extent".

	STATEMENTS	**1**	**2**	**3**	**4**	**5**
1.	The systems are well integrated in the entire facility					

2.	The computers in the hospitals are functioning well and there is regular upgrading					
3.	The systems are easy to use					
4.	The departments are well connected					
5.	The staff are conversant with use of ICT systems in the facility					

Section F: Quality Service Delivery in Public Hospitals

In the following statements regarding the quality service delivered in public hospitals. In a 1 -5 scale indicate using a tick () to what extent you agree or disagree on the statements regarding the quality of service delivered in public hospital in Embu County. In the scale 1= implies "Not at all", while 2 implies "Small extent" 3 implies "Moderate extent", 4 implies "Large extent" and lastly 5 implies "Very large extent".

	STATEMENTS	**1**	**2**	**3**	**4**	**5**
1	The quality service delivery in these hospitals is excellent					
2	Quality service delivery implementation was well planned					
3	Quality service was emphasized by the hospital management					
4	The departments embraced quality service delivery					
5	The staff are familiar with quality service delivery					
6	The staff in these hospitals are regularly trained					

Appendix III: Public Hospitals in Embu County

1. Embu County Hospital
2.Runyenjes Hospital
3.Kianjokoma Hospital
4.Ishaira Hospital
5.Siakago Hospital

Source: County Medical office (2018)

APPENDIX IV: APPROVAL OF RESEARCH PROJECT

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 810901 Ext. 4150

Internal Memo

FROM: Dean, Graduate School

DATE: 8th September, 2021

TO: Orphar Mwende Nyamai
C/o Business Administration Dept.

REF: D53/EMB/PT/38269/2016

SUBJECT: APPROVAL OF RESEARCH PROJECT PROPOSAL

This is to inform you that Graduate School Board at its meeting of 25th August, 2021 approved your Research Project Proposal for the M.B.A Degree Entitled, "Influence of Strategic Interventions on Quality Service Delivery in Public Hospitals in Embu County, Kenya"

You may now proceed with your Data Collection, Subject to Clearance with Director General, National Commission for Science, Technology and Innovation.

As you embark on your data collection, please note that you will be required to submit to Graduate School completed supervision tracking and progress report forms per semester. The forms are available at the university's website under Graduate School webpage downloads.

Thank you.

ANNBELL MWANIKI
FOR: DEAN, GRADUATE SCHOOL

c.c. Chairman, Business Administration Department.

Supervisors:

1. Dr. Elias Njagi
C/o Department of Business Administration
Kenyatta University

AM/lnn

APPENDIX V: RESEARCH AUTHORIZATION LETTER

KENYATTA UNIVERSITY
GRADUATE SCHOOL

E-mail: dean-graduate@ku.ac.ke
Website: www.ku.ac.ke

P.O. Box 43844, 00100
NAIROBI, KENYA
Tel. 8710901 Ext. 57530

Our Ref: D53/EMB/PT/38269/2016

DATE: 8th September, 2021

Director General,
National Commission for Science, Technology
and Innovation
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: RESEARCH AUTHORIZATION FOR ORPHAR MWENDE NYAMAI - REG. NO. D53/EMB/PT/38269/2016.

I write to introduce Orphar Mwende Nyamai who is a Postgraduate Student of this University. The student is registered for M.B.A degree programme in the Department of Business Administration.

Orphar intends to conduct research for a M.B.A Project Proposal entitled, "Influence of Strategic Interventions on Quality Service Delivery in Public Hospitals in Embu County, Kenya".

Any assistance given will be highly appreciated.

Yours faithfully,

PROF. ELISHIBA KIMANI
DEAN, GRADUATE SCHOOL

AM/lnn

APPENDIX VI: RESEARCH PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 209712

Date of Issue: 28/October/2021

RESEARCH LICENSE

This is to Certify that Ms.. Orphar Mwende Nyamai of Kenyatta University, has been licensed to conduct research in Embu on the topic: INFLUENCE OF STRATEGIC INTERVENTIONS ON QUALITY SERVICE DELIVERY IN PUBLIC HOSPITALS IN EMBU COUNTY, KENYA for the period ending : 28/October/2022.

License No: NACOSTI/P/21/13900

209712

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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