EFFECT OF DEVOLUTION ON HEALTHCARE ADMINISTRATION IN GATANGA SUB-COUNTY OF MURANG'A COUNTY, KENYA

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DECLARATION

This study is my original work and has not been presented for a degree in any other University or any other award.

Signature ……. Date …….

GITONGA NJOROGE

I confirm that the work reported in this study was conducted by the candidate under my supervision.

Signature…… Date……

DR. EDNA MOI

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DEDICATION

I dedicate this research project to God for seeing me through and to my lovely Daughter Wanjikû Gîtonga who has motivated me all through

ACKNOWLEDGEMENT

My acknowledgement in this case would include the supervisor, Dr. Moi, Parents, wife and siblings, as well as all the other academicians who assisted me in this journey and lastly all the authors/writers herein referenced

ABSTRACT

This study sought to examine the effect of devolution on healthcare administration in Gatanga Sub-county. The study sought to achieve three key objectives, namely (a) to assess the effects of devolution on healthcare financial planning, (b) to examine the effects of devolution on the management of healthcare facilities; and (c) to evaluate the effects of devolution on healthcare human resource management. A randomly selected sampled of 91 healthcare practitioners, 46 healthcare beneficiaries and 19 healthcare administrators in the county were involved in the study. Data was collected using semi-structured questionnaires and analyzed using descriptive analysis. It was observed that healthcare service is primarily funded by the county government with minor support from grants from the national government and donors. They experienced a range of financial challenges namely unreliable, delayed, and insufficient funding, lack of sufficient equipment. It was also observed that devolution has improved administration through expanding managerial space and improvement in overall service delivery although operational challenges such as poor involvement of stakeholders in day-to-day operations and in decision-making were rampant. Lastly, devolution has allowed healthcare facilities to attract qualified workers, perhaps from local societies although staff challenges such as staff demotivation and inadequacy of CPD opportunities were observed. This study recommends fostering capacity building for local healthcare facilities to help in bolstering the skills of healthcare administrators and the need for the awareness among administrators concerning the welfare of healthcare practitioners.

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ABBREVIATIONS AND ACRONYMS

CPD	:	Continuous Professional Development
EU	:	European Union
ICT	:	Information Communication Technology
KNBS	:	Kenya National Bureau of Statistics
NACOSTI	:	National Commission on Science, Technology, and Innovation
NHIF	:	National Hospital Insurance Fund
PSC	:	Parliamentary Service Commission
SPSS	:	Statistical Package for Social Sciences
UHC	:	Universal Health Coverage
UN	:	United Nations
WHO	:	World Health Organization?

OPERATIONAL DEFINITION OF TERMS

Administrative efficiency: The capacity of a healthcare institution to produce the desired results using the most optimal resources.

Devolution: The transfer of power for decision-making and management of public resources to the semi-autonomous regional governments

Financial planning: The prudential management of capital resources of an institution to achieve stipulated goals and objectives.

Healthcare administration: The making of decisions, both short and long-term that reflect the business strategies for healthcare systems and institutions.

Healthcare administrators: Individuals who are tasked with the making of day-to-day decisions and management activities in a healthcare institution.

Healthcare equipment: The tools and items used in the provision of healthcare services across different levels.

Healthcare facilities: Institutions and places that provide health services for improvement in quality of life.

Healthcare human resource: The labor capital available to provide healthcare services in a hospital.

Universal healthcare coverage: The provision of essential health services and of adequate quality to all individuals and communities

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter contains the introduction and background information for this study. The chapter begins with a review of the published literature concerning healthcare administration, devolution, and underscore the potential of politics and devolution to influence healthcare administration. This overview is followed by an explication of the problem statement in which the underlying research problem is underscored. The chapter also has the research objectives, research questions., significance of the study, and scope of the study.

1.1 Background of the study

Devolution is a key component of modern-day governance, at least for most countries. Definitively, devolution is the transfer of legislative, political, and economic powers from a central government to the semi-autonomous regional governments (Juma, Rotich, & Mulongo, 2014). That substantial literature concerning the theme of devolution has been published is the evidence the structure of governance is not a creation of the postmodern world (Juma, Rotich, & Mulongo, 2014**;** Tatham, 2011; Lee, & Lam, 2017; Masunungure & Ndoma, 2013).

Devolution has been pursued not only at the national level as in the cases of the Philippines, Thailand, Nepal, and Indonesia but at the supranational level as in the case of the European Union (EU) (Tatham, 2011; Lee& Lam, 2017). The common intention for this transfer has been to increase the implementation of economic growth and policymaking (Juma, Rotich, & Mulongo, 2014). This pursuit results in institutional restructuring and structural changes intended to enhance administrative functions in the devolved subunits.

The continent of Africa has had a reputation of centralized governance practices that has transcended time. This reputation was the case for Kenya in the recent past and is well cemented in a country like Zimbabwe whose leadership in past has indicated disinterest in decentralization by arguing that it yields divisions among citizens (Masunungure & Ndoma, 2013). However, the rising embracement of meritocracy and efficiency in the provision of public services has seen decentralized units of governments in various forms including devolution; delegation, deconcentration, and delocalization emerge in Africa. However, the motivations for decentralization in Africa vary from one country to another. For instance, decentralization in South Africa was born out of the struggle to overcome the apartheid (Juma, Rotich, & Mulongo, 2014). In Uganda, decentralization was formed in search for support during the guerrilla warfare (Juma, Rotich, & Mulongo, 2014). Devolution is designed to achieve certain objectives certain efficiency in the management of economic and political resources. To that effect, the transition is bound to have implications, an issue that can be reliably examined through evidence-based research.

Devolution in Kenya, following the promulgation of the new constitution in 2010, was motivated by the need for more efficiency in delivery of public services (International Institute for Legislative Affairs, 2015). The ratification of the County Governments Act 2012 provided for the establishment of two distinct and interdependent levels of government, namely the county and national governments, the implementation of which is viewed as a better way of promoting accountability, technical equity, and efficiency in the controlling of public resources in Kenya (Murkomen, 2012). Not only does devolution provide communities with a right to manage their social and development affairs, but it also allows for the protection of the interests of the marginalized groups (McCollum, Limato, Otiso, Theobald, & Taegtmeyer, 2018).

Devolution also facilitates equitable sharing of resources and the decentralization of state organs and their services (McCollum *et al*., 2018). That Chapter 11 of the Constitution of Kenya empowers county governments to provide social functions, excluding education is of importance. This is because the provision of public services through decentralized units can have an effect on governance owing to the availability of resources and authority to make choices over the resources (McCollum *et al*., 2018). As highlighted in Murkomen (2012), county governments have the responsibility of providing an 'enormous' portion of public services, which is reflected in their allocations in the national budget.

1.1.1 Devolution and healthcare in Kenya

The decentralization of health services is a contentious issue whose debate spans back to the late twentieth century, as seen in the World Health Organization (WHO) (1990), Gilson and Mills (1995). Some authors find decentralization of health services as vital for enhancing administrative efficiency healthcare institutions (Tsofa, Goodman, Gilson, & Molyneux, 2017), while others believe that efficiency in healthcare services cannot be achieved without a hand of the central government (Jongudomsuk & Srisasalux, 2012). Haines *et al*. (2009) consider devolution effective if it promotes responsiveness to the needs of the local communities, particularly in health services. In Kenya, the devolution of the health system was anticipated to serve several purposes. It was expected to improve access to health services across the country, eliminate discrimination in the quality of healthcare service between urban areas and 'low potential areas', and eliminate bureaucracy in the administration of health services especially in procurement (Murkomen, 2012). Moreover, devolved healthcare was viewed as a way of promoting efficacy in healthcare service delivery while promoting the quality of healthcare services.

The role of devolved governments in Kenya in the administration of healthcare services cannot be understated. Not only are these governments' custodians of the funding of their healthcare services, but they also have the deterministic powers over the human resource providing these services. Article 235 bestows on county governments the power for: 'establishing and abolishing offices in its public service,' 'appointing persons to hold and act in those offices' and 'exercising disciplinary control over and removing persons holding or acting in those offices. The constitution further states county governments are responsible for all healthcare delivery functions, including procurement of medical supplies (Tsofa *et al*., 2017). However, the ability of devolved governments to provide quality healthcare service is mainly dependent on the nature of governance or administrative efficiency of the semi-autonomous healthcare centers (McCollum *et al*., 2018). The role of governance in the performance of the health sector and the achievement of futuristic goals such as Universal Health Coverage (UHC) is widely recognized (Fryatt, Bennett, & Soucat, 2017). County governments are also responsible for handling any challenges relating to healthcare services, including capacity building and overcoming industrial actions (Murkomen, 2012).

1.1.2 Health Administration

Health administration involves the making of decisions, both short and long-term, that reflect the business strategies for healthcare systems and institutions (Ginter, Duncan, & Swayne, 2018). At the county government or national level, health administration is concerned with expansive building blocks spanning across departments such as human resource management, public health policies, reporting, financial management, and strategic planning (Ginter, Duncan,& Swayne, 2018). Health administration is designed to promote efficiency and coordination in the provision of healthcare services and related supplies. This may involve a team of individuals working in liaison to manage different levels of a given healthcare system (Wager, Lee, & Glaser, 2017).

Although health administration is typically the last consideration for most pursuant of the medical career, it is considered as a vital organ of the health system hierarchy without which efficiency would be hard to achieve.

The role of health administration in hospitals at the county level is undeniable. This organ of the health system serves to influence the accessibility and availability of healthcare for all people (Chalkidou *et al*., 2016). It is also the role of healthcare administrator to ensure that physicians and healthcare providers practice their craft in a conducive environment. That the administration of healthcare in county-level hospitals is an important consideration cannot be understated. Not only do healthcare administrations make far-reaching decisions in a given hospital, but it also influences the implementation of national health policies at the hospital level (Chalkidou *et al*., 2016). Healthcare administrators influence community health services, which are critical to the achievement of UHC in ways such as promoting public awareness and uptake of healthcare services while countering health-related beliefs in their immediate societies (McCollum *et al*., 2018). They form the backbone of the provision of healthcare services and community involvement especially in the aftermath of devolution. This makes part of the reason why healthcare has been a popular theme in devolution-centered debates.

Notable is the fact that the coordination, interactions, and decision-making in the complex system of healthcare have political influence (McCollum *et al*., 2018). These activities are designed in a way that they serve the interests, either commercial or political of certain actors (McCollum *et al*., 2018). This, by extrapolation, suggests that the concepts of devolution and health administration converge at the point of political influence. The decentralization of power that comes with devolution is politically motivated while the decision-making role of health administration tends to have political inclinations (Tsofa *et al*., 2017). For instance, County Governments have a

constitution obligation to allocate finances for the health services under the control of the county government (Murkomen, 2012). The state of governance in a region can therefore influence planning and financial management in the health sector of the region (Tsofa *et al*., 2017). This is why there is an imperative to bringing devolution in the debate of hospital administration in Kenya.

1.1.3 Healthcare goals

Healthcare has been a repeated theme in most governance-related debates, which makes the administration of health services a key concern. Along with the United Nations (UN), the government of Kenya aims at achieving the UHC, which is concerned with access for all people to preventing, rehabilitative, curative, promotive, and palliative health services (Magnusson, 2017). The government of Kenya has its focus on achieving sufficiently quality healthcare that is affordable to all people. The third pillar of the Big Four Agenda of the government of Kenya outlines the government's ambition to 'address inequality of access to healthcare and improve health outcomes' (Parliamentary Service Commission, 2018). By the year 2022, the government aims at achieving 100 percent UHC anchored by mass uptake of the National Hospital Insurance Fund (NHIF) services.

Achieving this goal requires the national government to scale up the NHIF system to rural areas as opposed to the adoption clustered in urban areas, as has been the previous case (Parliamentary Service Commission (PSC), 2018). This is largely dependent on the effectiveness and efficiency of health administration system at community health centers. Past research has showed that decentralization of authority and resource can affect the provision of health services. In Philippines, for instance, health centers experienced enormous administrative challenges including lack of repairs for medical equipment, understaffing, and poor management of resources, barely five years after devolution (Tsofa *et al*., 2017). Similarly, the decentralization of health human

resources saw rural districts face staffing challenges that resulted in re-centralization (Tsofa *et al*., 2017).

1.2 Statement of the Research Problem

The role health administration plays in healthcare decision-making makes it highly susceptible to regional politics the reason of which the effect of devolution on health administration cannot be sidelined (McCollum *et al*., 2018). On the contrary, the extant body of literature appears to relegate these issues by focusing more on other healthcare aspects such as human resources and procurement of medical supplies than it has on the decision-making and management roles (Tsofa *et al*., 2017). At the same time, empirical evidence shows that the expected outcomes of devolution, such as improved accountability, equity, efficiency, and responsiveness to the provision of health services, are unpredictable (Venugopal & Yilmaz, 2010; Eaton, Kaiser, & Smoke, 2011). Their dependence on other factors, such as the political context of the county, creates disparities in administrative efforts of healthcare services, thereby paving the way for undesirable effects on accountability (Eaton, Kaiser, & Smoke, 2011).

The current literature on the implications of devolution on health services has two key characteristics. First, existing studies on the effect of devolution on healthcare administration presents varying perspectives that devolution affects different regions differently (Sang, 2018; Tsofa, 2017; Miriti & Keiyoro, 2017; Baker, Mulaki, Mwai, & Dutta, 2014; Venugopal & Yilmaz, 2010; McCollum *et al*., 2018; Bashaasha, Mangheni, & Nkonya, 2011). Second, the literature has focused on diverse aspects of healthcare service none of which has explicitly focused on healthcare administration. Given the vitality of decision-making and management in healthcare, there is a need to explore the effect that devolution has had on the administration of human resources, finances, procurement, and financial planning with a particular focus on Gatanga Sub-county, as

part of the healthcare reputation associated with Murang'a County. Although health administrative is an expansive issue, this research focused on financial planning, management of healthcare facilities and human resource management.

1.3 Objectives of the study

This study sought to achieve three specific objectives, namely:

a) To assess the effects of devolution on healthcare financial planning.
b) To examine the effects of devolution on the management of healthcare facilities; and
c) To explore the effects of devolution on healthcare human resource management.

1.4 Research questions

The research sought to answer the following research questions with regard to the stated objectives.

i. Has devolution affected financial planning activities related to healthcare?
ii. Has devolution promoted efficient management of healthcare facilities?
iii. Has devolution created a conducive environment for healthcare human resource?

1.5 Justification and significance

The conduct of this study may be significant in several ways. First, this study might help in showing whether devolution can be relied on for the achievement of UHC. The governments of Kenya alongside the World Health Organization are in a relentless pursuit of universal healthcare. Success in this pursuit is dependent largely on the undertakings at the communities or county levels as it is on the national government. Therefore, it is imperative to drive focus on the undertakings of regional healthcare centers to ensure that efficient enough for the achievement of the UHC. In particular, the administrative practices at the community level influences not only community perceptions about healthcare but also the quality of care delivered to that community.

Second, the outcomes of this might help in supporting the existence of the two-tier form of government and the related legal framework. Although devolution has been rolled out robustly in Kenya, it is young in many aspects. The funding and support needed by devolved units of government in the future depends on their degree of effectiveness in achieving economic and social development goals of the country. The Intergovernmental Relations Act of 2012 provides the consultations between the national government and county government (International Institute for Legislative Affairs, 2015). In that regard, the support received by the latter from the former depends largely on how effective the latter is in achieving the stipulated functions. This spans from policy support from the national government to the budgetary allocations for implementing national policies not only in healthcare but also in other areas of public interest.

Further, this research might help in strengthening the debate concerning the devolution of more social services such as education and interior affairs. Presently, both of these services are under the command of the national government and the debate of whether they should be devolved in ongoing. For the most part, devolution of more social services is dependent on the effectiveness of the current devolvement, the evidence of which comes out evidence-based research and public opinion. Lastly, given that devolution is still young, extensive research is expected to roll out in the future, as scholars continue to measure the progress of devolution from different points of view. Regarding that, this study might serve as a guide to such studies in the future by providing substantial literature.

1.6 Scope

The proposed study adopted a minimalistic scope for the consideration of the credibility of the outcomes. First, the study is based on Gatanga Sub-county. While the literature for the study is built from other observations in other counties or parts of the world, data collection, the

methodology and data collection are focused on Gatanga Sub-county. The research is also constrained by time in terms of material support. In particular, the literary structure of the study is based on the literature spanning less than ten years from 2010 onwards. This inclusion criterion was used to help in promoting the validity and credibility of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter contains a critical review of the supporting literature for the issue of devolution and delivery of healthcare services. The chapter contains a review of the agency and stakeholders' theories of service delivery, an empirical review of literature, and an overview of the conceptual gaps in the current body of literature.

2.2 Empirical Review

Healthcare is a vital social service and its devolution is viewed as an avenue to increase its accessibility such as through building and operationalizing hospitals that are to their target population (Murkomen, 2012). It is possibly the reason why healthcare is the only devolved social service leaving behind security and education. Research concerning the issues of devolution and healthcare has been conducted in the past signifying the vitality of their convergence (Sang, 2018; Tsofa, 2017; Miriti & Keiyoro, 2017; Baker, Mulaki, Mwai, & Dutta, 2014).

Sang (2018) examined the effects of healthcare devolution on the technical efficiency of delivery of healthcare services in the Bomet County. The study used a cross-sectional design and quantitative data collected from secondary sources, which was analyzed using parametric economic technique. The author established that healthcare devolution had resulted in an increase in number of hospitals in the county to eight by 2015 from three before devolution. An increase in primary healthcare facilities to 132 from 109 and an 87% increase in healthcare staff were also observed. The study provides some basis for conducting a quantitative analysis on the management of healthcare equipment facilities such as determining whether there has been a quantifiable change.

Tsofa *et al*. (2017) examined the effect of devolution on the management of health commodities and workforce in Kilifi County. The study employed a qualitative case study design guided by the decision space for inquiry and data analysis. The study yielded that devolution resulted in salary delays and confusion over conduct of roles. The research also noted that devolution deprived the county of its capacity to undertake healthcare functions relative to its population besides political interference in healthcare affairs. Despite the challenges, the study yielded that devolution had expanded the decision-making space for management teams especially those responsible for medical supplies and human resource management.

Miriti (2016) examined the influence of devolution on the provision of healthcare services at the Meru Level Five hospital. The study made the assessment along the lines of finance, information communication technology (ICT), and leadership styles in the hospital. The study adopted a descriptive research design from a sample of 111 participants randomly selected from the medical staff of the subject hospital. Data was collected using both open and close questionnaires and analyzed using the Statistical Package for Social Sciences (SPSS). It was established that while the use of ICT had increased in the institution, the disbursement of finances vital for facilitating hospital activities was inadequate. In addition, the hospital had improvement management activities characterized with clear communication and strategic planning.

Leadership in public administration is core in that it influences the organizational capacity and general performance, and when founded on a legal framework, the authority of a given leadership could change the legal structure changes (Moi, 2017). By extension, the leadership or roles of healthcare administrators during the traditional form of government could be different from the current form of governance regarding their exercising of defined duties and responsibilities. At the core, the administration of healthcare activities has an influential aspect on the public health

outcomes that affect all stakeholders. This may include conducting civic education on health issues, which could have positive effect on the public participation in healthcare as established in Ndegwa & Minja (2018).

A core aspect of healthcare administration concerns the management of human capital. Past research (Njoroge, Muathe, & Bula, 2015; Lazear, 2009; Guthrie, Flood, Liu, & McCurtain, 2009) has showed that the performance of an organization is influenced largely by its human resource. Leaders who invest substantial time and money in their human resource in initiatives such as training and development are bound to reap performance improvements (Njoroge *et al*., 2015; Lazear, 2009). Such yields would be expected of healthcare administrators who have been empowered with finances and autonomy.

2.3 Theoretical Review

2.3.1 The agency Theory

This theory explores the associated between the owners or stakeholders (Principal) and managers (Agent) in an organization and it has been touted as a reliable basis for examining the decentralization of powers in a society (Wagana, Iravo, & Nzulwa, 2015). The key tenet of the agency theory is the idea of delegation of responsibility from the principal to the agent, which is the basis for evaluating devolution. Citizens, who are the principals of a society, delegate the functioning and management of their society to agents through a political process. Regarding that, the agents are expected to make decisions or act in the best interest of the principals (Wagana *et al.,* 2015). This was ideally the basis for the massive adoption of the new constitution of Kenya in 2020. The principals were interested in assigning agents responsibilities that would yield them better rewards in their respective constituents (Buluma & Obande, 2015). The agents would be better stewards of the principals' resources in a manner yielding the best interest to the principal.

This is not always the case. Past research indicates that managers and employees tend to pursue individualistic goals and elevate their personal interests (Bendickson, Muldoon, Liguori, & Davis, 2016**;** Bosse & Phillips, 2016). Agents tend to succumb to self-interests at the expense of the interests of the principal. The society missing the benefits of delegation of resources through devolution such as better healthcare services and facilities negates the basis of the delegation. Not only are people supposed to enjoy better healthcare access, but they should also experience better care availed by trained staff and offered through the right facilities. It also would be in the best interest of the citizens making proper planning for healthcare facilities to ensure that healthcare is both affordable to the society and sustainable for reliability. A need therefore arises to examine continually the performance of the agent to ensure that he/she pursues the best interests of the principal when power is delegated to them not only in Gatanga Sub-county but also in other parts of the larger Murang'a County.

2.3.2 Stakeholder Theory

Freeman (1994) proposed the Stakeholder theory under the premise that the conceptualization of organizational affairs should be conducted with the consideration of all stakeholders. The theory suggests that leaders should manage an organization not only to the benefits of its stockholders but also that of the stakeholders (Freeman, 1994). Stakeholders are viewed the groups or individuals such as employees, members of a local community, shareholders, distributors, and suppliers who are key to the success or survival of an organization. The lack of support or goodwill from these individuals or groups would be detrimental to the progress an organization or project, which is the basis for their consideration (Freeman, 2004).

From the perspective of public service, the stakeholders' theory implies that the managers of public resources ought to have the interest of all people and should be considerate of the role of

stakeholders in the management of those resources. This befits the concept of devolution in which political and economic resources are decentralized for more inclusion in the development agenda of a county (McCollum *et al*., 2018). The basis of devolution should be to promote the involvement of all stakeholders in the administration of the resources, the result of which can be better determined through empirical assessment as in the proposed study. The assumption is that when leaders at lower level are given more decision-making power, they embrace the inclusion of stakeholders in the conduct of daily affairs.

The core strength of this theory is that it forms a strong foundation for the success of a business by calling for the consideration of all players. This helps in evading certain risks that can harm a business from unsatisfied stakeholders (Freeman, 2004). The demarcation between stockholders and stakeholders in the provision of public services is arguably thin, which makes the stakeholders' theory ideal for the proposed study. A healthcare administrator ought to be considerate of healthcare employees, the general public and medical suppliers all who are recipient of the healthcare good. This idea counters the purview of Jones, Wicks, and Freeman (2017) that the theory is far too complex and unrealistic in practice.

Some critics believe that the theory's proposition that organizations should engage in social responsibility is flawed in that profit making is the primary responsibility of organizations (Ferrero, Michael, & McNulty, 2014). This view may be plausible for profit-oriented organizations but not for a body focused on delivery of public service like in public healthcare. On the contrary, healthcare leaders such as healthcare administers ought to provide their services in a manner that highly considerate of the target community in addition to other stakeholders such as practitioners and participants of the supply chain.

2.4 Overview and Literature Gap

Conceptual holes can be poked in the extant literature concerning healthcare and devolution. First, some studies such as Tsofa *et al*. (2017) and Sang (2018) have been based on entire counties, which are arguably too large from a geographical perspective. Therefore, plausible questions are apparent concerning their outcomes considering the generalization thereof. Nevertheless, the outcomes of such studies may not be extrapolated to infer other regions considering the variations in healthcare goals, financial and human resources in other regions. The differences in the outcomes of Sang (2018) and Tsofa *et al*. (2017) is an example that two studies on the same subject could yield different results when focused on varying sets of populations. Moreover, the leadership behind healthcare activities in these regions may have different qualities from leaders in a region such as Gatanga going by the propositions of Moi (2018)

Second, the differences in the outcomes of these studies demonstrate that it cannot be concluded whether devolution has been a positive or negative contribution. While Sang (2018) observed positive developments in the Bomet healthcare sector and attributed the changes to devolution, Tsofa *et al*. (2017) and Miriti (2016) found both positive and negative outcomes. The former found confusion and delay in procurements while the latter found finance challenges. The contradictions in these observations make it difficult to conclude whether devolution has been at the core of these developments or they are caused by other factors. These has further by contradicted by Kimathi (2017) who indicated that most counties had experienced key challenges in their health services ranging from efficiency of human resource, inadequacy of institutional infrastructure, and capacity gaps.

The scholar also found healthcare centers to be riddled with rampant corruption besides mandate conflicts with the national government. This contradicted Tsofa *et al*. (2017) who found both

positive and negative changes such as improvement room for management and Sang (2018) who observed increased healthcare facilities. As such, conclusions for Gatanga Sub-county can only be achieved through conducting a study specific to the region with consideration to the activities and affairs of the region. Notable however is the fact that observations in Tsofa *et al*. (2017) were based on the early implementation experiences of devolution in Kilifi County, which might have been transcended by time.

2.5 Conceptual Framework

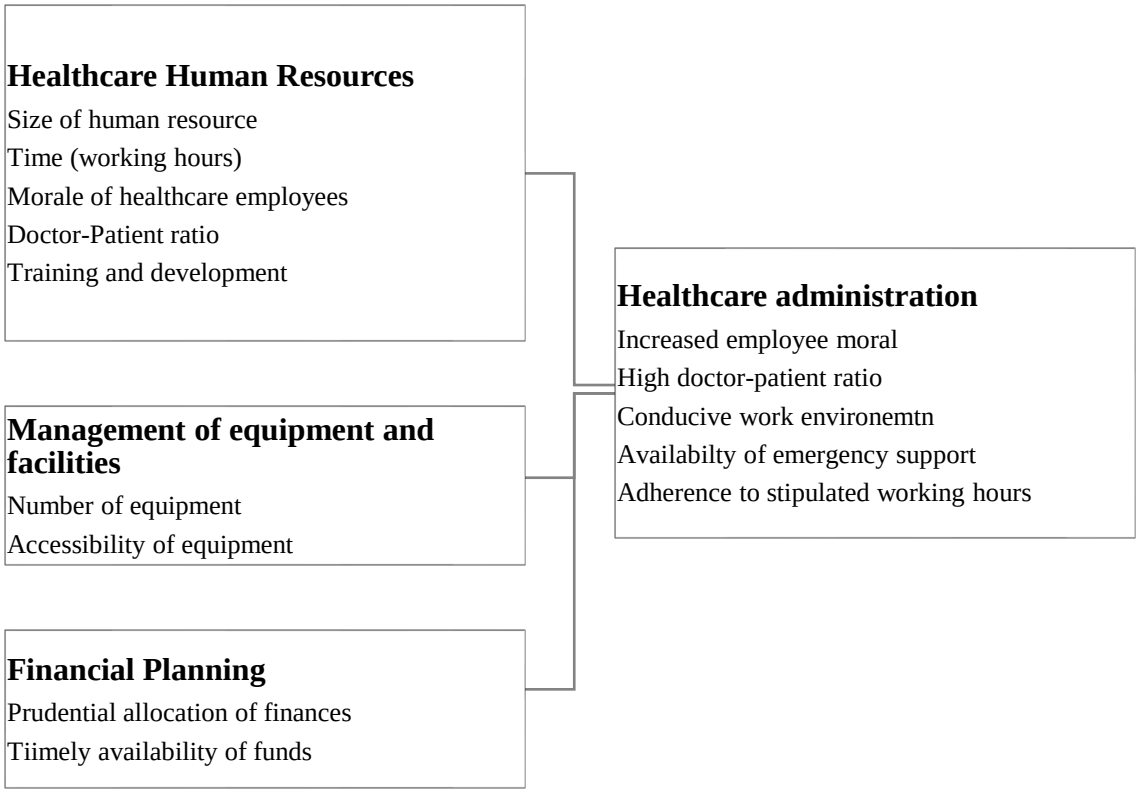

Figure 1: Conceptual Framework

Source: Researcher (2020)

Some of the core functions of healthcare administrators lean of human resource management, financial planning and reporting, and the management of healthcare facilities and equipment at a

healthcare facility. For the management of the healthcare human resource, the decisions made by the administrators can affect the size of labor force available in a given healthcare center, the working hours of the staff, and the morale of the staff. These choices can also influence the conduciveness of the healthcare workplace besides influencing the doctor-patients ratio whose effect is felt in the quality of care delivered to patients.

The healthcare administrators are also responsible for ensuring that essential facilities and equipment for providing healthcare are available and accessible to the society they are meant to serve. This includes making the necessary financial plans for making sure that vital services are always running to the benefit of the society. These areas align with propositions of both the stakeholders' theory and the agency theory. On the one hand, these considerations ensure that healthcare services not only prioritize on accessibility but also quality to the benefit of the society. On the other hand, they ensure that a given hospital does not prioritize the healthcare needs of the patients while neglecting the team mandated to deliver those services.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter consists of the methodological framework that was used in actualizing the proposed research. In this chapter are the research design, population, sampling, and data collection guidelines that were followed through in the proposed study.

3.1 Research Design

Research design refers to the approach adopted by a researcher in conducting a given study (Creswell & Creswell, 2017). This study was guided by a descriptive research design. This design allows a researcher to describe the characteristics of a population or a phenomenon and does not necessitate statistical measurements (Lewis, 2015). It allows for customized scales in the collection of data through which the outcomes of a research are measured (Lewis, 2015). This method was considered ideal for the proposed research because it provided the basis for using both quantitative and qualitative approaches in the collection of research information. This provided the grounds for examining the effect that devolution of healthcare has had on the administration of healthcare services.

3.2 Analysis of Variables

This study involved examining the examination of the effect of devolution on healthcare administration based on several variables namely human resource management, financial planning, management of facilities and equipment, as well as the delivery of healthcare services. These variables and their measurement are presented in Table 1.

Table 1: The analysis of variables

Type of variable	Indicators	Measurement scale
Human resources management	Size of human resource Time (working hours) Morale of healthcare employees Conduciveness of work environment Doctor-Patient ratio Emergency support Training and development	Ordinal
Financial planning	Timely availability of key finances Adequate budgeting	Ordinal
Management of facilities and equipment	Availability of equipment Accessibility of equipment	Ordinal
Delivery of healthcare services	Hospital delays Trust in the services provided	Descriptive

Source: Researcher (2020)

3.3 Location of the Study

Gatanga sub-county is one of the seven electoral constituencies making up the larger Murang'a County. This sub-county is made up of five county wards namely Ithanga, Kakuzi (Mitubiri), Kihumbu-ini, Gatanga, and Kariara amongst which the population and land area are distributed (Kimani, Were, & Ndege, 2019). The sub-county has 49 healthcare facilities 24 of which are owned and operated by religious institutions (Kimani *et al.*, 2019). This means that only 25

healthcare units are registered under the health docket of Murang'a County for the sub-county. This study was focused on these healthcare facilities. These hospital facilities provide a range of medical services including antenatal care, antiretroviral care, HIV counselling and testing, curative care, family planning, growth monitoring, immunization, and x-ray services. Worth noting is that these services are provided at different capacities in that the hospitals are differently equipped.

3.4 Target Population

The target population for this study was composed of healthcare providers in the hospital facilities and the recipients of healthcare services. This means that citizens were targeted for their perspectives on the quality of healthcare services they receive from the healthcare centers controlled by the County Government of Murang'a. Gatanga has a population of 95,601 and covers an approximated 603.0 square kilometers (KNBS, 2019). However, the study did not seek to involve the entire population in the county but rather involve a select few as detailed in the Section 3.5. Healthcare providers who were targeted in this study included doctors, pharmacists, nurses, healthcare administrators, laboratory technologists, and clinical officers. This helped in ensuring the study capture make a generalizable view of devolved healthcare in the sub-county.

3.5 Sampling Techniques and Sample Size

Sampling is recommended in studies where it is not possible to include the entire study population owing to varying factors. Regarding that, a simple random sampling method was used in targeting the participants for this study. This method was used to target both the providers and recipients of healthcare services in the sub-county. The technique is recommended in that it provides the study population with an equal chance of participating in a particular study. The ideal sample size was determined the Yamane formula as show in the equation.

$$n = \frac{N}{1 + N(e^{2)}}$$

$$n = \frac{95601}{1 + 95601(0.1^{2)}}$$

$$n = \frac{95601}{1 + 95601(0.07^{2)}} = 203$$

In the given equation, (N) represents the population size; (n) represents the sample size, while (e) is the level of precision. While the study targeted 203 participants to assist in collecting information concerning certain aspects of the healthcare services delivery in the sub-county, the actual number was different as explained in chapter four.

3.6 Research Instruments

The data for this study was collected through structured questionnaires. The study faced complications during the pilot study, which complicated the use of semi-structured questionnaires in the study. This issue was complicated by the availability of respondents because of COVID-19 complications. These types of questions were deemed ideal for examining both quantifiable and unquantifiable components of this research such as recommendations of the respondents based on their experiences in healthcare services (Roller & Lavrakas, 2015). This study had a special focus on healthcare administrators considering that they are the key decision-makers in hospitals. Considering their experience in their jobs and the diversity of their perspectives, the researcher endeavored to allow them to experience their opinions without being subjected to prejudice.

3.7 Pilot Study

The pilot study was conducted to examine the feasibility of the main research. This study was conducted using fifteen randomly selected participants from the constituency, who assisted in

determining the feasibility of the study. A pilot study is considered vital for primary research especially where validating of research questions is essential (Lewis, 2015). The pilot study helped in identifying any potential ambiguities in the research questions that were provided to the respondents as underscored in Peter (2015). The identified vagueness during the pilot study were rectified before conducting the main study.

3.7.1 Validity

The validity analysis is concerned with examining whether the collected data achieves the intended goal or aim of a research. This means assessing the causal association of the variables used and the observed variables. Validity analysis is necessitated by the fact that systematic errors can be made in the data collection such as the selection of research participants and the measurement of research outcomes. Validity of this research was conducted using the split half technique to enhance the reliability of instruments as recommended by Peter (2015).

3.7.2 Reliability

Reliability analysis examines the stability and consistency of the methods used in analyzing research data. It measures the degree to which research methods would yield similar results under the same conditions (Peter, 2015). The reliability of this study was examined using the Cronbach alpha to measure the internal consistency of the collected data. The methodology used in collecting the data is considered reliable if the observed Cronbach alpha is 0.70 or higher.

3.8 Data collection

The data for the study was collected through semi-structured questionnaires and interviews. A combination of the two methodologies helped in ensuring quality outcomes for this study. The actual collection of research data was preceded by the obtaining of relevant authorizations for the

collection of information not only from the Graduate School of Kenyatta University but also from the relevant authorities in Gatanga sub-county. These questionnaires were main administered remotely because of mobility limitations encountered during data collection. The challenges experienced because of COVID-19 barriers limited the researcher from physically meeting the targeted respondents. The researcher allowed the respondents an adequate time for responding to the questions and collects the responses later for analysis. This was anticipated to happen at the main working areas of the targeted participants including hospitals.

3.9 Data analysis

The collected data was analyzed using descriptive analysis and partial correlation analysis. Descriptive analysis allowed for the use of descriptive statistics such as measures of central tendency, frequencies, and percentages. This method was used to examine items such as the size of human resource facilities, working hours, and the demographic characteristics of the respondents. This was presented using visualizations such as graphs and tables. Partial correlation analysis was used to examine the relationship between the research variables. The Statistical Package for Social Sciences (SPSS) was used for performing this analysis.

3.10 Ethical considerations

Creswell and Creswell (2017) argued that ethical considerations are vital for studies powered by primary research especially if those studies involve the participation of other people. About that, three ethical considerations were observed in this research. First, the relevant authorizations for data collection were obtained to provide a legal backing for the collection of information. Second, all the participants in the data collection were informed concerning their rights to withdraw or take part in the process. Lastly, the confidentiality and anonymity of the participants of this research

were strictly observed as required in research ethics. The researcher ensured that no personal information was collected during the study.

CHAPTER FOUR: FINDINGS AND DISCUSSIONS

4.1 Introduction

The previous chapter presented the methodological framework used to guide the conduct of this study. This chapter contains the findings obtained with regard to the underlying research objective and the highlighted research methods. The chapter starts with the demographic profiles of the respondents, followed by the key observations, and the discussion of the findings.

4.2 Demographic profile of participants

One hundred and fifty-six participants agreed to take part in the study against a targeted number of 203 participants. This number represents a 76.85% response rate from the healthcare administrators, practitioners, and healthcare beneficiaries who were the target participants in this study. Their demographic information of the participants was collected to inform the group characteristic of the participants. The demographic characteristics included gender, age, years of experience, and profession as shown in Table 2.

Table 2: Demographic characteristics of respondents (Gender and age)

Category		**Practitioners**		**Beneficiaries**		**Administrators**		**Total**	
	Variable	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Gender	Male	25	27.5	13	28.3	15	78.9	53	8.3
	Female	66	72.5	33	71.7	4	21.1	103	21.2
	Total	**91**	**100**	46	100	19	100.0	156	29.5
Age	18-24 Years	3	3.3	1	2.2	0	0.0	4	0.6
	25-34 Years	15	16.5	9	19.6	0	0.0	24	5.8
	35-44 Years	15	16.5	19	41.3	5	26.3	29	5.8
	45-54 Years	44	48.4	9	19.6	11	57.9	74	12.2

	55 Years and above	14	15.3	8	17.3	3	15.8	25	5.1
	Total	**91**	**100**	**46**	**100**	**19**	**100.0**	156	29.5

Source: Researcher (2020)

The respondents of this study included 19 healthcare administrators, 91 healthcare practitioners, and 46 beneficiaries. While 8% of these participants were male and 21.2% females, their proportionality across the different categories of respondent varied as showed in Table 2. There were 25 male practitioners, 13 male beneficiaries, and 15 male administrators compared to 66 female practitioners, 33 female beneficiaries, and 4 female administrators. A majority of the practitioners and administrators fell within 45-54 years cohort and beneficiaries were largely in 35-44 years cohorts.

The professional experience and field of expert of the healthcare practitioners and administrators were also examined. The study mainly focused on four medical expertise namely doctor, pharmacist, nurse, and clinical officer. Any other profession among the practitioners was captured under the 'others' cohort. The outcomes of this assessment are shown in Table 3.

Table 3: Demographic characteristics of respondents (Expertise and experience)

Category		**Practitioners**		**Administrators**		**Total**	
	Variable	**n**	**%**	**n**	**%**	**n**	**%**
Service Experience	Less than 2 years	7	7.7	2	10.5	9	5.8
	3 to 6 years	21	23.1	8	42.1	29	18.6
	7 to 10 years	23	25.3	3	15.8	26	16.7
	11 to 14 years	24	26.4	5	26.3	29	18.6
	15 years and above	16	17.5	1	5.3	17	10.9
	Total	**91**	**100**	**19**	**100.0**	110	70.5
Expertise	Clinical Officer	25	27.5			25	16.0
	Pharmacist	13	14.3			13	8.3
	Nurse	39	42.9			39	25.0

	Doctor	7	7.7	7	4.5
	Others	7	7.7	7	4.5
	Total	**91**	**100.0**	91	58.3

Source: Researcher (2020)

The surveyed practitioners were composed of clinical officers (27.5%), pharmacists (14.3%), nurses (42.9%), doctors (7.7%), and other medical professions (7.7%). Notably, 42.1% of the administrators had served between three to six years with only 5.3% indicated that they had served for over 15 years in that position. Over 60% of the practitioners had more than 3 years of work experience.

4.3 The effect on financial planning

The first objective of this study sought to examine the effect of devolution on the financial planning activities. Effective financial planning and management in healthcare is vital for achieving quality delivery of services. According to Dong (2015)**,** such financial metrics as liquidity, profitability of a hospital, operational efficiency, and cost optimizations strongly correlate with healthcare outcomes. Regarding that, several financial elements were examined among the respondents as showed in Figure 2. These factors include reliability of funding from the country government, delayed funding, inadequate liquidity characterized by insufficient funding, and the autonomy of financial management.

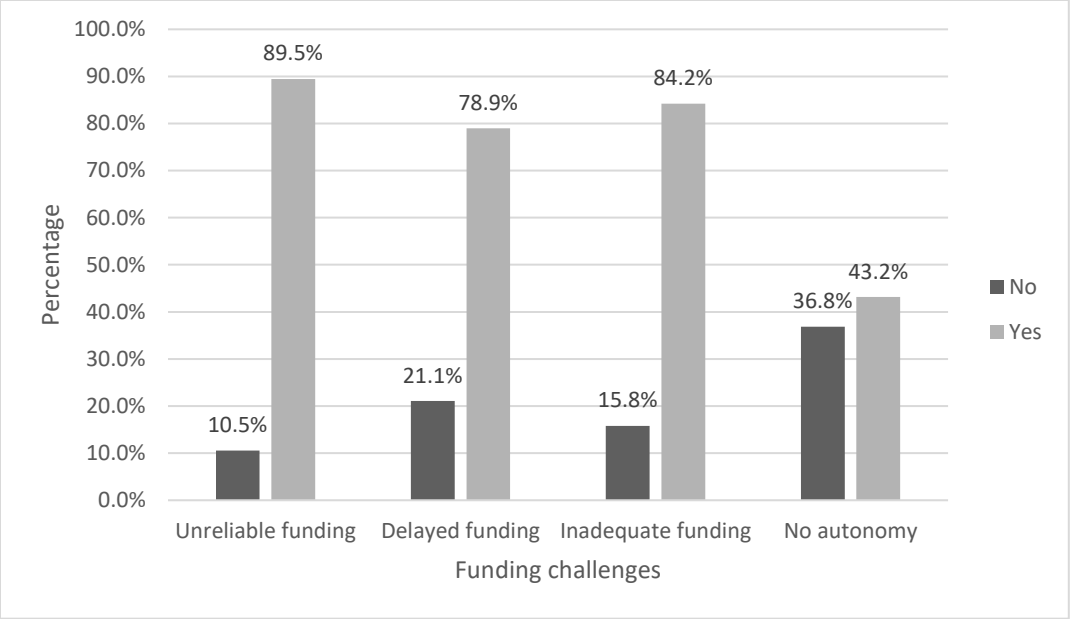

Figure 2: The funding experience of healthcare administrators

Source: Researcher (2020)

As showed in Figure 2, a higher percentage of the surveyed administrators indicated discontent with the assessed elements of financial planning with regard to their hospitals. For instance, 89.5% indicated that the funding they were receiving in their hospitals was unreliable although this was contrasted by 10.5% of the respondents. About 79% of the surveyed respondents noted a delay in funding contrary to the belief of 21.1% of the surveyed respondents. In addition, 84.2% indicated that the funding they received was not sufficient for their operations while 43.2% of the surveyed respondents highlighted lack of autonomy in the management of finances in their hospital.

The researcher expected financial challenges to be evident from the assessment made among healthcare workers and beneficiaries. The availability of essential healthcare services and equipment is one of the benefits of optimal financial management according to Dong (2015)**.** By commutative principle, the absence of these items may suggest financial challenges in a particular

healthcare facility. The study examined the view of the administrators concerning the sufficiency of equipment in their hospitals as showed in Figure 3.

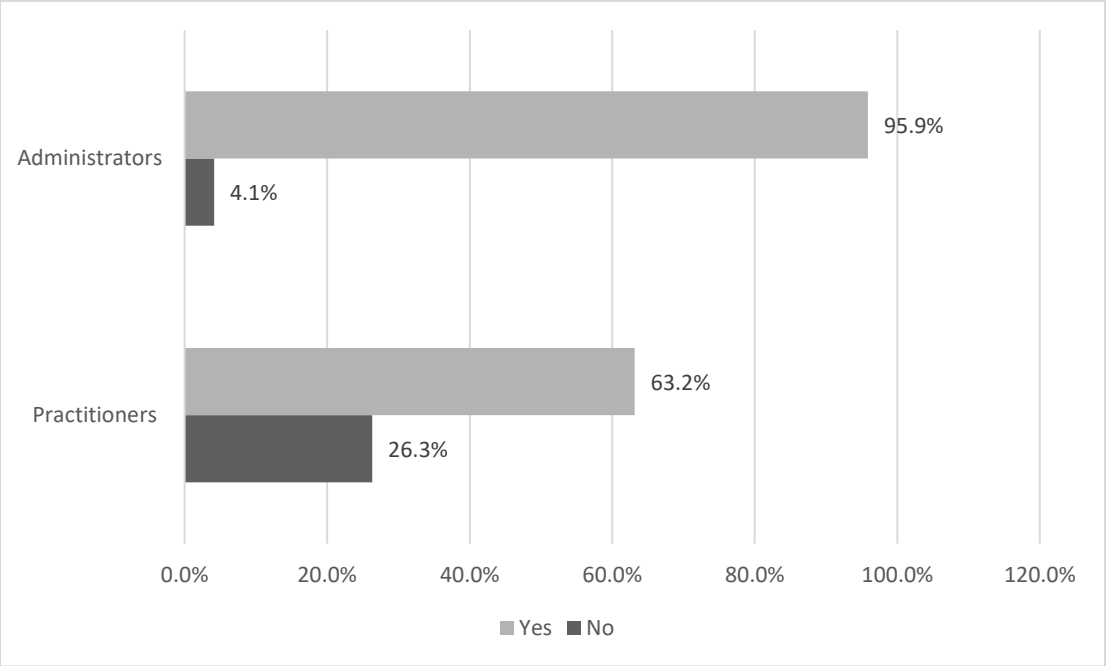

Figure 3: Assessing sufficiency of essential equipment.

Source: Researcher (2020)

While the administrators suggested financial challenges based on the above-highlighted responses, they indicated that the equipment available in their hospitals was sufficient to provide medical services to their target population. A similar observation was made from the healthcare practitioners, 63.2% of whom indicated that they believed the equipment available in their healthcare centers was sufficient for the number of patients they served. The availability of specific equipment and special healthcare services such as theatre, dental, emergency, and optical services in the sampled healthcare facilities was also examined based on the knowledge of the respondents as showed in Figure 4.

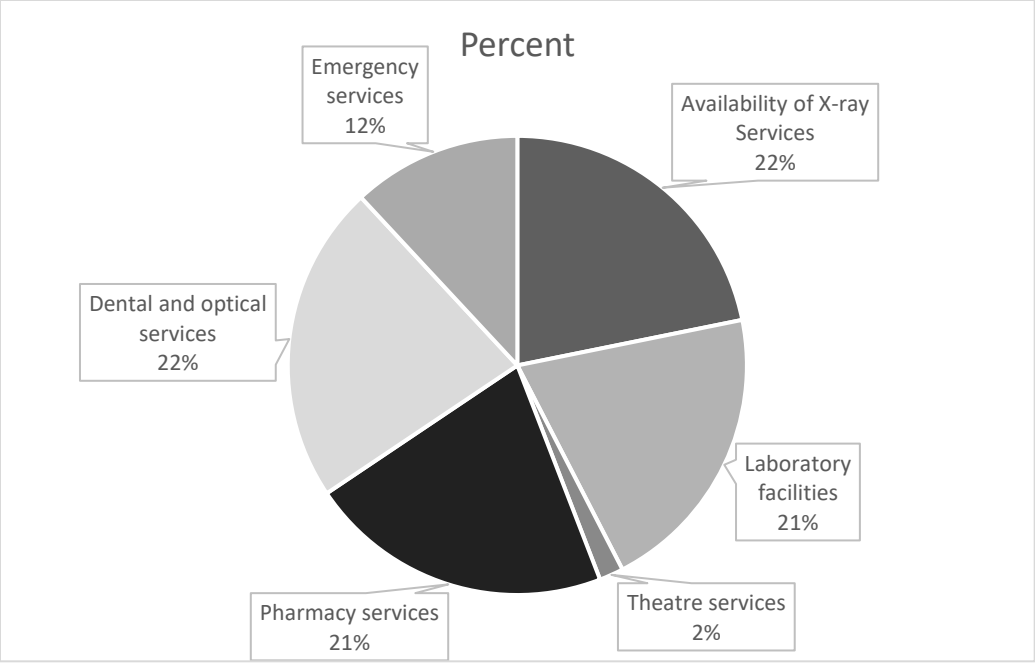

Figure 4: Distribution of equipment according to practitioners

Source: Researcher (2020)

Regarding that, 12% of the respondents suggested availability of emergency services in the facilities they served, 22% suggested availability of x-ray services, while 21% indicated availability of pharmacy services. Other available equipment and services included theatre services (2%), laboratory facilities (21%), dental and optical services (22%). The purview of the healthcare administrators concerning the sources of funds for managing hospital operations was also examined. The respondents were to choose whether they financed their operations from revenue earned from the services they provided, from donor funds, county government budget, or from grants from the national government if any as shown in Figure 5. In that regard, 49% indicated that their funding largely came from the country government, 14% from national government, 24% from revenue generated from services, and 13% from donor funds as showed in Figure 5. This finding was consistent with Kimathi (2017) who observed that county health services were mainly financed through public finances, private funds through consumers, and donors. However, for

Kimathi, consumers contribute the largest portion of financing up to 35.9% while donors provided up to 30% of the healthcare funding.

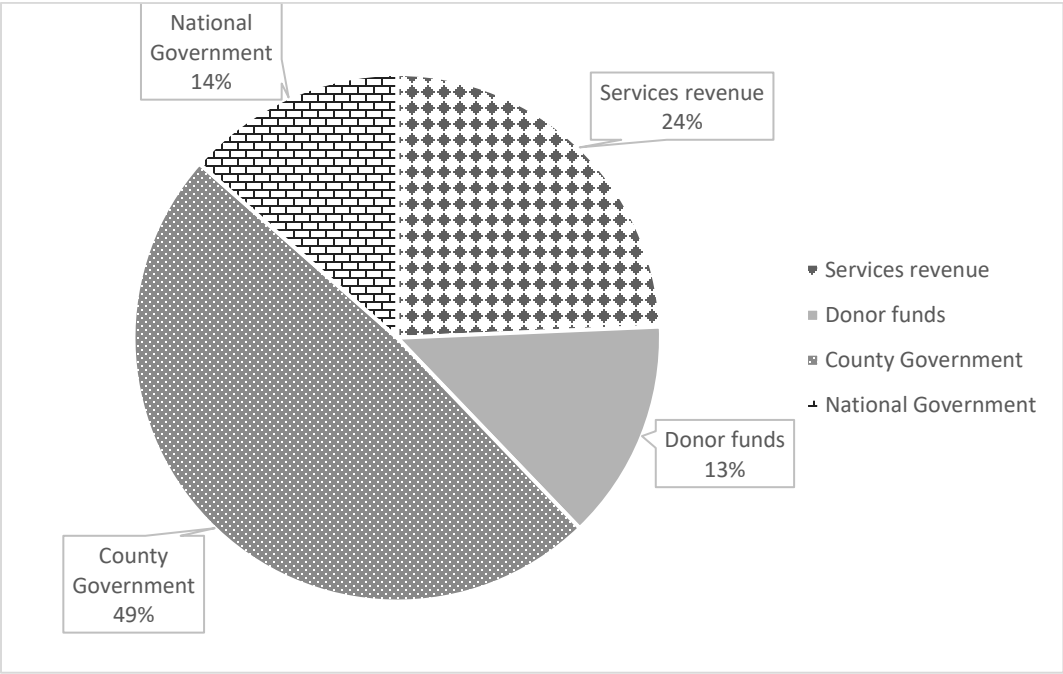

Figure 5: Main source of funding according to administrators

Source: Researcher (2020)

A partial correlation was performed to examine whether the purview of the administrators concerning the funding challenges was associated with their overall belief about the value of devolution to their work. The partial correlation was preferred because the select variables were rather random, which, according to Wetzels and Wagenmakers (2012), is an ideal ground for computing partial correlation. This methodology measures the degree of association of two variables and examines whether the association is statistically significant. Through this correlation, the study would establish whether the overall belief of the administrators concerning the effective or value of devolution to healthcare was associated with the financing challenges they were experiencing.

Table 4: Partial correlation of perceived effect of devolution and funding experience

Control Variables		Unreliable funding	Funding delays	Insufficient funding	No autonomy in financial management	Budgeting challenges
Unreliable funding	Correlation	1.000	-.185	-.183	-.255	-.224
	Significance (2-tailed)		.463	.468	.307	.372
Funding delays	Correlation	-.185	1.000	-.231	.411	-.071
	Significance (2-tailed)	.463		.357	.090	.778
Insufficient funding	Correlation	-.183	-.231	1.000	-.021	.344
	Significance (2-tailed)	.468	.357		.933	.162
No autonomy in financial management	Correlation	-.255	.411	-.021	1.000	-.290
	Significance (2-tailed)	.307	.090	.933		.242
Budgeting challenges	Correlation	-.224	-.071	.344	-.290	1.000
	Significance (2-tailed)	.372	.778	.162	.242	

Source: Researcher (2020)

The opinion of the administrators concerning the healthcare progress amid devolution was partially correlated with their responses about different aspects of funding as showed in Table 4. Weak to moderate correlation between the opinion of the administrators about the progressive effect of devolution on healthcare and the funding experience were observed. Notable, however, is that none of these correlations was statistically significant.

4.4 The effect on the management of healthcare facilities

The second objective of this study sought to examine the effect of healthcare devolution on the management of healthcare facilities. Much of the focus on regarding this objective was directed towards critical attributes of effective management as discussed in the literature review**.** The study also examined decision-making autonomy and their ability to be in contact with other executives for management efficiency as showed in Table 5. Effective management in healthcare necessitates sound decision-making among leaders, empathy, and democracy through the involvement of all

stakeholders. In the same token, it was expected that with the powers that come through devolution, healthcare administrators had more room to exercise their management especially independently in a manner that served the best interest of the individuals below them in hierarchy.

Table 5: Decision-making autonomy and communication contact.

		Percent
Decision Autonomy	Not sure	31.58
	Agree	26.32
	Strongly agree	42.11
Contact with Executives	Sometimes	5.26
	Very often	47.37
	Always	47.37

Source: Researcher (2020)

Only 42.1% of the administrators agreed that they had decision-making autonomy, akin to little or no external influence. Twenty-six percent of the administrators suggested that their decision-making had some level of external influence while 31.6% of the respondents were indifferent concerning the level of decision-making autonomy. An equal number of administrators indicated that they were in contact with other executives concerning healthcare matters either always or very often.

Table 6: Involvement of practitioners in management activities

Healthcare practitioners		
Variable		**Percent**
Involvement in decision-making	Yes	56.20
	No	43.80
Leaders are always to task	Strongly disagree	18.25
	Disagree	24.82
	Not sure	35.77
	Agree	21.17
Constant communication	Strongly disagree	27.74
	Disagree	16.06
	Not sure	40.88
	Agree	15.33

Source: Researcher (2020)

Concerning the healthcare practitioners, 56.20% indicated that they were not involved in decision-making regarding their healthcare institution. Only 21.17% of these respondents strongly agreed that their leaders were always up to task in management affairs. Moreover, only 15.33% of the respondents agreed that their leaders constantly communicated with the team to keep them updated over institutional affairs. This means that the other respondents either disagreed or were not sure concerning constant communication from their leaders or their leaders being up to task concerning responsibilities.

Table 7: The quality of healthcare services

Variable		**Percent**
Service improvement	No	23.26
	Yes	76.74
Delay in service delivery	No	22.32
	Yes	77.68
Doctors and nurses are polite	No	25.6
	Yes	74.4

Source: Researcher (2020)

Management efficiency was also examined from the perspective of the surveyed healthcare beneficiaries as showed in

Table 7. In light of the obtained responses, 76.74% indicated that they believe there was an improvement in services in the local health center. However, 77.68% indicated that there were delays in healthcare services delivery. An equally high number of beneficiaries (74.40%) indicated that doctors and nurses were polite, a quality that is attributable to efficient management. Another aspect of management was the autonomy for decision-making and the subsequent satisfaction with the space for making managerial decisions.

Table 8: Satisfaction with the space for making decisions.

		Percent
I have freedom for making decisions in the hospital	Not sure	31.6%
	Agree	26.3%
	Strongly agree	42.1%
Satisfaction with decision-making space	No	31.6%
	Yes	68.4%

Source: Researcher (2020)

The researcher examined the perspective of the healthcare administrators concerning whether or not they had the managerial to make decisions in their respective hospitals as showed in Table 8. In light of the survey, 42.1% strongly agreed that they had this freedom, 26.3% only agreed, while 31.6% indicated indifference. In addition, 68.4% indicated that they were satisfied with the space they were given for making decisions in their hospitals while 31.6% indicated that they were not satisfied with the space.

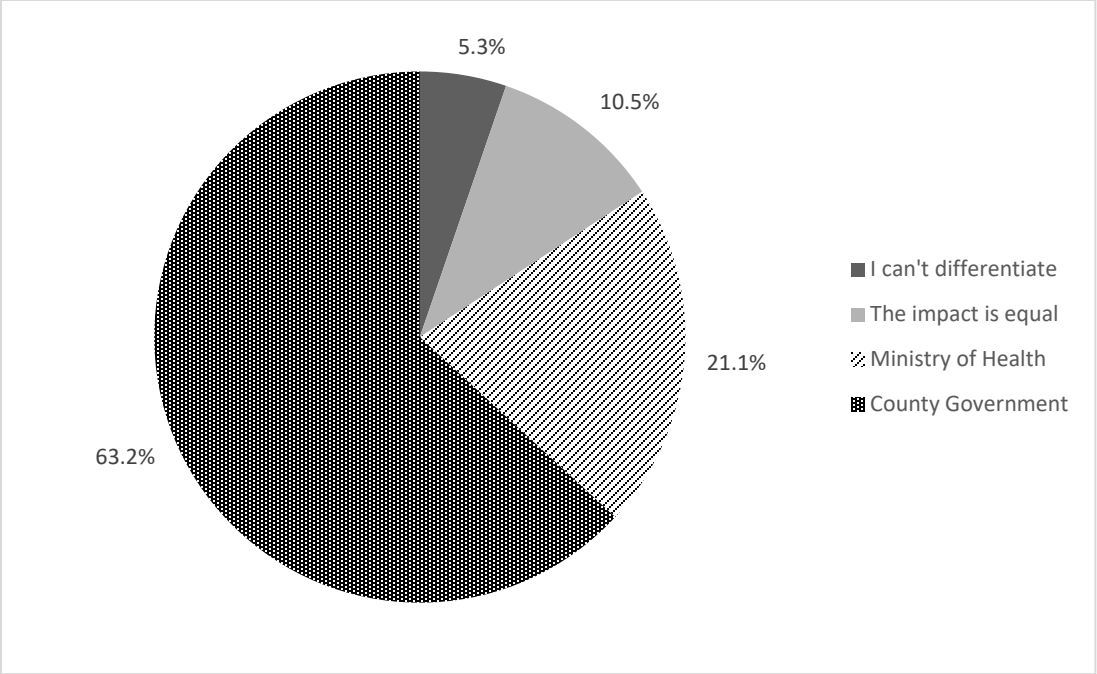

Figure 6: Impact on healthcare delivery services

Source: Researcher (2020)

Lastly, the researcher examined the opinion of the healthcare administrators concerning the impact of the country government and the national government in the operations of their hospitals as showed in Figure 6. Concerning that, 63.2% of the surveyed respondents indicated that country government had the most impact. However, 21.1% indicated that the ministry of health had a large influence in their particular hospitals. In addition, 10.5% of the respondents indicated that the impact between the two arms of government was equal and a meagre 5.3% could differentiate.

4.5 The effect on human resource management

The third objective of the study sought to examine the influence that devolution has had on the management of healthcare human resources. Published literature concur in the vitality of human resource is achieving quality healthcare. Human resources are at the center of effective and efficient medical services through which patient satisfaction is achieved (Alhassan et al., 2013;

Mosadeghrad, 2014). This vitality is part of the reason healthcare policies around the world are formulated in a manner that seeks to remove workload and pressure from healthcare practitioners to ensure productivity (Gerolamo & Roemer, 2010). Nonetheless, one of the human resource elements assessed among the surveyed institutions is the size of workforce as showed in Table 9.

Table 9: Size and effect of healthcare staff

		Percentage
Adequate staff	No	29.2
	Yes	70.8
Influence of doctor-to-patient ratio of delivery	Not at all	17.5
	A little	62.8
	Partially	7.3
	A lot	12.4

Source: Researcher (2020)

Regarding the obtained responses, 70.8% believed that the healthcare centers in which they served were sufficiently staffed, which was contrary to the belief of 29.2% of the surveyed practitioners. The perspective of the practitioners concerning the influence of the staff number on the efficiency of service delivery in the assigned centers was also examined. Twelve percent of the participants believed that the size had a lot of influence on the quality of service delivery. Other responses indicated partial influence (7.3%), a little influence (62.8%), although 17.5% believed that the size had no influence at the quality of service delivery.

The work environment for the healthcare human resource was also examined as showed in

Table 10. This allowed assessment of critical elements such as the level of staff motivation, remuneration and compensation, and perceived staff quality.

Table 10: The work environment according to practitioners

		Percent
Satisfied with remuneration	Strongly disagree	27.7
	Disagree	18.2
	Not sure	35.8
	Agree	14.6
	Strongly agree	3.6
Quality of staff in the facility	Very low	4.4
	Low	18.2
	Average	28.5
	High	44.5
	Very high	4.4
Level of staff motivation	Very low	4.4
	Low	21.2
	Average	27
	High	41.6
	Very high	5.8

Source: Researcher (2020)

In light of the observations made, only 3.6% of the practitioners indicated strong satisfaction with their remuneration. A higher number of practitioners either disagreed (18.2%) or strongly disagreed (27.7%) that they were satisfied with the remuneration they received for their services. When assessed about the quality of staff in their assigned healthcare centers regarding skills and competence, responses varied from very high quality (4.4%), high quality (4.4%), average quality (28.5%), low quality (18.2%), and very low quality (4.4%). The level of motivation at work also varied among the respondents. On average, the healthcare workers were highly motivated at work (47.4%) compared to those who indicated low motivation levels (25.6%).

An important element of human resource management in healthcare examined in this study concerned training and development as showed in Figure 7. This influences competency and proficiency levels among medical service providers besides their preparedness in addressing

different healthcare challenges. The surveyed healthcare administrators indicated that training and development for healthcare practitioners had significantly benefitted from devolution. Concerning that, 53% of the administrators suggested that there were more training opportunities to healthcare workers than there were before devolution. However, 47% of the surveyed administrators did not hold a similar view.

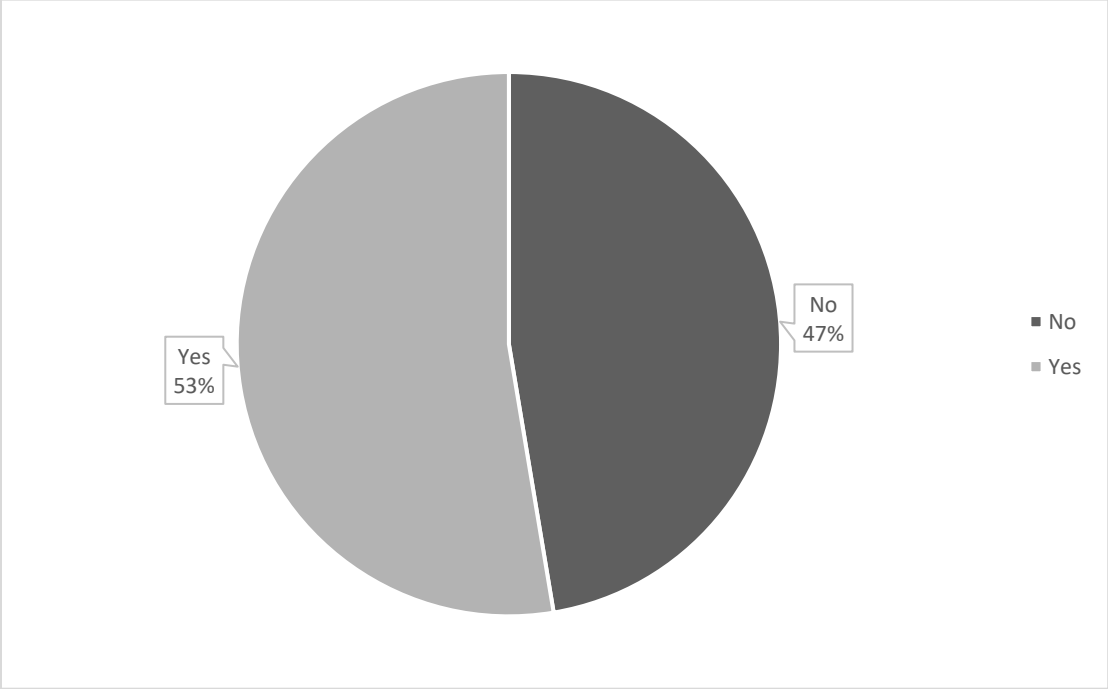

Figure 7: Availability of training and development opportunities

Source: Researcher (2020)

A similar assessment was conducted among the practitioners as showed in

Table **11**. Concerning that, 63.5% of the participants indicated that they had participated in a professional training in the previous year. Moreover, 5.8% strongly agreed that they received support to further their professional ambitions although 4.4% strongly disagreed that their workplaces offered support for professional growth.

Table 11: Experience with training and development

		Percent
Participated in a training in the last year	No	36.5
	Yes	63.5
Receives support for professional growth	Strongly disagree	4.4
	Disagree	21.9
	Not sure	28.5
	Agree	39.4
	Strongly agree	5.8

Source: Researcher (2020)

Table 12: Frequency of training and development according to practitioners

		Percent
Regular training	Strongly disagree	4.9
	Disagree	16.8
	Not sure	10.1
	Agree	68.2
Frequency of training	Very often	13.9
	Often	25.5
	Sometimes	30.7
	Hardly	29.9

Source: Researcher (2020)

A further assessment concerning the frequency with which training and development was made as showed in Table 12. Only 68.2% agreed that their workplaces provided regular training for professional growth. Another 10.1% were not sure concerning the availability of regular training services in their workplaces. In addition, 13.9% indicated that the trainings were very often. Others indicated that training and development activities in their workplaces were either often (25.5%), sometimes (30.7%), or hardly (29.9%).

4.7 Discussion

The aim of this study was to examine the effect of devolution on the administration of healthcare human resources, finances, procurement, and financial planning in Gatanga Sub-county. A number of observations were made with respect to the underlying research questions. The first objective sought to assess the effects of devolution on healthcare financial planning. Generally, administrators indicated that their major source of operational funds was from the country government. However, they indicated a number of financial challenges. For instance, their funding experience was characterized with unreliable, delayed, and insufficient funding, besides instances of external influence in fund management. They also indicated inadequacy of particular equipment such as laboratory, dental, optical, and pharmaceutical equipment. A partial correlation of the perceived effect of devolution and the funding experience as suggested by the administrators indicated weak to moderate correlations, albeit statistically not significant.

The second objective sought to examine the effect of devolution on the management of healthcare facilities. Several observations were made concerning this objective. First, devolution has also allowed healthcare administrators more room for making decisions involving the operation of their assigned institutions. Second, it has enhanced management by improving the communication among administrators and other leaders who facilitate regional healthcare activities. Administrators also indicated that they felt sufficient space when making choices affecting their particular institutions. However, the exercise of democratic management characterized with the involvement of stakeholders in day-to-day operations through regular communication and involvement in decision-making, is still facing challenges. While this ought to have a direct correlation with devolution, it ought to be an outcome of more operational freedom on the side of

healthcare administrators. Healthcare beneficiaries also cited improvements in healthcare service, service delivery, and services provided in healthcare centres in their neighborhoods.

The third objective sought to evaluate the effects of devolution on healthcare human resource management. Similarly, varying observations concerning the effect of devolution on healthcare human resource were made. First, administrator largely believed it has allowed them to get an adequate number of human resources without significantly causing a doctor-to-patient challenges. Moreover, the respondents indicated some level of improvement in the availability of training opportunities for their professional development. However, surveyed healthcare practitioners indicated dissatisfaction with the remuneration they receive from county governments. Other human resource challenges include low-to-average levels of staff motivation and perceived quality of staff with regard to mix of skills and competences.

Healthcare devolution in Kenya is considerably in its youthful stages. Therefore, that it has been experiencing certain challenges, albeit in different magnitudes, should not be a surprise. The researcher inquired among the healthcare administrators some of the areas where devolution faced different operational challenges. Several areas namely continuous professional development (CPD), emergency handling, timeliness of funding, corruption and undue influence from higher ranks, doctor-patient ratio, and motivation for healthcare human resources were of interest in this regard.

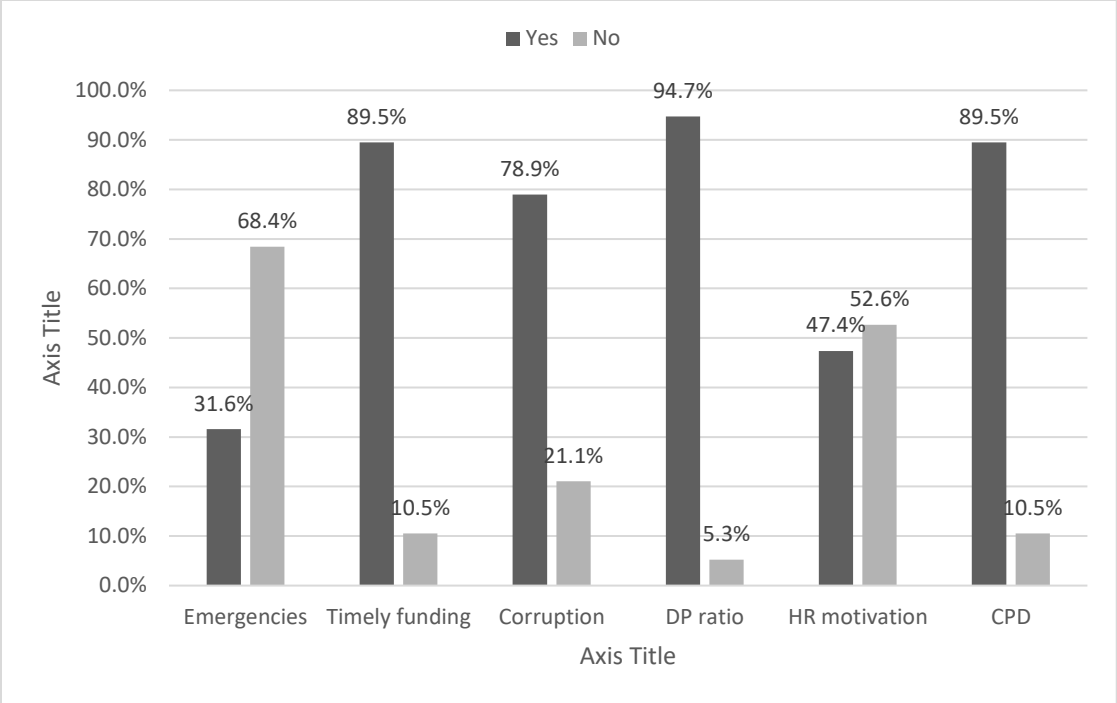

Figure 8: Existing healthcare challenges

Source: Researcher (2020)

Out of the six areas of least concern were emergency handling and the motivation and the motivation for healthcare human resources. In particular, the surveyed respondents indicated that these two were not main challenges of healthcare devolution by a proportion of 68.4% and 52.6% respectively. The other four areas appeared to be of most concern among the surveyed administrators, although to a different magnitude. The challenges in order of magnitude were such that doctor-patient ratio (94.7%), timeliness of funding (89.5%), continuous professional development for practitioners (89.5%), and corruption (78.9%).

The outcomes of this study align in part with the findings of other published studies around the same research domain. For instance, disruptions in salaries, political influence in human resource management, poor morale among staff, resignations, and lack of essential drugs were attributed to

healthcare devolution in Tsofa *et al*. (2017). Miriti (2016) observed that insufficient and delayed funding by the country government led to surveyed hospitals in Meru to rely on funding from the national government in spite of devolved healthcare. The author also established an improvement in staff training in the surveyed hospital besides improved service delivery to the target population. However, unlike in this research, Miriti observed that doctor-patient ratio was largely affected by devolution. Staffing has also been found to influence the delivery of healthcare services in other case studies (Mehta, 2011; Gupta, Rodeghier, & Lis, 2014).

The overarching effect of devolution appears to be increased room for decision-making among healthcare administrators. According to Tsofa *et al*. (2017), this space is important for promoting the management of essential medical supplies and services. This key benefit of healthcare devolution has been repeatedly observed in related studies such as Mitchell and Bossert (2010) as well as Mohammed, North, and Ashton (2016). Although decision-making autonomy among healthcare administrators was a challenge during the initial stages of devolution, it has gradually improved owing to the development of custom structures of management at country levels (Tsofa *et al*., 2017). However, taking the full advantage of this space among administrators necessitates individuals to have the capacity to undertake their assigned duties. In Pakistan, for instance, Bossert and Mitchell (2011) observed that the lack of individual and institutional capacities to undertake decentralized functions influenced the management of health sector. It is imperative for healthcare administrator to have the capacity and skill to include all stakeholders in decision-making. For the most part, decision-making space emanating from devolution ought to provide the opportunity for all stakeholders to take part in influencing the direction of their institutions.

The identified challenges of healthcare devolution are also consistent with the published literature. For instance, the World Health Organization (2010) highlights the idea that most healthcare

workers around the world are not sufficiently paid, which can help explain the level of dissatisfaction among the surveyed practitioners concerning their remuneration. The gaps in healthcare delivery in the particular case study may be attributed to staffing and morale issues among workers. For instance, Mehta (2011) observed that staffing challenges in healthcare human resources contributed to poor delivery of healthcare services and led to poor satisfaction levels among healthcare beneficiaries. Tsofa, Molyneux, Gilson, and Goodman, (2017) observed that healthcare devolution in some counties were marred by re-centralization of financial planning from health-facility level to county-level, which complicated healthcare administration at the lowest levels.

Some of the operational challenges in the healthcare sector such as lack of adequate equipment, insufficient CPD programs, and poor remunerations could be attributed to consistent budget cuts, in which the sector receives far less finances than needed to guarantee quality delivery. Since the onset of devolution, county governments in Kenya have been allocating a meagre 5% of their total budgets to healthcare, which is expected to be meet all needs including staff remuneration, equipment purchases, medical supplies, healthcare infrastructure, and miscellaneous expenses. This practice is undesirably inconsistent with Kenya's commitment to the Abuja Declaration to which the country (and other counterparts) pledged to commit at least 14% of the national budget to healthcare. While Kenya signed to this declaration before devolution, it would be expected that the mandate be passed on to county government. The outcome of insufficient allocation to the healthcare sector is lack of essential equipment, poor service delivery, and poor remuneration practices among staff among other challenges, some of which were evident in this research (Kimathi, 2017).

One of the core strengths of this study is the idea that it was narrowly focused on one sub-county, which allowed the researcher to involve as much participants as possible. This allowed deeper and more detailed assessment of the primary aim of the study for the consideration of future research and the subsequent policy implications. Nonetheless, the focus of this one study on one sub-county can be considered a limiting factor in the attempt to generalize the observations made herein. Kenya has 47 counties, with each boasting of at least 5 sub-counties. As such, it might not be statistically coherent to extrapolate the findings of one sub-county to represent over 200 other counties. Notably, each county government has unique approaches to healthcare services and healthcare administration, which means the findings herein, might be inapplicable in another setting.

CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter contains the conclusion of this study. The chapter begins with an overview of the summary of the study, which is followed by the conclusions based on the underlying aim and objectives. This is followed by an overview of the contributions of the study to the body of knowledge and the arising policy recommendations. The chapters end with a highlight of the areas that might necessitate more research in the future.

5.2 Study summary

This study explored the effect that devolution has had on the administration of human resources, finances, procurement, and financial planning in Gatanga Sub-county, Murang'a County. The study sought to achieve three key objectives, namely (a) to assess the effects of devolution on healthcare financial planning, (b) to examine the effects of devolution on the management of healthcare facilities; and (c) to evaluate the effects of devolution on healthcare human resource management. A randomly selected sampled of 137 healthcare practitioners, and healthcare beneficiaries and 19 healthcare administrators in the county were involved in the study. Data was collected using closed questionnaires to facilitate analysis. The collected data was analyzed using descriptive analysis and was presented using graphs, and tables.

5.3 Conclusion

The researcher arrived at the following conclusions subject to the underlying research objectives. Healthcare service in the sub-county are primarily funded by the county government with minor support from grants from the national government and donors. Healthcare facilities have been experiencing financing challenges characterized by unreliable, delayed, and insufficient funding, which has resulted in such challenges as lack of sufficient equipment and the inability of facilities

to provide certain services including dental and optical services. The surveyed administrators also cite corruption as one of the challenges facing the delivery of healthcare services in the target case study. Second, devolution has provided healthcare administrators with an expanded space for making localized decisions besides improving the communication between administrators and other healthcare executives at county level.

However, there are challenges in operational management characterized with poor involvement of stakeholders in day-to-day operations through regular communication and involvement in decision-making. Nonetheless, there has been improvements in overall delivery of healthcare services according to healthcare beneficiaries. Lastly, devolution has allowed healthcare facilities to attract qualified workers, perhaps from local societies. The surveyed respondents believed that the available human resources were competent and adequately skilled to meet the predominant healthcare challenges. There mixed reactions concerning the effect that devolution has had on doctor-patient ratio. Other effects of devolution on healthcare human resources include demotivation for workers out of management shortcomings, inadequacy of training and development opportunities for workers, remuneration lamentations.

5.4 Contributions of this study

This study contributes to the existing body of knowledge by demonstrating the extent to which healthcare devolution has influenced the core pillar of healthcare devolution namely financial planning, human resource management, and leadership. The published literature focused primarily on ‘service delivery’, which is rather a general view of healthcare. Moreover, little focus had been directed to the experience of healthcare administrators at health facility levels despite the critical role they play in fostering the achievement of quality healthcare. Second, this study contributes to

the body of knowledge by demonstrating the need to assess continually the yields of healthcare devolution.

As observed, some of the observations made herein are consistent with those made in studies conducted several years earlier. This is imperative to understanding whether or not the healthcare sector around the country is progressing. This study may provide insight to the County Government of Murang'a concerning the level of progress in healthcare administration and service delivery in the subject sub-county. Some of these insights may include the perceptions of the beneficiaries concerning healthcare services in the county, challenges facing healthcare human resources, and the purview of the administrators concerning healthcare delivery as a whole.

5.5 Policy recommendations

Several recommendations can be derived from the observations made in this study. First, there is need to foster capacity building for local healthcare facilities and skills for healthcare administrators for improving the overall management of these facilities. The documented literature does not demonstrate efforts made by county and national governments in promoting capacity building. This could be part of the reasons behind the management loopholes identified in this study such as lack of stakeholder involvement in the management of healthcare centres and insufficient communication. Second, there is need to development a framework for fostering continued professional development for healthcare practitioners. For the most part, devolution of healthcare infers not only the delivery of services to patients and the public as whole but also taking care of healthcare practitioners. Promoting professional development for healthcare workers may help in improving both their morale and prospects of quality care delivery going forward. This may require the county healthcare executives to understand the changing healthcare needs of our society and therefore preparing human resources to meet these needs.

Third, there is need for administrators and relevant healthcare executives to recognize healthcare human resources and the vital role they play in healthcare delivery. As noted, one of the human resource challenges facing healthcare administration in the examined case was low motivation levels and partial dissatisfaction among healthcare workers. This trend might be detrimental to healthcare service delivery in the long run, hence the need to counter it on time. Lastly, there is a need for healthcare administrators to come up with frameworks that help them identify doctor-patient ratio crisis before they occur. The present study was marred with cases of uncertainty concerning the sufficiency of doctor-patience ratio among practitioners and administrators. The practitioners believed that the ratio was sufficient while the administrators believed it was part of the challenges behind their service delivery.

5.6 Recommendation for further research

Healthcare devolution and the delivery of quality healthcare are important discussions for Kenyan society, especially with the prospects of achieving universal healthcare coverage. As such, more research into the future is expected into this domain. Concerning that, the researcher finds several areas handy for more assessment going forward as informed by this research. First, research may want to look into the role of public participation in healthcare planning and accountability. Although healthcare beneficiaries were involved in the conduct of this study, the scope of the research did not allow for the examination of their involvement in the delivery of healthcare in local facilities. Public participation is an important element of solutions-focused governance, the impetus for which the participation in shaping healthcare should be examined.

Second, researchers might want to examine the factors influencing motivation among healthcare human resources at local level. While it is plausible to associate the poor motivation levels among workers as observed in this study to management shortcomings, it is imperative to understand the

actual factors that could motivate healthcare workers as part of improving the delivery of healthcare services. Lastly, researchers might want to look into the role of healthcare devolution in the adoption of NHIF. As noted in this research, some patients catered for their healthcare costs through cash and other means, which denoted that the national healthcare insurance was yet to be adopted universally.

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APPENDICES

APPENDIX I: QUESTIONNAIRES

SECTION A: GENERAL INFORMATION ON THE RESPONDENTS

1. **Choose your gender.**
   - □ Male
   - □ Female
2. **What is your age bracket in years?**
   - □ 18-24
   - □ 25-34
   - □ 35-44
   - □ 45-54 or older
   - □ 55 years and above
3. **For how long have you served at your hospital?**
   - □ Less than two years
   - □ 3 to 6 years
   - □ 7 – 10 years
   - □ 11-14 years
   - □ 15 years and above

Thank you for taking your time and effort to fill this questionnaire.

SECTION B: HEALTHCARE HUMAN RESOURCE

Thank you for honouring my invitation to take part in this interview. As a member of the healthcare fraternity in the Sub-county, I would appreciate your perspective on the human resources and management of healthcare equipment in the sub-country. Please remember that your participation in this study is voluntary and you can withdraw at your consent. All information will be confidential. I will destroy the materials after analysis.

4. **Do you think your hospital is well-staffed?**
   - □ Yes
   - □ No
5. **Does the Doctor-to-patient ratio influence the provision of healthcare services in your hospital?**
   - □ Not at all
   - □ A little
   - □ Partially
   - □ A lot
6. **To what degree do you agree with the following statements concerning staffing activities at your hospital? (Put a mark where appropriate)**

Statement	**Strongly agree**	**Moderately agree**	**Undecided**	**Moderately disagree**	**Strongly disagree**
Staff is well remunerated to deliver healthcare services at your hospital	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Staff at the hospital are regularly trained to provide special healthcare services	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Staff issues and conflicts are amicably solved to facilitate good delivery of healthcare services	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**

7. **How do you rate the quality of staffing at your hospital?**
   - □ Very high
   - □ High
   - □ Average
   - □ Low
   - □ Very low

8. **How can you rate the level of motivation of staff at your hospital?**
   - □ Very high
   - □ High
   - □ Average
   - □ Low
   - □ Very low
9. **How frequently are the staff at your hospital accorded training and development opportunities?**
   - □ Very often
   - □ Often
   - □ Sometimes
   - □ Hardly
   - □ Rarely
10. **Have you participated in a training and development activity in the last year?**
    - □ Yes
    - □ No

    If yes, how many activities …….
11. **Do the staff at your hospital attend to their duties on time?**
    - □ Yes
    - □ No
12. **Are you involved in the decision-making activities of your hospital?**
    - □ Yes
    - □ No
13. **To what degree do you agree with the following statements about the leadership at your hospital? (Put a mark where appropriate)**

Statement	**Strongly agree**	**Moderately agree**	**Undecided**	**Moderately disagree**	**Strongly disagree**
Leaders at the hospital are always up to task.	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
The vision and mission of our healthcare services are communicated constantly to all members.	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
All people at the institution are actively involved in the pursuit of organizational goals	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
Our leaders promote professional growth for our staff members	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**
All people at the institution are actively involved in the pursuit of organizational goals	**[ ]**	**[ ]**	**[ ]**	**[ ]**	**[ ]**

Thank you for taking your time and effort to fill this questionnaire.

SECTION C: MANAGEMENT OF EQUIPMENT AND FACILITY

Thank you for honouring my invitation to take part in this interview meant to assess the effect of devolution in the healthcare administration of hospitals in Gatanga Sub-county, Murang'a County. Please remember that your participation in this study is voluntary and you can withdraw at your consent. Any information you provide will be essential for my research and will be kept wholly confidential. I will destroy the materials after analysis.

14. Do you believe your hospital is staffed adequately to efficiently provide its services?

- ☐ Yes
- ☐ No

15. Which of the following properties are available at the hospital? (you can choose more than one)

- ☐ X-ray equipment
- ☐ Laboratory equipment
- ☐ Theatre equipment
- ☐ ICU and HDU equipment
- ☐ CSSD equipment
- ☐ Outpatient equipment
- ☐ Pharmacy equipment
- ☐ Optical and dental units' equipment
- ☐ Ambulance and emergency equipment

16. Is this equipment sufficient to serve your target population?

- ☐ Yes
- ☐ No

17. How often do you refer patients to other hospitals because of a lack of crucial equipment?

- ☐ Very often
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Thank you for taking your time and effort to fill this questionnaire.

SECTION D: HEALTHCARE BENEFICIARIES

Thank you for honouring my invitation to take part in this interview meant to assess the effect of devolution in the healthcare administration of hospitals in Gatanga Sub-county, Murang'a County.

1. **Have you attended a health centre in the sub-county in the last five to ten years?**

   □ Yes
   □ No

   If yes, did you receive the support you needed?

   □ Yes
   □ No

   If no, do you trust healthcare services in the sub-county hospitals?

   □ Yes
   □ No
   □ I would instead go to another county for medical support.

2. **Have you experienced improved healthcare services in your local healthcare center?**

   □ Yes
   □ No

3. **Is there a difference in the healthcare services provided by hospitals in this area?**

   □ Yes
   □ No

4. **Who pays for your healthcare costs when you visit the hospital?**

   □ I pay cash.
   □ NHIF
   □ Insurance cover
   □ Others

5. **Are there delays at the hospital when receiving care each time you are unwell?**

   □ Yes
   □ No

6. **Are the healthcare professionals sufficiently polite to you at the hospital?**

   □ They are polite.
   □ They are not polite.

Thank you for taking your time and effort to fill this questionnaire.

SECTION E: HEALTHCARE ADMINISTRATION

Thank you for honouring my invitation to take part in this interview meant to assess the effect of devolution in the healthcare administration of hospitals in Gatanga Sub-county, Murang'a County.

1. **How long have you served as a healthcare administrator?**
   - ☐ Less than two years
   - ☐ 3 to 6 years
   - ☐ 7 – 10 years
   - ☐ 11-14 years
   - ☐ 15 years and above

2. **What are the main challenges you face in your work? (you can select more than one)**
   - ☐ Shortage of qualified staff
   - ☐ Lack of cooperation from the team
   - ☐ Undue external pressure
   - ☐ Unreliable funding from the county government
   - ☐ Lack of advanced technology

3. **Tell me about the funding experience for your hospital (you can select more than one)**
   - ☐ Delays in the disbursement of funds
   - ☐ Current funding is not enough.
   - ☐ There is no autonomy in the use of funds.

4. **Where do you get the funding for purchasing the equipment you have at your hospital?**

   (you can select more than one)

   - ☐ We generate revenue from our health services.
   - ☐ We receive funds from the county government.
   - ☐ We receive support from donors and well-wishers.
   - ☐ We receive funds from the national government through the Ministry of Health.

5. **Have you ever had to halt your services because of funding challenges?**
   - ☐ Yes
   - ☐ No

6. **Do you think the available equipment is sufficient for serving your patients?**
   - ☐ We manage.
   - ☐ We struggle.

7. **You have an autonomous authority to make decisions in this hospital. Please indicate your position**
   - ☐ I strongly agree.
   - ☐ I agree.
   - ☐ I am undecided.
   - ☐ I disagree.

☐ I strongly disagree.

8. **Do you feel satisfied with the space you are given to make healthcare decisions?**
   ☐ Yes
   ☐ No
   ☐ Not sure

9. **How frequently are you in contact with the healthcare executives?**
   ☐ Always
   ☐ Very often
   ☐ Sometimes
   ☐ Rarely
   ☐ Never

10. **Between the county and the ministry of health (MoH), whom do you think has the most impact on your services?**
    ☐ County government
    ☐ Ministry of Health
    ☐ Their impact is equal.
    ☐ I can't differentiate.

11. **In your opinion, do you think the surrounding community considers you the first option when seeking medical care?**
    ☐ To a great extent
    ☐ Somewhat
    ☐ Not at all

12. **Do you think the community trust your services?**
    ☐ Definitely
    ☐ Very probably
    ☐ Probably
    ☐ Probably not
    ☐ Definitely not

13. **Would you say you have witnessed progress in your line of service as an administrator in the last five years?**
    ☐ To a great extent
    ☐ Somewhat
    ☐ Very little
    ☐ Not at all

14. **Devolution has improved the way you approach your administrator duties. Kindly state your position.**
    ☐ I strongly agree.
    ☐ I agree.
    ☐ I am undecided.

□ I disagree.
□ I strongly disagree.

15. Which areas do you think have seen the most significant effect of the devolution of healthcare?

□ Allocation of finances
□ Availability of qualified staff for local hospitals
□ Improvement in the budgeting of finances
□ Access to healthcare
□ Availability of equipment and facilities
□ Improvement in training and development for staff

16. In your opinion, which areas have become more challenging to pursue amid the devolution of healthcare?

□ Availability of emergency support
□ Timely availability of funds
□ Corruption in hospitals
□ Reaching necessitated doctor-patient ratio
□ The motivation for human resource
□ Continuous professional development for staff

17. In which ways do you think county governments can improve their role in healthcare delivery?

……
……
…

Thank you for taking your time and effort to fill this questionnaire.

APPENDIX II: MAP OF STUDY AREA

Figure 4.9: Gatanga Sub-county

APPENDIX III: NACOSTI LICENSE FOR FIELD RESEARCH

Table 13: Research License granted by NACOSTI.

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