INFLUENCE OF ADOPTION OF TOTAL QUALITY MANAGEMENT PRACTICES ON PERFORMANCE OF HEALTH PROJECTS: A CASE OF MARGARET KENYATTA MOTHER BABY FACILITY, NAKURU COUNTY, KENYA

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DECLARATION

This research project is my original work and has not been presented to any other university for any award.

Signature …… Date …*13th November 2022*…….

Melvin Kipkoech Kutol

L50/61566/2013

This research project has been submitted for examination with my approval as university supervisor.

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DEDICATION

This research project is dedicated to my beautiful wife and my lovely children who have been patient enough to see me strive through my graduate studies. I also dedicate this research to my siblings for their support through my postgraduate education.

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ABBREVIATIONS AND ACRONYMS

WHO – World Health Organization

CQI – Continuous Quality Improvement

TQM – Total Quality Management

ISO – International Standards Organization

UHC – Universal Healthcare Coverage

HIV – Human Immune Virus

SPSS – Statistical Package for Social Sciences

NACOSTI – National Commission for Science, Technology and Innovation

ABSTRACT

One of the most prominent developments in management in the last two decades has been the adoption of Total Quality Management (TQM). The concept TQM begun in Japan in the early 1980s and spread to the other parts of the world where the topics under TQM became very instrumental to companies that utilized, applied and developed the practices to improve their business operations. The purpose of the study was to establish the influence of adoption of total quality management practices on performance of health projects in Nakuru East Sub-County, Kenya. The study aimed to achieve the following objectives; to determine the extent to which continuous quality improvement influences performance of health projects in public health facilities; to examine how customer focus influence performance of health projects in public health facilities; to assess the extent to which employee involvement influence performance of health projects in public health facilities and finally to determine how leadership style influence performance of health projects in public facilities, Nakuru County, Kenya. The study sought to test the following hypotheses at 95% confidence level; continuous quality improvement significantly influences performance of health projects in public facilities; customer focus significantly influences performance of health projects in public facilities; employee involvement significantly influences performance of health projects in public facilities; leadership styles significantly influences performance of health projects in public facilities in public facilities. The study would be of significance to improving the operations and performance of health projects in public health facilities. The study also would contribute to the academia and especially the field of project management. The research study adopted descriptive survey research design. The target population of the study was 420 drawn from 3 hospital administrators, 3 consultants, 9 pediatric doctors, 15 clinical officers, 40 hospital support staff, 100 nurses and 250 patients in Nakuru County, Kenya. A sample size of 201 participants was derived from the target population using Krejcie and Morgan Table from which proportionate stratified sampling was employed to obtain a sample for each stratum. Questionnaires and interview guides were used to collect data. Quantitative data was analyzed using descriptive statistics such as frequencies, percentages, mean, standard deviation, and correlation. Inferential statistics in the form of analysis of variance and the Fisher's test was used to test hypothesis. The research found that the continuous improvement choices are made with employee input. The study also found that In the event of an emergency, the health institution has a solid strategy in place to guarantee that routine patient care is not disrupted. The research found that it was not certain that laisse faire type of leadership has less influence on performance of health projects; and leadership style influences organization culture in performance of health practices. The study concluded that continuous quality improvement had the greatest effect on performance of health projects in Nakuru East Sub-County, Kenya, followed by leadership styles, then employee involvement strategy, then customer focus had the least effect on performance of health projects in Nakuru East Sub-County, Kenya. The study recommends that the health projects should fully utilize its resources to enhance customer satisfaction. This should be achieved by ensure that the customer is always first and that all their needs are met

in a timely manner. It is recommended that the top management should allocate adequate resources to the divisions of the health projects.

CHAPTER ONE
INTRODUCTION

1.1 Background to the Study

One of the most prominent developments in management in the last two decades has been the adoption of Total Quality Management (TQM). According to Abbas (2020), the concept TQM begun in Japan in the early 1980s and spread to the other parts of the world where the topics under TQM became very instrumental to companies that utilized, applied and developed the practices to improve their business operations. Hospitals and health facility organizations encounter several challenges for instance, increases in the cost of health services, rate of technology advancement, internal pressure on decreasing cost against the quality to cope with international standards.

To achieve TQM, one must engage in activities such as leadership, staff training, employee relations, data collection and reporting related to quality, supplier quality, product design, process management, strategic planning and customer-centricity, as well as information technology and analysis. As a result of the industrial and technical struggle among advanced industrial countries to regulate output and earn consumer confidence, the term quality has evolved as an economic phrase (Kaiseroglou & Sfakianaki, 2020).

In China, the adoption and application of total quality management principles has significantly changed the approach to general construction practices. As part of a research by van Kemenade and Hardjono (2018), 76 hospitals provided data in order to evaluate a multilevel model addressing TQM adoption. As a dependent variable, the study examined the extent to which hospitals adopted TQM. There were many levels of explanatory factors in the study, including: breadth of collaboration, nature of the interaction with other members of the network as well as organizational identity as well as adoption strategy and organizational citizenship behaviour. It became out that the type of the network relationship and prospector approach had a major impact on

the adoption of TQM.

As well as boosting customer trust, the Taiwanese government created a quality framework for public construction engineering and housing projects. More business owners were also urged by the government to use the ISO 9000 quality assurance method (Nguyen & Nagase, 2019). In Taiwan, the ISO quality assurance system and its application in TQM have progressively gained acceptance and recognition, despite the fact that the certification process is taking longer than planned.

Because the public healthcare system in Nigeria has so many issues, it requires an all-encompassing approach to its administration (Bouranta, Psomas, Suárez-Barraza & Jaca, 2019). As a result of a lack of staff in the public health sector, coupled with a poor wage, the doctor-to-patient ratio is lower than the WHO norm of one doctor to 2,500 patients. Government standards and facilities at the federal, state, and local levels reflect this deplorable health care delivery system. Clearly, this demonstrates the sluggish speed at which comprehensive quality management is being implemented in healthcare.

In Kenya, organizations are in pursuit of ways to expand and improve their firms in terms of customer satisfaction to improve performance. They have employed quality management practices to achieve this. These organizations have had to implement the international standard organization ISO certification on quality management ISO 9000:2015. However, contractors on health facility construction projects fail to implement the quality management practices thus customers are left short-changed pursuit for quality goods and services delivered (Nestor, 2019).

1.2 Statement of the Problem

The success of a construction project is largely determined by the success of the project's execution. A project's performance is seen as a key measure of its productivity. It's no secret that the construction sector has been heavily criticized for its inadequate performance, according to Hasan et al. (2018). In many businesses, adopting and implementing quality management techniques has become a must.

Sader, Husti and Daróczi (2019), for example, argue that government legislation, consumer influence, and hospital management initiatives are responsible for the increasing focus to quality.

In Ghana, Saffar and Obeidat (2020) found that good quality control of building processes and products is a crucial concern in modern construction. The research further notes that as much as quality management practices have had numerous benefits in developed countries, the same should be replicated in construction projects in developing countries. It was observed that the focus on the client had a major impact of construction projects in Uasin Gishu County, Kenya, by Owino and Makokha (2021). Projects of all kinds were the subject of the investigation.

However, studies on performance of health projects remain scarce. Most studies have focused on performance of other infrastructure projects, for instance Siboru, (2017) and Mushori (2020) have largely focused on performance of road construction projects and little focus has been given to performance of health projects. This clearly creates a research gap and begs the question whether adoption of total quality management practices are applied in measuring performance of health facility projects, specifically mother and child healthcare unit. This research therefore sought to establish the influence of adoption of total quality management practices on performance of health projects in Nakuru East Sub-County, Nakuru County, Kenya seeking to establish the relationship between the following variables; continuous improvement, customer focus, people involvement and leadership styles on performance of health projects.

1.3 Purpose of the Study

The purpose of the study was to establish the influence of adoption of total quality management practices on performance of health projects in Nakuru East Sub -County, Kenya

1.4 Objectives of the Study

The study aimed to achieve the following objectives;

1. To determine the extent to which continuous quality improvement influences performance of health projects in Kenya.
2. To examine how customer focus influence performance of health projects in Kenya
3. To assess the extent to which employee involvement influence performance of health projects in Kenya
4. To determine how leadership style influence performance of health projects in Kenya.

1.5 Research Questions

The study sought to answer the following research questions;

1. To what extent does continuous improvement influence performance of health projects in public health facilities?
2. How does customer focus influence performance of health projects in public health facilities?
3. To what extent does employee involvement influence performance of health projects in public health facilities?
4. How does leadership style influence performance of health projects in public health facilities?

1.6 Research Hypothesis

The study sought to test the following hypothesis;

1. H_0: Continuous improvement has no significant influence on performance of health projects in public health facilities.
2. H_0: Customer focus has no significant influence on performance of health projects in public health facilities.
3. H_0: Employee involvement has no significant influence on performance of health projects in public health facilities.
4. H_0: Leadership style has no significant influence on performance of health

projects in public health facilities.

1.7 Significance of the Study

The study would be significant to government staffs, donor agencies, construction project managers to improve on performance of health facility project in Kenya. The study also would be of significance in providing valuable information to academicians in the field of project management and construction management in that the lessons learnt from this research will be shared across the multidiscipline for future project performance. The findings might also inform policies towards health facility construction projects as a measure to improving the way governments both at national and county level, organizations and stakeholders can achieve greater transparency and accountability in the management and performance health facility construction through total quality management principles. The findings of the study might also be generalized to other counties in terms of measuring the quality of health facility construction. The study would contribute to the body of knowledge by filling in the knowledge gap that currently exists in total quality management with respect to performance of health construction projects.

1.8 Limitations of the Study

The study were faced by access to pertinent data and information from the respondents due to the sensitivity of information related to health and the prevailing unprecedented health crisis pandemic the world is battling with - the corona virus. This limitation was mitigated by ensuring the researcher developed online research instruments and consistent communication via telephone calls and online platforms such as WhatsApp, Skype, Zoom and Google Meet. Careful sampling of the population was also done to enable the researcher reach as many respondents as possible. Similarly, the researcher obtained a permit letter from the department of health at the county level to mitigate any arising issues related to ethical collection of data. The choice of research assistants was also very important. The study mitigated this shortcoming by ensuring that the research assistants were well trained and prepared in collecting data related to the variables under study. Language barriers were also a

major problem when it came to data collection. This was mitigated by involving the local translators who were able to translate the questions and statements in the questionnaire for ease of data collection.

1.9 Delimitations of the Study

The study was carried out in Nakuru East Sub-County, Nakuru County. The scope was a major town in the larger Great Rift Valley that experiences warm and wet climate. The study was confined to influence of influence of total quality management principles on performance of performance of health facility construction project in Kenya building construction projects in Nakuru County. Margaret Kenyatta Mother Baby health facility is located in Nakuru East, Nakuru County in the Great Rift Valley region of Kenya. The study narrowed down to four of the eight principles of total quality management to form the variables of the study; customer focus, continuous improvement, people involvement and decision making processes which the researcher viewed to significantly influence total quality management on performance of health facility construction project in Kenya construction projects in Nakuru East Sub-County, Nakuru County, Kenya.

1.10 Basic Assumptions of the Study

Assumptions for this study included respondents' availability to provide accurate, genuine and honest replies to the research instruments, as well as their willingness to devote time to engage in the research. A focus on building construction project performance was also regarded to be a valuable contribution to project management and the area of building construction. Researchers also believed that the data collecting tools was valid and trustworthy, as well as able to accurately assess the required components. Assumptions were also made on how the factors under research would affect Nakuru County's health facility building projects.

1.11 Definition of Significant Terms used in the Study

The following are definitions of significant terms as used in the study;

Adoption of total quality management practices – this variable refers to the components that contribute to the achievement of quality in an organization.

Customer focus, leadership styles and staff participation are a few of them.

Continuous quality improvement – recognizing problems inside a health institution and finding solutions to them in order to fulfill patient expectations and improve patient care outcomes is the variable in this context. It was assessed by the number of inventive teams, the frequency of performance assessments, and the adherence to policies on quality improvement.

Customer focus - refers to as the extent to which an organization continuously satisfies the needs of its clients or customers. It was measured by customer current and future needs, Rate of response to complaints, patient waiting time and hospital discharge process.

Leadership styles – this variable involves delegating more activities to employees and helping them in decision making. These forms of leadership included; transformational, transactional, democratic or participatory and Laissez-Faire.

Employee involvement – refers to concerned with empowerment and participation of employees through utilization of their knowledge, skills and abilities to attain greater individual and organizational performance

Performance of health projects – the response variable refers to improving the operations of a facility by increasing processes, production, and reducing costs. This was measured by availability of medical facilities, Customer satisfaction, ratio of health practitioners to patients, turn-around time for customer service and conducive working environment

1.12 Organization of the Study

Five chapters made up the study. Introduction to the study, Problem Statement, Purpose of Study, Objectives and Research Questions, Research Hypothesis, Significance of Study, Restrictions and Delimitations of Study, Basic Assumptions, A glossary of key keywords and a description of the study's structure were also included. Both empirical and theoretical literature reviews were discussed in Chapter 2, as well as the themes that were derived from the study's objectives. It also explained the study's conceptual framework, which demonstrated the link between the study's variables. Study methodology, research design, target population, sample size and

sampling techniques, research tools, data analysis and ethical issues were all covered in chapter three of the book Fourth- and fifth-chapter discussions were devoted to data analysis and presentation, interpretation, and discussion.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter contained review of literature based on the themes developed from the objectives of the study. The chapter focused on both theoretical and empirical literature based on the variables of the study; a review of the dependent variable performance of health projects followed by the predictor variables continuous improvement, customer focus, employee involvement and leadership styles to develop

themes for review. The chapter also contained a conceptual framework, knowledge gap and a summary of the literature review.

2.2 Performance of Health Projects

Performance relates to the organizational performance, company performance, innovation performance, quality performance, and consumer performance (Abbas, 2020). Performance of healthcare focused more on improving the operations of a facility by increasing processes, production, and reducing costs. Other measures of improving performance include customer and internal business processes. Similarly, performance measurement based on financial and non-financial indicators is also required in the healthcare industry to assist in decision making in terms of short or long term goals.

According to the World Health Organization (2019), a health care system has three main goals: maintaining healthy populations, providing citizen-centered health services, and establishing equitable payment systems. For example, the organizational structure and delivery of health care services have an impact on the overall functioning of a health system, according to Kaiseroglou and Sfakianaki (2020) what hospitals truly do may be described by measuring hospital performance. According to Braithwaite et al. (2017), the notion of hospital quality improvement is always centered on measuring hospital performance In addition to statistical indicators, frequent inspections, and surveys of public satisfaction are used to assess hospital performance. Other factors include waiting times and access to health care, as well as life expectancy, resource management, and infant mortality.

Working conditions have a substantial impact on the quality of treatment provided in health institutions. Workplace relationships include those with coworkers and subordinates as well as those with superiors. As van Kemenade and Hardjono (2018) argue, the work environment is both external and internal, and both have an impact on performance. According to Nguyen and Nagase (2019), managers have the responsibility of addressing performance problems in order to create and maintain conditions that motivate employees while also providing staff development and

reinforcing effective behaviour.

Improvements in Malaysia's performance improvement systems have resulted from the introduction of lean healthcare practices . This view was echoed by Bouranta et al. (2019), who stated that a set of practices was needed in order to measure the performance of the healthcare system. For many years, healthcare improvement performance measurement has been around but there is still no consensus on the strategic set of metrics to be employed by businesses, according to Habidin et al. (2018). The study posits that companies need to determine the strategic lean healthcare practices and measures to evaluate, control, and improve manufacturing production process by measuring strategic performance improvement.

UHC became a priority for the Kenyan government when it pledged to provide adequate healthcare services for all Kenyans by 2022 (Building Health, 2020). To begin, four counties were selected as pilot projects in 2018 to remove all user fees at public healthcare institutions. Health systems were unprepared for the unexpected surge of people seeking care at public healthcare clinics, according to Wangamati and Prince (2019), resulting in delays and prescription shortages. Picketing by healthcare workers and go-slows who sought higher compensation and promotions further worsened the situation. As a result, healthcare professionals were anxious and depressed (Mghenyi, 2019; Nyamori, 2020).

Based on Moses et al. (2021) mixed-methods examination of the county healthcare systems, they found that approximately three-quarters of the counties' public healthcare systems had a technical efficiency score of higher than 80 percent. Study findings found that over half of those interviewed indicated that difficulties arising from inadequate budget absorption were major factors in the underperformance of healthcare systems, according to the study. The study concluded that despite the significant improvement in public healthcare systems at the county level, early disbursement of funds to the counties and additional financing of the health care systems to meet the goals of the universal healthcare coverage should be addressed since this will ensure the benefits of UHC are realized.

2.3 Continuous Improvement influences Performance of Health Projects

When it comes to health care, continuous quality improvement (CQI) is described as a method to detecting and solving problems in the system so that patients' needs may be met .Quality is a vital component in efforts to better health outcomes and improve service delivery (WHO, 2017; Kruk et al., 2017). It is a moving target and a never ending process. Many organizations that practice TQM understand that the best practices of today maybe obsolete and outdated and therefore, continuous quality improvement is necessary. When it comes to increasing patient outcomes and provider performance, quality improvement programs that incorporate training and mentoring of health care providers may be extremely successful (Manzi et al., 2018; Garcia-Elorrio et al., 2019).

It has been suggested that continuous improvement lies at the heart of comprehensive quality management by Nestor (2019). In order to do this, companies must continuously improve their operations. Continuous improvement is the greatest approach to increase organizational production. Continuing improvement in healthcare, according to Sader, Husti and Daróczi (2019), means monitoring, developing and implementing quality programs that need observation, measurement and evaluation. When it comes to measuring medical outcomes, such as surgical death rates, new medicines have been created. Quality measures must be relevant to internal and external clients, such as physicians, other healthcare workers, patients and the overall healthcare organization, according to Hasan et al. (2018).

Several African nations have developed strategies for continual quality improvement. As an example, Singh et al. (2016) found that the implementation of a continuous quality improvement intervention through learning collaborative and quality improvement teams improved skilled delivery and antenatal care coverage, and reduced the mortality rates of children under the age of five years in Ghana. Waiswa et al. (2017) indicate that a comparable quality improvement strategy enhanced the receipt of one of four evidence-based critical treatments for maternal and newborn care in East Africa, especially Uganda and Tanzania. Learning collaboration and mentorship were shown to be practical and beneficial for improving newborn

outcomes in rural Rwanda (Werdenberg et al., 2017).

"Quality Improvement on Maternal and Newborn Health in Ethiopia" by Hagaman et al. (2020) revealed that the intervention of the quality improvement health systems had a substantial beneficial influence on health professionals' adherence to safe childbirth practices soon after birth in four Ethiopian areas. As a result, maternal health care are enhanced and service coverage is expanded when quality continuous improvement integrated systems are adopted early. Conclusion: Complex, low-cost health worker-driven improvement initiatives may be adopted in similar situations throughout the world when time is provided to identify the impact of coverage.

On the basis of cluster randomized controlled trials, Saffar and Obeidat (2020) found that mothers served by intervention community health workers were more satisfied with their care as compared to mothers served by control community health workers in South Africa. It was also shown that HIV positive moms who were treated by community health professionals were more likely to reveal their HIV status. Ultimately, the study found that community health workers who are mentored and trained on continuous quality improvement can improve the quantity and quality of interactions between community health workers and mothers on a basic level, leading to improvements in mothers' knowledge and infant feeding practices. It can be noted that continuous quality improvement is vital in achieving performance of health care in health facilities. This points at continuous training of healthcare practitioners and financing of health facilities.

2.4 Customer Focus Influence Performance of Health Projects

Customer focus is a key pillar in total quality management and it refers to as the extent to which an organization continuously satisfies the needs of its clients or customers. Production in organizations can be done with respect to the needs, complaints and expectations of its clients. Consequently, according to Owino and Makokha (2021), meeting and anticipating these demands allows companies to deliver high-quality, dependable products and services on schedule, while also increasing efficiency and productivity.

To achieve TQM, Siboru, (2017) advocated customer satisfaction. The consumer is the most essential component of the manufacturing process." To achieve quality, the consumer's present and future demands must be considered. As a result of Deming's proposal, companies should continually improve their services and goods for consumers, whereas Juran defined quality as the ability of a service or product to fulfill a customer's requirements. As noted by Owino and Makokha (2021), several major businesses have reported that their TQM initiatives have enhanced customer satisfaction.

To preserve and develop their client base, hospitals in the United States must provide better customer service and run more effectively, according to Mushori (2020). As a result of the growing demand, more hospitals are being built. Over the years, health facilities have changed in terms of enhancing the level of treatment and the patient's satisfaction. The key activity for service delivery, according to Abbas (2020), is the contact between the health institution and its customers. Customer happiness and trust in service quality are cited as important factors for improving health care delivery. When it comes to lean-based processes or techniques that increase customer satisfaction based on consumer expectations, the study reveals a void in the literature.

In Kenya, customer satisfaction in health facilities varies depending on whether the facility is privately owned or a public healthcare facility (Elizar, Indrawati & Syah, 2020). The study observes that private hospitals are significantly increasing in terms of competition for patients hence, the need to implement competitive advantage strategies. Customer satisfaction is deemed as a means to attaining strategic advantage. Studies in Ghana and Ethiopia have shown that customer focus significantly influence performance of health facilities. Studies on healthcare quality, customer satisfaction, and customer loyalty at a private hospital by Elizar et al. (2020) revealed that healthcare quality had a positive and statistically significant link with customer satisfaction. The study also found that tangibles, responsiveness, dependability, assurance, and empathy were all major factors in consumer satisfaction with healthcare services, according to the researchers.

Using a qualitative method and face-to-face interviews, Anabila, Kumi and Anome (2019) studied 800 respondents from eight hospitals, half of which were public and the other half private health institutions. The study used a technique called purposive sampling. When the researcher contacted each responder, he or she told them of the study's aim. For the majority of people, excellent healthcare supply relates to the tangible qualities of healthcare service, which refers to the physical facilities of healthcare delivery for instance physical infrastructure, medical infrastructure and the number of healthcare personnel in a health facility that can have the capacity to provide healthcare services.

Study by Oluoch, Nyonje and Awiti (2018) on the effect of overall quality management principles on quality health care in private facilities in Kisumu County found similar results, Kenya adopting a case study design with a sample size of 74 observed that customer focus significantly influences quality of healthcare in private health facilities. On the other hand, in Uasin Gishu, Owino and Makokha (2021) found a high positive connection of 0.733 between customer attention and the performance of building projects. The current study sought to examine how customer focus influence performance of health projects and also test hypothesis on whether there is a significant relationship between customer focus and performance of health projects in Kenya.

2.5 Employee Involvement Influence Performance of Health Projects

Employee involvement can be related to different concepts in management and organizational behaviour for instance leadership and Total Quality Management (TQM), employee empowerment, and work performance are all related to management styles (WHO, 2019).

Total Quality Management (TQM) is used to empower employees (TQM). They require a mix of management concepts, tools and procedures to empower workers in their day -to-day operations, resulting in continual quality improvement. It is the process that is concerned with empowerment and participation of employees through utilization of their knowledge, skills and abilities to attain greater individual and organizational performance. Involvement in this case addresses participation of the employee in

decision making, problem solving and increasing their autonomy in the organization's work processes (Kaiseroglou & Sfakianaki, 2020).

When an employee participates in a decision-making process, it refers to a situation in which there is shared decision-making (Aliyu et al., 2019). Delegation that allows the subordinate to obtain more power and flexibility to bridge the communication gap between management and subordinates. When employees are not involved or do not participate in organizational decision making, the organizations usually result in low performance which can lead to frictions between the top leadership and subordinates.

It was shown in a study by Braithwaite et al. (2017) that employee style of management had a substantial impact on performance reviews and predictable work schedules in the nursing and care business. Personal development plan, job-related training, annual performance review and employee involvement were among the eight personnel management activities that were examined in the study, along with a protocol for labour shortages, predictable work schedules and a transparent, supportive management style. Conclusion: Employee participation is a critical technique for improving quality management and affecting performance in businesses, according to the study.

Employee attitude combined with team involvement and performance assessment had a positive substantial effect on customer satisfaction, according to a comparable study conducted to determine the relationship between employee attitudes and customer happiness . According to van Kemenade and Hardjono (2018), training and development of employees has a beneficial impact on financial operational success, employee performance, and customer satisfaction. According to the findings of the study, resources should be given to teach staff on quality-related topics. It's also important that trainees have an understanding of various quality implementation methods and concepts so they may positively affect the structure and operations of an organization through their training. We're looking at how employee participation affects health project performance in our current research.

2.6 Leadership Style Influence Performance of Health Projects

There are several types of leadership styles depending on an organizations strategy and organization culture. These forms of leadership include; participatory, transformational, transactional, authoritarian, Laissez faire and democratic forms of leadership. Delegating more authority to workers and assisting them in making choices without contacting their supervisors is at the heart of the notion of leadership. Employees should be allowed to voice their opinions to management (Nguyen & Nagase, 2019).

When it comes to management and the capacity to lead people, leadership is a critical component. Influencing others to work gladly and enthusiastically towards a goal is an art. Leaders, according to Bouranta et al. (2019), are responsible for communicating objectives, embodying principles, and establishing an atmosphere conducive to achieving goals.

Participatory leadership, sometimes referred to as democratic leadership style is the most effective leadership form. Organizations that have such type of leaders usually influence the subordinates to achieve the goals of the organization and in turn, achieve their personal goals. This type of leadership considers the suggestions of members and the leaders in the organization. It is a human relations approach where all group members are seen as important contributors to a decision (Habidin et al., 2018). The advantage of this type of leadership style is that it boosts the morale of the members, enables sharing of ideas and enhances sound decision making.

The Laissez-Faire leadership style provides subsequent to zero direction to the employees and only gives up basic management over to aggregate people. Members are given a goal and left alone to decide to achieve the goal. To be a facilitator and to avoid any accountability and engagement is what the leader's position looks like. It's deemed counterproductive since it erodes trust in bosses and organizations, according to the experts (Tosunoglu & Ekmekci, 2016). The subordinates are completely free to make decisions in the absence of the boss. This makes it the least active form of leadership in the spectrum.

Transformational leadership has the following characteristics; effective communication, valuation and enhancement of relationships, and consideration of the needs of individuals in the organization. Because they understand how to express commitment via shared goals, they are able to boost production as well as morale and work satisfaction (Habidin et al., 2018). Their actions increase the awareness, intellectual stimulation and consciousness of the people under their supervision, as well as the significance and worth of those people. As a result, others are motivated to go above and beyond what they had initially planned. Transformative leaders, according to Wangamati and Prince (2019) motivate their followers to go beyond their personal self-interest and to perform above expectations in order to advance team and organizational interests through their actions and words.

The transactional leadership style is the other type of leadership. Max Weber originally established this kind of leadership in 1947, followed by Bass in 1981. When workers execute their given jobs well, they are rewarded or punished by the boss, who takes remedial action. They claim that in a company with this sort of leadership style, the staff operate autonomously, resulting in a lack of collaboration between those employees who are committed to the organization in the short term. No mention is made of developing trust between the leader and follower, which is crucial. Transcriptional leadership has as its goal a succession of activities that satisfy the individual and immediate goals of both leader, as well as followers, in a timely manner A study by Moses et al. (2021) concluded that transactional leadership is characterized by immobility, self-attraction, and influencing the subordinates' behavior.

A study conducted by Specchia et al. (2021) on leadership styles and nurses' job satisfaction in Switzerland reviewing different leadership styles. The study findings indicated that transformational style recorded the highest positive correlation. Authentic, resonant and servant styles of leadership also recorded significantly positive correlations. Job satisfaction was negatively correlated with passive avoidance and laissez-faire approaches. In terms of positive and negative correlations, only the transactional approach was found. The study concluded that leaders need to

promote technical and professional competencies in the ever changing environment. The study recommended that leadership in health facilities need to improve staff satisfaction and morale hence influencing job satisfaction and indicators related to healthcare quality. The current study sought to determine how leadership style influence performance of health projects in public health facilities.

2.7 Theoretical Framework

The study was grounded on two theories; the Deming theory on quality management and Systems theory by Ludwig von Bertallanfy.

2.7.1 Deming Theory of Quality Management

Edward Deming proposed the Deming theory of quality management in 1981. Based on Deming's Theory of Deep Knowledge and the Resource-Based View, the research examined (RBV). "Total Quality Management" is a people-focused management approach that strives to continuously increase competitive advantage at a sustainable, low-cost level while ensuring that all workers, including customers and suppliers, are involved.

Kim, Kumar and Kumar (2012) asserted that quality is perceived from different perspectives by different customers. TQM theory is applied by competitive organizations in managing service quality in the dynamic business environment. Bell and Omachonu (2011) advocate that performance is enhanced by designing products and services to meet or exceed customer expectation by empowering workers to find and eliminate all factors that undermine product or service. Psomas, Pantouvakis and Kafetzopoulos (2013) opine that TQM policies promotes organizational effectiveness through; promoting stakeholder satisfaction, pursuing continuous improvement; and fostering proactive leadership.

Ismyrlis and Moschidis (2015) ascertain that quality can only be defined by those who receive the product or service, including stakeholders. Organizational managers should engage their staff in identifying the organization’s internal and external stakeholders and by determining the criteria that each uses to judge the organization to be successful. This process suggests that the effective competitive organization is one

that satisfies the expectations. Kiprotich, Njuguna and Kilika (2018) noted that quality is a complex phenomenon based on perception by individuals with different perspectives on products and services. These perceptions have been built up through the past experience of individuals and consumption in various contexts. Consequently, quality encapsulates time and other contextual dimensions that add to the complexity of what is essentially a subjective evaluation of the quality of good and/or service by the consumer.

Kampouridis, Yiannopoulos, Giannopoulos and Tsirkas (2015) contend that strategies for managing quality therefore need to consider this inherent complexity, and build complexity into its models. Any single paradigm provides a too narrow view to capture complexity, and the multi-faceted nature of reality. Further, Tarus (2018) argues that Due to factors such as intangibility and perishability managing quality in service settings is much more challenging than managing quality in product markets. The complexity of managing quality in this type of service is further increased if there is continuous change in the external environment due to intense competition and changing customer needs. The theory is applicable in this study on the basis of shedding more light on how health projects should focus on employee training to enhance customer satisfaction. Employees with appropriate skills and knowledge are likely to perform more efficiently and effectively and vice versa, therefore improving the performance of firms.

2.7.2 Systems Theory

Ludwig von Bertallanfy created the systems theory in 1968. According to the idea, in order to properly comprehend an entity's operations, it must first be understood as a system with interconnected elements. Societal settings may be seen as webs of interactions between elements, according to the idea, and all systems have similar patterns and behaviors that can be studied and exploited to provide deeper understanding into the behavior of complex phenomenon. A system can be looked at as having inputs (e.g., resources such as raw materials, money, technologies, people), processes (e.g., planning, organizing, motivating, and controlling), outputs (products or services) and outcomes (e.g., enhanced quality of life or productivity for

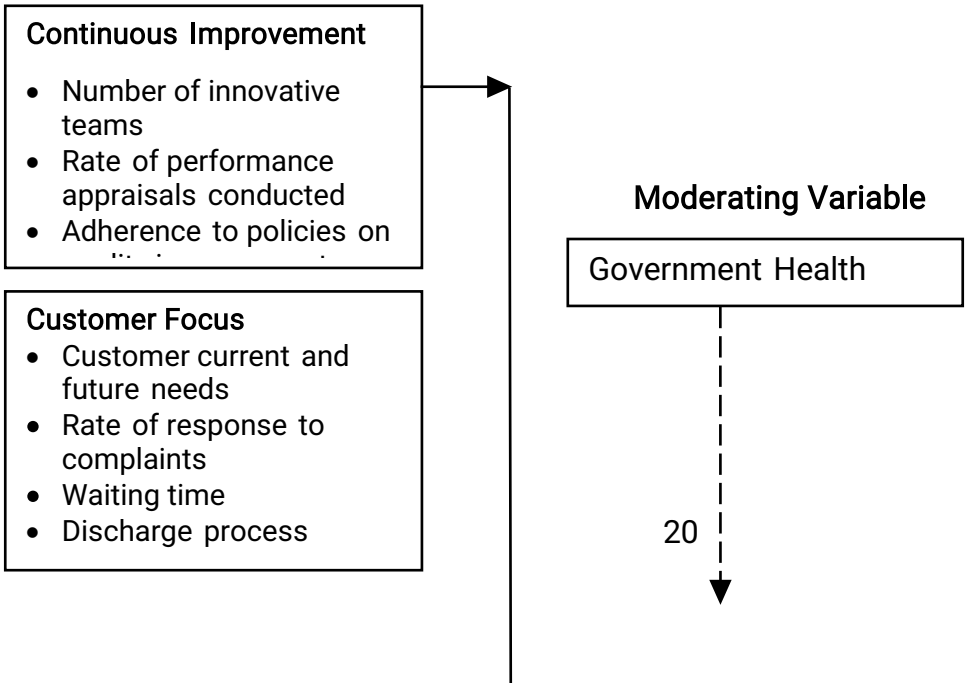
customers/clients, productivity). Systems share feedback among each of these four aspects of the system.

The manager's job is to ensure that all parts of the organization are coordinated internally so that the organization can achieve its goals. The Systems Approach recognizes the importance of environment for the organization's sustainability (Robbins, 1990). It depends on the manager to choose the management approach that suits him/her in order to have an effective and efficient organization that performs according to acceptable standards. No single management approach offers a complete solution and practitioners need to use approaches together (Boddy & Paton, 2004). Management approaches may be effective or unproductive, depending upon their application and appropriateness to given situations (Pettinger, 2002).

This theory is relevant to the study as the researcher seeks to establish how that organization has put in place systems including focus on customers, the top management, the urge for continuous improvement and involving all the employees for the purpose of enhancing the project performance. The theory was significant to the study key variables in the research pointing towards performance of health care projects are dependent on total quality management practices for instance continuous quality improvement, customer focus, employee involvement and leadership styles.

2.8 Conceptual Framework

Independent Variables



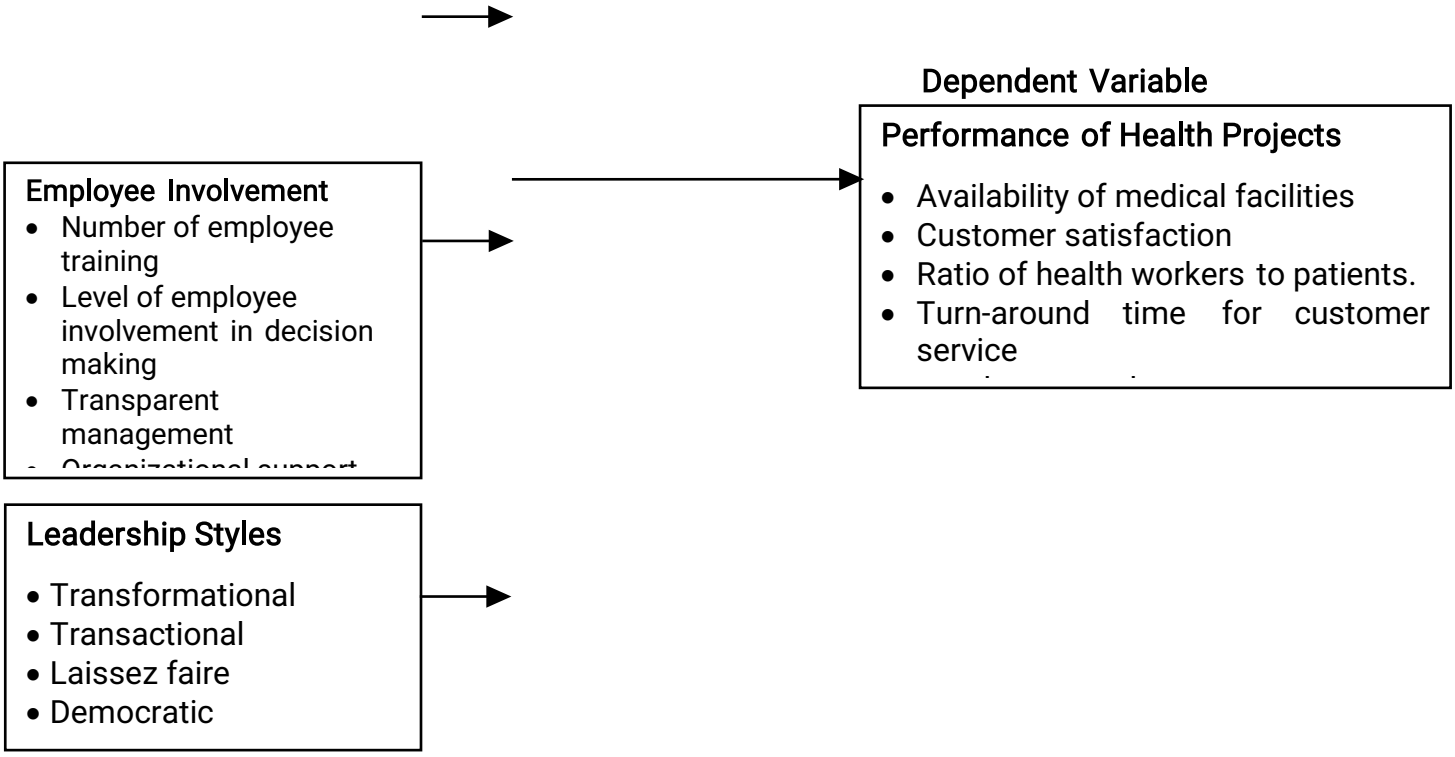


Figure 1: Conceptual Framework showing a relationship between the independent variables and the dependent variables.

2.9 Knowledge Gap

The Table 2.1 presents the knowledge gaps identified after in depth literature review.

Table 2. 1: Summary of Literature Review

Variable	Author/ Year	Title	Findings	Knowledge Gaps	Current Study

To determine the extent to which continuous quality improvement influences performance of health projects in Kenya.	Hagaman et al. (2020)	Qualitative improvements in mother and neonatal health in four Ethiopian areas.	Immediate after birth, implementation of quality improvement health systems had a significant influence on health personnel' compliance with safe childbirth procedures.	As a result of this research, we were able to determine the impact of quality improvements on maternal and neonatal health outcomes. The connection between the predictors and the response variable was not addressed.	The current study sought to test the relationship between continuous quality improvement and performance of health projects.
	Webster et al. (2012)	To enhance the efficacy of community health workers in delivering care to women and children, a continuous quality improvement intervention is being implemented.	Women who were HIV positive and were treated by community health professionals' were more likely to have reported their HIV status to them.	The study only focused on one component of quality management. Similarly, the study addressed effectiveness.	The current study sought to address how the variable continuous quality improvement influences performance of health projects in Kenya
Analyze the impact of customer attention on the success of health programs in Kenya	Oluoch, Nyonje and Awiti (2018)	Health care quality at private facilities in Kisumu County is influenced by comprehensive quality management concepts.	Customer focus significantly influences quality of healthcare in private health facilities	It was decided to use a case study as a research method.	The current study focused on continuous improvement in public health facilities in the paediatric MCH.
	Anabila, Kumi and Anome (2019)	Customer focus and quality healthcare provision	Patients' perceptions of excellent healthcare are largely based on the physical features of healthcare services, such as physical facilities.	The study adopted one approach, qualitative approach. This lacked data triangulation.	It was a mixed-methods research, including both qualitative and quantitative techniques in the analysis.

To assess the extent to which employee involvement influence performance of health projects in Kenya	Leisen, 2008	The association between employee attitude, customer satisfaction and performance of department	A favorable correlation between employee attitude, team involvement and performance evaluations, and customer happiness was found.	A gap exists since the study addressed employed a quantitative approach as the design.	The current study adopted a mixed methods research and triangulate the instruments for reliability purposes.
	Talib, Rahman and Qureshi (2011)	The effects of human resource involvement on client satisfaction in the nursing and care industry	As a result, employee style of management had a major impact on performance evaluations and predictable work schedules.	The study design was case study and therefore qualitative in nature. The study also focused on the nursing and care industry.	This study employed a pragmatic approach of adopting a mixed method design.
To determine how leadership styles influence performance of health projects in Kenya.	Specchia et al. (2021).	Nurses' work satisfaction and leadership styles	Transformational style had a significant influence on job satisfaction as compared to other leadership styles.	The study only focused on job satisfaction of nurses and gave little focus on quality management.	The purpose of this study was to examine the link between leadership styles and the performance of Kenya's health programs.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

It was in this chapter that the research technique was discussed in depth. It included the study design, the target population, and the sample size and the sampling techniques. It also included the research budget. It goes on to discuss the research instruments, pilot testing, validity and reliability of the instruments, data collecting processes, data analysis methodologies, ethical issues, and ultimately operationalization of the variables, among other topics.

3.2 Research Design

The study adopted descriptive survey research design. This research design was appropriate for this study because it involved collecting and comparing data for the target population at one point in time. The study described the characteristics of healthcare practitioners, total quality management practices and make predictions on performance of health care in Nakuru County.

3.3 Target Population

The target population for the study was 420 respondents drawn from 3 hospital administrators, 3 consultants, 9 pediatric doctors, 15 clinical officers, 40 hospital support staff, 100 nurses and 250 patients (Department of Health, Nakuru County, 2021).

Table 3. 1: Target Population

Category	Target population	Percentage (%)
Hospital Administrators	3	0.7
Consultants	3	0.7
Doctors	9	2.1
Clinical Officers	15	3.6
Hospital Support Staff	40	9.5
Nurses	100	23.8
Patients	250	59.5

Total	**420**	**100.0**

3.4 Sample Size and Sampling Procedure

Using the Krejcie and Morgan Table, the sample size was calculated (1970). For extrapolation and calculating sample size, this was an original table created by the author. Two sampling methods were used in the investigation.

3.4.1 Sample Size Determination

There were 201 participants in the research, chosen from the target group using the Krejcie-Morgan Table (1970). As the name suggested, a sample is a tiny portion of a larger population that is believed to be representative of the broader population (Snyder, 2019). The sample size was determined in Table 3.2.

hospital administrators, physicians, consultants, nurses, clinical officers, hospital support personnel and patients

Table 3. 2: Sample Size Determination

Category	Target population	Proportion	Sample size
Hospital Administrators	3	0.007	1
Consultants	3	0.007	1
Doctors	9	0.021	4
Clinical Officers	15	0.036	7
Hospital Support Staff	40	0.095	19
Nurses	100	0.238	48
Patients	250	0.595	120
Total	**420**	**1.000**	**201**

3.4.2 Sampling Procedure

In the study, there were two types of sampling. To calculate the precise sample size of the total population, the Krejcie and Morgan Table (1970) were utilized. The study used a proportional stratified sampling approach, where each stratum population was divided by the total number of respondents, and multiplied by the sample size derived

from the Krejcie and Morgan Table, to determine the sample size (1970). A sampling is described as the act of picking the proper persons, things, or events to be studied or examined. According to Orngreen and Levinsen (2017), sampling is defined as the process of selecting a sufficient number of elements from a population so that, after studying the sample and understanding its properties and characteristics, we are able to generalize those properties or characteristics to the entire population element in question Each element was deemed adequate to provide information on the performance of health programs, therefore simple random sampling was used. In general, stratified random sampling, according to Rinjit (2020), is more statistically precise than basic random sampling.

3.5 Research Instruments

The project collected both primary and secondary data. Primary data was obtained using questionnaires and interview schedules while secondary data was acquired through document reviews. Questionnaires were provided to the respondents to obtain primary data from 201 persons comprising of hospital administrators, physicians, consultants, nurses, clinical officers, hospital support personnel and patients in Nakuru County. The questionnaire contained both closed-ended and open-ended questions. To collect qualitative data, open-ended questions were utilized in conjunction with the interview schedule, while the closed-ended questions were used to collect quantitative data in order to measure the research variable. The Likert scale was used for the surveys. There were two components to the instrument. The first part included the demographic information of the respondents, including age, gender, education, and income. It was broken into five sections, each of which focused on a different variable.

In order to collect qualitative data, interview guidelines were utilized, which were contrasted with quantitative data during analysis. In-depth interviews were conducted with key informants in order to gather data. As Pandey and Pandey (2021) point out, this technique involves utilizing an interview guide to set the broad direction of the interview, while allowing interviewers to follow leads at their discretion. To find

information that was not recorded in the questionnaires, the interviewer used this approach to dig deeper into the data

3.5.1 Pilot Testing the Instruments

As part of the study, 10 percent of the sample size of 201 was pretested, and 20 instruments were used for the pilot tested. For a pilot experiment, 10 percent of the sample size is sufficient, according to Pandey and Pandey (2021). The tool was pretested on health care providers and hospital administrators in Kericho County since the context has comparable features to the research. In addition to hospital managers, doctors and consultants were also targeted in the pre-test. To determine the validity and reliability of the research tools, pilot testing was performed. This type of trial was done in preparation for the final study and served as a way to identify any potential flaws with the instrument before the actual research begins, according to Ørngreen and Levinsen (2017).

3.5.2 Validity of Research Instruments

The study employed both content and construct validity. To ensure content validity, the researcher sought expert opinion from a panel of experts in the field of research to critically examine the variables and items in the instruments for their representativeness and suitability of the questions. Supervisors are termed as experts in the area of ascertaining validity of research instruments. In the words of Ørngreen and Levinsen (2017), content validity gives a logical judgment as to whether or not the instrument covers what it is meant to cover, the questionnaire's construct validity was based on how ambiguous or clear the questions were worded. The degree to which an instrument measures the variable it was meant to measure is known as construct validity. According to the term "validity," the conclusions must be accurate and meaningful (Rinjit, 2020).

3.5.3 Reliability of Research Instruments

The split-half dependability technique was used in this investigation. Here, the instrument was divided into two sections and delivered to a single set of responders at once. Correlation exists between the scores from both portions of the test. Using

Cronbach's Alpha, which assessed instrument internal consistency by determining if certain items within a scale measure the same concept, correlation coefficients for the two were calculated. There was strong correlation between the two parts of a trustworthy instrument, suggesting that a respondent answered both halves of the questions equally well. If the correlation coefficient was at least 0.7, then it was considered trustworthy, according to Ørngreen and Levinsen (2017).

3.6 Data Collection Procedures

University of Nairobi provided an authorisation to undertake research, which was followed by permission from the National Commission for Science, Technology and Innovation (NCSTI) (NACOSTI). Using these documents, the researcher was able to go to Nakuru County, Kenya, and officially introduce the study to the administration at the Margaret Kenyatta Mother-Baby Center. As part of the hiring process, the research assistants were trained on how to use the research instruments. Respondents got self -administered questionnaires, which they had roughly two weeks to complete in order to obtain qualitative data, the research assistants used interview guidelines to engage the respondents.

3.7 Data Analysis Techniques

After data collection, the raw data gathered on the variables was edited. The data was then analysed using the Statistical Package for Social Sciences (SPSS) as a tool for data analysis to obtain both descriptive and inferential statistics. Content analysis was also used to analyse field notes from interviews. Key themes were identified from the recorded responses and notes and codes were assigned to the identified key themes. The descriptive statistics comprised the mean and standard deviation. The data was presented using frequency distribution tables. Inferential statistics were used to measure correlation and regression to determine the strength of the relationship between the variables and to test the hypothesis.

3.7.1 Hypothesis Testing

Regression model were used to test relationship between the independent and dependent variables. Table 3.3 shows how the hypothesis of the study was tested.

Table 3. 3: Hypothesis Testing

Objective	Hypothesis	Model for testing Hypothesis	Results Interpretation
Find out if Kenyan health initiatives' performance is affected by quality improvement.	i. H_0: The performance of health initiatives in Kenya is not significantly affected by continuous quality improvement.	$y= \alpha+\beta_1X_1+e$ y= performance of health projects in Kenya α= constant, β_1= beta coefficient, X_1= Continuous quality improvement e= error term	p-value ≤ 0.05 reject $H_0$1≥ accept otherwise
Analyze the impact of customer attention on the success of health programs in Kenya	ii. H_0: Kenyan health initiatives' performance is unaffected by the customer emphasis.	$y= \alpha+\beta_2X_2+e$ y= performance of health projects in Kenya α= constant, β_2= beta coefficient, X_2= Customer focus e= error term	p-value ≤ 0.05 reject $H_0$2≥ accept otherwise
Evaluating how employee engagement impacts the effectiveness of Kenyan healthcare initiatives	iii. H_0: The performance of health initiatives in Kenya is not significantly impacted by employee engagement.	$y= \alpha+\beta_3X_3+e$ y= performance of health projects in Kenya α= constant, β_3= beta coefficient, X_3=Employee involvement e= error term	p-value ≤ 0.05 reject $H_0$3≥ accept otherwise
How leadership styles affect health project performance in Kenya.	iv. H_0: Kenyan health initiatives' performance is unaffected by leadership style.	$y= \alpha+\beta_4X_4+e$ y= performance of health projects in Kenya α= constant, β_4= beta coefficient, X_4= Leadership styles e= error term	p-value ≤ 0.05 reject $H_0$4≥ accept otherwise

3.8 Ethical Considerations

The researcher adhered to the following norms of conduct when it came to the rights of individuals who were being studied. These smallholder farmers were informed of the study's purpose and confidentiality standards throughout data collection. While ensuring that the respondents were aware of the study's aim and that their data were only used for academic reasons, we also protected their privacy. A great deal of caution was exercised to guarantee that no one was forced to participate in the research. The researcher would want to reassure the respondents that the obtained

data was kept secret and accurate. The Department of Agriculture in Nakuru County, the National Commission for Science, Technology, and Innovation (NACOSTI), and the University of Nairobi was also asked for permission and agreement to gather data. Participants were informed of the objective of the study via a letter of introduction.

3.9 Operationalization of Variables Table

The numerous variables in this study were measured in accordance with the Table 3.4 below.

Table 3. 4: Operational Definition of Variables

Objectives	Variable	Indicator	Research Instrument	Measurement Scale	Type of analysis	Tools Of Analysis
To determine the extent to which continuous improvement influences performance of health projects in Kenya.	Continuous Improvement		Questionnaire Interview Guide	Interval	Descriptive Statistics Inferential statistics	Mean, standard deviation, Correlation, Regression, ANOVA
To examine how customer focus influence performance of health projects in Kenya	Customer Focus		Questionnaire Interview Guide	Interval	Descriptive Statistics Inferential statistics	Mean, standard deviation, Correlation, Regression, ANOVA
To assess the extent to which employee involvement influence performance of health projects in Kenya	People involvement		Questionnaire Interview Guide	Interval	Descriptive Statistics Inferential statistics	Mean, standard deviation, Correlation, Regression, ANOVA
To determine how leadership style influence performance of health projects in Kenya.	Leadership styles		Questionnaire Interview Guide	Interval	Descriptive Statistics Inferential statistics	Mean, standard deviation, Correlation, Regression, ANOVA

Performance of health projects in Kenya	Questionnaire Interview Guide	Interval	Descriptive Statistics Inferential statistics	Mean, standard deviation, Correlation, Regression, ANOVA

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND INTERPRETATION OF FINDINGS

4.1 Introduction

This chapter analyzed, discussed and presented the study results with the overall aim of establishing the influence of adoption of total quality management practices on performance of health projects in Nakuru East Sub-County, Kenya.

4.1.1 Response Rate

The study targeted 201 respondents, out of which only 155 respondents returned the questionnaires dully filled. This represented a response rate of 77.1% which is above 50% and is considered significant response rate for as statistical analysis as prescribed by Ørngreen and Levinsen (2017). The response rate is as shown in Table 4.1.

Table 4. 1: Response Rate

	Frequency	Percent
Response	155	77.1
Non-response	46	22.9
Total	**201**	**100.0**

4.1.2 Reliability Analysis

A pilot study was carried out to determine reliability of the questionnaires. Reliability analysis was subsequently done using Cronbach's Alpha which measures the internal consistency by establishing if certain items within a scale measure the same construct. Table 4.2 displays the results.

Table 4. 2: Reliability Statistics

Items	Cronbach's Alpha	Decision
Continuous quality improvement	.772	Reliable
Customer focus	.809	Reliable

Employee involvement	.849	Reliable
Leadership Styles	.782	Reliable

As shown in Table 4.2, employee involvement had an alpha value of 0.849, customer focus had an alpha value of 0.809, leadership styles had an alpha value of 0.782 while continuous quality improvement had an alpha value of 0.772. All alphas were above 0.70 and therefore the factors were all reflective because their indicators were highly correlated and are largely interchangeable.

4.2 Demographic Information

The study gathered data on various demographics of the respondents. The demographics that were considered included the gender, age bracket, highest level of education, years involved in the health practice and income bracket.

4.2.1 Respondents' Gender

The researcher was requested to indicate their gender. Their responses were as shown in Table 4.3.

Table 4. 3: Respondents' Gender

	Frequency	Percent
Female	77	49.4
Male	78	50.6
Total	**155**	**100.0**

The findings reveal that most of the respondents were male as represented by 50.6% while the rest were female as shown by 49.4%. This implied that the researcher considered all the respondents irrespective of their gender to obtain reliable and accurate information concerning the subject under study.

4.2.2 Respondents' Age Bracket

The researcher requested the respondents to indicate their age brackets. The results were displayed on Table 4.4.

Table 4. 4: Respondents' Age Bracket

	Frequency	Percent
26–30 years	22	14.3
31–35 years	58	37.7
41 – 45 years	48	31.2
51 – 55 years	26	16.9
Total	**155**	**100.0**

From the results, 37.7% of the respondents were aged between 31 – 35 years., 31.2% were aged between 41 – 45 years., 16.9% were aged between 51 – 55 years and 14.3% were aged between 26–30 years. This implies that most of the respondents who filled questionnaires were mature enough to give reliable data on the subject matter.

4.2.3 Respondents' Highest Level of Education

The study sought to find the respondents' highest level of education. The responses were summarized in Table 4.5.

Table 4. 5: Respondents' Highest Level of Education

	Frequency	Percent
Primary school	41	26.6
Secondary School	40	25.8
Tertiary education	39	25.0
University education	35	22.7
Total	**155**	**100.0**

The findings reveal that most of the respondents as represented by 26.6% had reached primary school level, 25.8% had reached secondary school level, 25.0% had reached the tertiary education level, while 22.7% had reached the university education level. This implies that the respondents had enough basic education to comprehend and give reliable information about the subject under study.

4.2.4 Income Bracket

The researcher also sought the income bracket as displayed on Table 4.6.

Table 4. 6: Monthly turnover

	Frequency	Percent
Less than 30,000	33	21.1
30,000 – 40,000	25	16.4
40,000– 50,000	21	13.3
50,000– 60,000	45	28.9
60,000 – 70,000	31	20.3
Total	**155**	**100.0**

The findings show that 28.9% of the respondents indicated that there was an income of 50,000– 60,000, 21.1% had an income of less than 30,000, 20.3% had an income of 60,000 – 70,000, 16.4% had an income of 30,000 – 40,000 while 13.3% had an income of 40,000– 50,000. This implies that most of the health projects had good income and hence could give reliable data regarding the subject matter.

4.2.5 Number of Years involved in the Health Practice

The respondents were required to indicate the number of years involved in the health practice. The responses were as shown in Table 4.7.

Table 4. 7: Number of Years involved in the Health Practice

	Frequency	Percent
Less than 5 years	4	19.5
5-10 years	9	36.6
11 – 15 years	11	43.9
Total	**155**	**100.0**

The findings reveal that 43.9% of the respondents indicated that health practice have been in operation for 11 – 15 years, 36.6% indicated for 5-10 years and 19.5% indicated for less than 5 years. This implies that majority of the health practice had been operational for more than 5 years and hence could understand and give reliable information being sought by the study.

4.3 Continuous Quality Improvement and Performance of Health Projects

The study sought to establish the effects of continuous quality improvement on

performance of health projects in Nakuru East Sub-County, Kenya. The researcher required to know the level of agreement that the respondents had with statements related to continuous quality improvement on performance of health projects in Nakuru East Sub-County, Kenya. The results were as displayed on Table 4.8.

Table 4. 8: Level of Agreement with Statements Related to Continuous Quality Improvement on Performance of health projects in Nakuru East Sub-County, Kenya

	Mean	Std. Dev.
In our hospital, the senior management is committed to a long-term process of quality improvement	3.211	0.627
For continual improvement, top management offers the required resources	3.523	0.947
Continuous improvement choices are made with employee input	4.383	0.598
Constant process improvement carried out in a collaborative manner	2.969	0.897
There are regular meetings to explore ways to improve quality	3.141	0.957
The formation of improvement teams leads to the development of health care facilities on a continual basis	3.828	0.870
Continuing education in your field of specialty is encouraged by the hospital administration	3.750	0.963
Composite mean and SD	**3.544**	**0.837**

As per Table 4.8, the respondents agreed that continuous improvement choices are made with employee input as illustrated by an average of 4.383; the formation of improvement teams leads to the development of health care facilities on a continual basis as illustrated by an average of 3.828; continuing education in your field of specialty is encouraged by the hospital administration as illustrated by an average of 3.750; and for continual improvement, top management offers the required resources as illustrated by an average of 3.523. The researcher also found that the respondents were not sure that in the hospital, the senior management is committed to a long-term process of quality improvement as illustrated by an average of 3.211; there are regular meetings to explore ways to improve quality as illustrated by an average of 3.141; and constant process improvement carried out in a collaborative manner as illustrated by an average of 2.969. The composite mean was 3.544 which implied that statements with means that were higher than 3.544 had opinions that aligned while those with

lower means had opinions that diverged. Overall, a composite mean of 3.544 meant that continuous quality improvement influences the performance of health projects in Nakuru East Sub-County, Kenya greatly.

From the interviews, the interviewees were required to indicate how continuous quality improvement influence performance of health projects in Nakuru East Sub- County. They indicated that overall improving the quality and performance in the healthcare environment can help providers with reliable, cost-effective and sustained healthcare processes and enable them to achieve their goal of improving care delivery and enhancing patient outcomes. Moreover, they were asked to state any contribution of continuous quality improvement in the health public health facilities. They indicated that continuous quality improvement identifies opportunities for improvement that can help health projects meet goals for increasing profits, reducing costs, and accelerating innovation.

4.4 Customer Focus and Performance of Health Projects

The research aimed at examining the effect of customer focus on performance of health projects in Nakuru East Sub-County, Kenya. The respondents were required to indicate their level of agreement with statements related to customer focus on performance of health projects in Nakuru East Sub-County, Kenya. The responses were as presented on Table 4.9.

Table 4. 9: Level of Agreement with Statements Related to Customer focus on Performance of health projects in Nakuru East Sub-County, Kenya

	Mean	Std. Dev.
Health facilities are interested to know patients' needs and expectations.	3.258	0.781
Our hospital's processes are designed/improved depending on client feedback.	3.984	0.786

Customer requirements is based on the health facility's strategic plans with regards to quality.	3.938	0.951
based on customers' requirements		
In terms of performance, clients provide us with feedback on quality and service delivery from their experiences with us.	3.227	0.763
The health facility invents new approaches to service delivery to satisfy customers	4.125	0.704
In the event of an emergency, the health institution has a solid strategy in place to guarantee that routine patient care is not disrupted.	3.430	0.861
Health facility regularly conducts external customers' satisfaction survey	3.672	0.768
Composite mean and SD	**3.662**	**0.802**

The findings show that the respondents agreed that the health facility invents new approaches to service delivery to satisfy customers as shown by a mean of 4.125; the hospital's processes are designed/improved depending on client feedback as shown by a mean of 3.984; customer requirements are based on the health facility's strategic plans with regards to quality as shown by a mean of 3.938; and health facility regularly conducts external customers' satisfaction survey as shown by a mean of 3.672. The respondents were not sure that in the event of an emergency, the health institution has a solid strategy in place to guarantee that routine patient care is not disrupted as shown by a mean of 3.430; the health facilities are interested to know patients' needs and expectations as shown by a mean of 3.258; and in terms of performance, clients provide us with feedback on quality and service delivery from their experiences with us as shown by a mean of 3.227. The composite mean was 3.662 which implied that opinions from statements with higher means than 3.662 converged while those with lower means had opinions that diverged. Overall, a composite mean of 3.662 meant that

customer focus influences the performance of health projects in Nakuru East Sub-County, Kenya greatly.

From the interviews, the interviewees were required to indicate how health facilities involve both internal and external customers in health projects. They indicated that patient satisfaction is an important and commonly used indicator for measuring the quality in health care. Patient satisfaction affects clinical outcomes, patient retention, and medical malpractice claims. It affects the timely, efficient, and patient-centered delivery of quality health care.

4.5 Employee Involvement and Performance of Health Projects

The study sought to determine the effects of employee involvement on performance of health projects in Nakuru East Sub-County, Kenya. The respondents were asked to indicate their level of agreement with statements related to employee involvement on performance of health projects in Nakuru East Sub-County, Kenya. Table 4.10 displays their responses.

Table 4. 10: Level of Agreement with Statements Related to Employee involvement on Performance of health projects in Nakuru East Sub-County, Kenya

	Mean	Std. Dev.
Health facility administration influence positive attitude towards performance.	4.273	0.814
Healthcare workers are involved in the decision-making process of the health facilities.	4.188	0.576
Low performance of health projects can be attributed to non-involvement of employees in decision making.	3.781	0.963
Hospital management ensures constant supply of essential resources such as electricity and water supply.	3.625	0.584
Health facility staff is satisfied with the work environment and organization context.	3.820	0.955

Public health facilities have sufficient trained human capacity trained in practices	4.180	0.504
Organizational learning influences performance of healthcare workers thus improves quality.	4.234	0.819
Composite mean and SD	**4.014**	**0.745**

The findings show that the respondents agreed that health facility administration influence positive attitude towards performance as illustrated by a mean score of 4.273; organizational learning influences performance of healthcare workers thus improves quality as illustrated by a mean score of 4.234; healthcare workers are involved in the decision-making process of the health facilities as illustrated by a mean score of 4.188; public health facilities have sufficient trained human capacity trained in practices as illustrated by a mean score of 4.180; health facility staff is satisfied with the work environment and organization context as illustrated by a mean score of 3.820; low performance of health projects can be attributed to non-involvement of employees in decision making as illustrated by a mean score of 3.781; and hospital management ensures constant supply of essential resources such as electricity and water supply as illustrated by a mean score of 3.625.

The composite mean was 4.014 which implied that opinions from statements with higher means than 4.014 converged while those with lower means had opinions that diverged. Overall, a composite mean of 4.014 meant that employee involvement greatly influences the performance of health projects in Nakuru East Sub-County, Kenya.

From the interviews, the interviewees were required to indicate how employee involvement influences performance of health projects in Nakuru County. They indicated that employee involvement improves organizational effectiveness, stimulates communication and provides clarity in the management of health projects.

The interviewees were also asked to indicate the contribution of employee involvement to performance of health facilities. They indicated that employee

involvement makes employees feel a part of the organization. And when this happens, they become more responsible about their work and push themselves to find better results. This enhances the possibilities of innovative thinking and ideas to tackle problems in the workplace.

4.6 Leadership Styles and Performance of Health Projects

The study sought to determine the effects of leadership styles on performance of health projects in Nakuru East Sub-County, Kenya. The respondents were asked to indicate their level of agreement with statements related to leadership styles on performance of health projects in Nakuru East Sub-County, Kenya. The results were as shown in Table 4.11.

Table 4. 11: Level of Agreement with Statements Related to Leadership Styles on Performance of health projects in Nakuru East Sub-County, Kenya

	Mean	Std. Dev.
Leadership style influences organization culture in performance of health practices.	3.172	0.588
Autocratic style of leadership cause frictions in health management	3.492	0.655
As a result, the health-care system need strong leadership in order to be able to meet future health demands.	3.320	0.577
Doctors and hospital administrators are scantily trained in management and leadership.	3.945	0.830
Knowledge on quality management practices can be used to support health related projects	4.000	0.642
Transformational leaders motivate their followers and the organization to a more desirable state.	3.906	0.987

Laisse Faire type of leadership has less influence on performance of health projects.	3.211	0.749
Composite mean and SD	**3.578**	**0.718**

The findings revealed that the respondents agreed that knowledge on quality management practices can be used to support health related projects as presented by an average score of 4.000; doctors and hospital administrators are scantily trained in management and leadership as presented by an average score of 3.945; and transformational leaders motivate their followers and the organization to a more desirable state as presented by an average score of 3.906. The respondents were not sure on whether autocratic style of leadership cause frictions in health management as presented by an average score of 3.492; as a result, the health-care system need strong leadership in order to be able to meet future health demands as presented by an average score of 3.320; laisse faire type of leadership has less influence on performance of health projects as presented by an average score of 3.320; and leadership style influences organization culture in performance of health practices as presented by an average score of 3.172.

The composite mean was 3.578 which implied that opinions from statements with higher means than 3.578 converged while those with lower means had opinions that diverged. Overall, a composite mean of 3.578 meant that leadership styles greatly influences the performance of health projects in Nakuru East Sub-County, Kenya.

From the interviews, the interviewees were required to indicate how leadership styles influence performance of health projects in Nakuru County. They indicated that effective leadership has been positively associated with increased patient satisfaction and lower rates of adverse health results. Additionally, because effective leaders better retain and support staff, they can indirectly affect mortality rates in patients and positively affect other healthcare quality indicators.

The interviewees were also asked to indicate the important leadership styles that should be exhibited by public health facilities in terms of performance. They indicated

that leaders should have the ability to influence, motivate, and enable others to contribute toward the effectiveness and success of their organization in which they work. It also involves inspiring people to craft and achieve a vision and goals.

4.7 Performance of Health Projects

The respondents were asked to indicate their level of agreement with statements related to performance of health projects. The results were as shown in Table 4.12.

Table 4. 12: Level of Agreement with Statements Related to Performance of health projects in Nakuru East Sub-County, Kenya

	Mean	Std. Dev.
Adoption of TQM enhances the co-production and co-creation in healthcare services	3.898	0.821
There is meets available medical facilities to address patient needs.	3.680	0.886
The ratio of health workers to patients is adequate.	3.672	0.959
Health facilities that have adopted latest technologies to improve performance.	4.169	0.831
There is reduced turn-around time of services for patients and other clients.	3.818	0.911
Adoption of TQM practices meets customers' expectations thus satisfaction	3.974	0.691
Healthcare workers operate in a conducive working environment in public facilities.	4.013	0.766
Composite mean and SD	**3.889**	**0.838**

The findings revealed that the respondents agreed that health facilities that have adopted latest technologies to improve performance as illustrated by a mean score of 4.169, healthcare workers operate in a conducive working environment in public facilities as illustrated by a mean score of 4.013, adoption of TQM practices meets

customers' expectations thus satisfaction as illustrated by a mean score of 3.974, adoption of TQM enhances the co-production and co-creation in healthcare services as illustrated by a mean score of 3.898, there is reduced turn-around time of services for patients and other clients as illustrated by a mean score of 3.818, there is meets available medical facilities to address patient needs as illustrated by a mean score of 3.680, and the ratio of health workers to patients is adequate as illustrated by a mean score of 3.672.

The composite mean was 3.889 which implied that opinions from statements with higher means than 3.889 converged while those with lower means had opinions that diverged. Overall, a composite mean of 3.889 meant that the performance of health projects in Nakuru East Sub-County, Kenya had improved over the years.

From the interviews, the interviewees were required to indicate how enhancing quality enable performance of health projects in public health facilities. They indicated that quality improvement in public health can help teams use resources more effectively, and has been demonstrated to improve service delivery and customer service, and help meet national public health standards, such as those for voluntary public health department accreditation. Moreover, they were required to state whether the ratio of healthcare workers to patients is sufficient. They indicated that generally Kenya's doctor-to-patient ratio far below a recommendation of the U.N. World Health Organization of one to 1,000.

4.8 Multiple Regression Analysis

This was conducted to determine the relationship between continuous quality improvement, customer focus, employee involvement, and leadership style as the independent variables against the dependent variable performance of health projects in Nakuru East Sub-County, Kenya . The results were as presented in Table 4.13, Table 4.14 and Table 4.15.

Table 4. 13: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate

1	0.846	0.716	0.709	1.255

From the study results, Table 4.13 is a model fit which establish how fit the model equation fits the data. The adjusted R^2 was used to establish the predictive power of the study model and it was found to be 0.709 implying that 70.9% of the variations in performance of health projects in Nakuru East Sub-County, Kenya are explained by changes in continuous quality improvement, customer focus, employee involvement and leadership style.

Table 4. 14: Analysis of Variance (ANOVA)

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	608.032	4	152.008	94.589	5.31E-40
Residual	241.056	150	1.607		
Total	**849.088**	**154**			

The probability value of 5.31E-40 indicates that the regression relationship was highly significant in predicting how the continuous quality improvement, customer focus, employee involvement and leadership style influence performance of health projects in Nakuru East Sub-County, Kenya. The F calculated at 5 per cent level of significance was 94.589. Since F calculated is greater than the F-critical (value = 2.4319) and p-value was less than 0.05, the overall model was significant.

Table 4. 15: Regression Coefficients

	Un standardized Coefficients		Standardized Coefficients	t	Sig
	B	Std. Error	Beta		
(Constant)	0.864	0.412		2.097	0.038
Continuous quality improvement	0.805	0.393	0.721	2.048	0.043
Customer focus	0.717	0.244	0.664	2.939	0.004
Employee involvement	0.775	0.339	0.718	2.286	0.024
Leadership styles	0.796	0.312	0.672	2.551	0.012

The regression equation obtained from this outcome was: -

$$Y = 0.864+0.805X_1 + 0.717X_2 +0.775X_3+0.796X_4$$

As per the study results, it was revealed that if all independent variables were held constant at zero, then the performance of health projects in Nakuru East Sub-County, Kenya will be 0.864. From the findings, the study revealed that a unit increase in continuous quality improvement would lead to 0.805 increases in performance of health projects in Nakuru East Sub-County, Kenya. This variable was significant since p=0.043 is less than 0.05.

The study further revealed that a unit change in customer focus would lead to a 0.717 unit change in performance of health projects in Nakuru East Sub-County, Kenya. The variable was significant since p-value=0. 004 <0.05. Moreover, the study showed that if all other variables are held constant, a unit change in the score of employee involvement would lead to a 0.775 change in performance of health projects in Nakuru East Sub-County, Kenya. This variable was significant since p=0.024 was less than 0.05. The study also found that a unit increase in the score of leadership styles would lead to a 0.796 increase in the scores of performance of health projects in Nakuru East Sub-County, Kenya. The variable was significant as its p-value 0.012< 0.05.

Overall, continuous quality improvement had the greatest effect on performance of health projects in Nakuru East Sub-County, Kenya, followed by leadership styles, then employee involvement strategy, then customer focus had the least effect on performance of health projects in Nakuru East Sub-County, Kenya. All the variables were significant since p-values were less than 0.05.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents summary of the data findings, discussion of the data findings, conclusion drawn from the findings highlighted and recommendation made. The conclusions and recommendations drawn are focused on addressing the objective of the study.

5.2 Summary of the Findings

The study sought to establish the effects of continuous quality improvement on performance of health projects in Nakuru East Sub-County, Kenya. The research found that the Continuous improvement choices are made with employee input; the formation of improvement teams leads to the development of health care facilities on a continual basis; continuing education in your field of specialty is encouraged by the hospital administration; and the SMEs understand that they should pay taxes due within the prescribed period from the date of issue of the Notice of Assessment or within the stipulated period. The research also found that in the hospital, the senior management is committed to a long-term process of quality improvement; there are regular meetings to explore ways to improve quality; and constant process improvement carried out in a collaborative manner.

The research aimed at examining the effect of customer focus on performance of health projects in Nakuru East Sub-County, Kenya. The study found that the health facility invents new approaches to service delivery to satisfy customers; the hospital's processes are designed/improved depending on client feedback; customer requirements are based on the health facility's strategic plans with regards to quality; and there is frequent prosecution of tax offenders which make them comply. The study also found that In the event of an emergency, the health institution has a solid strategy in place to guarantee that routine patient care is not disrupted; the Health

facilities are interested to know patients' needs and expectations; and in terms of performance, clients provide us with feedback on quality and service delivery from their experiences with us.

The study sought to determine the effects of employee involvement on performance of health projects in Nakuru East Sub-County, Kenya. The study found that health facility administration influence positive attitude towards performance; organizational learning influences performance of healthcare workers thus improves quality; healthcare workers are involved in the decision-making process of the health facilities; public health facilities have sufficient trained human capacity trained in practices; health facility staff is satisfied with the work environment and organization context; low performance of health projects can be attributed to non-involvement of employees in decision making; and hospital management ensures constant supply of essential resources such as electricity and water supply.

The study sought to determine the effects of leadership styles on performance of health projects in Nakuru East Sub-County, Kenya. The study found that knowledge on quality management practices can be used to support health related projects; doctors and hospital administrators are scantily trained in management and leadership; and transformational leaders motivate their followers and the organization to a more desirable state. The research found that it was not certain that autocratic style of leadership cause frictions in health management; as a result, the health-care system need strong leadership in order to be able to meet future health demands; laisse faire type of leadership has less influence on performance of health projects; and leadership style influences organization culture in performance of health practices.

5.3 Discussion of the Findings

The following section consists of discussions of the findings of the variables from chapter four. The section links the findings with literature in chapter two.

5.3.1 Continuous Improvement influences Performance of Health Projects

The research found that the continuous improvement choices are made with

employee input; the formation of improvement teams leads to the development of health care facilities on a continual basis; continuing education in your field of specialty is encouraged by the hospital administration; and the SMEs understand that they should pay taxes due within the prescribed period from the date of issue of the Notice of Assessment or within the stipulated period. Quality is a vital component in efforts to better health outcomes and improve service delivery (WHO, 2017; Kruk et al., 2017). It is a moving target and a never ending process. Waiswa et al. (2017) indicate that a comparable quality improvement strategy enhanced the receipt of one of four evidence-based critical treatments for maternal and newborn care in East Africa, especially Uganda and Tanzania. Learning collaboration and mentorship were shown to be practical and beneficial for improving newborn outcomes in rural Rwanda (Werdenberg et al., 2017).

The research also found that in the hospital, the senior management is committed to a long-term process of quality improvement; there are regular meetings to explore ways to improve quality; and constant process improvement carried out in a collaborative manner. Many organizations that practice TQM understand that the best practices of today maybe obsolete and outdated and therefore, continuous quality improvement is necessary. When it comes to increasing patient outcomes and provider performance, quality improvement programs that incorporate training and mentoring of health care providers may be extremely successful (Manzi et al., 2018; Garcia-Elorrio et al., 2019). Continuing improvement in healthcare, according to Sader, Husti and Daróczi (2019), means monitoring, developing and implementing quality programs that need observation, measurement and evaluation. When it comes to measuring medical outcomes, such as surgical death rates, new medicines have been created. Quality measures must be relevant to internal and external clients, such as physicians, other healthcare workers, patients and the overall healthcare organization, according to Hasan et al. (2018).

5.3.2 Customer Focus Influence Performance of Health Projects

The study found that the health facility invents new approaches to service delivery to

satisfy customers; the hospital's processes are designed/improved depending on client feedback; customer requirements are based on the health facility's strategic plans with regards to quality; and there is frequent prosecution of tax offenders which make them comply. Customer focus is a key pillar in total quality management and it refers to as the extent to which an organization continuously satisfies the needs of its clients or customers (Garcia-Elorrio et al., 2019). Production in organizations can be done with respect to the needs, complaints and expectations of its clients. Consequently, according to Nestor (2019), meeting and anticipating these demands allows companies to deliver high-quality, dependable products and services on schedule, while also increasing efficiency and productivity.

The study also found that In the event of an emergency, the health institution has a solid strategy in place to guarantee that routine patient care is not disrupted; the Health facilities are interested to know patients' needs and expectations; and in terms of performance, clients provide us with feedback on quality and service delivery from their experiences with us. The key activity for service delivery, according to Abbas (2020), is the contact between the health institution and its customers. Customer happiness and trust in service quality are cited as important factors for improving health care delivery. When it comes to lean-based processes or techniques that increase customer satisfaction based on consumer expectations, the study reveals a void in the literature. Studies on healthcare quality, customer satisfaction, and customer loyalty at a private hospital by Elizar, Indrawati and Syah (2020) revealed that healthcare quality had a positive and statistically significant link with customer satisfaction.

5.3.3 Employee Involvement Influence Performance of Health Projects

The study found that health facility administration influence positive attitude towards performance; organizational learning influences performance of healthcare workers thus improves quality; healthcare workers are involved in the decision-making process of the health facilities. Total Quality Management (TQM) is used to empower employees (TQM). They require a mix of management concepts, tools and procedures

to empower workers in their day-to-day operations, resulting in continual quality improvement (Nyamori, 2020).

The study found that public health facilities have sufficient trained human capacity trained in practices; health facility staff is satisfied with the work environment and organization context; low performance of health projects can be attributed to non-involvement of employees in decision making; and hospital management ensures constant supply of essential resources such as electricity and water supply. When an employee participates in a decision-making process, it refers to a situation in which there is shared decision-making (Aliyu et al., 2019). Delegation that allows the subordinate to obtain more power and flexibility to bridge the communication gap between management and subordinates (Abbas, 2020). When employees are not involved or do not participate in organizational decision making, the organizations usually result in low performance which can lead to frictions between the top leadership and subordinates. According to the findings of the study, resources should be given to teach staff on quality-related topics. It's also important that trainees have an understanding of various quality implementation methods and concepts so they may positively affect the structure and operations of an organization through their training.

5.3.4 Leadership Style Influence Performance of Health Projects

The study found that knowledge on quality management practices can be used to support health related projects; doctors and hospital administrators are scantily trained in management and leadership; and transformational leaders motivate their followers and the organization to a more desirable state. Leaders, according to Kaiseroglou and Sfakianaki (2020), are responsible for communicating objectives, embodying principles, and establishing an atmosphere conducive to achieving goals. Organizations that have such type of leaders usually influence the subordinates to achieve the goals of the organization and in turn, achieve their personal goals. This type of leadership considers the suggestions of members and the leaders in the organization. It is a human relations approach where all group members are seen as important

contributors to a decision.

The research found that it was not certain that autocratic style of leadership cause frictions in health management; as a result, the health-care system need strong leadership in order to be able to meet future health demands; laisse faire type of leadership has less influence on performance of health projects; and leadership style influences organization culture in performance of health practices. Employees should be allowed to voice their opinions to management (Anabila, Kumi & Anome, 2019). The Laissez-Faire leadership style provides subsequent to zero direction to the employees and only gives up basic management over to aggregate people. Members are given a goal and left alone to decide to achieve the goal. To be a facilitator and to avoid any accountability and engagement is what the leader's position looks like. It's deemed counterproductive since it erodes trust in bosses and organizations, according to the experts (Tosunoglu & Ekmekci, 2016).

5.4 Conclusions

The research concluded that continuous quality improvement has a positive and significant effect on performance of health projects in Nakuru East Sub-County, Kenya. The research concluded that TQM is a holistic and ethical approach of the firms to continuously improve their products/services or processes involving all stakeholders in order to satisfy their customers and to improve performance and sustainability.

The study deduced that customer focus affect performance of health projects in Nakuru East Sub-County, Kenya significantly. The analysis concluded that customer focus helps health projects to build a loyal customer base. Customers are more willing to purchase from companies that they feel consider their needs when they create products and services. Customer focus allows health projects to recognize and take advantage of opportunities for growth, such as unfulfilled customer needs.

The study concluded that employee involvement has a significant effect on performance of health projects in Nakuru East Sub-County, Kenya. The study concluded that support from the employees helps in getting necessary resources and

then to achieve the benefits of different strategies. The service innovation and establishment of the service culture within the health projects are substantially dependent on support from top management. Where top management commitment extends to empowering employees, this enhances the performance of health projects.

The study concluded that leadership style has a significant effect on performance of health projects in Nakuru East Sub-County, Kenya. The study concluded that top management should be committed and focus on the following techniques; confronting reality in the institutions and articulating a compelling need for the change, demonstrating faith that the institution for a viable future and provision of a road- map to guide behavior and decision-making.

5.4 Recommendations

The study recommends that the health projects should fully utilize its resources to enhance customer satisfaction. This should be achieved by ensure that the customer is always first and that all their needs are met in a timely manner. The health projects should also provide an avenue for the customers to air their views as this will show them they are valued and in turn enhance satisfaction. It is further recommended that customer needs are reviewed regularly to meet changing customer preferences and expectations. This can be achieved by reviewing the programmes on offer regularly and introducing more market oriented programmes in the health projects. The views of all the stakeholders should also be incorporated during the review of the programmes to encourage more patients enrolling in the health projects.

It is recommended that the top management should allocate adequate resources to the divisions of the health projects. This will ensure that they are able to promote quality in all their activities as this will increase the overall organizational performance. It is further recommended that the top management should allow employees at all levels in the health projects to fully participate in decision making especially on quality issues. This will make them own the quality management system and process thus boosting the organizational performance. Another recommendation is that the top

management should encourage all departmental heads to ensure that there is continual improvement of quality management processes. This will ensure that the health projects remains competitive as its processes will not become obsolete.

It is recommended that there the health projects should strengthened the relationship between the management and employees. This can be achieved through regular communication to the employees on quality issues as well as through teamwork. Another recommendation is that employees in the health projects should be motivated always to ensure that they work hard to achieve the organization's goals and objectives. This can be achieved through promotions, trainings and good remuneration packages that are at par or above the market rate.

The study recommends that customer service training which gives agents the skills and knowledge needed to perform their jobs well. However, sometimes employees need additional assistance with skill adoption. It has been proven that long term behavioral change in staff will only happen as a result of quality training and effective coaching. Communication of strategy must include all employees, and the flow of communication needs to be in both directions: top-down and bottom-up communication must be in concert with one another.

The study further recommended that the health projects should adopt employee involvement programs to enhance their performance, growth and competitiveness on the regional and also global market. Further, for attainment of high employee involvement, health projects should avail information to all its employees, encourage them and also give them an opportunity to make remarkable contributions.

5.5 Recommendations for Further Research

The study recommends that further research be carried out on the same topic focusing on a different sector other than health in order to get the perspective of other sectors. Further, the research suggests that other factors should be considered that influence performance of health projects was done based in Nakuru East Sub-County; however there is need to replicate it in other counties. Since continuous quality

improvement had the greatest effect on performance of health projects, there is need for a study to be done on the influence of continuous quality improvement on performance of health projects.

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APPENDICES

Appendix I: Letter of Transmittal

Melvin Kipkoech Kutol
University of Nairobi
Nairobi
22nd July, 2021

Dear Respondents,

RE: REQUEST FOR DATA COLLECTION

I am a student at the University of Nairobi pursuing a Master of Arts degree in Project Planning and Management. As part of my degree requirements, I'm conducting a research project titled "*Influence of Adoption of Total Quality Management Practices on Performance of Health Projects in Nakuru East Sub-County, Kenya*.'The attached questionnaire and interview guide are meant for collecting information relevant to the study. Kindly complete answering the instruments as honest as possible. If you provide any personal information, it will be kept strictly secret and used solely for the purposes of this research project.

As a result, we respect and appreciate your collaboration.

Yours Sincerely,

Melvin Kipkoech Kutol
L50/61566/2013
Tel: +254 738 479 530
Email: kutols gmail.com

Appendix II: Questionnaire for Hospital Staff

As part of the project, farmers in Nakuru East Sub-County will be asked to provide information on the impact of monitoring and evaluation techniques on the performance of health programs. There is a possibility that the findings might have a substantial impact on health programs in Nakuru County. Please fill in the required information in the appropriate fields.

PART 1: SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

1. Please tick your gender in the spaces provided below

   a. Male [ ] b. Female [ ]

2. Kindly indicate the range within which your appropriate age falls in the brackets provided.

   a.21 – 25 years [ ] b.26 – 30 years [ ] c.31 – 35 years [ ] d. 36 – 40 years [ ]

   e.41 – 45 years [ ] f. 46 – 50 years [ ] g. 51 – 55 years [ ] h. Over 55 years [ ]

3. Please indicate your highest level of education attained

   i. No Basic Education [ ]
   ii. Primary level education [ ]
   iii. Secondary level education [ ]
   iv. Tertiary level education [ ]
   v. University [ ]

4. Kindly indicate how many years you have been involved in the health practice

   a. Less than 5 years [ ]
   b. 5 – 10 years [ ]
   c. 11 – 15 years [ ]

d. 16 – 20 years [ ]

e. Over 20 years [ ]

5. Kindly indicate your income bracket in Kenya shillings

a. Less than 30,000 [ ]

b. 30,000 – 40,000 [ ]

c. 40,000 – 50,000 [ ]

d. 50,000 – 60,000 [ ]

e. 60,000 – 70,000 [ ]

f. More than 70,000 [ ]

PART 2: INFORMATION ON MONITORING AND EVALUATION PRACTICES

Section A: Performance of Health Projects

This section contains information on the dependent variable performance of health projects. Please respond appropriately by indicating in the boxes against the value of the number you think best suits your answer given that; Strongly Agree (SA) = 5, Agree (A) = 4, Neutral (N) = 3, Disagree (D) = 2 and Strongly Disagree (SD) =1

No.	Statement	5	4	3	2	1
1.	Adoption of TQM enhances the co-production and co-creation in healthcare services					
2.	There is meets available medical facilities to address patient needs.					
3.	The ratio of health workers to patients is adequate.					
4.	Health facilities that have adopted latest technologies to improve performance.					
5.	There is reduced turn-around time of services for patients and other clients.					
6.	Adoption of TQM practices meets customers' expectations thus satisfaction					

7.	Healthcare workers operate in a conducive working environment in public facilities.					

Section B: Continuous Quality Improvement

The Likert scale below contains statements on continuous quality improvement. Please respond appropriately by indicating with a (✔) in the boxes against the value of the number you think best suits your answer given that; Strongly Agree (SA) = 5, Agree (A) = 4, Neutral (N) = 3, Disagree (D) = 2 and Strongly Disagree (SD) =1

No.	Statement	5	4	3	2	1
1.	In our hospital, the senior management is committed to a long-term process of quality improvement					
2.	For continual improvement, top management offers the required resources					
3.	Continuous improvement choices are made with employee input.					
4.	Constant process improvement carried out in a collaborative manner					
5.	There are regular meetings to explore ways to improve quality.					
6.	The formation of improvement teams leads to the development of health care facilities on a continual basis.					
7.	Continuing education in your field of specialty is encouraged by the hospital administration.					

Section C: Customer Focus

This section contains information on influence of customer focus. Please respond appropriately by indicating with a tick (✔) in the boxes against the value of the number you think best suits your answer given that; Strongly Agree (SA) =

5, Agree (A) = 4, Neutral (N) = 3, Disagree (D) = 2 and Strongly Disagree (SD) =1

No.	Statement	5	4	3	2	1
1.	Health facilities are interested to know patients' needs and expectations.					
2.	Our hospital's processes are designed/improved depending on client feedback.					
3.	Customer requirements is based on the health facility's strategic plans with regards to quality. based on customers' requirements					
4.	In terms of performance, clients provide us with feedback on quality and service delivery from their experiences with us.					
5.	The health facility invents new approaches to service delivery to satisfy customers					
6.	In the event of an emergency, the health institution has a solid strategy in place to guarantee that routine patient care is not disrupted.					
7.	Health facility regularly conducts external customers' satisfaction survey					

Section D: Employee Involvement

This section contains information on the influence of employee involvement as a practice on performance of health facilities. Please respond appropriately by indicating with a tick (✔) in the boxes against the value of the number you think best suits your answer given that; Strongly Agree (SA) = 5, Agree (A) = 4, Neutral (N) = 3, Disagree (D) = 2 and Strongly Disagree (SD) =1

No.	Statement	5	4	3	2	1
1.	Health facility administration influence positive attitude towards performance.					
2.	Healthcare workers are involved in the decision-making					

process of the health facilities.

3. Low performance of health projects can be attributed to non-involvement of employees in decision making.
4. Hospital management ensures constant supply of essential resources such as electricity and water supply.
5. Health facility staff are satisfied with the work environment and organization context.
6. Public health facilities have sufficient trained human capacity trained in practices
7. Organizational learning influences performance of healthcare workers thus improves quality.

Section E: Leadership Styles

This section contains information on the influence of leadership styles on performance of health facilities. Please respond appropriately by indicating in the boxes with a (✔)against the value of the number you think best suits your answer given that; Strongly Agree (SA) = 5, Agree (A) = 4, Neutral (N) = 3, Disagree (D) = 2 and Strongly Disagree (SD) =1

No.	Statement	5	4	3	2	1
1.	Leadership style influences organization culture in performance of health practices.					
2.	Autocratic style of leadership cause frictions in health management					
3.	As a result, the health-care system need strong leadership in order to be able to meet future health demands.					
4.	Doctors and hospital administrators are scantily trained in management and leadership.					
5.	Knowledge on quality management practices can be used to support health related projects					
6.	Transformational leaders motivate their followers and					

the organization to a more desirable state.

7. Laisse Faire type of leadership has less influence on performance of health projects.

Appendix III: Interview Guide

Background Information

Kindly indicate your gender ……..

Kindly indicate your age in years …… …….

Performance of health projects

1. How does enhancing quality enable performance of health projects in public health facilities?
2. Is the ratio of healthcare workers to patients is sufficient?

Continuous Quality Improvement

3. How does continuous quality improvement influence performance of health projects in Nakuru East Sub- County?
4. Is there any contribution of continuous quality improvement influence performance of health public health facilities?

Customer Focus

5. To what extent does customer focus influence performance of health projects?
6. How do health facilities involve both internal and external customers in health projects?

Leadership styles

7. How does leadership styles influence performance of health projects in Nakuru County?
8. In your opinion what are the important leadership styles that should be exhibited by public health facilities in terms of performance?

Employee Involvement

9. Do you think employee involvement in public health facilities influence performance of health?
10. Does employee involvement contribute to performance of health facilities?

Appendix IV: Krejcie and Morgan Table for Sample Size Determination

Table for Determining Sample Size for a Given Population

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	246
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	351
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	181	1200	291	6000	361
45	40	180	118	400	196	1300	297	7000	364
50	44	190	123	420	201	1400	302	8000	367
55	48	200	127	440	205	1500	306	9000	368
60	52	210	132	460	210	1600	310	10000	373
65	56	220	136	480	214	1700	313	15000	375
70	59	230	140	500	217	1800	317	20000	377
75	63	240	144	550	225	1900	320	30000	379
80	66	250	148	600	234	2000	322	40000	380
85	70	260	152	650	242	2200	327	50000	381
90	73	270	155	700	248	2400	331	75000	382
95	76	270	159	750	256	2600	335	100000	384

Note: "N" is population size
"S" is sample size.

Source: Krejcie & Morgan, 1970

Appendix V: Research Permit

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 907019

Date of Issue: 15/September/2022

RESEARCH LICENSE

This is to Certify that Mr., melvin KIPKOECH kutol of University of Nairobi, has been licensed to conduct research in Nakuru on the topic: INFLUENCE OF ADOPTION OF TOTAL QUALITY MANAGEMENT PRACTICES ON PERFOMANCE OF HEALTH PROJECTS: A CASE OF MARGARET KENYATTA MOTHER BABY FACILITY NAKURU COUNTY,KENYA for the period ending : 15/September/2023.

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