

**TOTAL QUALITY MANAGEMENT PRACTICES AND SERVICE
DELIVERY IN ISO CERTIFIED HOSPITALS IN NAIROBI
COUNTY, KENYA**

BY

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DECLARATION

I submit that this project is my own effort and it has not been submitted or reviewed and accepted to any examination body for the award of any other candidate in any institution in this country.

Signature 

Date: 6.10.2022

MUTAMBI VIVIAN KHAOMA
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This inquiry has been accepted with my power as the university supervisor.

Signature:  Date: 5.10.2022

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DEDICATION

I fully dedicate this work to different people including my dear mom, Mrs. Ann Mutambi whose words of encouragement and support continue to mean so much to me.

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LIST OF ABBREVIATIONS

GDP	Gross Domestic Product
HiAP	Health in All Policies
ISO	International Organization for Standardization
KEBS	Kenya Bureau of Standards
KNH	Kenyatta National Hospital
NHIF	National Health Insurance Fund
OECD	Organization for Economic Cooperation and Development
TQM	Total Quality management
WHO	World Health Organization

ABSTRACT

The goal of this study was to investigate the effects of total quality management practices on the operational performance of private health sector in Kenya. The global health service industry is getting competitive day in day out owing to technological changes and quality concerns. In order to improve the levels of service delivery successfully, total quality management (TQM) practices need to be embraced and strategically positioned at the center of any health organization's management system. Analysis reveals that TQM is important in promoting customer values and needs in organizations. This is because it involves inclusion of different continuous improvement models. A simple random sampling technique was used to select employees working at ISO certified Hospitals in Nairobi County. The researcher randomly selected the target group in this study and this made it possible to get data to fulfill the study objective. The data was gathered using questionnaire and the questions in the questionnaire were centered on the concept of total quality management practices implementation and service delivery with reference to ISO certified Hospitals in Nairobi County. The study included open as well as closed ended questions and analysis was supported by (SPSS) version 20.0. The results were presented in form of frequency table. The correlation (R) value of 0.699 showed that a strong relationship existed between the TQM practices and service delivery. The regression model summary showed that TQM practices (customer focus, top management support, education & training and continuous improvement) contributed 48.8% to the change in service delivery among the hospitals. ANOVA statistics showed that TQM practices significantly affected service delivery. From the regression coefficients, customer focus showed a positive significant regression coefficient of 0.310; top management support showed a positive insignificant regression coefficient of 0.052; education and training showed a positive and significant regression coefficient of 0.102; while continuous improvement had a significant regression coefficient of 0.415. The study concludes that TQM influence service delivery within the ISO certified hospitals in Nairobi. The study further concludes TQM practices have a strong relationship with service delivery among ISO certified hospitals in Nairobi. From the regression analysis, TQM practices (customer focus, education & training, and continuous improvement) have a positive effect on service delivery within ISO certified hospitals in Nairobi. Top management support has an insignificant effect on service delivery within ISO certified hospitals in Nairobi. The study recommends increased customer centeredness, increased management support to TQM, adoption of reward as well as support systems as well as continuous improvement among the employees and ISO certified hospitals in Nairobi.

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

In the current business world, many firms focus on achieving quality aspects in the long term and this is done with the aim to increase their competitive edge and ensure their survival as a result of external factors such as global economic competition. According to Fotopoulos and Psomas, (2010) increasing quality practices in businesses around the world is essential to helping those businesses achieve their goals and gain a competitive edge .The business that sold the faulty item is obligated to make things right and offer a warranty that complies with industry standards. The idea of quality has evolved over time to encompass a wider range of features and qualities of products and services that satisfy both the implicit and explicit needs of consumers. It also encompasses the elusive idea of quality, which is the capacity to produce goods and provide services in the most productive, economical, and efficient manners possible (Smith, 1996).

In the past 30 years, service mapping and blueprinting have gained widespread acceptance as a comprehensive approach to designing service delivery (Kim & Kim, 2005). Lynch and Cross (2001) affirms that although flowcharts are frequently used to design manufacturing processes in systems-thinking and production management, Shostack, (1987) demonstrated the applicability of this modeling method to service situations by incorporating the customer's perspective. This was done to show how the modeling approach could be applied to other service contexts. A service blueprint is a thorough flowchart that shows all the different steps, people, and processes involved in providing the service, as well as the interaction between the company and its customers

(Zeithaml et al., 2006). The blueprinting approach enables a more thorough representation of a process overall. By doing this, the emphasis is shifted from the disparate parts to their interdependencies rather than just the parts themselves (Shostack, 1987). Southern (1999) demonstrated that it is possible to more clearly understand how operational procedures fit into the overall service system by using a systems-based approach and service system maps.

The field of service operations management research is still dreadfully fragmented, despite the fact that services are now the backbone of many economies (responsible for anywhere between 60 and 80% of GDP and employment). The services provision promote customer attraction models in firms (Cook et al., 2006). The increasingly competitive and dynamic environment in which hospitals operate has created a number of challenges that have decreased the quality of services they offer. The healthcare system is currently facing a number of challenges, such as rising costs, an ever-increasing reliance on technology, financial pressure on health organizations, a decline in the quality of healthcare, patient needs not being met, an increase in the number of patients with multiple illnesses, an increase in the expectation of high-quality care, and an increase in the number of hospitalizations (Organization for Economic Cooperation and Development [OECD] 2007). Only by implementing an intervention program based on quality management can customer satisfaction be sustained.

When it comes to solving the difficulties outlined above in the service industry, it is difficult to overstate the importance of applying TQM approaches. TQM is now being actively implemented in the medical sectors of a number of nations throughout the world, according to Vituri and Evora (2015). The reason for this, according to Srma,

Wannapiroon, and Nilsook,(2015) is that it has led to the development of system quality as well as the enhancement of employee and organizational performance). TQM is an acronym that stands for total quality management, quality management, and continuous quality improvement, according to McClellan and Rivlin (2014). Total quality management in the medical industry incorporates a focus on quality throughout all processes and operations. A variety of obstacles impede TQM, including a lack of commitment from senior management, performance evaluations, poor communication, and insufficient employee training (Kowal, 2015). As a result, management systems must be open and available to employees so that they may connect with one another, collaborate, and contribute to quality improvement. This investigation benefitted from the use of organization management theory as well as contingency management.

1.1.1 Practices in Total Quality Management

The concept of total quality management framework and models is one of the management concept that was first created in the 1950s and has gradually gained popularity and success in the 1980s. This exemplifies the mindset and culture of a company that aims to provide its clients with goods and services that meet their needs as well as their personal preferences. The organization's culture emphasizes getting things right the first time in all aspects of its operations. This is done to reduce mistakes and waste created by the process. It is a method that may drive both employees and management to participate in continuing quality improvement efforts, resulting in the creation of goods that are superior to those given by competitors. (Kowal, 2015)

Patients all around the world have been shown to rely a large percentage of their hospital selection decisions on the level of care that the facility delivers. According to the findings

of a Grayson study done in 1992, around sixty percent of healthcare organizations are taking action and implementing a TQM program. Its principal job in hospitals is to investigate various methods to lower medical treatment expenses while simultaneously improving patient care quality. According to Miller (2009), the TQM system has the potential to be effectively applied to the healthcare sector in order to provide better outcomes. According to Sommer and Merritt's (1994) study testing the influence of TQM intervention on perceptions of workplace attitudes and behavior for a healthcare firm, significant measures of the organizational climate changed after just one year of intervention. The study was done to investigate the influence of TQM intervention on perceptions of workplace attitudes and behavior.

In a country that is still expanding like Kenya, operating healthcare enterprises in a market that is crowded with competition may be fairly tough given the scant help that can be acquired from government authorities. As a result, it is crucial for organizations in the healthcare industry to implement TQM procedures. This would assist the healthcare institution in achieving customer and staff happiness, both of which are critical to its overall success. According to Talib and Rahman, (2010) the adoption of TQM in hospitals leads in both increases to the quality of service that are delivered as well as a decrease in the amount of money spent on operational costs. High-quality medical treatment is attained by joint effort between the patient and the healthcare practitioner in an amiable setting. The quality of healthcare services is determined by a range of factors, including individual practitioner and patient characteristics, as well as organizational, systemic, and environmental factors (Mohammad, 2014).

1.1.2 Delivery of Services

Elements of a service's delivery include when, where, and how it is delivered to a customer, as well as whether or not it is fair (Martins & Ledimo, 2015). The interaction between a company and its customers, in which the former receive some type of "service" (data, labor, etc.) from the latter, and the latter either benefits or suffers as a result, is described by the business process known as "service delivery." When you give your customers excellent service, the value you provide to them increases. service provision to clients. When a customer (citizen, resident, or business) interacts with the government to get information, handle business, or complete a task that interaction is referred to as "service delivery" in the public sector. These services must be offered in a way that is effective, dependable, and customer-friendly. Long-term, a business' competitive advantage might come from the caliber of the services it offers. In order to compete for customers in today's customer-centric world, service providers are increasingly concentrating on service quality, customer satisfaction, and customer value (Wang et al., 2004). In 2004, Wang et al., along with other researchers, reached this conclusion.

To measure the quality of services, academics have created a wide range of metrics. When assessing a company's performance in this area, service quality metrics such as dependability, empathy, assurance, responsiveness, and tangibles are taken into account (Li & Shang,2020). Service quality is measured by how complete the service is (Alzaydi, Al-Hajla, Nguyen & Jayawardhena, 2018). To wit: (Alzaydi, Al-Hajla, Nguyen, & Jayawardhena, 2018). Feedback is also given by the communities that the service serves and is served by. And it goes beyond simply ensuring that the service is uninterrupted (Cook et al, 2019). The degree to which a service's constituents collaborate to make it happen can be used to gauge the service's level of delivery (Nummela, Juujärvi, &

Sinervo, 2019). How much consideration is given to each client individually (Larson, Sharma, Bohren, & Tunçalp, 2019) and how responsible service providers are (Li et al, 2020). Additional indicators of service delivery include effectiveness and efficiency (YuSheng & Ibrahim, 2019). Inputs like personnel, capital, infrastructure as well as physical facilities promote success of services in industries.

1.1.3 ISO Certified Hospitals In Nairobi County

Healthcare institutions that have implemented complete quality management are accredited by the ISO. Businesses all around the world have adopted the ISO 9001 accreditation, which is a quality management standard, as a way to better organize and enhance the service that is provided to clients. It incorporates the absolute finest practices from throughout the world while streamlining standard hospital operations. In order to carry out its duty to raise public awareness and technical expertise in the fields of quality management and conformity assessment, the Kenya Bureau of Standards offers training to several economic sectors. The government must provide ISO certificates before they may be used. In Nairobi County, there are five (5) hospitals with the ISO accreditation (Kenya Bureau of Standards [KEBS], 2021).

The Nairobi hospitals that have the ISO accreditation are dedicated to provide top-notch customer service. This is done through cost-effectively and effectively transporting and distributing high-quality power that is safe, sufficient, and dependable. In order to consistently meet the demands and expectations of its customers and other stakeholders, the Board, Management, and employees of these institutions are dedicated to putting the Quality Management System into practice and continuing to enhance it. To make sure that these demands and expectations are consistently satisfied, this is done. The hospitals

made the decision to implement TQM because of their ISO accreditation; however its execution has been delayed by a lack of conformance with the process and guiding principles of effective management and this is important since some companies have adopted only a few of its guiding principles. Other companies treat TQM like software, expecting it to run flawlessly and work wonders on its own. Companies are aware that as a result, their TQM systems are failing, and ISO-certified hospitals in Nairobi County are not immune to the issue, which is thought to affect the caliber of their service delivery.

1.2 Research Problem

Promoting health in the world is important in all sectors and counties. This is because effective health services reduce cases of diseases in the world. Increasing the health of individuals, families, and communities; sheltering people from the financial consequences of sickness; safeguarding the community from possible dangers to its health; reacting in a balanced manner to the requirements and expectations of a population. Importantly, effective health models promote the needs of the society and ensure that families are safe from dangers. When people are not sick, they are productive and this is possible through quality management. This suggests that in order for a healthcare institution to give great healthcare services, it must possess the right instruments and technology, high-quality pharmaceuticals, be accredited, and have a staff that is professional and experienced. According to the Commonwealth Fund (2020), the most important aspects of a health care system are covers high quality, the need for good care and low costs. There is also maintaining costs, and innovating new treatments. The Commonwealth Fund, (2020) undertakes a comparison of the major factors that make up

international health systems. Some of the important factors include good governance and effective coordination of activities.

The profession of medicine in Kenya is challenged with a multiplicity of issues, the most prominent of which are inadequate funding and management of supply chains, insufficient manpower in hospitals, and a lack of innovation and technological improvement. When these difficulties are corrected, there will be a huge boost in the quality of the healthcare services that are supplied to patients. The fundamental issue is and always has been a mismatch between the requirements of patients and the treatment that is available, especially specialized care, and the staff in Kenya's forty-seven counties' healthcare institutions. This has been a concern for as long as the country has had 47 counties (Ogot & Mwaniki,2021) (Ogot & Mwaniki,2021). This has resulted in a variety of problems and challenges pertaining to public health, including high rates of newborn and maternal mortality (79 and 111 per 1,000 live births and 1000 per 100,000 live births, respectively), as well as rates of malnutrition and prevalence of HIV among adult populations. The most prevalent cause of disease and death globally is still malaria. The aforementioned gap was meant to be bridged by this study by identifying the link between TQM procedures and service delivery in the healthcare business with reference to ISO certified hospitals in Nairobi County. The study is based on the following research questions: Where does service delivery enter into the picture with reference to TQM deployment? How much TQM is being employed at the hospitals in Nairobi County that are ISO-certified?

1.3 Objectives of the Study

The study's general purpose was to analyze the influence of comprehensive quality management methods on service delivery at ISO certified hospitals in Nairobi County, Kenya. It had the following precise objectives:

- i. To examine the level of adoption of overall quality management methods in ISO certified hospitals in Nairobi
- ii. To Identify the important success elements for adoption of overall quality management
- iii. To find out the overall quality management on service performance among ISO certified hospitals in Nairobi

1.4 Value of the study

The research is imperative to ISO and well certified hospitals in Nairobi County in order to adopt overall quality management techniques that will distinguish it as a center of excellence distinguishing it as a supplier of services that satisfy worldwide certification criteria as outlined in its strategic plan 2018-2023. It will specifically distinguish itself as a center of excellence providing services that meet international certification criteria.

The Ministry of Health, as well as other stakeholders in the healthcare industry, will benefit greatly from the report. TQM will aid decision-makers in the development of plans and strategies for improving Kenya's healthcare system. Finally, the study will provide academics and researchers with the foundational knowledge needed to conduct in-depth research in this field. It will be critical in enabling academics to identify new research models.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

The section mentions pertinent issues to TQM. The study's goal is to look at how TQM processes have affected healthcare delivery at hospitals in Nairobi County that have received ISO certification. The parts are laid out as follows: theoretical underpinnings, a study of the literature on Total Quality Management practices and service delivery; crucial success criteria; an empirical analysis; a conceptual framework and operationalization table.

2.1 Theoretical Framework

This section tackled concepts together with their definitions, existing theory used in the study and reference to scholarly literature. It exemplified an appreciation of theories and concepts pertinent to total quality management and delivery of quality service.

2.1.1 Systems Management Theory

The systems theories were put out by biologist Ludwig von Bertalanffy in the 1940s. According to the notion, organizations are composed of many elements that cooperate well to maximize the function of the bigger system, exactly like the human body. According to the theories, people are one of an organization's most crucial elements, followed by workgroups, departments, and business units.

This research adheres to the system management theory by viewing firms as a connection of different issues and parts that support overall quality control. A system is just a collection of elements or components that come together to produce a complicated whole. The parts stand in for the numerous divisions and roles, including purchasing, sales and

marketing, R&D, human resources, accounting, and finance. If one part of the system fails, the entire system is at danger. TQM develops by first enticing people to engage in the design process more voluntarily. Later, as individuals gain confidence, they are given accountability and ownership for the procedures they use and given the freedom to act independently.

2.1.2 Contingency Theory

William Richard Scott first put out the idea of contingency theory in 1970. According to Scott, the environment in which a company functions is a key predictor of the ideal organizational structure. According to this theory different ways should be used to manage operations and organize a group of people, or make decisions. The optimum course of action is instead determined by the existing internal and external circumstances (Fulop & Lilley, 2004). At a certain time in the operation of the business, contingent leaders are flexible in their decision-making and the selection of quick solutions to accommodate changes in the environment. When applying the contingency theory of management, managers must exercise caution and refrain from using rules, policies, and tradition as their primary sources of guidance.

Managers must grasp the application of contingency theory and its advantages in the workplace if they wish to raise employee morale and productivity (Jeong & Fadzlina, 2012). Hospitals and other organizations with ISO accreditation are required to identify both internal and external customers in order to implement quality models. Following that, the company must identify the specific demands of these customers, combine all of their activities to include the most efficient way to address those needs, and guarantee improved service delivery.

2.2.3 Crosby Theory

In 1984, Crosby created this hypothesis. He used 14 measures to improve quality as the foundation for his case. These phases include, among others, staff management, recognition, quality-control rules, and employee and staff training. He believed that the management's quality standards were the only ones of good faith. Customers' needs and desires must be taken into account while establishing the policies. He subsequently created four quality management concepts. According to his beliefs, quality is a fundamental demand rather than goodness, the system for quality management is a requirement rather than an evaluation, and quality is the cost of non-compliance.

Crosby likened a sick person's body to a failing corporation. He claimed that the group faces ongoing threats as it conducts its business. The organization has to be immunized in order to develop resistance to the weakness. In order to put his argument into context, he raises two points. He started by examining the management's dedication to the organization, which he saw as the lifeblood of the business. The second thing he considered was employee empowerment. He noted that if their affairs are not taken care of, the personnel would not be able to completely devote to their duties. In a similar vein, the employee's training and regard for their humanity must be ready to inspire. By doing this, you boost staff morale and help them deliver higher-quality services. This hypothesis applies to the present research. It is crucial for hospitals to pinpoint opportunities to use TQM to enhance their service delivery.

2.2 Delivery of Services

The process of delivering a service to clients and/or internal clients of an organization may be summed up in this fashion. Services are characterized by Schmmenner (1986) into two main categories: the amount of interaction and customization and the level of labor effort. In terms of GDP output and employment, services are vital to both developed and developing economies globally (World Bank, 1991). According to the WHO 2008 World Health Report (1), a good healthcare service delivery system should be comprehensive, accessible, covered, continuous, of high quality, person-centered, coordinated, accountable, and efficient. Because the provision and consumption of services are interdependent, quality in services encompass not just the outcome but also the process (Sharabi, 2015). Only the services they offer can determine how effective a health system is (WHO, 2010). Effective services in the care industry can be achieved through consideration of the customer's needs in all sectors.

In order to generate and extend value for patients and communities, Mintzberg (2017) places a focus on collaborative partnerships of healthcare providers and joint ventures with other providers, payers, employers, clinical technology corporations, and other essential stakeholders. Quality and well-coordinated services that are deliberately meant to give a person continuity of care across a number of service networks, levels of care, and life phases.

2.3 Total Quality Management Practices

One important aspects of firms is total management and quality control since it involves consideration of team work as well as continuous management and training. The plan

calls for identifying the features that matter most to customers, ranking them in terms of importance, identifying any features that compete with one another, and then translating those priorities into engineering specifications. TQM promotes teamwork, employee confidence, and freedom in one's work.

Winkless (1999) asserts that management must first precisely define and communicate the current culture to the workforce before attempting to create a TQM environment. In order to create the kind of workplace where people will voluntarily take ownership of the work they do, TQM will naturally shape organizational culture. The results of quality audits show whether or not the client's requirements are being met. These audits can be performed by individuals from within the organization, individuals from outside the organization, or both. An improvement in quality is the result of removing TQM barriers. Deming also provided a list of seven fatal diseases that can affect management and create obstacles for TQM. One of these barriers is resistance to change, which is present in these diseases. There is a lack of coherence in the organization's goals, a focus on quick profits, performance reviews, annual reviews, and management that is mobile (Job hopping).

2.4 Total Quality Management

In management operations, it is vital to develop a set of core values and principles for the organization and to strictly adhere to those values and principles. On the basis of four pillars, the notion of total quality management will be investigated: support from senior management, customer-centricity, continual improvement, and training. It is feasible to see the sensation of having the support of senior management as an emotional state defining the relationship between an actor and an entity. It is possible that the actor is a

single person, a group of individuals, or an entire organization. Pheng and Jasmine (2004) argued that management must promote quality models in all operations.

Businesses may be confident that their consumers will benefit from the products and services they provide if they prioritize the needs of their customers and place them above their own. This principle is at the core of the great majority of businesses, as they would cease to exist without clients. By implementing the customer-centric philosophy, firms may demonstrate a more steadfast commitment to their own competence and agility. It is anticipated that a customer-centric strategy would create outcomes such as providing value to customers, which will boost customer loyalty and the organization's profitability (Sharabi, 2015). Using a variety of research methodologies, customer-centric strategies let businesses to investigate the desires and pursuits of their customers.

The notion of continual improvement is attributed to having originated in Japan. Both "improvement" and "improvement" are literal translations of the Japanese term kaizen. The term "kaizen" refers to the constant efforts made by every employee in an organization to ensure the enhancement of all processes and systems. It provides validity to the notion that change may be beneficial. According to Imai (2013), enterprises that adhere to the tenets of Kaizen may find that, as a consequence of their efforts, they may function with reduced costs and higher outputs.

According to Snell and Dean, (1992) the "comprehensiveness" of staff training is related to the application of quality control processes. It is vital to remember that TQM training and education is distinct from other forms of training and education, despite the fact that it is necessary to enhance other types of training and education initiatives inside an organization. Standard education and training might be provided in the form of a one-

time session that is not regularly offered. TQM education and training are continuous, never-ending activities.

2.5 Empirical Literature Review

According to a Salaheldin and Mukhalalati,(2009) a research done in the healthcare industry by the most important criteria for efficient TQM adoption were top-level management support, supplier participation, staff involvement, and training. The absence of any one of these factors jeopardizes the overall sustainability of the TQM process and may result in the program's failure to satisfy the targeted service quality criteria.

Talib, Rahman, and Qureshi (2012) assessed several quality management systems utilized in the service business. They concentrated on the implementation of total management of quality in a range of service areas in India, including healthcare, banking, hotels, and ICT systems. This was because these sectors were large enough to contain and adequately portray virtually all of the fundamental models of success. This was made feasible since these sections were suitably large. The study's goal was to demonstrate a range of service components and to make a significant addition to TQM theory and its application to the service industry. The study's findings lead the researchers to the conclusion that the initiative and enthusiasm of the service organization's workers are a critical component in deciding whether or not TQM is successfully applied in service systems.

In their study on building strategies for enhancing healthcare delivery in World Bank client countries, Bradely, Pallas, Bashyal, Berman, and Curry (2010) identified six essential performance areas: quality, efficiency, utilization, access, learning, and sustainability. These are the elements that comprise the primary performance areas. They

came to the conclusion that there is no one approach or collection of metrics that would work in every organizational situation. When policymakers and organizational managers are entrusted with picking the proper performance indicators and change management tactics for a given situation, they face a difficulty.

Obisanya, Bolaji, and Hassan (2019) investigated service delivery and comprehensive quality management in select Nigerian local governments. Taro Yamani's equations were used to collect data from Alimosho local government workers via a questionnaire. From a population of 3,165, 355 samples were acquired, and 187 of those samples were successfully filled and recovered. Staff empowerment, a practice of comprehensive quality management, had a substantial effect on service delivery, according to the study's findings, although process management did not.

2.6 Summary of Literature Review

Analysis confirms that quality aspects are important in managing firm operations and success. This is because it aims at achieving the goals of the firm and involves different policies such as coordination and team work. Management support, training of the workers and management of total issues in the firm are also covered under these models.

Since the beginning of the present century Total Quality Management (TQM) at work has been engaging attention of researchers and business entrepreneurs on certain aspects of TQM in an organization. Because TQM is everyone's responsibility, supervisor, team leaders and workers must have a say in planning and executing plans. A common means of soliciting feedback from workers at all levels in the quality circle. It is only through

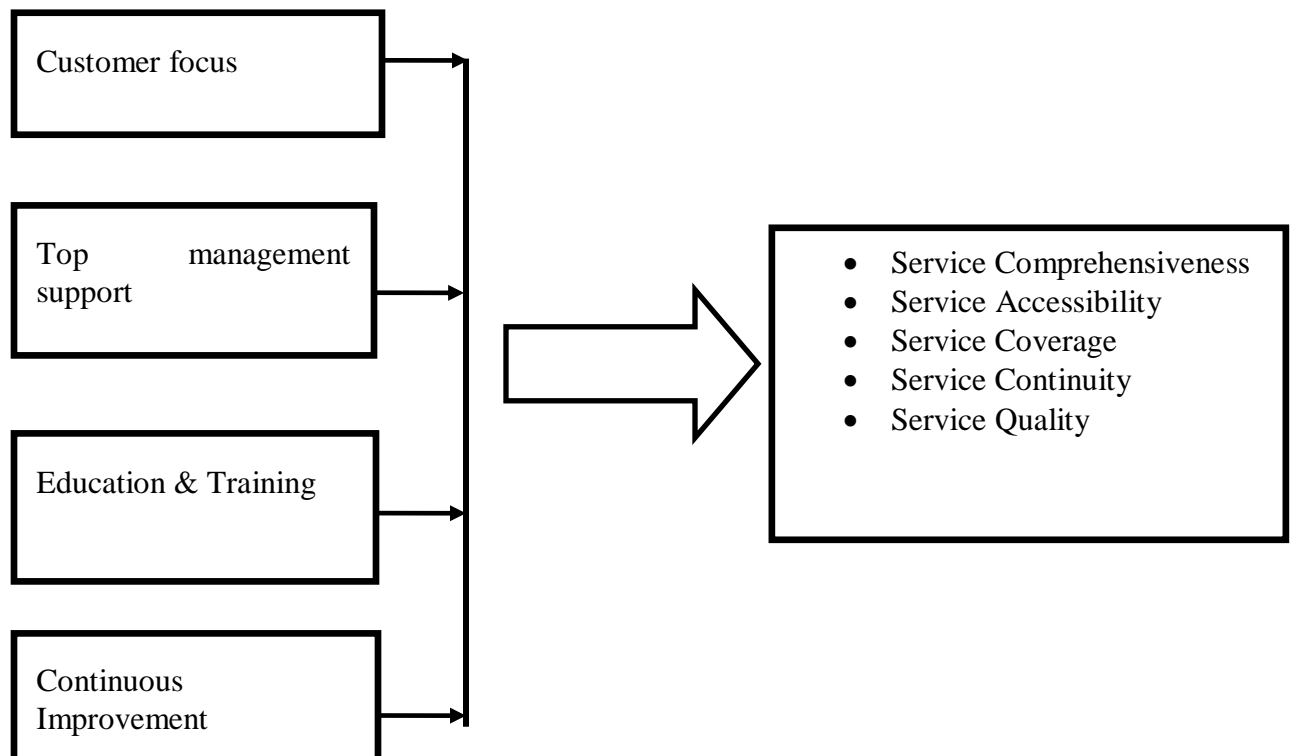
recognition of the role of TQM that an organization will be able to operate effectively and efficiently.

2.7 Conceptual Framework

The variables for this research study can be illustrated and represented as shown in the figure for both variables. The independent variable was the main TQM practices adopted by service firms. Other practices were not considered in this research. The dependent variable was service delivery as measured by the comprehensiveness, accessibility, coverage, continuity and quality of the service.

Independent Variable

TQM Types of Practices
delivery



CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This section presents the methods that were used in collecting data and the approach. They include: research design, population, sample size, sampling techniques, research instruments, data analysis and ethical considerations. A proper research design should be adopted in order to capture data required for the study.

3.2 Research Design

The study involved cross-sectional models and descriptive ways of managing information. This will help gain different aspects of the study variables. Data was administered to the staff at ISO certified hospitals in Nairobi County. Both open and closed ended questionnaires were used. This design helped to gain huge amount of data from the participants.

3.3 Population of the Study

The population was ISO certified hospitals in Nairobi County. According to KEBS (2021), there were five ISO certified hospitals in Nairobi County. They included Kenyatta National Hospital, Karen Hospital, St. Francis Community Hospital, The Nairobi Hospital and the Defence Forces Memorial Hospital. The hospitals had a total population of 7047 employees. The study targeted the employees as they were the people involving in service delivery and so had enough information on the level of service. A sample size of 379 employees was selected. The sample was done using Yamane model.

$$n = N / [1 + N(e)^2]$$

$$n = 7047 / [1 + 7047(0.1)^2] = 379 \text{ employees}$$

3.4 Sampling Design

Simple random method of sampling was used to give opportunity to all during selection. The model also reduced biasness in the data gathering. applied simple random sampling as the sampling technique for the study. This method was preferred over others because of its tendency to ensure high internal validity.

3.5 Data Collection

The main instruments used, were questionnaires which was divided into three parts. The first part consisted of statements aimed at obtaining background information of respondents. This information includes sex, period of service in the organization, number of years in employment. This assisted the researcher to be able to describe the different aspects of the participants. The questionnaire as well as the questions was self-administered where the employees filled the questionnaires.

3.6 Data Analysis

Data analysis with the entry of questionnaires for completeness and consistency. Analysis was based on descriptive values which covered the mean as well as the frequency and standard deviation. A regression model is shown below;

$$SD = \beta_0 + \beta_1 CF + \beta_2 LS + \beta_3 ET + \beta_4 CI + \epsilon$$

Where;

Y=SD= the level of service Delivery in the firm

β_0 =the value of the constant

β_1 - β_4 = the coefficients in the study.

CF=customer focus

LS=Top leadership support

ET=Employee education and training

CI=Continuous Improvement

3.7 Ethical Considerations

The researcher put the following ethical issues into consideration: Ensuring privacy and anonymity of respondents by avoiding any questions that ask the respondent for identifying details and being transparent about the research objectives and how the collected data was used. The principle of informed consent was applied and all information gathered was kept secret and confidential.

CHAPTER FOUR:

DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

The section discusses the results based on the variables of the study. The study disbursed a total of 379 questionnaires to the respondents. However, out of the 379 questionnaires, a total of 273 were returned when fully filled. This shows a response rate of 72% which is sufficient as Mugenda and Mugenda (2003) recommends a low of 50% as sufficient.

4.2 General Information

Table 4.1: Respondent's Gender

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	193	70.7	70.7	70.7
Female	80	29.3	29.3	100.0
Total	273	100.0	100.0	

Many of the workers were male. This was represented by 70.7% of the respondents. However, 29.3% were female. This indicates that majority of the employees within the ISO certified hospitals in Nairobi are male.

Table 4.2: Age of the Respondents

	Frequency	Percent
Below 25 years	33	12.1
25-35 years	128	46.9
36-45 years	55	20.1
46-55 years	33	12.1
56 years and above	24	8.8
Total	273	100.0

Many of the participants were 35 years and below (59.0%). This is shown by 12.1% who were below 25 years and 46.9% who were aged between 25 and 35 years. The findings also indicated that 41% were aged above 35 years. This is shown by 20.1% who were aged 36-45 years, 12.1% aged between 46 and 55 years and 8.85 who were aged 56 years and above.

Table 4.3: Period Worked

	Frequency	Percent
Less than 1 years	10	3.7
1-5 years	32	11.7
6-10 years	159	58.2
11-15 years	60	22.0
16 years and above	12	4.4
Total	273	100.0

Many workers have worked for more than five years with just 19.1% working in their current hospitals for 5 years and below (3.7% for less than 1 years and 15.4% for 1-5 years). The participants had stayed in their current hospitals for time enough to understand TQM practices and how they have affected service delivery within the hospital.

Table 4.4: Wing Attached To

Wing	Frequency	Percent
Private	53	20.1
Public	218	79.9
Total	273	100.0

Based on the results, 79.9% of the respondents indicated that they were attached to the public wing. However, 20.1% indicated that they were attached to the private wing. This indicates that Majority of the ISO certified hospitals are public in nature.

4.3 Total Quality Management Practices

Table 4.5: Total Quality Management Practices

	N	Minimum	Maximum	Mean	Std. Deviation
Customer focus	273	1.00	5.00	3.7326	.93832
Top management support	273	1.00	5.00	2.4029	.83507
Education & Training	273	1.00	5.00	3.1612	.51773
Continuous Improvement	273	1.00	5.00	3.9011	.84525

From the findings, the respondents indicated to a great extent on continuous improvement (Mean=3.9011; Std. Dev=0.845) and customer focus (Mean=3.7326; Std Dev.=0.938). The respondents indicated to a moderate extent on education and training (Mean=3.1612; Std Dev.=0.518). However, they indicated that their hospitals adopted top management support to a little extent (Mean=2.4029; Std Dev.=0.835). This shows that ISO certified hospitals adopt various TQM practices.

Table 4.6: Whether TQM influence Service Delivery

	Frequency	Percent
Yes	215	78.8
No	58	21.2
Total	273	100.0

The study sought to establish whether TQM influenced service delivery within the hospitals. The respondents (78.8%) indicated that TQM influenced service delivery

within their hospitals. However, 21.2% indicated otherwise. This shows that TQM influence service delivery within the ISO certified hospitals in Nairobi.

4.3.1 Customer Focus

Table 4.7: Customer Focus

	Mean	Std. Deviation
My hospital has established a wide variety of mechanisms for customers to contact the organization easily and effectively	2.0769	.69500
At my hospital there is close cooperation with the vendors creating long-term relationships and agreements with a few key suppliers	3.9597	.71886
At my hospital the employees are close to customers which make them feel a stronger sense of responsibility to ensure quality product/ service	2.2198	.72966
My hospital is customer-orientated organisations as it meets customers' current and future requirements	1.8645	.71225
My hospital has established goals and systems that enhance customer satisfaction in the hospital	3.8901	.62633

The study sought to establish the level of agreement on statements relating to customer focus within ISO certified hospitals in Nairobi. There was close cooperation with the vendors (Mean =3.9597; Std Dev.=0.71886). They also agreed that their hospitals had established goals and systems that enhanced customer satisfaction in the hospital (Mean=3.8901; Std Dev.=0.62633). However, the respondents disagreed that at their hospitals the employees were close to customers (Mean=2.2198; Std Dev.=0.72966); their hospitals had established effective customer tools (Mean=2.0769; Std Dev.=0.69500); and that their hospitals were customer-orientated organizations as they met customers' current and future requirements (Mean=1.8645; Std Dev.=0.71225). The

responses didn't differ much as the standard deviation was small (less than 1) hence supporting the mean.

4.3.2 Top management support

Table 4.8: Top management support

	Mean	Std. Deviation
The management support quality management in my organisation	3.9304	.64076
Top management develops and communicates the organisation's vision throughout the organisation	4.3077	.40761
Top management in my hospital is actively involved in establishing and communicating the organisation's vision, goals, plans, and values for its quality program	4.0037	.85999
My hospital top management has a quality culture by taking an active leadership role and involving all employees in TQM	2.1795	.71796
At my hospital management has a whole hearted commitment to TQM	3.8168	.77375

The study sought to establish the level of agreement on statements relating to top management support for TQM within ISO certified hospitals in Nairobi. From the results, the respondents agreed that top management developed and communicated the organization's vision throughout the organizations (Mean=4.1174; Std Dev.= 0.40761); and that top management in their hospitals was setting strong values and objectives (Mean=4.0030; Std Dev.= 0.85999). The respondents also agreed that the management supported quality management in their organizations (Mean=3.9304; Std Dev.= 0.64076); and that at their hospitals, managements had a whole hearted commitment to TQM (Mean=3.8168; Std Dev.= 0.77375). The respondents, however, disagreed that their hospital top managements had quality cultures (Mean=2.1795; Std Dev.= 0.71796).

4.3.3 Education and Training

Table 4.9: Education and Training

	Mean	Std. Deviation
My hospital supports education among the employees by funding their education efforts	1.9927	.70185
My hospital has training programs which allows for regular training of employees	4.0220	.73231
Auditing employees' behavioral traits during the recruitment and selection process is done in my hospital	2.0842	.82038
My hospital has developed a long-term relationship of loyalty and trust with their employees in order to implement TQM successfully	2.1722	.84215

The inquiry evaluated the education and training among ISO certified hospitals in Nairobi. From the results, the respondents agreed that their hospitals had training programs which allowed for regular training of employees (Mean=4.0220; Std Dev.= 0.73231). However, the respondents disagreed that their hospitals had developed strong customer management tools (Mean=2.1722; Std Dev.= 0.84215). Evaluation of workers was done in their hospitals (Mean=2.0842; Std Dev.= 0.82038); and that their hospitals supported education among the employees by funding their education efforts (Mean=1.9927; Std Dev.= 0.70185). This indicates that education and training among employees of ISO certified hospitals is not rampant.

4.3.4 Continuous Improvement

Table 4.10: Continuous Improvement

	Mean	Std. Deviation
In my hospital, there is monitoring of performance for continuous improvement and defect prevention	4.1392	.69322
My hospital provides consistent instructive and supportive feedback to their employees	1.9267	.58327
Employees in my hospital are rewarded by their contribution to the organisation, their skills and experience	2.0220	.72220
For successful TQM programmes, the personal security concerns of all employees involved are addressed at my hospital	3.9267	.84570

The study sought to establish the level of agreement on statements relating to continuous improvement among ISO certified hospitals in Nairobi. From the results, the respondents agreed that in their hospitals, there was monitoring of performance for continuous improvement and defect prevention (Mean=4.1392; Std Dev.= 0.69322); and that for successful TQM programmes, the personal security concerns of all employees involved were addressed at their hospitals (Mean=3.9267; Std Dev.= 0.84570). The respondents disagreed that employees in their hospital were evaluated based on their skills (Mean=2.0220; Std Dev.= 0.72220); and that their hospitals provided consistent instructive and supportive feedback to their employees (Mean=1.9267; Std Dev.= 0.58327).

4.4 Service Delivery

Table 4.11: State of service delivery within Hospitals

	Frequency	Percent
Excellent	2	0.7
Very good	7	2.6
Good	12	4.4
Poor	232	85.0
Very Poor	20	7.3
Total	273	100.0

On the state of state of service delivery within ISO certified hospitals, the study found that majority of the respondents (85%) indicated that service delivery within their hospitals was poor. On the other hand, 20% indicated very poor, 12% indicated good while 2.6% indicated very good. This shows that service delivery within ISO certified hospitals in Nairobi is poor.

Table 4.12: Agreement on Statements RELATING to Service Delivery

	Mean	Std. Deviation
There is a high level of comprehensiveness of service offered in my hospital	2.0220	.55528
The services offered in my hospital are highly accessible	4.0330	.67710
My hospital offers a wide variety of health services	4.1136	.51263
My hospital offers their services 24 hours 7 days a week	4.1282	.58947
There is high service quality in my hospital	2.2015	.87850
My hospital ensures coordination of the various departments and employees for effective delivery	4.1648	.18289
My hospital offers person- centeredness services	2.1209	.79754
My hospital employees offer empathy to the customers	2.3773	.76010

The study sought to establish the level of agreement on statements relating to service delivery among ISO certified hospitals in Nairobi. From the results, the respondents agreed that their hospitals ensured coordination of the various departments and employees for effective delivery (Mean=4.1648; Std Dev.= 0.18289). They also agreed that their hospital offered their services 24 hours 7 days a week (Mean=4.1282; Std Dev.=0.58947); their hospital offered a wide variety of health services (Mean=4.1136; Std Dev.= 0.51263); and that the services offered in their hospitals were highly accessible (Mean=4.0330; Std Dev.= 0.67710). However, they disagreed that their hospital employees offered empathy to the customers (Mean=2.3773; Std Dev.= 0.76010); and that there was high service quality in their hospitals (Mean=2.2015; Std Dev.= 0.87850). The study further disagreed that their hospital offered person- centeredness services (Mean=2.1209; Std Dev.= 0.79754); and that there was high level of comprehensiveness of service offered in their hospitals (Mean=2.0220; Std Dev.= 0.55528).

4.5 Regression Analysis

Table 4.13: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.699 ^a	.488	.480	.40980

a. Predictors: (Constant), Continuous Improvement, Customer focus, Education & Training, Top management support

From the findings, the model showed a correlation (R) value of 0.699. This indicates that TQM practices had a strong relationship with service delivery among ISO certified hospitals in Nairobi. The summary also shows an R squared of 0.488. This indicates that TQM practices (customer focus as well as leaders and top management support, and

training and continuous management of operations) contributes 48.8% to the change in service delivery among ISO certified hospitals in Nairobi.

Table 4.14: ANOVA

ANOVA ^b						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	2.747	4	.687	4.090	.003 ^a
	Residual	45.006	268	.168		
	Total	47.754	272			

a. Predictors: (Constant), Continuous Improvement, Customer focus, Education & Training, Top management support

b. Dependent Variable: Service Delivery

ANOVA statistics was employed. From the ANOVA table, the model shows an F statistic of 4.090 with a significance value of 0.003. This indicates that the regressions model was significant and fits the data. The results also indicate that TQM practices significantly affects service delivery among ISO certified hospitals in Nairobi.

Coefficients^a

Model		Unstandardized		Standardised	t	Sig.
		Coefficients				
		B	Std. Error	Beta		
1	(Constant)	5.095	1.112		4.581	.000
	Customer focus	.310	.106	.306	2.935	.004
	Top management support	.052	.036	.042	1.457	.146
	Education & Training	.102	.031	.093	3.271	.001
	Continuous Improvement	.415	.166	.374	2.500	.013

a. Dependent Variable: Service Delivery

From the regression statistics, the model shows a constant of 5.095. This indicates that if TQM practices don't change, then service delivery within ISO certified hospitals would

stand at 5.095. The model also shows a regression coefficient of 0.310 for customer focus with a significance value of 0.004. This indicates that changes in customer focus promote service delivery within ISO certified hospitals. The model also shows a regression coefficient of 0.052 for top management support with a significance value of 0.146. This indicates that top leadership supports service delivery within ISO certified hospitals.

The model showed a regression coefficient of 0.102 for education and training with a significance value of 0.001. This indicates that a unit increase in education and training among employees would cause a significant increase in service delivery within ISO certified hospitals by 0.102. The results showed a regression coefficient of 0.415 for continuous improvement with a significance value of 0.013. This indicates that a unit increase in continuous improvement would cause a significant increase in service delivery within ISO certified hospitals by 0.415. The findings show that TQM practices have a positive effect on service delivery within ISO certified hospitals.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the study summary, conclusions, recommendations, limitations as well as areas that need more work based on the study findings. The limitations of the study and other issues for future work is also presented.

5.2 Summary of Findings

The study sought to establish the extent to which hospitals adopted TQM practices. It is true that the firms adopted continuous improvement and customer focus to a great extent. The respondents indicated a moderate adoption for education and training but indicated that their hospitals adopted top management support to a little extent. On whether, TQM influenced service delivery within the hospitals, majority of the respondents indicated that TQM influenced service delivery within their hospitals.

On the customer focus within ISO certified hospitals in Nairobi, the respondents agreed that at their hospitals there was close cooperation with the vendors creating good relations. They also agreed that their hospitals had established strong systems in managing clients. However, they disagreed that at their hospitals the employees were close to customers which made them stronger and have the power to manage people and that their hospitals were customer-orientated organizations as they met customers' current and future requirements.

On the top management support for TQM within ISO certified hospitals in Nairobi, the firm had developed and communicated the organization's vision throughout the organizations; and that top management in their hospitals was promoting vision and value development. The respondents also agreed that the management supported quality management in their organizations; and that at their hospitals; managements had provided support and funding to quality aspects. They, however, disagreed that their hospital top managements had quality cultures.

On education and training among ISO certified hospitals in Nairobi, respondents agreed that their hospitals had training programs which allowed for regular training of employees. However, the respondents disagreed that their hospitals had developed different ways of managing clients and that their hospitals supported education among the employees by funding their education efforts.

There was monitoring of performance for continuous improvement and defect prevention; and that for successful TQM programmes, the personal security concerns of all employees involved were addressed at their hospitals. The respondents disagreed that employees in their hospital were effectively managing workers and that their hospitals provided consistent instructive and supportive feedback to their employees.

On the state of state of service delivery within ISO certified hospitals, (85%) indicated that service delivery within their hospitals was poor. The respondents agreed that their hospitals ensured coordination of the various departments and employees for effective delivery. They also agreed that their hospital offered their services 24 hours 7 days a week; their hospital offered a wide variety of health services; and that the services offered in their hospitals were highly accessible. However, they disagreed that their hospital

employees offered empathy to the customers; and that there was high service quality in their hospitals. The study further disagreed that their hospital offered person-centeredness services; and that there was high level of comprehensiveness of service offered in their hospitals.

The correlation (R) value of 0.699 showed that a strong relationship existed between the TQM practices and service delivery. The regression model summary showed that TQM practices (customer focus issues, top leaders and management support, education as well as training and other matters associated with continuous improvement) contributed 48.8% to the change in service delivery among the hospitals. ANOVA statistics showed that TQM practices significantly affected service delivery. From the regression coefficients, the model showed a regression coefficient of 0.310 for customer focus with a significance value of 0.004 indicating a positive significant effect. The model also shows a regression coefficient of 0.052 for top management support with a significance value of 0.146 showing an insignificant effect. It showed a regression coefficient of 0.102 for education and training with a significance value of 0.001 showing a significantly positive effect. The results showed a regression coefficient of 0.415 for continuous improvement with a significance value of 0.013 showing a significantly positive effect. Total quality management practices showed a positive effect on service delivery of ISO certified hospitals in Nairobi.

5.3 Conclusions of the study

The study concludes that ISO certified hospitals adopt various TQM practices. The study also concludes that TQM influence service delivery within the ISO certified hospitals in Nairobi. The study further concludes TQM practices have a strong relationship with

service delivery among ISO certified hospitals in Nairobi. From the regression analysis, TQM practices have a positive effect on service delivery within ISO certified hospitals in Nairobi.

From the descriptive statistics, the study concludes that ISO certified hospitals in Nairobi have close cooperation with the vendors; have established goals and systems that enhanced customer satisfaction in the hospitals. On the other end, the study concludes that the employees working with ISO certified hospitals in Nairobi are not close to customers which creates poor customer management. The hospitals also lack a wide variety of tools to manage their clients. The study also concludes that ISO certified hospitals in Nairobi are not customer-orientated. From the regression analysis, the study also concludes that customer focus has a positive effect on service delivery within ISO certified hospitals in Nairobi.

For top management support for TQM within ISO certified hospitals in Nairobi, the study concludes that the top management is support TQM through active involvement in developing effective tools in managing ISO certified hospitals in Nairobi. The study also concludes that ISO certified hospitals in Nairobi top managements do not have a quality culture for active leadership role and involving all employees in TQM. From regression analysis, the study concludes that top management support has a positive insignificant effect on service delivery of ISO certified hospitals in Nairobi.

On education and training, ISO certified hospitals in Nairobi have training programs but have not developed strong systems with their workers. The study also concludes that the hospitals do not undertake effective workers evaluation models with no support for

education among the employees by funding their education efforts. However, education as well as training promote success in the firms.

The study concludes that continuous improvement has a positive significant effect on service delivery within ISO certified hospitals in Nairobi. The study recommends that ISO certified hospitals in Nairobi undertake continuous improvement for improved service delivery. The study concludes that ISO certified hospitals in Nairobi have no reward system for employees with no feedback and support systems to their employees. The study recommends that ISO certified hospitals in Nairobi establish a reward system where the best performing and experienced employees are rewarded. The ISO certified hospitals in Nairobi also need to establish feedback and support systems where TQM and service information is shared easily with feedback and support given where needed. This will

5.4 Recommendations for Policy and Practice

The study concludes that TQM tools and activities are important and have strong as well as positive value on service delivery within ISO certified hospitals in Nairobi. This study recommends that ISO certified hospitals in Nairobi come up with relevant measures that would improve total quality management for improved service delivery. The study also recommends that ISO certified hospitals in Nairobi create a culture of empathy to the customers among the employees. The hospitals also need to offer person- centeredness and comprehensive services for them to improve service delivery.

The study also recommends that ISO certified hospitals in Nairobi train their employees on customer service which will enable them to create a strong service quality. The study

also recommends that ISO certified hospitals in Nairobi create effective customer management. ISO certified hospitals in Nairobi also need to be customer-orientated for improved service delivery through customer focus. It is imperative that ISO certified hospitals in Nairobi enhance their customer focus for improved service delivery.

From regression analysis, the study concludes that top management and leaders should support has a positive insignificant effect on service delivery of ISO certified hospitals in Nairobi. The ISO certified hospitals in Nairobi ought to increase top management support for them to improve service delivery. This study recommends that top managements of ISO certified hospitals in Nairobi cultivate a quality culture for active leadership role and involving all employees in TQM. There is also the need for the hospitals to come up with other ways of improving service delivery other than top management support. This is because top management shows an insignificant effect on service delivery among the hospitals.

The study concludes that education and training promote service delivery of ISO certified hospitals in Nairobi. There is need to increase education and training among ISO certified hospitals in Nairobi. For improved service delivery, the study ISO certified hospitals in Nairobi should develop good customer views and management. The study also recommends that ISO certified hospitals in Nairobi undertake auditing of employees' behavioral activities in their major operations while at the same time supporting the employees in their education efforts through funding their education.

From the descriptive statistics, the study concludes that ISO certified hospitals in Nairobi undertake monitoring of performance for continuous improvement and defect prevention; and address personal security concerns of all employees involved in TQM. The study also

concludes that ISO certified hospitals in Nairobi have no reward system for employees with no feedback and support systems to their employees. From the regression analysis, the study concludes that continuous improvement has a positive significant effect on service delivery within ISO certified hospitals in Nairobi.

The study concludes that ISO certified hospitals in Nairobi possess a poor service delivery through a poor service quality. The study also concludes that the employees do not offer empathy to the customers of ISO certified hospitals in Nairobi. The study further disagreed that their hospital offered person- centeredness services; and that there was high level of comprehensiveness of service offered in their hospitals.

5.5 Limitations of the Study

This study was limited by the unwillingness of the respondents to provide information base on the questionnaire. To remove the fear, the participant's data was made private and anonymity was observed. Consent was also sought from the respondents to facilitate increased response rate.

The study was done on ISO certified hospitals in Nairobi which created a limitation of generalizability. The study was also limited by the scope which involved TQM practices and service delivery assuming other factors influencing service delivery within the hospitals. This was overcome through other views.

5.6 Suggestions for Further Research

This study recommends similar research based on other hospitals in Nairobi other than ISO certified hospitals. The study also recommends a similar study based on other factors influencing service delivery among ISO certified hospitals other than TQM practices. The

study also recommends a similar study based on ISO certified hospitals outside Nairobi for comparison of results.

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APPENDICES

Appendix I: List of ISO Certified Hospitals in Nairobi County

1. Kenyatta National Hospital
2. Karen Hospital
3. St. Francis Community Hospital
4. The Nairobi Hospital
5. Defence Forces Memorial Hospital

Appendix II: Questionnaire

Section I: General Information

What is your gender? Male Female

What is your age? Below 25 years 25-35 years 36-45 years

46-55 years 56 years and above

What is your highest education attained?

Secondary and Below Certificate Diploma

Undergraduate Post Graduate

How long have you worked in your current hospital?

Less than 1 years 1-5 years 6-10 years

11-15 years 16 years and above

Which wing of the hospital are you attached to?

Private Wing Public Wing

Section II: TQM Practices and Service Delivery

Has TQM influenced service delivery within your hospital?

Yes No

1. Indicate your view on following TQM practices?

	1	2	3	4	5
Customer focus					

Top management support					
Education & Training					
Continuous Improvement					

2. Indicate your opinion on the firm TQM practices?

Customer focus	1	2	3	4	5
My hospital has established different customer support tools					
At my hospital there is close cooperation with the vendors					
At my hospital the employees are close to customers and support them					
My hospital is customer-orientated organizations as it meets customers' current and future requirements					
My hospital has systems that support quality practices					
Top management support					
The management support quality management in my organization					
Top management develops and communicates the organization's vision throughout the organization					
Communication is based on quality aspects					
Top leadership supports quality models					
At my hospital management is highly committed to quality aspects.					
Education & Training					

My hospital supports education among the employees by funding their education efforts					
My hospital has training programs which allows for regular training of employees					
Workers are highly evaluated before joining the firm					
My hospital support loyal workers to achieve high trust.					
Continuous Improvement					
In my hospital, there is monitoring of performance for continuous improvement and defect prevention					
My hospital provides consistent instructive and supportive feedback to their employees					
Employees in my hospital are evaluated based their abilities.					
For successful TQM programmes, the workers safety is addressed.					

Section III: Service Delivery

How is the service delivery within your Hospital?

Excellent () Very good () Good () Poor ()

Very Poor ()

Support the following items and note your view relating to service delivery within your organization.

Statement	1	2	3	4	5
The organization is based on comprehensiveness services					
The services offered in my hospital are highly accessible					
My hospital offers a wide variety of health services					
My hospital offers their services 24 hours 7 days a week					
There is high service quality in my hospital					
My hospital ensures coordination of the various departments and employees for effective delivery					
My hospital offers person- centeredness services					
My hospital employees offer empathy to the customers					

3. What do you think your hospital should do in order to enhance service delivery through TQM?

THANK YOU