FACTORS INFLUENCING PROVISION OF HEALTH CARE SERVICE DELIVERY IN KENYA. A CASE OF UASIN GISHU DISTRICT HOSPITAL IN ELDORET

EMILY NANCY AKACHO

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT FOR THE REQUIREMENTS OF THE AWARD OF DEGREE OF MASTER OF ARTS IN PROJECT PLANNING AND MANAGEMENT OF THE UNIVERSITY OF NAIROBI

2014
DECLARATION

This research project is my original work and has not been submitted for an award of degree in any other university.

Signed…………………………………………Date………………………………

Emily Nancy Akacho

REG. NO.L50/61905/2013

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

Signed…………………………………………Date………………………………

Mr. Stephen Okello

Lecturer, Department of Extra Mural Studies

University of Nairobi
DEDICATION

I would like to dedicate this research project to my family for the great financial and moral support that they have offered me and to all the friends and students in Kenya.
ACKNOWLEDGEMENTS

This project was developed with great help from many people whom I’m deeply indebted to. I wish to express my deep appreciation to my supervisor Mr. Stephen Okello for his expert guidance through the development of this project. I also acknowledge the lecturers in the Department of Extra Mural studies who provided me with a quality graduate education and showed me how to approach my work as a social scientist. I also acknowledge the invaluable contribution of my colleagues and all the other postgraduate students in the School of Continuing and Distance Learning from whom I have drawn a lot of determination. Special recognition of my entire family whose love and support kept the fire burning. Special thanks go to all the participants who took part in this study and gave me their time and experience. Their contribution and information has been the flesh and basis of this project. Finally, I express a lot of gratitude to all the people whom I have not mentioned but have helped in one way or the other.
# TABLE OF CONTENTS

DECLARATION ...................................................................................................................... ii  
DEDICATION ...................................................................................................................... iii  
ACKNOWLEDGEMENTS ...................................................................................................... iv  
TABLE OF CONTENTS ........................................................................................................ v  
LIST OF TABLES .................................................................................................................. ix  
LIST OF FIGURES ............................................................................................................... x  
LIST OF ABBREVIATIONS AND ACRONYMS ................................................................ xi  
ABSTRACT .......................................................................................................................... xii  
CHAPTER ONE .................................................................................................................... 1  

1.0 INTRODUCTION ........................................................................................................... 1  
1.1 Background of the study .............................................................................................. 1  
1.2 Statement of the problem ............................................................................................ 6  
1.3 Purpose of the study .................................................................................................... 7  
1.4 Research Objectives ................................................................................................. 8  
1.5 Research Questions ................................................................................................... 8  
1.6 Significance of the study ........................................................................................... 9  
1.7 Delimitations of the Study ........................................................................................ 10  
1.8 Limitation of the study .............................................................................................. 10  
1.9 Basic assumptions of the study .................................................................................. 11  
1.10 Definition of significant terms ................................................................................ 11  
1.11 Organization of the Study ....................................................................................... 12  

CHAPTER TWO .................................................................................................................. 13  

2.0 LITERATURE REVIEW ................................................................................................. 13  
2.1 Introduction ................................................................................................................. 13


<table>
<thead>
<tr>
<th>Chapter</th>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2</td>
<td>Provision of healthcare services</td>
<td>13</td>
</tr>
<tr>
<td>2.3</td>
<td>Availability of enough facilities and Healthcare service delivery</td>
<td>14</td>
</tr>
<tr>
<td>2.4</td>
<td>Financial Resources and Healthcare Service Delivery</td>
<td>18</td>
</tr>
<tr>
<td>2.5</td>
<td>Communication process and Healthcare Service Delivery</td>
<td>22</td>
</tr>
<tr>
<td>2.6</td>
<td>Staffing and Healthcare Service Delivery</td>
<td>26</td>
</tr>
<tr>
<td>2.7</td>
<td>Theoretical Framework</td>
<td>28</td>
</tr>
<tr>
<td>2.8</td>
<td>Conceptual Framework</td>
<td>30</td>
</tr>
<tr>
<td>2.9</td>
<td>Gaps in Literature Review</td>
<td>31</td>
</tr>
<tr>
<td>3.0</td>
<td>RESEARCH METHODOLOGY</td>
<td>32</td>
</tr>
<tr>
<td>3.1</td>
<td>Introduction</td>
<td>32</td>
</tr>
<tr>
<td>3.2</td>
<td>Research Design</td>
<td>32</td>
</tr>
<tr>
<td>3.3</td>
<td>Target population</td>
<td>32</td>
</tr>
<tr>
<td>3.4</td>
<td>Sample size and sample selection</td>
<td>33</td>
</tr>
<tr>
<td>3.5</td>
<td>Research instruments</td>
<td>34</td>
</tr>
<tr>
<td>3.5.1</td>
<td>Piloting of the study</td>
<td>34</td>
</tr>
<tr>
<td>3.5.2</td>
<td>Validity of the instruments</td>
<td>34</td>
</tr>
<tr>
<td>3.5.3</td>
<td>Reliability of the instrument</td>
<td>35</td>
</tr>
<tr>
<td>3.6</td>
<td>Validity and reliability analysis</td>
<td>35</td>
</tr>
<tr>
<td>3.7</td>
<td>Data collection procedure</td>
<td>35</td>
</tr>
<tr>
<td>3.8</td>
<td>Data analysis techniques</td>
<td>36</td>
</tr>
<tr>
<td>3.9</td>
<td>Ethical consideration</td>
<td>36</td>
</tr>
<tr>
<td>3.10</td>
<td>Operational Definition of Variables</td>
<td>36</td>
</tr>
<tr>
<td>4.0</td>
<td>DATA ANALYSIS, PRESENTATION AND INTERPRETATION</td>
<td>38</td>
</tr>
</tbody>
</table>
Appendix 3: .......................................................................................................................... 64

QUESTIONNAIRE .............................................................................................................. 64
LIST OF TABLES

Table 3.2: Operational Definition of Variables ................................................................. 36
Table 4.1: Response Return Rate ...................................................................................... 38
Table 4.2: Gender distribution of the respondents ............................................................. 39
Table 4.3: Age of respondents ......................................................................................... 40
Table 4.4: Facilities and Healthcare service delivery ....................................................... 41
Table 4.5: Influence of financial resources on healthcare service delivery ...................... 42
Table 4.6: Influence of communication process on healthcare service delivery ............. 44
Table 4.7: Staff and provision of healthcare service delivery .......................................... 46
Table 5.1: Contribution to the body of knowledge ......................................................... 52
LIST OF FIGURES

Figure 1: Conceptual Framework ........................................................................................................30
LIST OF ABBREVIATIONS AND ACRONYMS

GOK - Government of Kenya
MOH - Ministry of Health
MO - Medical Officer
UN - United Nations
WHO - World Health Organization
NGO - Non-Governmental Organization
SAS - School of Arts & Social Sciences
UN - United Nations
AIDS - Acquired Immunodeficiency Syndrome
AHA - American Hospital Association
ARRA - American Recovery and Reinvestment Act
ABSTRACT

This study sought to examine the factors that influence the provision of healthcare service delivery in Kenya a case of Uasin Gishu District Hospital in Eldoret. Good health care is a fundamental need in the life of a person because it helps develop a positive self-image and also opens up the opportunities for an individual to do his/her daily duties as required of them. Availability of quality healthcare to the public directly helps in making their lives better in future by making them productive in the society, it also reduces the number of people that die every day due to poor provision of healthcare in public hospitals both adults and the new born babies in the public maternity wards. Provision of healthcare in public hospitals is achieved through the availability of enough staff, resources, facilities for the hospitals and good communication process that enables the hospital to run effectively. This research aimed at finding out the various factors influencing provision of health care service delivery in Kenya and majorly focused on the public health sectors in Kenya a case of Uasin Gishu District Hospital. This study was carried out in Eldoret Municipality in Rift Valley Province. The study used the census research design to carry out the survey as it targeted all staffs working in Uasin Gishu District hospital only. A sample population of 96 staffs was drawn from the same hospital and the entire staffs from different departments in the hospital were considered. The respondents were picked from each department and self-administered questionnaires were used to collect the data, analysis tools such as median, mean, correlation analysis were used. The study found out that poor communication from the management influenced the quality of performance among the staff as they fail to know their allocated and expectation at the work place, poor communication between the staffs and the patients also was found to be a major contributor to the inefficient delivery of healthcare services in the hospitals as there was no enough time spent between the staffs and the patient, lack of enough staffing was also a major issue experienced in the hospital as there were fewer staffs compared to the number of patient leading to work overload of the staffs as they could not be in a position to handle all the patients present, lack of enough financial resources to help in the daily running of the hospital was a major challenge as there was no enough finances to equip the laboratories and buy enough medicines for the patients, finally the study found out that lack of enough facilities in the hospital such as poorly maintained wards and under stocked laboratories and lack of enough in the hospitals contribute a lot to lack of adequate provision of healthcare service delivery in hospitals. The study came up with conclusions that will help the Ministry of Health in Kenya to deal with the delivery of healthcare service in Kenya and among the recommendation the study recommended were that there should be enough staffing of qualified and enough staffs so that each patient can be adequately attended to and that to happen the Ministry of Health needs to put much consideration to the people being employed and avoid corruption at place of work as this may lead to employment of under qualified staff, another recommendation was that there should be enough and equitable financial allocation to all the hospitals in Kenya so that they can adequately run their daily activities there should also be proper communication improvement among the staff member and this will ensure that there is enough and adequate service delivery lastly availability of facilities such as beds, laboratories should be provided to ease the work being done in the hospitals and ease the work of the staff and motivate them.
CHAPTER ONE

1.0 INTRODUCTION

1.1 Background of the study

Providing quality service has significant impact on customer satisfaction (Swanson and Davis, 2003), customer retention (Yeas, et al 2004) and growth of organization (So hail, 2003). However, the poor state of customer service in some public health facilities in Kenya has resulted in high turnover and weak morale among staff, making it difficult to guarantee 24-hour coverage resulting in, problems with patients care, increased cost of operations due to inefficiencies (Owino and Korir, 1997) leading some patients to look for an alternative provider and to spread negative word of mouth which affects potential clients hence growth of the hospital (Tam, 2005). In Ghana the healthcare sector the attention of health service providers is being drawn to the need to be cautious about how the customer patient is dealt with. The provision of service is a very challenging task (Collier, 1987) especially in the healthcare sector. Every country needs a good health care system and it is important to recognize that a healthy population is better disposed to achieving the productivity that is needed so as to increase and sustain continued growth of the country’s economy. (Andaleeb, 2000).

This situation is further worsened by the patients or customers perception of functional issues which they perceive and interact with during the course of seeking treatment such as physical facilities, internal process; interactions with doctors, nurses and other support staff as poor and unresponsive (Boshoff and Gray, 2004; Algulan hizmet and Connor , 2003). In their studies, Demirel, Yoldas and Divanoglu (2009) found
a positive and significant relationship between customers’ perception of service quality and their willingness to recommend the company.

In Europe healthcare service delivery is given a wide definition in the Union context, going beyond the avoidance of accidents and prevention of disease to include all aspects of the worker’s well-being. The competence of the EU to intervene in the field of health and safety at work is defined by the provision in Article 153(1 and 2) TFEU, which authorizes the Council to adopt, by means of directives, minimum requirements as regards ‘improvement in particular of the working environment to protect workers’ health and safety’ (a provision originating in the Single European Act 1986). The significance of this broad scope of ‘health and safety’ is immense, as it underpins the potential of EU health and safety policy to prescribe minimum standards to protect all aspects of the worker’s well-being. Article 118A (now Article 153(2) TFEU) lay down minimum requirements concerning health and safety at work. According to this principle, the Member States must raise their level of protection if it is lower than the minimum requirements set by the directives to help provide quality healthcare service to all people.

In Germany the healthcare system has remained the same with German Statutory Health Insurance (national health insurance), Brown and Amelung view the German case as manacled competition, whereas Uwe Reinhardt counters that regulated competition is a more apt description. However, the puzzle is not the nature of competition but why German health policy continuously reinforces the status quo. Even though recent reforms have introduced competitive elements, they should not be mistaken as a crusade for market economics in health care. The guiding principles of German national health insurance solidarity, decentralization, and nonstate operations have not changed but are
complemented by a new layer of ideas. Indeed, historical analysis is vital to cross-national health policy research. It allows us to sort out short-term from long-term factors, to pay attention to political factors, and to raise sensitivity to how concepts are bounded by particular cultures. Issues such as universal coverage, benefits, portability of insurance, and participation by physicians and hospitals are important in describing the German health care system but they are secondary to the history of power relations among the major stakeholders, agenda control, and the reinforcement of the structure of national health insurance at critical junctures in Germany’s tumultuous history. In contrast to political stability in post 1949 German democracy, the 14 years of the Weimar Republic (1918–1932) saw 21 cabinets. Yet even with the mega-inflation in 1923 and the financial crash in 1929, health financing was never turned into a tax-financed system; national health insurance remained stable, based on employer and employee contributions, even during this unstable time.

In Nigeria the federal government's role is mostly limited to coordinating the affairs of the university teaching hospitals, Federal Medical Centres (tertiary health care) while the state government manages the various general hospitals (secondary health care) and the local government focus on dispensaries (primary health care), which are regulated by the federal government through the NPHCDA. The total expenditure on health care as % of GDP is 4.6, while the percentage of federal government expenditure on health care is about 1.5%. Historically, health insurance in Nigeria can be applied to a few instances free health care provided and financed for all citizens, health care provided by government through a special health insurance scheme for government employees and private firms entering contracts with private health care providers. However, there are
few people who fall within the three instances. In May 1999, the government created the National Health Insurance Scheme, the scheme encompasses government employees, the organized private sector and the informal sector. Legislative wise, the scheme also covers children under five, permanently disabled persons and prison inmates. In 2004, the administration of Obasanjo further gave more legislative powers to the scheme with positive amendments to the original 1999 legislative act. (Punch magazine, JULY 2012)

Many countries in sub-Saharan Africa are unable to provide adequate quality and coverage of health services because of economic factors and dwindling resources. This has prompted many countries to advocate for decentralization as a key factor to drive health sector reforms with a view to maximizing the use of available resources in improving access and quality of health care services provided. (WHO 2000).

Improving the productivity and performance of health workers to ensure that quality healthcare is efficiently delivered continues to be a major challenge for African countries. Human resources for health, consisting of clinical and non-clinical staff, are the most important assets of health systems. The performance of a health organization depends on the knowledge, skills and motivation of individuals. It is therefore important for employers to provide suitable working conditions to ensure that the performances of employees meet the desired standards. African countries are trying to improve the functioning of health care delivery systems to ensure that the populations they serve receive timely quality care

In South Africa for instance the healthcare varies from the most basic primary care offered by the government to specialised and hi-tech health services offered in both private and public hospitals. However the public sector is over resourced in some places
while the state contributes about 40% of all expenditures on health, the public health centres are under pressure to deliver services to about 80% of the population. This inequitable distribution of resources has led to poor management, underfunding and deteriorating infrastructure leading to fall in the quality of healthcare this is according to the article published by *MediaClubSouthAfrica*. Last reviewed in July 2012 Health care is labour-intensive, making human resources one of the most important inputs in health care delivery (WHO 2000). Health care in Africa faces difficult challenges such as shortage of health workers, increased caseloads for health workers due to migration of skilled health personnel, and the double burden of disease and the HIV/AIDS scourge that affect both the general population and health personnel, Shortage/low motivation of health workers inadequate human resources have.

In Uganda’s health sector has been trying its best to fulfil to its mandate. In November 2008, 51 Percent of the approved positions in the public health service were filled (MoH, 2009). Moreover, wide variations exist among districts. For example, Pader had 35 percent of the posts filled. Butologo HC II in Mubende district (a difficult to reach area located 25 miles from Mubende town), had only one nurse (Elizabeth Iripo), who was observably over worked. Shortages of critical staff such as nurses, doctors, nutritionists, and anaesthetic and laboratory workers have greatly constrained the provision of medicines and health services in general.

In Kenya, Health services are provided through a network of over 4,700 health facilities countrywide, with the public sector system accounting for about 51 percent of these facilities. The public health sector consists of the following levels of health
facilities: national referral hospitals, provincial general hospitals, district hospitals, health Centre’s, and dispensaries. Health services are integrated as one goes down the hierarchy of health structure from the national level to the provincial and district levels (RoK, 2011).

1.2 Statement of the problem

It is widely acknowledged that health workers are not producing the desired output of health interventions. Many have echoed this concern, for example, ministers of health during the fifty-second session of the WHO Regional Committee for Africa (WHO 2002) and other organizations and policy- and decision-makers at the high-level forum on the millennium development goals (High-Level Forum 2004:1, World Bank 2000). It was stated that insufficient health personnel, in terms of numbers and level of performance, is one major constraint in achieving the millennium development goals (MDGs) for reducing poverty and diseases.

There is a growing concern about the poor quality of health services rendered to the population, even though the Ministry of Health (MOH) policy endeavours to advocate for improved quality of services to be provided at health facilities in the country. The provision of high-quality affordable healthcare services is a difficult challenge this is because of the complexities of healthcare services that include cost, service delivery and organization financing this is according to (Institute of Medicine. Improving Information Service for the health service researchers; a report to the National Library of medicine, Washington, DC: National Academy Press: 1991. Whereas there has been an attempt to improve the situation it seems not much has been achieved in raising the quality of
service in public health institutions and this is compounded by limited information on the factors that ail the delivery of service quality in the public health sector in Kenya (RoK, 2010). Therefore, this study seeks to generate relevant evidence through a detailed study to guide the MOH and other health partners to develop strategies for improving the provision of health service delivery.

Local studies done on service quality had focused on banking and public sector in general. For instance, Gachie (2008) investigated an evaluation of Service Quality focusing on Kenyan Commercial Banks, Momanyi, (2008) carried out a Survey of Service Quality Management Initiatives in the Public Sector focusing on case study of selected ministries in Kenya while Wambugu (2009) undertook a study on the influence of service quality on consumer preference in petroleum retailing in Thika District. There was no known study that had focusing on investigating on factor influencing the provision of health service delivery in Uasin Gishu District Hospital in public health sector.

1.3 Purpose of the study

The purpose of this study was to investigate the factors that influence the provision of health care services in public hospitals in Uasin Gishu District hospital with focus to staffing of employees, availability of enough facilities in the hospitals, adequate financial resources and communication processes in the hospital.
1.4 Research Objectives

The objective of this study were

1. To assess the extent to which availability of facilities influence provision and delivery of healthcare services.
2. To assess the extent to which availability of financial resources influences the provision and delivery of healthcare services.
3. To assess how poor communication process influence provision and delivery of healthcare services.
4. To assess the extent to which understaffing influence the provision and delivery of healthcare services.

1.5 Research Questions

The study attempted to answer the following questions.

1. How does availability of enough facilities influence provision and delivery of healthcare service?
2. What is the extent to which availability of financial resources influences the provision and delivery of healthcare service?
3. How does poor communication in hospitals influence provision and delivery of healthcare service?
4. How does staffing influence the quality of healthcare services provision in public hospitals?
1.6 Significance of the study

It is hoped that the study findings would have the potential of establishing and shedding more light to the improvement of provision of healthcare in public hospitals and increasing the number of people going to public hospitals rather than private hospitals, it would also help to improve job satisfaction among staffs in public hospitals and as a result there will be better health and less deaths reported. It would be useful in the collection of new data whose findings would assist in improving the healthcare policies so as to come up with flexible policies that would favor staffs in public hospitals in the country and also to do away with the other factors that affect the provision of healthcare in public hospitals, for example come up with ways of providing good salaries to the staffs to avoid strikes that hinder quality delivery of healthcare provide enough hospital facilities such as hospitals beds, enough medicines and enough staffs to work in these public hospitals.

Uasin Gishu District like any other district hospitals is faced with various problems that hinder the provision of quality healthcare service provision, failure to solve this problem more patient will continue receiving inadequate healthcare service. Therefore with the findings and the recommendations of this study the Government of Kenya through the Ministry Health would be able to come up with more efficient way of improving provision of healthcare in Kenya and ensuring that quality health is maintained at all costs.
1.7 Delimitations of the Study

The study was carried out in Uasin Gishu Dist Gishu hospital in Eldoret Kenya. This study concentrate on the factors influencing provision of healthcare services in Uasin Gishu District Hospital and the major problems that are causing this problem. This study examined how poor communication, lack of enough wards and equipped offices in the hospital, lack of enough staff to work in the hospital and finally insufficient financial resources.

Uasin Gishu District hospital which is an ISO certified institution is located at the central business centre of Eldoret. The study targeted all the staffs of Uasin Gishu District Hospital working under the various departments in the hospital and the research was be carried out between March and June 2014.

1.8 Limitation of the study

This study was confined to the factors influencing provision of healthcare services delivery in Kenya. There are various factors that affect the provision of healthcare service and they include things like communication among the staff, communication between the medical practitioners and the patients, and availability of resources in the hospitals. Apart from these major factors there were other factors such as administration, which were not catered for in this study.

This study was restricted to Uasin Gishu District hospital, since it is the main district hospital in Eldore municipality and it is located at a strategic point that serves all the population in the Municipality. The study was limited to the staff working in the hospital and they were randomly selected according to their job description in the hospital. Since the staff expressed news that were professionally accepted and expressed
fear of victimization by the authority, the researcher overcame this by assuring them of their confidentiality and by substituting their names with pseudo names; it is hope that information obtained from this sample can reliably be generalized to the situation in all the public hospitals in Kenya.

1.9 Basic assumptions of the study

In this study it was assumed that:

1. Availability of financial resources influences delivery of healthcare services.
2. Poor communication influences delivery of quality healthcare service.
3. Availability of enough facilities influences the delivery of quality healthcare services.
4. Lack of enough staffs in the hospital influences the provision of healthcare services.

1.10 Definition of significant terms
i) Patients

A patient is a person who is a waiting or under medical care or treatment.

ii) Hospital

A hospital is a healthcare institution that provides patients with treatment, it can be funded by a public sector or health organizations that are nonprofit for example churches or charitable organizations.
iii) Healthcare

This refers to prevention, treatment, and management of illness and the preservation of mental and physical well-being through the services offered by the medical and allied health professions.

iv) Healthcare Service delivery

It defines the quality and availability of its healthcare and describes how and when it is delivered to the intended persons in need of healthcare both at the hospitals and at home.

1.11 Organization of the Study

This study is organized into five chapters; the first chapter is the introduction that gave a general overview of the research problem. This chapter further provides a background to the problem, a problem statement as well as the objectives and assumptions of the study. Literature that is relevant to this field of study is reviewed in chapter two to establish the factors affecting quality provision of healthcare services. Chapter three examined the methodology that was used to collect and analyze data. Chapter four dealt with data analysis, presentation, interpretation and discussions of the findings and lastly chapter five dealt with conclusions and recommendations as well as further proposed areas for research and contributions to the body of knowledge
CHAPTER TWO
2.0 LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the literature available on key issues dealing with provision of quality health service and how it affects the life of the people who go to seek medical assistance in public hospitals. This chapter begins with situating the research topic within healthcare field of study. This is followed by a review of theories relevant to this study. Then a systematic review of relevant literature organized in accordance to the research questions.

2.2 Provision of healthcare services

In Kenya, Healthcare services are provided through a network of over 4,700 health facilities countrywide, with the public sector system accounting for about 51 percent of these facilities. The public health sector consists of the following levels of health facilities: national referral hospitals, provincial general hospitals, district hospitals, health centers, and dispensaries. Health services are integrated as one goes down the hierarchy of health structure from the national level to the provincial and district levels (RoK, 2011). The two national referral hospitals are Kenyatta National Hospital in Nairobi and Moi Teaching and Referral Hospital in Eldoret. Provincial hospitals act as referral hospitals to their district hospitals. The provincial level acts as an intermediary between the national central level and the districts. They oversee the implementation of health policy at the district level, maintain quality standards, and coordinate and control all district health activities (RoK, 2001). District hospitals concentrate on the delivery of
health care services and generate their own expenditure plans and budget requirements based on guidelines from headquarters through the provinces.

The network of health centers provides many of the ambulatory health services. Healthcare centers generally offer preventive and curative services, mostly adapted to local needs. Dispensaries are meant to be the system’s first line of contact with patients, but in some areas, healthcare centers or even hospitals are effectively the first points of contact. Dispensaries provide wider coverage for preventive health measures, which is a primary goal of the health policy. The government health service is supplemented by privately owned and operated hospitals and clinics and faith-based organizations’ hospitals and clinics, which together provide between 30 and 40 percent of the hospital beds in Kenya (RoK, 2010). Depending on their comparative advantage, Non-Governmental Organizations, Faith Based Organizations and community-based organizations (CBOs) undertake specific health services (RoK, 2010).

2.3 Availability of enough facilities and Healthcare service delivery

Many countries in sub-Saharan Africa are unable to provide well equipped ward and provision of adequate quality and coverage of health services because of economic factors and scarce resources. This has prompted many countries to advocate for decentralization as a key factor to drive health sector reforms with a view to maximizing the use of available resources in improving access and quality of health care services provided. Providing quality service has significant impact on customer satisfaction (Swanson and Davis, 2003), customer retention (Yeas, et al 2004) and growth of organization (So hail, 2003). However, the poor state of customer service in some public
health facilities in Kenya has resulted in high turnover and weak morale among staff, making it difficult to guarantee 24-hour coverage resulting in, problems with patients care, increased cost of operations due to inefficiencies (Owino and Korir, 1997) leading some patients to look for an alternative provider and to spread negative word of mouth which affects potential clients hence growth of the hospital (Tam, 2005).

In Ghana the healthcare sector the attention of health service providers is being drawn to the need to be cautious about how the customer patient is dealt with. The provision of service is a very challenging task (Collier, 1987) especially in the healthcare sector. Every country needs a good health care system and it is important to recognize that a healthy population is better disposed to achieving the productivity that is needed so as to increase and sustain continued growth of the country’s economy. (Andaleeb, 2000).

Inequitable distribution of resources has led to poor management, underfunding and deteriorating infrastructure leading to fall in the quality of healthcare this is according to the article published by MediaClubSouthAfrica. Last reviewed in July 2012 Health care is labour-intensive, making human resources one of the most important inputs in health care delivery (WHO 2000). Health care in Africa faces difficult challenges such as shortage of health workers, increased caseloads for health workers due to migration of skilled health personnel, and the double burden of disease and the HIV/AIDS scourge that affect both the general population and health personnel, Shortage/low motivation of health workers inadequate human resources have.

Surveys of public psychiatric beds, were carried out in 2004 and 2005 by the Centre for Mental Health Services, part of the U.S. Department of Health and Human Services, and by the NASMHPD Research Institute, an affiliate of the National Association of
State Mental Health Program Directors (NASMHPD). Since similar data are also available from a survey done in 1955, it is possible to compare the availability of public psychiatric beds over a fifty-year period, prior to and after deinstitutionalization. Surveys of public psychiatric beds, were carried out in 2004 and 2005 by the Centre for Mental Health Services, part of the U.S. Department of Health and Human Services, and by the NASMHPD Research Institute, an affiliate of the National Association of State Mental Health Program Directors (NASMHPD). Since similar data are also available from a survey done in 1955, it is possible to compare the availability of public psychiatric beds over a fifty-year period, prior to and after deinstitutionalization. In 1955 there were 558,239 public (state and county) psychiatric beds available for mentally ill individuals. The population of the United States was 164.3 million. The availability of public psychiatric beds was thus 340 beds per 100,000 population. In 2005 there were 52,539 public (state and county) psychiatric beds available for mentally ill individuals. The population of the United States was 269.4 million. The availability of public psychiatric beds was thus 17 beds per 100,000 population. This is according to reports by sociologist Erving Goffman (Asylums, 1961) and novelist Ken Kesey (One Flew Over the Cuckoo’s Nest, 1962).

In Nigeria the Minister for Health, Prof. Onyebuchi Chukwu said that Nigerians go for treatment abroad due to lack of standard medical facilities in the country. Chukwu spoke on the Investment opportunities in the Nigerian health sector at a seminar organised by the Institute of Directors in Lagos. He encouraged business men to invest in
the tertiary health care services, saying that through private public partnership arrangement, government intended to transform some centres, he said that there has been a phenomenal increase in medical tourism by Nigerians, which is hinged on a number of factors like the lack of appropriate and modern facilities in our tertiary centres, inadequate human capacity development that matches the modern technological advancement, incessant work disruption occasioned by workers strikes, lack of information on facilities and services available in the country, the propensity to patronise foreign goods and services, as well as unethical commercialisation of referral system.” He disclosed that the Federal Government had embarked on a rescue mission of upgrading tertiary health care services to meet. Presently, there are 10 of these centres that have been upgraded, while two more are nearing completion. Health care professionals will also be assisted through soft loans to establish private specialty hospitals that will bridge the gap left by public health facility on going curriculum review to update training needs for all cadres of health care personnel this is according to an article published by (Punch magazine, JULY 2012) The President, Institute of Directors, Mr. Thomas Awagu, lamented that many of the pharmaceutical companies and health care providers in the country could not compete internationally due to low investment.

In America the average age of many healthcare facilities in increasing as a result, these facilities are in need of capital to sustain and improve their facilities. In the absence of improved facilities healthcare providers will need to locate and develop new facilities. Currently, the funding for most healthcare facilities does not provide sufficient monies for capital improvements and certainly not for acquisitions of or development of new facilities. Rural healthcare facilities have struggled over the past several years with many
of these facilities closing and leaving rural communities underserved. For example, in Illinois, the State has increased the timeliness of funding for rural facilities to improve healthcare service. (Suzanne Koenig and Nancy A. Peterman, 2009)

### 2.4 Financial Resources and Healthcare Service Delivery

Financial management, in service organizations, has been a constraint and an obstacle to other functions that contribute to service delivery (Adams and Colebourne, 1999). They suggest an enlightened approach to finance in service organizations. This consists of more participative and positive approach where far from being an obstacle, it contributes to strategic planning, costing systems, personnel motivation, quality control, continued solvency, and keeping outsider’s confidence in management (Arhin-Tenkorang, 2000). In particular, there is a need to distinguish good costs that improves organizational capabilities and quality service delivery from “bad costs” that increase bureaucracy hence becoming obstacles to service delivery (Sun and Shibbo, 2005). Allocated resources for health flow through various layers of national and local government’s institutions on their way to the health facilities (Blas and Limbambala, 2001). Financial accountability using monitoring, auditing and accounting mechanisms defined by the country legal and institutional framework is a prerequisite to ensure that allocated funds are used for the intended purposes (Oliveira-Cruz, Hanson, and Mills, 2001).

In many developing countries, governments do not have the financial and technical capacity to effectively exercise such oversight and control functions, track and report on allocation, disbursement and use of financial resources (Smee, 2002). Political and bureaucratic leakage, fraud, abuse and corrupt practices are likely to occur at every
stage of the process as a result of poorly managed expenditure systems, lack of effective auditing and supervision, organizational deficiencies and lax fiscal controls over the flow of public funds (Peters, Elmendorf, Kandola and Chellaraj, 2000). Falsification of financial statements is more of a problem in proprietary (private) hospitals. Executives will sometimes exaggerate revenue and misstate expenses in order to meet expectations of industry analysts and shareholders (Maureen, 2005). Public hospitals in Kenya are in dire need of funding to rehabilitate, redesign, equip and staff them to ensure effective and efficient healthcare service delivery to Kenyans (RoK, 2001).

Low funding for Community Health Workers program in the country has adversely affected the delivery of healthcare services especially at the grass-roots (Maureen, 2005). Most of the public hospitals in Kenya especially rural areas are in a bad state that has incapacitated them from offering efficient services to patients and to alleviate the deplorable condition proper measures must be taken into consideration (Maureen, 2005).

In America it is essential that hospitals have access to needed capitals as to improve community health, increase jobs and support the local economy. Better access to capital helps hospitals upgrade facilities, meet growing patient needs and invest in clinical and information technology. But for many hospitals obtaining adequate capital financing remains a serious challenge. Moody’s Investors Service, in its 2012 Outlook, recently noted the preponderance of credit factors facing the industry is unequivocally negative, and is expected to remain negative some years. In 2009 American Recovery and Reinvestment Act (ARRA) and the 2008 Housing and Economic Recovery Act helped ease the credit crunch for all types of hospitals through 2010. Build America
Bonds, bank qualified rule Insurance program at the Department of Housing and Urban Development (HUD). Hospital Mortgage Insurance (FHA 242). HUD has helped to improve healthcare access to rural America. And provide facility to provide acute care services generally short-stay, inpatient, hospital visits rather than non-acute care. Many CAHs provide a significant level of non-acute or long-term services, (Smee, 2002).

In 2006, Congress recognized the uniqueness and importance of these hospitals and passed the Rural Health Care Capital Access Act, which provided an exemption to the acute care provision in the FHA 242 loan program for critical access facilities. The exemption expired on July 31, 2011. The Rural Health Care Capital Access Reauthorization Act (S. 1431), introduced by Sen. Herb Kohl (D-WI) and cosponsored by Sens. John Thune (R-SD), Mike Johanns (R-NE), and Jon Tester (D-MT), would provide a five-year extension of the exemption. Without the exemption, many rural hospitals would not qualify for low-cost loan insurance because the hospital operates a nursing home or has a long average length of stay. As a result, many rural hospitals face higher financing costs on construction and renovation loans.

Kenya has a history of health care financing changes since Independence in 1963. In 1965 Parliament of Kenya passed the Sessional Paper No.10 on African Socialism and its application in Planning. Government intentions was to provide social welfare Services on a large scale through a National Provident Fund and National Health Insurance among other mechanisms. During his period user charges (Kshs. 5) for every visit to hospital were abolished. The Kshs.5 poll tax both used to finance the running of dispensaries and health centres. In 1966 Kenya’s establishment of NHIF in line with Sessional Paper No.10 of 1965 NHIF was established to provide a contributory hospital based cover for
workers earning over Kshs.1000 in 1972 voluntary membership introduced to bring on board those with monthly earnings below Kshs.1000 and the self-employed, this is according to an article on Stakeholders Meeting on Healthcare Financing in Kenya that was discussing on HealthCare Financing Reforms in Kenya by Elkana Ong’uti Chief Economist (MOMS) 30th August, 2012

The GOK funds the health sector through budgetary allocations to the MOH and related government departments. However, tax revenues are unreliable sources of health finance, because of macro-economic conditions such as poor growth, national debt, and inflation, which often affect health allocations. A manifestation of the health budget shortfalls is the widespread lack of adequate drugs and pharmaceuticals, staff shortages, and poor maintenance of equipment, transport, and facilities. Over the past two decades, the GOK has pursued a policy of cost sharing to bridge the gap between actual budgets and the level of resources needed to fund public health sector activities. The revenue from the cost-sharing programme has continued to grow in absolute terms and as a percentage of the recurrent government budget. In 2002-03, cost sharing contributed over 8 percent of the recurrent expenditure and about 21 percent of the non-wage recurrent budget of the MOH. However, because of the worsening poverty situation in the country, the MOH has changed its cost sharing policy and replaced it with a 10/20 policy, in which dispensaries and health centres are not to charge user fees for curative care other than 10 or Ksh.20 for client cards. In addition, the MOH is planning to introduce in the coming years a National Social Health Insurance Fund (NSHIF). This is a social health insurance scheme to which everyone would contribute without exemption. For administrative purposes, contributions should be per head and not per family, although
current entitlements in the National Hospital Insurance Fund also include family members of the insured. For those too poor to pay, the government would pay for them. In its tenth year of phased implementation, the scheme would be targeted to give comprehensive health care to 80 percent of the population. The sources of funding would include payroll harmonisation, general taxation, informed sector contributions, donations and grants. The scheme is outlined in Sessional Paper No. 2 of 2004 (Ministry of Health, 2004).

2.5 Communication process and Healthcare Service Delivery

Communication is the most important aspect of the Service delivery as Communication with patients is vital in delivering service satisfaction because when hospital staff takes the time to answer questions of concern to patients, it can alleviate many feelings of uncertainty (EFP, 2006). In addition, when the medical tests and the nature of the treatment are clearly explained, it can alleviate their sense of vulnerability (Friedman and Kelman, 2006). This component of service is valued highly as reflected in the in-depth interviews and influences patient satisfaction levels significantly (Pickton and Broderick, 2001).

Research (Payne, 2006) indicates that communication challenges have a negative impact on: access to treatment, participation in preventive measures, ability to obtain consent, ability for health professionals to meet their ethical obligations, quality of healthcare, including, hospital admissions, diagnostic testing, medical errors, patient follow-up, quality of mental health care and patient safety. According to the Institute of Medicine of the National Academies (U.S.), communication challenges contribute to reduced quality, adverse health outcomes, and health disparities (2004). Furthermore,
there is evidence that communication challenges may result to increased use of expensive diagnostic tests, increased use of emergency services and decreased use of primary healthcare services, and poor or no patient follow-up when such follow-up is indicated (Irving and Dickson, 2004).

Communication problems between patients and health care workers are far too often at the root cause of inadequate medical treatment, unnecessary errors, excess pain, and even death. There are lots of reasons for these communication problems. There are lots of often inexpensive and simple things that can be done about them. But far too little actually happens, with regard either to understanding these problems or applying the readily available solutions, in part because there is no single convenient place to go to gain access to information about either the causes of the problems or the tools available for dealing with them. (Shafer and Emily, 2007)

There is compelling evidence that communication challenges have an adverse effect on initial access to health services. These challenges are not limited to encounters with physicians and hospital care. Patients face significant barriers to health promotion and disease prevention programs: there is also evidence that they face significant barriers to first contact with a variety of providers (Arhin, 2000). The research indicates that there is a general pattern of lower use of many preventive and screening programs by those facing language barriers (Brown and Duguid, 2003). Higher use has been reported for some emergency department services, and for additional tests ordered to compensate for inadequate communication.

Good medical care depends upon effective communication between patients and providers. Ineffective communication can lead to improper diagnosis and delayed or
improper medical treatment. Effective communication with persons who have limited English proficiency, as well as persons who are deaf or hard-of-hearing, often requires interpreters or other services. Many hospitals are actively taking steps to address these needs. However, hospitals face increasing challenges to meet the communication needs of an increasingly diverse population. To help hospitals meet these challenges, OCR is collaborating with the American Hospital Association (AHA) and its affiliates in an Effective Communication in Hospitals Initiative. OCR also is making information, resources and tools available to all healthcare organizations that assist persons with limited English proficiency, and persons who are deaf or hard of hearing, to help ensure the effective communication that is essential to quality health care for all persons. (U.S. Department of Health & Human Services Improving the health, safety, and well-being of America) (Bruce Hugman 2009).

The care of patients now almost inevitably seems to involve many different individuals, all needing to share patient information and discuss their management. As a consequence there is increasing interest in, and use of, information and communication technologies to support health services. Indeed, if information is the lifeblood of healthcare then communication systems are the heart that pumps it. Yet, while there is significant discussion of investment, information technologies, communication systems receive much less attention. Whilst there is some significant advanced research in highly specific areas like telemedicine, the clinical adoption of even simpler services like voice-mail or electronic mail is still not commonplace in many health services. Much of this would change if it were more widely realised that the biggest information repository in healthcare sits in the heads of the people working within it, and the biggest information
network is the complex web of conversations that link the actions of these individuals. (Chapman and Kimberly B. 2009).

There remain enormous gaps in our broad understanding of the role of communication services in health care delivery. Laboratory medicine is perhaps even more poorly studied than many other areas, such as the interface between primary care and hospital services. Yet clinical laboratories in many ways are message-processing enterprises, receiving messages containing information requests, and generating results that are sent as messages back to clinical services. While there is much current focus on improving laboratory turnaround times and internal efficiencies, little is really known about the broader communication processes within the healthcare system, of which clinical laboratories are but one link in the chain. Yet without this broader view, there is an ever-present risk that local systems within laboratories are optimised and over-engineered, but that the global performance of health services remain relatively unchanged, Enrico Coiera (May 2006) Communication Systems in Healthcare.

A new health grades report on patient safety and satisfaction rates in hospitals across the country finds that hospitals with the highest patient ratings for physician and nursing communications on average have had fewer problems with patient safety issues. Kelsey Brimmer (May 29, 2012), safety health grades, a provider of healthcare information for consumers, analysed patient safety data for hospitalizations between 2008 and 2010. Researchers found that better communication among staff members led to fewer surgical inpatient deaths with treatable complications, pressure ulcers and post-operative respiratory failure and sepsis, among other issues.
2.6 Staffing and Healthcare Service Delivery

Highly skilled physicians, nurses, administrators, and ancillary staff are critical to producing high-quality outcomes and effective quality improvement hence hospital growth (Argote, 2000). There is need for selective hiring of qualified staff. Successful recruitment and retention of staff is tied to empowerment of staff that must be treated as full partners in the hospital operation and given opportunities for advancement (Brown and Duguid, 2003). The hospitals need to place great emphasis on recruiting and retaining top-level physicians and nurses, accompanied by an effort to encourage these professionals to form working teams, including case managers, pharmacists, social workers, and others, to promote quality (Brown and Duguid, 2003). To facilitate service quality and growth, hospitals must implement effective human resource strategies involving selective hiring, and retention of physicians and nurses (Cohen and Levinthal, 2001); monitoring of doctors on staff (or with privileges) and ensuring that they must continue to meet certain performance and practice standards to retain credentials (Crewson, 2004).

To improve efficiency in service delivery, public sector hospitals must build the capacity to attract and employ an adequate number of high-quality nurses (Argote and Ingram, 2000) suggests that the key to service delivery is to adapt to circumstances that are constantly changing and that the long-term winners are the best adapters, but are not necessarily the winners of today’s race for market share according to Mark W. Stanton, M.A. Research in Action, Issue 14 on Hospital Nurse Staffing And quality of Care. Where he also states that Hospitals with low nurse staffing levels tend to have higher
rates of poor patient outcomes such as pneumonia, shock, cardiac arrest, and urinary tract infections.

N Engl J 2002; 346:1715-22, states that higher proportion of hours a nurse taking care of a patient in the hospital and providing the required healthcare services leads to better care of patients who are hospitalized. Without enough staffing in the hospitals there were greater risks of patients getting more complication and dying because of lack of quality care and attention.

There have been many studies done on nursing. But it was done slowly as issues arose. From 1955-65 nursing changed from functional nursing to team nursing. 1975-85 it changed from team nursing to Primary nursing/total patient care. In 1990s changed focus to cost and efficiency and since 2000 we have a shortage crisis. There has been lot of research done with a lot of inconsistent results about RN hours and patient satisfaction, mortality, morbidity and the function of nurses. But despite the avalanche of research it has been difficult to change things because the research was not done well. In 1999 the question was again brought upon the effect of nurse staffing and the shortage of RNs on patients. Between 1999 to 2006 jobs grew to 23%. Since the 1980s the hours had changed from 6 hours to 8 hours a day for nurses in hospitals. But patients are in hospitals less so therefore less nursing care given and a study found that hospitals were hiring less clinicians over other hospital employees (Aiken & Anderson et al 2001).

It is widely acknowledged that health workers are not producing the desired output of health interventions. Many have echoed this concern, for example, ministers of health during the fifty-second session of the WHO Regional Committee for Africa (WHO 2002)
and other organizations and policy and decision-makers at the high-level forum on the millennium development goals (High-Level Forum 2004, World Bank 2000). It was stated that insufficient health personnel, in terms of numbers and level of performance, is one major constraint in achieving the millennium development goals (MDGs) for reducing poverty and diseases.

2.7 Theoretical Framework

The theoretical and empirical framework of this study was derived from Abraham Maslow’s theory. Maslow described human needs as ordered in a hierarchy a pressing need would need to be mostly satisfied before someone would give their attention to the next highest need. According to Maslow's theory, when a human being ascends the levels of the hierarchy having fulfilled the needs in the hierarchy, one may eventually achieve self-actualization. Maslow's hierarchy of needs is going to form the basis of this study it is going to be used to discuss why quality health provision is important to everyone so as to ensure good health and low mortality rate. For example, in most public hospitals there is lack of enough infrastructures such as wards, maternity wards, stocked labs and chemists to provide required services to the patients.

Maslow constructs a hierarchy of human needs from the lowest which is psychological needs, self-esteem needs and topped with self-actualization. The psychological needs those needs that help a person to be in comfortable state in which their bodies are in a good state to enable them perform well for example able to maintain the required body temperature and maintain pH balance. After being psychologically fulfilled a person will need a safe surrounding that will ensure that they are secure after which they will need to be loved and be showed sense of belonging and if this is achieved
then they will start to show the need to take up careers to help develop themselves and help themselves in life. Because of the attainment of love and belonging, the individual will develop a sense of self-esteem for example self-respect and competence and finally lead to self-actualization where an individual will now be in a position to understand themselves better and know what they want to do with their lives. Abraham H. Maslow (Jun 12, 2013)

Since health is considered to be a basic need, it can be left to operate on its own without fulfilling the other needs for example a person has to be psychologically stable/fulfilled so as to concentrate, after being psychologically stable a person has to be shown love since it directly affects the psychology of an individual. A sense of belonging also has to be realized for example a patient in public hospital has to receive the same warmth and love as the patient in a private hospital and also the hospitals should receive enough staffing and funding so as to help in the smooth running of the hospital and provision of quality health services.

After an individual is loved and showed love and a sense of belonging then he/she will develop a positive self-esteem and regard him/herself as being important and that includes good health, hence strive to achieve good stable health so as to maintain that high self-esteem earned when a person is in perfect health and can perform his daily duties without difficulties or need of assistance. On the other hand low self-esteem which may result as a result of an individual not being showed love and belonging. Positive self-esteem leads an individual to choose careers that make them portray their potential and hence every person will strive to achieve good health that will help them end up in good
psychological and physical state that will eventually lead them to have full self-actualization of themselves. (Maslow, 2011)

2.8 Conceptual Framework

The current study was guided by the following conceptual framework, which was used to explain the interrelationship between the variables. A conceptual framework is a scheme of variables a researcher operationalizes in order to achieve the set objectives (Oso & Onen 2002).

![Figure 1: Conceptual Framework](image-url)

**Independent Variable**

- **Facilities**
  - Beds available
  - Rooms available
  - Equipped laboratories

- **Financial resources**
  - Adequacy of funds
  - Source of funds
  - Management of funds

- **Communication process**
  - Channels of communication
  - Flow of communication
  - Mode of communication

- **Staffing**
  - Skills of employees
  - Understaffing
  - Training of staff

**Moderating Variables**

- **Attitude**
  - Staff attitude on work

**Dependent Variable**

- **Provision of healthcare service delivery**
  - Quality and timely healthcare provision

**Intervening Variables**

- **Management factor**
  - Hospital management as an intervening factor
Mugenda and Mugenda (1999) argued that independent variable attempts to indicate the total influence in the study. It was hypothesized that the independent variable with its components Facilities, finances, communication process and staffing, directly influence the dependent variable which is healthcare service delivery; however intervening and moderating variables with its components staff attitudes and management policies may accelerate or delay the healthcare service delivery.

2.9 Gaps in Literature Review

The purpose of the review of the above literature was to avoid unnecessary and unintentional duplication of framework from which the research findings were interpreted and also demonstrate the researcher’s familiarity with existing knowledge. It is widely acknowledged that health workers are not producing the desired output of health interventions. Many have echoed this concern, for example, ministers of health during the fifty-second session of the WHO Regional Committee for Africa (WHO 2002) and other organizations and policy- and decision-makers at the high-level forum on the millennium development goals (High-Level Forum 2004, World Bank 2000). It was stated that insufficient health personnel, in terms of numbers and level of performance, is one major constraint in achieving the millennium development goals (MDGs) for reducing poverty and diseases. It is against this background that the current study sought to investigate on the factors influencing healthcare delivery services in Uasin Gishu District hospital in Eldoret Municipality.
CHAPTER THREE

3.0 RESEARCH METHODOLOGY

3.1 Introduction

The chapter describes the research design as well as the methods that were used to sample the population and the target population bringing out the sample size. The chapter further looked at methods of data collection, research instruments, their validity and reliability, operational definition of variables and methods of data analysis.

3.2 Research Design

The study employed census survey approach in collecting data from the respondents. The census survey method was preferred because it ensured complete description of the situation, making sure that there were minimum bias in the collection of data and finding out the what, where and how of a phenomenon (Kothari, 2008).

3.3 Target population

According to Mugenda & Mugenda (2003) a population is an entire group of individuals, events or objects with some common observable characteristics. The population in the study was all staff of Uasin Gishu District Hospital, working under various departments these includes doctors, nurses, pharmacists, clinical officers, data analysts, and laboratory assistants.
Table 3.1: Target Population

<table>
<thead>
<tr>
<th>Profession</th>
<th>staff population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>3</td>
</tr>
<tr>
<td>Nurses</td>
<td>57</td>
</tr>
<tr>
<td>Clinical officers</td>
<td>17</td>
</tr>
<tr>
<td>Data analysts</td>
<td>2</td>
</tr>
<tr>
<td>Lab technicians</td>
<td>11</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>2</td>
</tr>
<tr>
<td>Public health officers</td>
<td>2</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>2</td>
</tr>
</tbody>
</table>

Total 96

3.4 Sample size and sample selection

According to Oso & Onen (2009), a sample is part of the target (or accessible) population that has been procedurally selected to represent it. The project used census as the study population was not homogeneous as it consisted of Doctors (3) Nurses (57) Clinical Officers (17) Laboratory technicians (11) Public health officers (2) Physiotherapists (2) Data analysts (2), Pharmacists (2). The sample size of this study included a total of 96 staff members who work in Uasin Gishu district hospital in Eldoret, focusing on this district hospital improved the chances of coming up with relevant and valid information.
3.5 Research instruments

The study used primary data which was collected by use of closed and open ended questionnaires, which were self-administered. According to Kothari (2004), primary data is that which is collected afresh and for the first time Happens to be original in character. The researcher also used observation as a mode of data collection whereby the researcher observed the way patients were being handled in the hospitals and the kind of services they received.

3.5.1 Piloting of the study

A pilot study is a mini-version of a full scale or a trial run done in preparation of the complete study, it is mostly done to pre-test the research instruments or interview schedules this is according to (Compare Polit, et al. & Baker in Nursing Standard, 2002:33-44; Van Teijlingen & Hundley, 2001)Pilot study also helps in foreseeing the future attributes of the study to be done and avoid future failures hence avoid loss off money and time this is according to (Van Teijlingen & Hundley, 2001). In this study the researcher carried out a pilot study by giving out the questionnaires to different population from the one on which the researcher did the real research on so as to test the research instruments before real administration of the instruments.

3.5.2 Validity of the instruments

The validity of the instrument was tested by doing pilot study to ascertain if the questionnaire was valid enough to be asked and collect enough and valid information. In addition to this the questionnaires to be administered had in consideration the objectives of the study to ensure that the questions are compatible to the main objectives of the study.
3.5.3 Reliability of the instrument

To test on the reliability of the study the researcher gave some of her fellow students and the supervisor to go through her work to ascertain if the study to be done was reliable. The questionnaire was also tested for reliability by using Cronbach coefficient alpha to determine the internal consistency of the items. This is a method of estimating reliability of test scores by the use of a single administration of a test. Consequently, it provides good measures of reliability because holding other factors constant, the more similar the test content and conditions of administration are, the greater the internal consistency reliability (Mugenda and Mugenda, 2009).

3.6 Validity and reliability analysis

Each questionnaire administered was divided into section with each section aiming at addressing the different objectives of the study. Furthermore the questionnaires were administered to the qualified staffs that work in the hospital and have knowledge in the daily running of the hospital and the challenges that they undergo through in order to attain the required set goals by the ministry of Health in Kenya and also to deliver quality health services to the patients.

3.7 Data collection procedure

Data collection, in this project, refers to gathering of information for research purposes. Data was collected using structured questionnaires which served as the most appropriate instruments. After attaining permit for conducting research the researcher used self-administered questionnaires to collect data from the participants. The staffs were picked from each department.
3.8 Data analysis techniques

Data from questionnaires was analyzed using the descriptive statistics with the help of data analysis software Statistical Package for Social Sciences (SPSS) package which offers extensive data handling capabilities and numerous statistical analysis routines that can analyze small to very large data statistics (Muijis, 2004).

3.9 Ethical consideration

The researcher did put into consideration ethical issues related to research, she consider things like confidentiality of the respondents by assigning pseudo names and coding the questionnaires, and giving of informed consent to the respondents to ensure that they first agree to be in the study out of their own free will. Research permit and letter from the University were also used so as to obtain permission to carry out the research study in the Uasin Gishu District hospital according to the required rules and regulations of the institution.

3.10 Operational Definition of Variables

Indicators are shown by the main variables under the study to ensure that they are measurable.

Table 3.2: Operational Definition of Variables

<table>
<thead>
<tr>
<th>Objective</th>
<th>Type of variable</th>
<th>Indicators</th>
<th>Scale of measurement</th>
<th>Hypothesis test</th>
</tr>
</thead>
<tbody>
<tr>
<td>To establish the influence of facilities</td>
<td>Independent:</td>
<td>Beds</td>
<td>Nominal</td>
<td>Chi square was used to determine the extent to which availability of facilities influence healthcare</td>
</tr>
<tr>
<td>healthcare service deliver</td>
<td>Facilities</td>
<td>Rooms</td>
<td>Ordinal</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>Dependent: Healthcare service delivery</td>
<td>Independent: Finances available</td>
<td>Source of funds</td>
<td>Ordinal Nominal</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------</td>
<td>---------------------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>To ascertain how communication process influence Healthcare service delivery</td>
<td>Dependent: Healthcare service delivery</td>
<td>Independent: Communication process</td>
<td>Channels</td>
<td>Ordinal</td>
</tr>
<tr>
<td>To determine the extent to which staff available influence healthcare service delivery</td>
<td>Dependent: Healthcare service delivery</td>
<td>Independent: Staff available</td>
<td>No. of staff</td>
<td>Ordinal</td>
</tr>
</tbody>
</table>


CHAPTER FOUR

4.0 DATA ANALYSIS, PRESENTATION AND INTERPRETATION

4.1 Introduction

This chapter presents the results and discussions of quantitative data analysis of the study. It is divided into two major sections. The first section describes the demographic characteristics of the empirical survey, covering the age of the respondents, gender of respondents, and professional qualification. The second section of the chapter provides results and discussions which were based on the four major research questions of the study. For the purposes of this preliminary analysis, descriptive statistics was frequently used to describe the general characteristics of the data collection.

4.2 Questionnaire Response Rate

Out of 96 questionnaires dispatched, 80 were dully filled and returned. The response rate is shown in the table 4.1

<table>
<thead>
<tr>
<th>Table 4.1: Response Return Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispatched</td>
</tr>
<tr>
<td>------------</td>
</tr>
<tr>
<td>96</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

Table 4.1 shows that the percentage return rate was 80 (85%). According to Nachimias and Nachimais (1958) (80%) to (90%) return rate is enough for a descriptive survey study. Fincham confirms that lack of responce from the questionnaires administered results into non responce bias. Consequently, there is a high probability of
undermining the reliability and validity of the key findings of the study. If there is an overall response rate of 30%-20% there is a great risk of non-response bias. Hence a response of (80%) is good enough to make a comprehensive and in-depth analysis of the survey conducted.

4.3 Demographic characteristics of the respondents

This section discusses the demographic characteristics of the respondents based on age and gender.

4.3.1 Gender of respondents

The gender of the respondents was sought since its findings would assist the study categorize respondents based on gender and the findings are shown in table 4.2 below.

<table>
<thead>
<tr>
<th>Gender of the Staff</th>
<th>frequency</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>53</td>
<td>66.25</td>
</tr>
<tr>
<td>Male</td>
<td>27</td>
<td>33.75</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.2 above shows that majority of respondents were female by (66.25%) this showed that more females were employed in the hospital than men.

4.3.2 Age Distribution of the respondents.

The age of the respondents was sought since its findings would assist the study categorize respondents based on age and the findings are shown in table 4.3 below. This
was important as it helped to give the data age scheme and find out factors influencing provision of health care service delivery in Kenya.

**Table 4.3: Age of respondents**

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 30</td>
<td>15</td>
<td>18.7</td>
</tr>
<tr>
<td>30-40</td>
<td>40</td>
<td>50.0</td>
</tr>
<tr>
<td>40-50</td>
<td>20</td>
<td>25.0</td>
</tr>
<tr>
<td>Above 50</td>
<td>05</td>
<td>6.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.3 shows that majority of respondents were aged between 30-40 years with 40 (50.0%). This ratio is based on age composition of the target population which is fairly representative.

**4.4 Availability of facilities for Healthcare service delivery in Uasin Gishu District**

The study sought to find out whether there was enough equipments such as wards and office space to serve all the patients that came to the Uasin Gishu District Hospital in Eldoret and the respondents indicated that (70%) of the respondents reported that there was lack of medical resources available to help provide quality healthcare services to the patients, for lack of equipped wards and especially maternity wards in the hospital greatly affected the provision of quality healthcare services to the pregnant mothers as there was lack of enough facilities to help deliver the services while (23 %) indicated that lack of equipped laboratories influenced delivery of quality healthcare services as the patients were requested to wait for long hours before receiving their lab results so that they can go...
back to the doctors. The remaining (7%) of the respondents reported that lack of enough beddings in the hospital influenced the delivery of healthcare services as there were no enough beddings for all the in patients. To a great extent many respondents believed that poor facilities influence the delivery of quality healthcare services in Uasin Gishu District Hospital. Table 4.4 below shows the study findings

Table 4.4: Facilities and Healthcare service delivery

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipped wards</td>
<td>56</td>
<td>70</td>
</tr>
<tr>
<td>Beddings</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Equipped laboratories</td>
<td>18</td>
<td>23</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.4 above shows that majority of respondents indicated that lack of medical resources greatly influenced the provision of quality healthcare services to the pregnant mothers as there was lack of enough facilities to help deliver the services by 70%. The findings concurs with earlier findings which asserted that inequitable distribution of resources has led to poor management, underfunding and deteriorating infrastructure leading to fall in the quality of healthcare this is according to the article published by MediaClubSouthAfrica. Last reviewed in July 2012 Health care is labour-intensive, making human resources one of the most important inputs in health care delivery (WHO 2000). Health care in Africa faces difficult challenges such as shortage of health workers, increased caseloads for health workers due to migration of skilled health personnel, and the double burden of disease and the HIV/AIDS scourge that affect both the general population and health personnel.
The Ministry of Health should work together with the Government of Kenya so as to ensure that there are enough facilities being supplied to all the hospital’s in Kenya and that no patient is denied a chance for proper treatment or delayed at the facility due to insufficient facilities.

4.5 Financial resources and provision of Healthcare service delivery

The study sought to determine the influence of financial resources and provision of Healthcare service delivery in Uasin Gishu District Hospital in Eldoret and the respondents indicated that, (51%) of the respondents strongly agreed that lack of financial resources influenced healthcare service delivery, (41%) agreed to the statement that management of the funds influence the delivery of healthcare services, (8%) agreed to the statement that sources of funds influence the delivery of healthcare services. Table 4.5 below shows the study findings.

Table 4.5: Influence of financial resources on healthcare service delivery

<table>
<thead>
<tr>
<th>Response</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequacy of funds</td>
<td>41</td>
<td>51</td>
</tr>
<tr>
<td>Management of funds</td>
<td>33</td>
<td>41</td>
</tr>
<tr>
<td>Sources of funds</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.5 indicates that majority of respondents (51%) of the respondents reported that lack of financial resources greatly affected the provision of quality healthcare services to the patients as there was lack of enough facilities to help deliver the services, (41%) of the respondents reported that lack of proper management of the
finances in the hospital leads to poor and inadequate provision of healthcare while lack of 

enough sources of funds which was reported by (8%) of the respondents indicated that 

this also played a role in influencing delivery of healthcare services. The findings concurs 

with earlier findings which asserted that Public hospitals in Kenya are in dire need of 

funding to rehabilitate, redesign, equip and staff them to ensure effective and efficient 

healthcare service delivery to Kenyans (RoK, 2001). Low funding for Community Health 

Workers program in the country has adversely affected the delivery of healthcare services 

especially at the grass-roots (Maureen, 2005). Most of the public hospitals in Kenya 

especially rural areas are in a bad state that has incapacitated them from offering efficient 

services to patients and to alleviate the deplorable condition proper measures must be 

taken into consideration (Maureen, 2005). It is therefore recommended that more 

finances should be allocated to the ministry of health so as to be in a position to supply 

the available resources needed in the hospitals hence facilitating easy provision of 

healthcare service.

4.6 Communication process and provision of Healthcare service delivery

The study sought to find out the influence of the communication process on 

provision of healthcare services, the finding revealed that (58%) of the respondents 

indicated that poor communication process affected delivery of quality healthcare 

services in Uasin Gishu District this is contributed by lack of proper flow of information 

in the hospital leading to delay in delivery of the services in hospital the rest of the 

respondents represented by (42%) of the respondents indicated that poor communication 

process does not affect delivery of healthcare services in Uasin Gishu District Hospital. 

Table 4.6 shows the study findings.
Table 4.6: Influence of communication process on healthcare service delivery

<table>
<thead>
<tr>
<th>Poor communication</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affect</td>
<td>46</td>
<td>58.0</td>
</tr>
<tr>
<td>Do not affect</td>
<td>34</td>
<td>42.0</td>
</tr>
<tr>
<td>Total</td>
<td>80</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 4.6 above shows that the (58%) of respondents cited that poor communication process affected delivery of quality healthcare services in Uasin Gishu District Hospital as there was no constant and adequate delivery of information among the staff themselves and the staff and patients. The findings concurs with earlier findings by Payne, (2006) who asserted that communication challenges have a negative impact on access to treatment, participation in preventive measures, ability to obtain consent, ability for health professionals to meet their ethical obligations, quality of healthcare, including, hospital admissions, diagnostic testing, medical errors, patient follow-up, quality of mental health care and patient safety. According to the Institute of Medicine of the National Academies (U.S.), communication challenges contribute to reduced quality, adverse health outcomes, and health disparities (2004). Furthermore, there is evidence that communication challenges may result to increased use of expensive diagnostic tests, increased use of emergency services and decreased use of primary healthcare services, and poor or no patient follow-up when such follow-up is indicated (Irving and Dickson, 2004).

There is compelling evidence that communication challenges have an adverse effect on initial access to health services. These challenges are not limited to encounters with physicians and hospital care. Patients face significant barriers to health promotion
and disease prevention programs: there is also evidence that they face significant barriers to first contact with a variety of providers (Arhin, 2000). The research indicates that there is a general pattern of lower use of many preventive and screening programs by those facing language barriers (Brown and Duguid, 2003). Higher use has been reported for some emergency department services, and for additional tests ordered to compensate for inadequate communication.

Communication therefore should be well advanced and developed to provide easy access to information from the management level to the staff and finally to the patients and this will help enhance good healthcare service delivery in the hospitals, more computers for the staff and internet connection should be accessible so that communication can be made easier and faster and also patients personal information can be easily accessed

4.7 Staffing and provision of Healthcare service delivery

The study sought to find out the influence of the staff ratio and workload in relation to provision of healthcare services. To answer this objective the respondents were asked to rank given statements to the level of their agreement based on a five item likert scale. The findings revealed that (74%) of the respondents indicated that there was a low level of employment of staff in the hospitals to cater for all the patients and this led to wastage of time by the patients as they were forced to wait for long hours before being attended to,(21%) reported that the skills of the staffs influenced the service delivery as there were some jobs that required more technological know how and some of the staff employed did not possess the skills leading to delay in delivery of healthcare services, the remaining percentage of (5 %) indicated that training of staff which mostly helps in the
delivery of healthcare services and which was lacking influence delivery of healthcare.

Table 4.7 below shows the study findings.

**Table 4.7: Staff and provision of healthcare service delivery**

<table>
<thead>
<tr>
<th>Staff/work ratio</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understaffing</td>
<td>59</td>
<td>74</td>
</tr>
<tr>
<td>Skills of staff</td>
<td>17</td>
<td>21</td>
</tr>
<tr>
<td>Training of staff</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>80</strong></td>
<td><strong>100.0</strong></td>
</tr>
</tbody>
</table>

Table 4.7 above shows that the majority of respondents reported that the main problem was understaffing which affected delivery of quality healthcare services in Uasin Gishu District. The findings showed the staff is over burden and therefore difficult to provide quality healthcare service delivery. The findings concurs and asserted that to facilitate service quality and growth, hospitals must implement effective human resource strategies involving selective hiring, and retention of physicians and nurses (Cohen and Levinthal, 2001) monitoring of doctors on staff (or with privileges) and ensuring that they must continue to meet certain performance and practice standards to retain credentials (Crewson, 2004). To improve efficiency in service delivery, public sector hospitals must build the capacity to attract and employ an adequate number of high-quality nurses (Argote and Ingram, 2000) suggests that the key to service delivery is to adapt to circumstances that are constantly changing and that the long-term winners are the best adapters, but are not necessarily the winners of today’s race for market share.
CHAPTER FIVE

5.0 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of major findings as deduced by the study, it also presents Conclusions, Discussion, Recommendations and areas of further research.

5.2 Summary of Findings

The study sought to investigate factors influencing Healthcare service delivery Uasin Gishu District Hospital and the following were the study findings.

5.2.1 Availability of facilities and healthcare service delivery

Concerning available equipment’s such as wards and office space to serve all the patients that came to the Uasin Gishu District Hospital in Eldoret and the respondents indicated that (77%) of the respondents reported that there was lack of medical resources available to help provide quality healthcare services to the patients, for lack of an equipped maternity ward in the hospital greatly affected the provision of quality healthcare services to the pregnant mothers as there was lack of enough facilities to help deliver the services while (23 %) did not find lack of enough the quality of healthcare service provision this is represented in the pie chart above. To a great extent many respondents believed that poor facilities influence the delivery of quality healthcare services in Uasin Gishu District Hospital. Through this findings more facilities should be provided to the hospitals such as enough beds so that congestion in wards is not experienced and also there shoud be enough offices for the staff so that they can adequately work and provide the necessary services to the patients. These findings
conquer with the findings from a previous study done by Dr. Kenneth N. Wanjau and Beth Muiruri (2012), Factors Affecting Provision of Service Quality in the Public Health Sector: A Case of Kenyatta National Hospital.

5.2.2 Financial resources and provision of healthcare service delivery

On financial resources and its influence on provision of healthcare service delivery in Uasin Gishu District Hospital in Eldoret and the respondents indicated that, (51%) of the respondents strongly agreed that lack of financial resources influenced healthcare service delivery, (41%) agreed to the statement, (5%) strongly disagreed while (3%) were undecided. Finances has always been an important factor in any service delivery process and based on the findings of this study it is recommended that enough finances should be allocated to all the healthcare services and proper management of the finances should also be emphasized so that there will be enough and equitable distribution of the finances in all the departments in the hospital.

5.2.3 Communication process and provision of healthcare service delivery

Regarding the communication process and on provision of healthcare services, the finding revealed that (58%) of the respondents indicated that poor communication channels affected delivery of quality healthcare services in Uasin Gishu District Hospital while (42%) of the respondents indicated that poor communication channels does not influence delivery of healthcare services in Uasin Gishu District Hospital. Based on this findings communication is considered one of the most important things in provision of healthcare services as breakdown of communication among the staff will mean that the responsibilities being assigned to the staff will not be done at the required time and hence communication should be a point to consider at the work place.
5.2.4 Staffing and provision of healthcare service delivery

Concerning staffing in relation to provision of healthcare services. The findings revealed that (74%) of the respondents indicated a high level of understaffing was being experienced at the hospital hence making it hard to provide adequate healthcare services, (21%) reported that employment of underskilled and unqualified staff slowed down the provision of healthcare services as there are some duties that need experience and expertise in that field and lack of greatly influences service delivery leaving the work to be handled by the few that are qualified, (5%) indicated that lack of enough training of the staff at their workplace influenced the service delivery as they failed to be up to date with the new techniques of handling patients and also leads to lack of motivation among the staff. The findings showed that the hospital staff is overburdened and therefore difficult to provide quality healthcare service delivery. Based on the findings that staffing contributes a great deal to the provision of healthcare services it is therefore recommended that enough and qualified staff should be employed to all the health centres so that each medical staff can be able to attend to the patient as per required.

5.3 Conclusions

Concerning equipments and provision of healthcare services, it can be deduced that majority of respondents indicated that lack of medical resources greatly affected the provision of quality healthcare services to the pregnant mothers as there was lack of enough facilities to help deliver the services The findings concurs with earlier findings which asserted that inequitable distribution of resources has led to poor management, underfunding and deteriorating infrastructure leading to fall in the quality of healthcare this is according to the article published by MediaClubSouthAfrica.
Concerning financial resources and provision of healthcare services it can be deduced that majority of respondents indicated that lack of financial resources greatly affected the provision of quality healthcare services to the public as there was lack of enough facilities to help deliver the services. The findings concurs with earlier findings which asserted that Public hospitals in Kenya are in dire need of funding to rehabilitate, redesign, equip and staff them to ensure effective and efficient healthcare service delivery to Kenyans (RoK, 2001).

On the communication process and provision of healthcare service delivery, the bulk of respondents cited that poor communication channels affected delivery of quality healthcare services in Uasin Gishu District Hospital students were boarders with (58%) responses. The findings concurs with earlier findings by Payne, (2006) who asserted that communication challenges have a negative impact on: access to treatment, participation in preventive measures, ability to obtain consent, ability for health professionals to meet their ethical obligations, quality of healthcare, including, hospital admissions, diagnostic testing, medical errors, patient follow-up, quality of mental health care and patient safety.

On the staff and provision of healthcare service delivery the bulk of respondents cited a high ratio of staff to workload staffs which affected delivery of quality healthcare services in Uasin Gishu District Hospital staffs were boarders with (74%) responses. The findings showed the staff is over burden and therefore difficult to provide quality healthcare service delivery. The findings concurs which asserted that to facilitate service quality and growth, hospitals must implement effective human resource strategies involving selective hiring, and retention of physicians and nurses (Cohen and Levinthal, 2001); monitoring of doctors on staff (or with privileges) and ensuring that they must
continue to meet certain performance and practice standards to retain credentials (Crewson, 2004)

5.4 Recommendations

From the findings the study recommends that:

1. For adequate and quality health service provision in public health sectors all over the country the Government should pay attention to the management, resource allocation and construction of quality infrastructure to allow easy provision of quality health services without any difficulty.

2. Policies regulating the use of resources in the hospitals should also be implemented to avoid misuse of funds by those in authority and hence making it hard to access enough equipments for the provision of health services.

3. Enough staffing is also a major point to be undertaken so that the staff can handle a reasonable number of patients at a time and give quality service to each. Those in management should effectively monitor the staff to ensure that all the staff work as per their required standards and hence no reports on mismanagement or poor work performance.

4. The health sector should also adopt the use of new technology to make it easier to access the patients records and early detection of diseases hence it will be easy to provide services to the patients as their information will be safely stored in computers unlike in the past where the patients personal information could only be found in files that can easily get lost. Finally the health sector should access the emotional intelligence of the staff to provide quality motivation to them making
their work more interesting this can be achieved by offering enough salaries to the staff in accordance to their qualifications.

5.5 Contribution to the body of knowledge

Drawing from the findings of the study, and building on existing research, it is suggested that more studies be carried out to address the following: Future research should replicate this study, but emphasize qualitative data gathering techniques such as interviews and observations, given that the current study mainly used questionnaires. Using such an approach would help come up with a more comprehensive programme for quality provision of healthcare service delivery to the public. The Table below shows the study contributions to the body of Knowledge.

**Table 2: Contribution to the body of knowledge**

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>To determine the influence of available facilities on healthcare service delivery in Uasin Gishu District hospital.</td>
<td>This study found out that lack of facilities greatly affected the provision of quality healthcare services to the pregnant mothers as there was lack of enough facilities to help deliver the services by (77%) This affects hospital attendance and provision of quality healthcare service delivery. It is therefore advisable that the hospital stakeholders should equip the hospital with relevant facilities such as beddings, office space and medicine.</td>
</tr>
<tr>
<td>To examine the influence of available financial resources on healthcare service delivery in Uasin Gishu District hospital.</td>
<td>The study also noted that, (51%) of the respondents strongly agreed that lack of financial resources influenced healthcare service delivery. Therefore funding strategies of public hospitals should be incorporated into the National Budget so as to ensure proper and timely funding of healthcare facilities to adequately solve the problem.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>To evaluate the influence of communication process on healthcare service delivery in Uasin Gishu District hospital.</td>
<td>This study established that, (58%) of the respondents indicated that poor communication channels affected delivery of quality healthcare services in Uasin Gishu District Hospital, the study recommended that proper communication channels should be developed to enhance good communication within the facility so as to promote good information sharing.</td>
</tr>
<tr>
<td>To examine the influence of staff workload on healthcare service delivery in Uasin Gishu District hospital.</td>
<td>The study also noted that, (74%) of the respondents indicated a high ratio of staff to workload. The findings showed that the hospital staff is overburdened and therefore difficult to provide quality healthcare service</td>
</tr>
</tbody>
</table>
delivery. The study recommends that proper staff development, and recruitment should be put in place.

5.6 Areas for further research

Drawing from the findings of the study, and based on the existing research the it is suggested that more research should be done to assess the reasons how management in public hospitals affects quality healthcare services to the sick.

Another area that research should be carried out is the area of employee motivation and quality of service being provided in public healthcare centres because this is a sensitive and very important area when it comes to motivation in work.
REFERENCES

Abraham H. Maslow (Mar 7, 2014) Toward a Psychology of Being

Abraham H. Maslow (Jun 12, 2013) A Theory of Human Motivation


Caress, A. (2003). Giving information to patients. *Nursing Standard*


*Dr. Richard Muga, et.al. (2004)* Overview of the Health System in Kenya


*Health care in South Africa*, 2010http://www.southafrica.info/about/health/health.htm#.

International Journal of Humanities and Social Sciences Vol 2 No. 13 July 2012

John W. Peabody, et al. Improving the Quality of Care in Developing countries.


Michael Pudy and David Banks, 1999, Health and Exclusion Policy and practice in Health Provision.


Original Articles February 2007, Vol 97, No.2 SAMJ


APPENDIX

Appendix 1: INFORMED CONSENT FORM

THE UNIVERSITY OF NAIROBI COLLEGE OF EDUCATION AND EXTERNAL STUDIES SCHOOL OF CONTINUING AND DISTANCE LEARNING

DEPARTMENT OF EXTRA MURAL STUDIES

Informed Consent for project titled the factors influencing provision of healthcare service delivery in Kenya a case of Uasin Gishu District Hospital in Eldoret Municipality.

Investigator: Emily Nancy Akacho
School of continuing and distance learning

This Informed Consent Form has two parts:
• Information Sheet (to share information about the study with you)
• Certificate of Consent (for signatures if you choose to participate)
You will be given a copy of the full Informed Consent Form

PART I: INFORMATION SHEET

Introduction

I am Emily Nancy Akacho from The University of Nairobi. I am undertaking a research on factors influencing the provision of healthcare service delivery in Kenya a case of Uasin Gishu District Hospital. There are various factors that mainly hinder the attainment of quality healthcare service in Kenya and they will be discussed in this research. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in this research. Before you decide, you can talk to anyone you feel comfortable with about the research. This consent may contain words you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask them.

Purpose of the Study

This study seeks to investigate the various factors that influence the provision of healthcare service in Kenya a case of Uasin Gishu District hospital, I will also aim at coming up with incentives that can be applied all over Kenya in hospitals so as to improve the quality of healthcare services being provided to the people and hence enhance better health and reduce the number of deaths in hospitals.
Participant selection

You are among the participants who have been selected to participate in this study because I feel that because you work in this hospital setup you will be in a position to give an appropriate feedback on the possible factors which have to be attained to reduce or hinder the factors that affect provision of healthcare service. And hence improve the health of patients and the quality of the health services being provided to the patients.

Voluntary Participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, the nature of your activities in this division will not be affected in any way.

Procedures

I am asking you to help in understanding your take on factors affecting delivery of quality health services the challenges that you face in your daily work as you strive to provide quality health services to the patients. If you choose to participate in the study, I will be requesting you to fill in the questionnaires for me, where similar questions will be asked to all participants. Only the two of us and no one else will access the information that you will give me. This will give you an opportunity to share with us your experiences in more details.

Duration

The study will take two to three months. During that time, I will visit you the first time to hand you the questionnaire, followed by me coming back to collect the already filled in questionnaire.

Benefits

There will be no direct benefit to you for participating in this research. However, the kind of information you give will help to understand and come up with possible ways of improving the services being provided in the hospitals and this will also help you alleviate the problems you face as an individual.

Sharing of Information

I am not going to share any information that you give today with anybody outside the research team. If I choose to use the information you give me today in our reports, I will not mention your name or reveal you identity in any way. Knowledge that I get from this research will be shared with you and your colleagues before it is made widely available to the public. I will organize a meeting with all those who will have participated in the research where I will inform you of the kind of knowledge that I got through your participation. Following the meetings, I will publish the results so that other interested people may learn from the study.
**Right to Refuse or Withdraw**

Even though you have been identified as a participant in this study, your participation is entirely voluntary. You reserve the right to decline to participate or withdraw at any stage and this study and this will not, in any way, have any negative consequences on you.

**Confidentiality**

The researcher will protect information about you and will not discuss any information that I learn about you with anyone outside the team. All study information will be identified only by individual participant code numbers and will be kept confidential in a locked file drawer at University of Nairobi. This information will only be available to study staff. Extracts from the interview/focus group may be made part of the final research report but your identity will not, in any way, be reflected in the report.

**If You Have Questions**

If you have any questions or concerns about the research, you may contact me

Thank you in advance.

Yours Sincerely,

EMILY NANCY AKACHO

Researcher
Appendix 2: Letter of Introduction
Emily Nancy Akacho

P.O Box 4130 Eldoret.

emmyakacho2012@gmail.com

0720425131

UNIVERSITY OF NAIROBI
P.O Box 30197
ELDORET

Dear respondent,

I am a post graduate student at the school of education and distance learning in The University of Nairobi, undertaking a course in Masters of Project Planning and Management. As part of the fulfillment of my degree I am required to carry out a research. I intend to carry out a research on, factors influencing provision of health service delivery. A case of Uasin Gishu District Hospitals

I am intending to select participants working in the district hospital setup. They will be requested to voluntarily participate in the filling of the questionnaires which will be self-administered questionnaires. All the information provided will be kept confidential and will be only for academic purposes.

This study will be important for providing some of the major issues challenging the attainment of quality healthcare service delivery in the public hospital.

EMILY NANCY AKACHO- Researcher
Appendix 3:

QUESTIONNAIRE

I am currently a student at university of Nairobi department of education and distance learning, carrying out a research on the factors influencing provision of healthcare service delivery in Kenya a case of Uasin Gishu District Hospital. This is a partial fulfillment of my Masters in Project Planning and Management

Kindly respond to the questions as accurately as possible, to make this research a success. This data will strictly be used for academic purposes.

Your cooperation will be highly appreciated.

Please note:

1. Please tick where appropriate.
2. Do not write your name on the questionnaire.
3. All the responses will be treated strictly in confidence.

TOPIC: FACTORS INFLUENCING PROVISION OF HEALTHCARE SERVICE DELIVERY IN KENYA. A CASE OF UASIN GISHU DISTRICT HOSPITAL IN ELDORET

Section A

Background information (please complete this fully by ticking appropriately)
1. Age of the respondent (in complete years).......................................................
2. Marital status
   a) Single [   ]        b) Married [   ]
   c) Divorced [   ]      d) Separated [   ]
3. Gender
   a) Female [   ] b) Male [   ]
4. Level of education
   a) Primary [   ] b) Secondary [   ]
   c) Tertiary [   ] c) University
5. What is your current employment status?

Permanent [ ]  Temporary [ ]  
Part time [ ]  Other [ ]

6. What is your job description?

Doctor [ ]  Nurse [ ]  Clinical officer [ ]  
Lab technician [ ]  Data analyst [ ]  
Pharmacist [ ]  Other [ ]

7. How many years have you been working here?

1-2 [ ]  2-3 [ ]  
3-4 [ ]  more [ ]

8. Please indicate your response to each of the following statements regarding your remuneration, benefits and recognition. Indicate with an X in the appropriate answer box, according to the following Code definitions.

1. Strongly disagree  
2. Disagree  
3. Uncertain  
4. Agree  
5. Strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8.1</strong> Your remuneration is competitive compared to other similar organizations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.2</strong> Remuneration is in accordance with your experience.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.3</strong> Remuneration is in accordance with your job responsibility.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.4</strong> Fringe benefits are known to you.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.5</strong> You are satisfied with your fringe benefits.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.6</strong> Opportunities exist for career advancement.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.7</strong> Hardworking employees are recognized.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Would you like to comment on any of your responses in question 7?
............................................................................................................................
............................................................................................................................
............................................................................................................................

9. Please indicate your response to each of the following statements regarding staffing and work schedules. Indicate with an X in the appropriate answer box, according to the following code definitions:

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1 You get opportunities to make inputs into Staffing policies and procedures.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.2 Opportunities exist for a flexible work schedule.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.3 The overall work schedule is fair.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.4 Overtime work is acceptable.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.5 The allocated staff in my unit is sufficient to Cover the current workload.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.6 There is a good balance between people who Supervise work and people who do the work.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.7 Care and support of staff in the form of Counseling at the workplace is available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Please indicate your response to each of the following statements regarding staff development. Please indicate with an X in the appropriate answer box, according to the following code definitions:

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree
<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10.1</strong> Opportunities for advancing in the organization exist.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.2</strong> Good opportunities for continuing education are available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.3</strong> The necessary training is given to ensure job Effectiveness.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.4</strong> Job specific refresher courses are available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.5</strong> In-service training adequately addresses the skill gaps.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.6</strong> Good leadership/management training available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Please indicate your response to each of the following statements regarding workspace and environment. Please indicate with an X in the appropriate answer box, according to the following code definitions

1. Strongly disagree
2. Disagree
3. Uncertain
4. Agree
5. Strongly agree

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>11.1</strong> My work environment is safe and free from hazards.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.2</strong> Good workplace layout.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.3</strong> Comfortable temperature.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.4</strong> Necessary instruments are available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.5</strong> Instruments in working conditions.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.6</strong> Materials and supplies sufficient.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.7</strong> Antiseptic hand solution for protection of staff and patients are available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>11.8</strong> Infection control strategy guidelines available.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
12. Please indicate your response to each of the following statements regarding effective communication channels in the facility. Please indicate with an X in the appropriate answer box and give remarks if necessary.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.1 Does management communicate employee’s duties and control responsibilities in an effective manner?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.2 Are communication channels established for people to report suspected improprieties?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.3 Does communication channels flow across the facility to enable people discharge their duties effectively?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.4 Does management take timely and appropriate follow up action on communication received from patients or other sources?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.5 Is the facility subject to monitoring and compliance requirements imposed by external bodies?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

THANK YOU.