

**SERVICE QUALITY AND ORGANIZATIONAL
PERFORMANCE IN THE HEALTH SECTOR: A CASE OF
MAMA LUCY HOSPITAL, NAIROBI**

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**A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE
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DECLARATION

I hereby declare that this project is my own work and effort and has not been presented for a degree in any other university anywhere for an academic award.

Sign _____

Date: _____

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This research project has been submitted for examination with my approval as the candidate's university supervisor.

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DEDICATION

This project is dedicated to my family for their continued encouragement and support, and to my parents for their personal commitment to my studies. In addition, I dedicate this project to my daughter Winnie who has been encouraging me to work and lastly to my friend James who have been always been there for me encouraging and supporting me not to give up in my academic achievements.

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ABSTRACT

Delivery of health services is an important component of healthcare in society at large, and organizations that are involved in the business naturally strive to see that their performance meets and exceeds patient's expectations. However, in most cases what obtains in public organization is usually pathetic, hence the study is necessitated by the current state of affairs. The study aimed at assessing service quality effect on performance of Mama Lucy Hospital. The study used descriptive survey design while data was collected from the target population analysed and logical conclusions on the interrelationship between phenomena derived. The study was carried out with a target population comprising all in-patients and out-patients in the healthcare setting. A systematic random sampling was used, and a sample size of 60 taken. The findings show that customers use tangibility, reliability, responsiveness, assurance and empathy dimensions when evaluating service quality, and these dimensions influence an organizations' performance. The effect of service quality on performance is an important factor in building public confidence in hospital services. In lieu of the findings, service quality as perceived by patients in an hospital setting is determined by cleanliness, hygiene and well maintained equipment's. clean and well-groomed nurses and doctors, comfortable patient's rooms, acceptable time period for diagnosis and treatment, shorter time waiting, competence of doctors and skilfulness of nurses, levels of privacy during treatment, respectfulness of doctors and nurses among other factors that the patients may consider as characteristics of service quality. The recommendations were that the hospital may use the service quality perception of the patients to aid it in developing a house of quality, the hospital may use the findings to aid it in making strategic decisions to improve its performance and focus more on service assessment and reduction of time lags and improvement of interfaces between the patients and the hospital.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Healthcare has become a global service sector in which service quality and organizational performance are critical factors (Ali, Habidin, Jamaluddin, Khaidir, and Shazali, 2013). Services form a large part of the present day human activities, including the health sector. Services are distinguishable from goods by characteristics such as intangibility, simultaneity of production and consumption and heterogeneity, and it can also be viewed in terms of technical and functional outcomes, where technical outcomes concerns the what of service delivery and functional outcomes concerns the how of the service delivery or the process itself; both technical and functional outcomes are key contributors to the notion of service quality perception (George and Kabir, 2015).

Quality as a concept is mainly understood in terms of innate excellence with parameters such as attainment of superiority, desirability or usefulness (Kasper, Van Helsdingen, & De Vries , 1999), quality is also viewed in terms of manufacturing, objective and conformance and denotes a product's conformance to technical standards, lastly quality is viewed in terms of users and depends on the individual perception of the customers (Oliver, 1997). Other recent notions of quality include that in which it is viewed as a balance between the value provided by product or service and the consumption costs of the product or service over time(George and Kabir, 2015).The quality of healthcare provided by healthcare facilities depend to a large extent on the employees working in them, and how they personally interact with the customer, solve customers' problems, reliability of the services they provide to the customer and how the employees apply themselves to policy and physical relationship with the customers, as such, quality is viewed as a multi-dimensional concept, subsequently multiple theories and models have been developed about it.

Delivery of health services is an important component of healthcare in society at large, and organizations that are involved in the business naturally strive to see that their performance meets patient's expectations, which in this case is recovery from poor health (Arjun, Aashish, and Namita, 2013), as a result of this recovery, patients generally tend to view the service provider as a provider of quality service, such a view may in itself result due to tangible and intangible factors or value that the patient may have experienced throughout the process of treatment.

Customer expectations are more demanding when it comes to service quality they expect the government to provide, but due to decision framework and general legal framework governing governmental services, service quality tends to be slow and unreliable, and as such, the public sector organizations have difficulties meeting customers' expectations and satisfaction (Akacho, 2014). The provision of healthcare services in Kenya suffers from infrastructure constrains, some of which are financial in nature, others include supplies of medical products and human capital. Service quality also suffers from non-enforcement of laws and standards (Luom, Doherty, Muchiri, and Barasa, 2010). These factors affect both the private and public sectors alike, however the free service model peculiar to public health organizations tend to generate notions of service quality and organizational performance that if fully understood by the employee's may mitigate some of these problems.

1.1.1 Service Quality

Service is the activity that satisfies ones need in which there is a direct connection with the customer and no material form is involved and is generally manifested by improvement or maintenance of the objects, person or condition of economic units. Service essentially implies a process in which a customer's expectation is met as a result of an interaction between the customer and a prospective, and is characteristically described in terms of intangibility, heterogeneity, perishability and simultaneity (Kitapci, Akdogan, Dortyol, 2014).

Quality has several definitions attached to it, and majority of the definitions are related to etymological interpretations such as status, fitness, characteristics or performance value (Roland, 2004). The 9000 system of ISO's definition of quality see it as a set of intrinsic characteristics that meets requirements and is interpreted as complete value acquired when expectation and intrinsic characteristic are compared (Ali and Mosadeghrad, 2014).

Researchers have had various definition for service quality, however, it is generally considered as the value judgement of the customer useful for the performance of the supplier and it is determined on particular dimensions that depend on the service sector (George and Kabir, 2015). The multiple levels of service quality include a general picture that is developed concerning the supplier followed by assessment done on a service's quality criteria compared with perceived performance of the supplier, and it basically implies the difference that exists between expectations of the customer and service delivered.

evaluation of the quality dimensions of the given service and the judgement formulated by the customer on perceived supplier's performance. Service quality is viewed as the degree of discrepancy found between customer's normative expectations for delivered service and their perception of delivered service performance.

1.1.2 Organizational Performance

An organization is viewed as an entity with a set of aims, a set of membership and a set of rules governing behaviour and degree of authority dispersion, and engaged on a regular basis in certain activities of social nature. The concept of performance on the other hand denotes the level at which stakeholder's expectations are satisfied in the course of the organization's performance of its designated activities (Robert & Charles, 2006).

Hofer, (1983) consider performance in terms of time and space in which a study or an event takes place. Kunkel et al. (1991) conceptualized the performance of a new venture as an event that is functionally related to strategy of a venture and the structure of the

industry. On the other hand, the organizational performance concept is premised on the idea of an organization as an association of assets that includes capital, equipment and human resources used in productivity to achieve a shared objective Alchian & Demsetz, (1972); Jensen & Meckling, (1976), and the willingness with which owners of such assets commit them to the organization is dependent on expected returns in exchange for the assets that they have committed compared to the alternatives that those assets could have been used, subsequently, value created precedes performance.

In healthcare, it is natural for patient's viewpoint to be considered as an appropriate measure of organizational performance, and the performance of organizations in high service contact like healthcare depend to a large extent on patient satisfaction (Nuru, Naimah, Sharu, Effendy, Mad, Nor, Mohamed, 2015). Cromwell, Trisolini, Mitchell, & Greenwald, (2011) indicated that performance in healthcare can be viewed in terms of administrative efficiency, compliance, patient safety, patient experience and satisfaction, service quality and cost of care.

1.1.3 Mama Lucy Hospital, Nairobi

Kenya provides healthcare services through a network of 4700 health facilities in which the public sector has 51 % of the aggregate number of facilities, the sector is divided into county and national referral hospitals: county hospitals include dispensaries where outpatients services are mostly attended to, while the later includes hospitals like Kenyatta Hospital in which referrals are the main focus (Republic of Kenya, 2011). The structure is such that the central government is in charge of developing policy and managing the referral system and the county governments are in charge of delivery of healthcare at the points of need. The public healthcare system is generally supplemented by private hospitals and clinics spread throughout the country and account for about 40% of the healthcare services in the country (Republic of Kenya, 2011).

Mama Lucy Hospital, is a County Hospital that delivers healthcare services to people mostly in the eastern part of the city in Embakasi Constituency of Makadara Sub County in Nairobi City County. The Mama Lucy Hospital is specifically located along Spine

Road, at the boarder of Kayole and Umoja three estates. It has not existed for long; it began operations in February 26, 2013.

The hospital is located in a densely populated catchment with an estimated population of two million inhabitants (Nyamasege, 2015). The bed capacity of the hospital is 137, and the average number of patients handled on a daily basis, in the outpatient's docket, is 800. The hospital has a number of departments that include the department of Obstetrics and Gynaecology, Comprehensive Care Centre, male and female medical and surgical units and the Outpatient's Unit. The Mama Lucy Kibaki Hospital was funded by the Chinese government and constructed by them as well at a cost of 544 million Kenya shillings. The intended objective was to ease congestion at Kenyatta National Hospital (Owuondo *et. al.*,2015)

1.2 Research Problem

Although the concept of quality has been around in organizations for many years, acceptable quality service remains a challenge in many spheres of service delivery. The concept of service quality has evolved over the years with different definitions and measures, but majority of research refer to Parasuraman, Zeithaml, & Berry, (1988) where theoretical quality implies the gap between the expected and delivered service along the service quality dimensions.

The international community recognize healthcare as the cornerstone of human development due to the impact it has on productivity of populations and education, social and political stability in nations, and as such improving organizational performance in the healthcare sector is an imperative for the progress of Kenya. Health care environment provides a complex system with different characteristics to that of other industries making customer demands a highly customized and subjective affair, in such an environment organizational performance will increasingly depend on service delivery of the employees, how they personally interact with the customer, solve customers' problems, reliability of the services they provide to the customer and how the employees

apply themselves to policy and physical relationship with the customers (Nuru *et. al.*, 2015).

Studies have focussed on analysing organizational performance in the healthcare sector, and quality measures in healthcare sector as well, and more significantly, most of the work that has been published address the questions of service quality and organizational performance on the perspective of the service deliverer and not on that of the customer, whereby the parameters being assessed are the motivation and behaviour of the staff in relation to service quality and organizational performance (Wanjiru,2010). It is also common acknowledged that health workers in many respects are not delivering the desired output of health services.

There is growing concern in Kenya about the poor quality of health services delivered by public sector organizations. The poor quality of service in public hospitals in Kenya is evident in the rate of strikes that take place in public healthcare institutions across the country (Yegon, 2011), and this is also supported by the existence of numerous private clinics and hospitals even some which are not licensed mushrooming in unlikely places, and able to access customers who otherwise would have been better served by the public hospitals. The public health sector is therefore under intense pressure due to competition it faces from private health providers. Thus improvement of organizational performance in the public health sector is an urgent problem. This study therefore aims to determine the relation between service quality and organizational performance in a health sector organization.

In the past performance in the healthcare sector used to consider tangible elements such as infrastructure, mortality and morbidity, but things have now changed and more emphasis is being placed on patient satisfaction and service quality perception, and Lee, (2012) notes that the present focus on patient satisfaction is more likely to lead to improved service delivery process in healthcare organizations.

Understanding patient service quality perception on service delivery is becoming more important for effective management of healthcare organizations. Medical record keeping is an important factor for delivering quality care to patients, and that cannot be done if patients keep on switching their allegiance to healthcare providers regularly due to lack of satisfaction with the service that is delivered, therefore it is necessary to maintain a consistent relationship with a particular healthcare service organization to ensure effective treatment plans (Mugambi and Kiruthu, 2015).

The need to make healthcare better and more customer friendly as well as efficient is a key concern of the government of Kenya. The pursuit of better healthcare for all, though has had many challenges. The level of deficit in resources at the disposal of government has for a long time now been a stumbling block to any noble ideas the government may have of free healthcare delivery in the country. Increased industrial relations challenges, especially from health care workers in public hospitals, ineffective supervisory responsibilities and deplorable conditions of these facilities witnessed over time makes service quality a key factor in the performance of healthcare organizations in Kenya, especially in the public sector. Mama Lucy hospital in Kayole has had its fair share of challenges ranging from negligence, to ineffective diagnosis of diseases, and mistreatment of patients. These issues are critical and borders on service quality. It is against this background that the study attempted to assess service quality on the performance of Mama Lucy Hospital

1.3 Research Objectives

- i. To investigate the effect of service quality on performance of Mama Lucy Hospital. Nairobi.
- ii. To establish quality management practices influencing the performance of Mama Lucy Hospital. Nairobi.
- iii. To establish quality service dimension at Mama Lucy Hospital. Nairobi.

1.4 Value of the Study

The value of the study includes generation of information that can help the management of the hospital improve organizational performance. The information generated would also be of value to improvement of service delivery, hence improving customer satisfaction. The Government may use the finding of the study in the formulation and development of health policies and thus improve quality services in all public health care facilities. The study would shed more light on the issues of quality that enhance performance of the health sector. It would also enable the researcher to identify the gaps that still need to be addressed. Patient's frequenting public healthcare facilities would be able to appreciate quality services if the recommendations of the study are implemented effectively. The study would also provide added literature for knowledge advancement and scholarly discourse

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter discusses theoretical literature review, and explains independent variables, organizational performance, service quality and organizational performance, empirical literature and summary of empirical literature.

2.2 Theoretical Literature Review

Theoretical framework is an explanation about a phenomenon and provides the researcher the lens to view the world. According to Cooper & Schindler (2006), a theory explains a phenomenon that has been frequently tested or widely recognized as a predictor of an occurrence of certain facts. Theories generally are devised to help in clarifying knowledge about a phenomenon, and to expose generally held assumptions as well. This section explains the major theories that were applied in relations to service quality and organizational performance in the health sector: The ideal theoretical orientation for this study were systems theory and disconfirmation theory.

2.2.1 Systems Theory

The systems approach considers organizations as made of various components or sub-system, internal and external that interact with one another towards some kind of equilibrium that benefits the whole organization, and none of the sub systems can individually amount to much or function independently of the others. In the process of interactions, various activities take place in the context of communication and decision making that generate order and disorder in the cause of interaction with the external environment to enhance the performance of the organization (Albrecht, 2003).

The concept of systems theory seeks to generate concepts that have characteristics, which can be adopted universally (Yoon and Kuchinke, 2005). The idea of a systems theory, thus requires interdependence among elements of the organization, in which the elements behaviour produces an effect on the behaviour of the organization, (Skyttner, 1996).

According to Katz and Kahn (1996), organizations are behavioural forms that are characterized by cyclic patterns and interdependence in a given environment that is evolving with time. Katz and Kahn (1996) developed the concept of “input-throughput-output in describing organizational productivity in which the basic element of the concept is the coordination and integration by the managerial system of purpose, people, structures, techniques and information to maximize value for the organization” (Montouri, 2000).

The systems theory, although beneficial to the performance of organizations, has critics (Kuchinke, 2005) who raised issues with it for lack of any means of definitive characterization of interdependence and interaction of the elements of the organization, and also the absence of any formative steps to address conflicts among organizational structure, environment and work elements, and also lack clarity in the meaning attached to systems (Albrecht, 2003).

2.2.2 Disconfirmation Theory

This is a theory, which states that, “all things being equal, the higher one's expectations the less likely that service or product performance can meet or exceed them, the result being reduced satisfaction or even dissatisfaction and the higher the perceived level of performance, the more likely that expectations will be exceeded, resulting in increased satisfaction” (Locker & Dunt, 1978). The theory has the potential for making leadership of organizations to under value service levels so that expectations of customers can be met easily.

According to Locker and Dunt (1978) the tendencies of managers under valuing service levels to achieve customer expectations easily may lead to negative effects on the competitiveness of the organization, and more importantly may even decrease the perception of customers towards the organization's products, (Oliver and Swan, 1989). Linder-Pelz, (1982) argue that when expectation is heightened before use of a product or service, there is the likelihood of the product or service performance also becoming heightened even though the actual performance is poor. “Disconfirmation theory suggests

that when perceptions of attribute performance differ only slightly from expectations, there is a tendency for people to displace their perceptions toward their expectations — the *assimilation* effect” and there comes a point either side of this range though where people can no longer effect displacement and instead they begin to exaggerate the increasingly large variation between perceptions and expectations — the *contrast* effect”, (Locker & Dunt, 1978).

2.3 Explanation of Independent Variables

Parasuraman, Zeithaml, & Berry, (1990) views service quality in terms of tangibility, Responsiveness, reliability, empathy and assurance, and argue that when service providers excel in these factors, service quality is assured, and capturing customer loyalty is, as a result, also assured. These factors; tangibility, Responsiveness, reliability, empathy and assurance, use by Parasuraman, Zeithaml, & Berry, (1990) as dimensions of service quality.

Parasuraman et al. (1990) defines tangibility as that which entails equipment, materials, physical structures and human resource; responsiveness as the intent of a service provider towards customers especially taking care of customers’ needs and wants; reliability on the other hand is considered as the level of dependability and reliability of the service provider in delivering the expected service on a timely and desired format, is defined as the individual attention and level of care with which the customer is attended to and assurance is the level of trust and confidence the service provider is able to inspire in customers.

2.4 Organizational Performance

The health sector, in comparison to other sectors, is a unique environment with many peculiar challenges that make service quality a high priority objective in any organization whose focus is delivery of superior service and customer satisfaction (Ali *et. al.*, 2013). Some of the challenges facing the healthcare sector organizations include chronic shortage of staff. There is increased concern about the quality of care in the health sector, and patients are becoming more demanding for specialized care. The medical profession

is also raising concerns about the cost of medication and threats of evolving pathogens. Thus for healthcare organizations to mitigate these challenges, quality and cost must be at the core of their operational strategy.

Healthcare providers make steps to improve organizational performance through management of costs, improvement of service quality, and improved support by front line workers in order to create value to patients who are their customers, as such organizational performance is an important factor in several ways to a healthcare service organization in terms of internal operations, patients and suppliers as well. Healthcare activities include procurement and movement of items or products to their point of use, patient doctor interactions and maintenance of facilities Nuru *et. al.*,(2015), and all these elements of a healthcare organization have an impact on the perception of patients and intern affects, negatively or positively, organizational performance (Bellora, Lucia, Thomas, Günther, 2013). It means therefore that healthcare providers will require in the future to pay more attention to the needs and wants of their customers or patients if they hope to achieve any positive impact on their bottom line. Thus, the accomplishment of organizational goals depends on ensuring customer loyalty (George and Kabir, 2015).

2.5 Service Quality and Organizational Performance

Decision makers in the health sector face many challenges associated with healthcare service delivery. Research conducted by Işık *et. al.*, (2011) indicate that the most useful performance indicators of organizational performance are product and service quality together with customer satisfaction.

Zeithaml *et. al.*,(1996) held that it is a high priority for organization to explore the correlation between the performance of companies and the service quality perceived by customers, and further contended that through enhanced service delivery, organizations are better positioned to lower their cost of doing business and in the long run realize improved productivity. There have been positive observations of a connection between service quality and organizational performance in a study undertaken by (Olorunniwo *et. al.*,2006)

(Arjun *et. al.*, 2013) argues that service quality improvements have benefits for both the supplier and the customer as well. In the case of healthcare, which is classified as high contact customized service, knowledge and attitudes of physicians, nurses and medical administrators is an important characteristic of quality service delivery.

Improvement of service quality is a necessity that organizations that want to stay afloat must consider, however high service quality by healthcare providers has proved a hard nut to crack for many organizations in the sector (Arjun *et. al.*, 2013), and for providers of healthcare services to have satisfied customers, they need to devise efficient and courteous ways of handling customers, be responsive and willing to assist and inspire confidence and trust from patients. In Kenya there are relatively few studies that have explored the potential of service quality and organizational performance and there is a need for results in that particular area Wanjiru, (2010), more importantly, when public healthcare is taken into consideration. Patient's perspectives, priorities and desires ought to be factored in any attempt to measure and improve quality of healthcare (Lee *et. al.*, 2012).

2.6 Empirical Literature

In the past performance in the healthcare sector used to consider tangible elements such as infrastructure, mortality and morbidity, but things have now changed and more emphasis is being placed on patient satisfaction and service quality perception, and Lee, (2012) notes that the present focus on patient satisfaction is more likely to lead to improved service delivery process in healthcare organizations.

Understanding patient service quality perception on service delivery is becoming more important for effective management of healthcare organizations. Medical record keeping is an important factor for delivering quality care to patients, and that cannot be done if patients keep on switching their allegiance to healthcare providers regularly due to lack of satisfaction with the service that is delivered, therefore it is necessary to maintain a

consistent relationship with a particular healthcare service organization to ensure effective treatment plans (Mugambi and Kiruthu, 2015).

When sources of satisfaction or dissatisfaction with healthcare organizations are identified, it becomes easier to address systemic weaknesses and that can lead to improved risk management for an organization. And more importantly, measuring patient perceptions on service quality generate important information about performance that ultimately contribute to quality management systems (Rad *et. al.*, 2010). Thus knowledge concerning the perceptions of the public on the service quality in public healthcare organizations can inform strategies for perception improvements and lead to effective and successful healthcare delivery process.

Although a lot of criticism has been placed on the use of patients in evaluation of service quality, due to the fact that many of them do not have the technical skills or capacity to assess such a service, and that the absence of technical skills in the patients' evaluation process equates to them not knowing what is in their best interest and therefore their preferences may in fact be contrary to good quality care (Işık *et. al.*, 2011). The opposing arguments that have been advanced is that patients opinion may provide the most important opinion regardless, and patients acting as informants are primary sources of information in commencement of service delivery process and service quality on the part of the provider. Other scholars posit that right or wrong patients' feelings or perception about the service rendered is important in assessing the service quality of healthcare.

Nuru *et al.* (2015) investigated the influence of service quality improvement, and with the use of a sample population drawn from Malaysian healthcare industry managers, applied the statistical package of social science to analyse the data including descriptively, and found that to satisfy healthcare consumers the providers of healthcare need to emphasize efficiency, and courtesy, be responsive and willing to help and inspire confidence as well as trust from the patients. Nuru *et al.* (2015) in their findings recommended more exploration on how quality of service can impact organizational performance and lead to new knowledge concerning customer expectations.

Vassileva, Bistra, and Antonio José Balloni, (2015) in a study of “service quality measurement implications for healthcare sector in Bulgaria assessed the gap between the expected and perceived healthcare service quality in hospitals”, and by interviewing medical doctors as well as the management cadre of the healthcare organization noted that patient’s perception of service quality in healthcare organizations was more pronounced in private sector healthcare providers than in the public sector. Vassileva *et al.* (2015) recommended the need to find a way of overcoming the gap between patient’s expectations and their perceptions.

Mugambi and Kiruthu (2015) investigated service quality dimensions in healthcare service delivery in healthstrat in Kenya, and through the use of SERVQUAL model, adoption of descriptive research method, and structured questionnaire with statistical package for social science as the analysis tool, found that customer perception of service quality is dependent upon the degree of correlation between the service delivered and customer expectation. Mugambi et al. (2015) recommended that further investigations be undertaken to identify whether functional or technical quality bears more weight in the outcome of service delivery.

2.7 Summary of Empirical Literature

Table 2.1: Summary of Empirical Literature

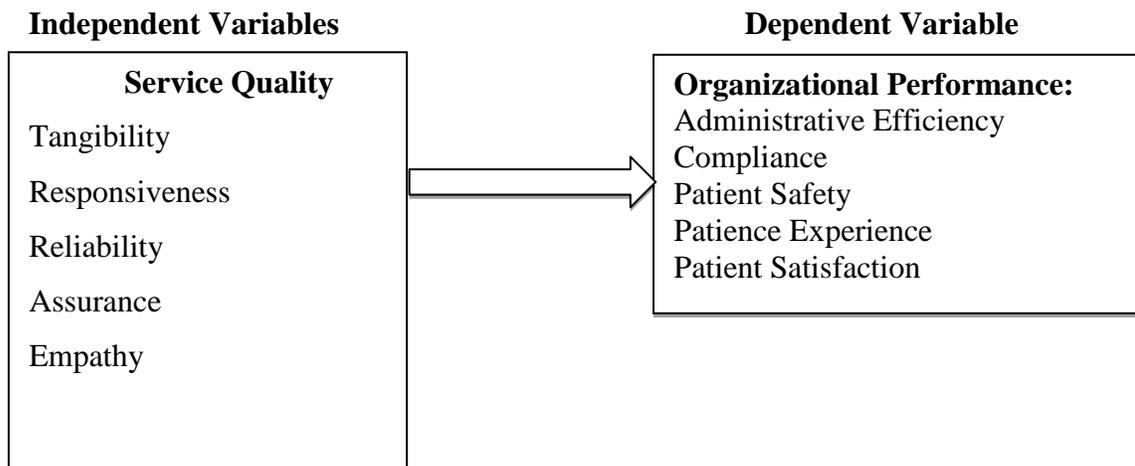
Researchers	Study Area	Methodology	Findings	Relationship
Lee S, Lee D, Kang C . (2012)	The impact of high performance work systems in the health care industry: employee reactions, service quality, customer satisfaction, and customer loyalty	Analysis of SERVQUAL model, adoption of descriptive research method, quantitative and qualitative approach	Indicated that the present focus on patient satisfaction is more likely to lead to improved service delivery process in healthcare organizations.	Indirect relationship
Mugambi, J. and Kiruthu, Z. . (2015).	Service Quality Dimension in Health Care Service Delivery: The Case for Healthstrat in Kenya.	through the use of SERVQUAL model, adoption of descriptive research method, and structured questionnaire with statistical package for social science as the analysis tool	That customer perception of service quality is a result of how well service matches expectations, and that service quality had two dimensions of expectations and experience, which also have underlying factors during service delivery that include tangibles, reliability, responsiveness, assurance and empathy	Direct relationship
Rad, F., Som, M., Zainuddin Y. (2010).	Service quality and patients' satisfaction in medical tourism	Analysed SERVQUAL models, descriptive method Survey interviews and questionnaires	That measuring patient perceptions on service quality generate important information about performance that ultimately contribute to quality management systems	Indirect relationship
Işık O, Tengilimoğlu D, Akbolat M . (2011)..	Measuring health care quality with the SERVQUAL method: A comparison in public and private hospitals	Analysed SERVQUAL models, descriptive method	That patients opinion may provide the most important opinion regardless, and patients acting as informants are primary sources of information in commencement of service delivery process and service quality on the part of the provider	Indirect relationship
Nuru, H., Naimah, A., Sharu, Effendy, J., Mad, S., Nor Azrin, L., Mohamed, A. (2015).	A Review of Service Quality Improvement and Organizational Performance	Structural equation modelling (SEM) approach, and with the use of a sample population drawn from Malaysian healthcare industry managers, applied the statistical package of social science to analyse the data including descriptively	That to satisfy healthcare consumers the providers of healthcare need to emphasize efficiency, and courtesy, be responsive and willing to help and inspire confidence as well as trust from the patients.	Indirect relationship

<p>Vassileva, Bistra, and Antonio José Balloni, (2015)</p>	<p>Service quality measurement: implications for healthcare sector in Bulgaria</p>	<p>assessed the gap between the expected and perceived healthcare service quality in hospitals, and with the use of both qualitative and quantitative methods in which in-depth interviews with medical doctors and healthcare managers together with focus group discussions with patients were undertaken</p>	<p>observe, through SERVQUAL scale, that patients perceived quality of healthcare services is higher in private owned hospitals and university hospitals than in public hospitals, and that patients expected hospitals and their personnel to be trustworthy, responsive, polite and accurate</p>	<p>Indirect relationship</p>
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Source: Research, (2016)

2.8 Conceptual Framework

Figure 2.1: Conceptual Framework



Source: Chimed-Ochir, (2011) & Research, (2016)

Chimed-Ochir, Odgerel, (2011) investigated perception of service quality in a Mongolian District hospital, and applied Parasuraman, Zeithaml, & Berry’s modified indicators for reliability, such as “excellent hospitals should provide treatment, diagnostic tests and other services in an acceptable time period, When patients have a problem, the hospital should show sincere interest to solve it, Doctors should explain health conditions, diagnosis and treatment in an understandable fashion, Nurses should explain to patients exactly when and what they are intending to do, If you are admitted, doctors should monitor your health status regularly”.

On responsiveness the study by Chimed-Ochir, Odgerel, (2011), had indicators such as “doctors and nurses should respond immediately when called by patients, doctors and, nurses should be willing to help patients, waiting time for admission should not be longer than a week, waiting time for daily service should not be longer than 45 minutes”, while on assurance indicators such as, “doctors should be competent , nurses should be skilful, patients should feel confident when receiving medical treatment, excellent hospitals should provide privacy during treatment, doctors and nurses should be respectful towards patients, doctors and nurses should have good knowledge to answer patients questions

were used and on empathy, indicators included, “nurses in excellent hospitals should be caring, doctors and nurses in excellent hospitals should listen to you attentively, doctors should spend enough time with each patient, operating hours in an excellent hospital should be convenient for patients” Chimed-Ochir, Odgerel, (2011), the study found that these factors had significant influence on patients satisfaction. This study adopted these indicators, which also followed Parasuraman, Zeithaml, & Berry, (1990) range of indicators for service quality.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents procedures followed to undertake the study. The discussions in the chapter include the study research design, variables, location of the study, sampling technique and data collection instruments as well as data analysis techniques that were used.

3.2 Research Design

The design of the study followed the survey methodology that is descriptive in nature. It aimed at analysing the effect of service quality on organizational performance. It encompassed qualitative and quantitative approaches. Data was collected from the target population analysed and logical conclusions on the interrelationship between phenomena derived.

Zikmund, (2009) postulated that survey is an empirical research that seeks to find out factors associated with occurrences of certain events and behaviour conditions. It enables the researcher to collect in-depth information including sensitive and personalized experiences concerning the issue being investigated. The descriptive survey design allowed the researcher to study variables, as they exist.

3.3 Target Population

Target population concerns a group with some common characteristic that qualify them to be included as data fit for analysis and interpretation of findings with greater reliability. The target population comprised all in-patients and out-patients in the healthcare setting.

3.4 Sampling Design

Systematic random sampling technique and purposive sampling techniques was used. According to Bryman, (2003), it represents the most popular method in qualitative research and subjects are selected because of some peculiar characteristics. Systematic

random sampling will be used. A systematic random sampling technique gives every unit in the sample population of participating (Cooper & Schindler, 2006). A sample size of 60 was determined through formula.

3.5 Data Collection

The study used schedules with questionnaires for data collection. Interviews were schedule for respondents, the patients. Saunders, (2009). The instruments used were refined to eliminate any unclear instructions. The relevant permits were acquired from the relevant organizations before take-off of the study, and ethical issues and considerations addressed by the researcher to ensure that all respondents participate with informed consent.

3.6 Data Analysis

Data was organized, categorized and synthesized to glean relevant information from it. For qualitative data, patterns or themes will be identified and analysed descriptively. The SPSS package, version eighteen was used in quantitative analysis of data.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter provides data analysis, interpretation and discussions, the chapter includes general information in which the response rate is indicated, gender and education level are analysed. The chapter also presents patients expected hospital service quality, patients perceived hospital service quality, patients' opinion on hospital service quality, organizational performance, organizational goal attainment and the extent organization has been able to acquire resources it needs.

4.2 General Information

4.2.1 Response Rate

Table 4.1: Response Rate

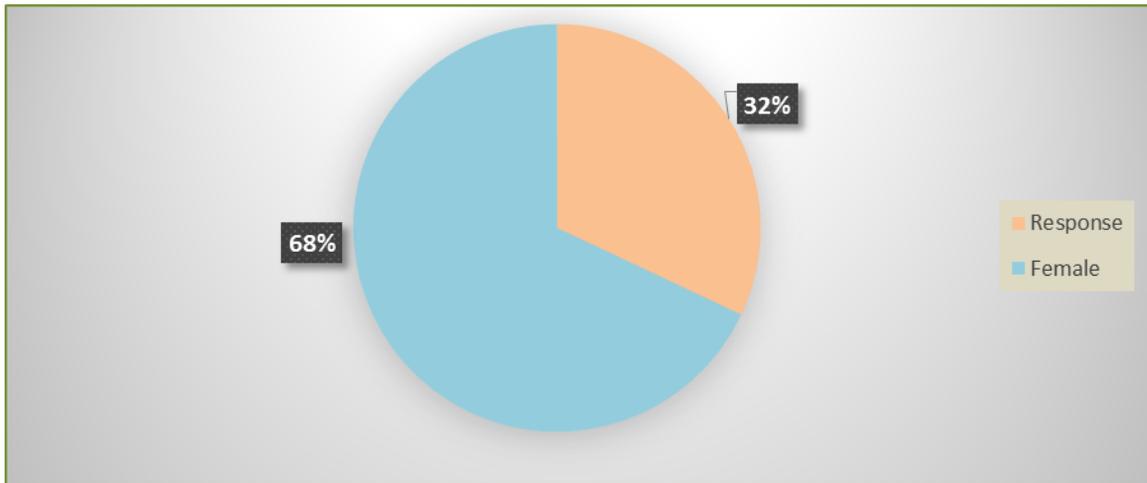
Response Rate	Frequency	Response Rate (%)
Response	40	67
Non Response	20	33
Total	60	100

Source: Research, (2016)

Table 4.1 indicates the response, and it can be seen that out of a sample size of 60 there were 40 that met the necessary response requirements, and that gave a response rate of 67%

4.2.2 Gender

Figure 4.1: Gender

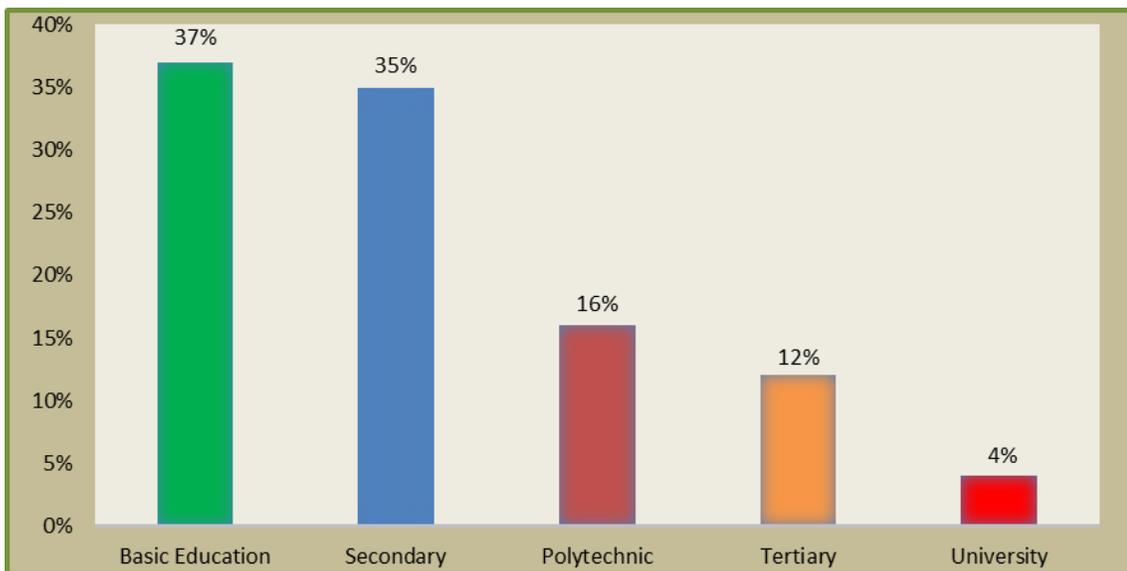


Source: Research, (2016)

Table 4.1 on gender indicate the number of male and female that participated in the survey, and it can be seen that 32% of the respondents were male while 68% were female.

4.2.3 Education Level

Figure 4.2: Education Level



Source: Research, (2016)

Figure 4.2 presents the educational level of the respondents, and it can be noted that 37% of the respondents had basic education, 35% had secondary education, 16% had polytechnic level of education while 12% had tertiary education and only 4% had university level of education

4.3 Patients Expected Hospital Service Quality

Table 4.2: Patients Expected Hospital Service Quality

Tangibility Statements	Mean	Standard Deviation
Hospitals should have up-to-date equipment	3.85	1.35
Hospitals physical facilities should be visually appealing	3.65	1.03
Medical staff should appear neat	3.60	3.32
The appearance of the physical facilities of the hospitals should be in-keeping with the type of services provided	3.88	1.14
Reliability Statements		
Excellent hospitals should provide treatment, diagnostic tests and other services in an acceptable time period	3.78	1.07
When patients have a problem, the hospital should show sincere interest to solve it	3.75	1.13
Doctors should explain health conditions, diagnosis and treatment in an understandable fashion	4.02	1.00
Nurses should explain to patients exactly when and what they are intending to do	4.07	1.095
If you are admitted, doctors should monitor your health status regularly	4.10	0.955
Responsiveness Statements		
Doctors and nurses should respond immediately when called by patients	3.25	1.17
Doctors and nurses should be willing to help patients	3.15	1.19
Waiting time for admission should not be longer than a week	3.67	1.14
Waiting time for daily service should not be longer than 45 minutes	3.90	0.96
Assurance Statements		
Doctors should be competent	3.85	1.25
Nurses should be skilful	2.55	1.26
Patients should feel confident when receiving medical treatment	2.38	1.35
Excellent hospitals should provide privacy during treatment	2.21	1.40
Doctors and nurses should be respectful towards patents	3.68	1.23
Doctors and nurses should have good knowledge to answer patients questions	3.58	1.34
Empathy Statements		
Nurses in excellent hospitals should be caring	3.68	1.21
Doctors and nurses in excellent hospitals should listen to you attentively	2.43	1.50
Doctors should spend enough time with each patient	3.40	1.36
Operating hours in an excellent hospital should be convenient for patients	3.58	1.12

Source: Research, (2016)

Table 4.2 indicates the analysis of patients expected hospital service quality, and it can be noted, on analysis of tangibility, that the statement “hospitals should have up-to-date equipment”, with a mean of 3.85 suggests that the majority of the respondents agree with

the statement, subsequent statements analysis show majority view of respondents, and it can be noted that they agree hospitals physical facilities should be visually appealing (mean 3.65) , they also agree medical staff should appear neat (3.60), majority of the respondents also agree that the appearance of the physical facilities of the hospitals should be in-keeping with the type of services provided (3.78).

On analysis of reliability statements, it is can be noted that majority of the respondents agree that excellent hospitals should provide treatment, diagnostic tests and other services in an acceptable time period (mean 3.78), majority of the respondents also agree that when patients have a problem the hospital should show sincere interest to solve it (3.75), majority of the respondents agree also with subsequent statements that doctors should explain health conditions, diagnosis and treatment in an understandable fashion (4.02), nurses should explain to patients exactly when and what they are intending to do (4.07), and that if you are admitted, doctors should monitor your health status regularly (4.10),

On the subject of responsiveness, respondents are not sure whether doctors and nurses should respond immediately when called by patients (3.25), on whether doctors and nurses should be willing to help patients (3.15) respondents were not sure, but on whether the waiting time for admission should not be longer than a week (3.67) respondents agreed, and agreed as well with the statement that waiting time for daily service should not be longer than 45 minutes (3.90).

On assurance statements, the respondents agreed with the following statements: that doctors should be competent (3.85) and that nurses should be skilful (3.55), and patients should feel confident when receiving medical treatment (3.68), but were not sure whether excellent hospitals should provide privacy during treatment (3.21), however respondents agreed that doctors and nurses should be respectful towards patents (3.68), and that doctors and nurses should have good knowledge to answer patient's questions (3.58).

On the subject of empathy, the respondents agreed, as well, with the following statements: that nurses in excellent hospitals should be caring (3.68), doctors and nurses

in excellent hospitals should listen to you attentively (3.68), doctors should spend enough time with each patient (3.60), and operating hours in an excellent hospital should be convenient for patients (3.58).

4.4 Patients Perceived Hospital Service Quality

Table 4.3: Patients Perceived Hospital Service Quality

Tangibility Statements	Mean	Standard Deviation
The hospital has up to date and well maintained equipment	3.64	1.37
Cleanliness and hygiene in the hospital are of high standard	3.59	1.37
The nurses and doctors are clean and well groomed	3.36	1.22
The patient rooms are comfortable enough	3.00	1.17
Reliability Statements		
The hospital provides treatment, diagnostic tests and other services in an acceptable time period	2.90	1.10
When I have a problem, the hospital workers show sincere interest to solve it	2.90	1.25
Doctors explain health conditions, diagnosis and treatment in an understandable fashion	3.38	1.25
Nurses explain to patients exactly when and what they are intending to do	3.28	1.38
If I was admitted, doctors would monitor my health status regularly	3.18	1.23
Responsiveness Statements		
Doctors and nurses respond immediately when I try to get their attention	3.21	1.15
Doctors and nurses are helpful	3.18	1.19
Waiting time for admission is no longer than a week	2.64	1.29
Waiting time for daily service is no longer than 45 minutes	3.21	1.17
Assurance Statements		
Doctors are competent	2.15	1.18
Nurses are skilful	2.54	1.27
I feel confident receiving medical treatment	2.36	1.37
The hospital provides privacy during treatment	2.21	1.40
Doctors and nurses are respectful	2.51	1.32
Doctors and nurses are able to answer all questions	2.23	1.25
Empathy Statements		
Nurses in the hospitals are caring	2.59	1.45
Doctors and nurses listen to you attentively	2.38	1.43
Doctors spend enough time with a patient	2.44	1.52
Operating hours in the hospital are convenient for patients	2.44	1.33

Source: Research, (2016)

Table 4.3 presents respondents' views on perceived hospital service quality, and on tangibility, it can be seen that majority of the respondents agree that the hospital has up to date and well maintained equipment (3.64) and that cleanliness and hygiene in the hospital are of high standard (3.59), majority of the respondents also are not sure whether

the nurses and doctors are clean and well-groomed (3.36) and the patient rooms are comfortable enough (3.00)

The respondents' views on reliability show that majority of the respondents were not sure whether the hospital provided treatment, diagnostic tests and other services in an acceptable time period (2.90), majority of the respondents also were not sure that when they have a problem, the hospital workers show sincere interest to solve it (2.90), they were also not sure doctors explain health conditions, diagnosis and treatment in an understandable fashion (3.38), and also not sure whether nurses explain to patients exactly when and what they are intending to do (3.28) and if a patient is admitted, whether doctors would monitor a patient's health status regularly (3.18).

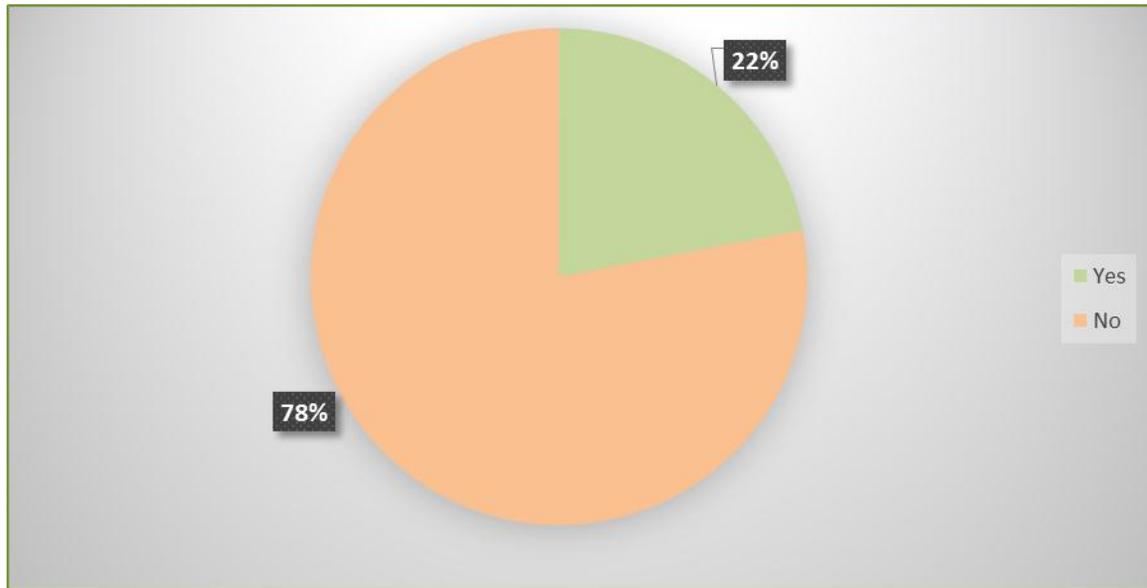
On responsiveness, majority of the respondents were not sure whether doctors and nurses respond immediately when they try to get their attention (3.21) and also with the statement that doctors and nurses are helpful (3.21) while on whether the waiting time for admission is no longer than a week (2.64) majority of the respondents disagreed, and on whether the waiting time for daily service is no longer than 45 minutes (3.21), majority of the respondents were not sure

Analysis of respondents views on assurance indicate that majority of them disagreed with the following statements: that doctors are competent (2.15), nurses are skilful (2.54), they feel confident receiving medical treatment (2.36), the hospital provides privacy during treatment (2.21). And on whether doctors and nurses are respectful (2.51), and that doctors and nurses are able to answer all questions (2.23) majority of the respondents indicated strong agreement

Analysis of statements on empathy indicate that majority of the respondents disagreed with the following: that nurses in the hospitals are caring (2.59), doctors and nurses listen to you attentively (2.38) while on whether doctors spend enough time with a patient (2.44) majority of the respondents disagreed, and on whether operating hours in the hospital are convenient (2.44) for patient's majority of the respondents were not sure.

4.5 Patients Opinion on Hospital Service Quality

Figure 4.3: Patients Opinion on Hospital Service Quality



Source: Research, (2016)

Out of the 94 respondents that gave their opinion, 78% gave a negative response that the service quality was not okay while 22% held a positive view that the service quality was okay.

4.6 Organizational Performance

4.6.1 Control Systems used in the Organization

Table 4.4: Control Systems used in the Organization

Control System	Responses	Percentage (%)
Monitoring results	14	14.90
Reviewing key measures	11	11.70
Tracking progress towards goals	16	17.00
Comparing outcomes to expectations	6	6.40
Providing common view of the organization	5	5.30
Tying the organization together	7	7.50
Enabling the organization to focus on critical success factors	10	10.60
Developing a common approach in the organization	8	8.50
Enabling the organization to focus on common issues	11	11.70
Continually challenging and discussing action plans	6	6.40

Source: Research, (2016)

Table 4.4 indicates the control systems used in the organization, and it can be seen that monitoring results was considered by 19.90% of the respondents as the control system used in the organization, reviewing key measures had 11.7%, tracking progress towards goals 17%, comparing outcomes to expectations 6.40%, providing common view of the organization 6.40%, tying the organization together 7.50%, enabling the organization to focus on critical success factors 10.60%, developing a common approach in the organization 8.50%, enabling the organization to focus on common issues 11.70% and continually challenging and discussing action plans had 6.40%. It can be noted that tracking progress towards goals had the highest consideration while providing common view of the organization the lowest consideration.

4.6.2 Organizational Goal Attainment

Table 4.5: Organizational Goal Attainment

Goal attainment		1	2	3	4	5	Mean	Standard Deviation
a	I feel the goals of the organization rightly reflects the interests and needs of the patients 210	34	28	14	12	6	2.26	2.55
b	I feel the organization can clearly measure the benefits it provides to the patients 225	32	25	16	10	11	2.42	2.34
c	I feel the performance of the organization over the past three years has been excellent in meeting its goals 193	40	26	15	9	4	4.08	2.85

Source: Research, (2016)

Table 4.5 indicates organizational goal attainment, and analysis of the data reveal that majority of the respondents agree the goals of the organization rightly reflects the interests and needs of the patients (mean 2.26) and they also feel the organization can clearly measure the benefits it provides to the patients (2.42), but also majority of the respondents disagree that the performance of the organization over the past three years has been excellent in meeting its goals (4.08)

4.6.3 The Extent Organization Has Been Able to Acquire Resources It Needs

Table 4. 6 The Extent Organization Has Been Able to Acquire Resources It Needs

No extent (1)	Some extent (2)	Moderate extent (3)	Great extent (4)	Very great extent (5)	Mean	Std. Dev.
18	32	24	11	9	2.61	2.15

Source: Research, (2016)

Table 4.6 indicate the respondents view on the extent the organization has been able to acquire resources it needs, and it can be noted that majority of the respondents were of the view that the organization has been able to acquire resources it needs (as indicated by a mean of 2.61) to some extent.

Table 4.7: Regression Summary of the Influence of Service Quality on Organizational Performance

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.806 ^a	.649	.167	1.247	.649	1.347	22	16	.273

Source: Research, (2016)

Table 4.7 shows the regression summary of service quality factors and organizational performance, and we see that the P Value is .273, which explains positive correlation between service quality and organizational performance, although the correlation is weak, the R Square is .649 an indication that service quality accounts for 64.9% of the variation in organizational performance while 35.10% of the variation is explained by other factors.

Table 4.8 Coefficients of regression of service quality factors and organizational performance

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations		
	B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part
(Constant)	5.041	3.006		1.677	.113	-1.331	11.413			
Cleanliness and hygiene in the hospital are of high standard	.319	.237	.286	1.348	.196	-.183	.821	.205	.319	.200
The nurses and doctors are clean and well groomed	.093	.213	.084	.434	.670	-.360	.545	-.031	.108	.064
The patient rooms are comfortable enough	.430	.227	.368	1.897	.076	-.051	.910	.296	.428	.281
The hospital provides treatment, diagnostic tests and other services in an acceptable time period	.027	.267	.022	.101	.921	-.539	.593	-.254	.025	.015
When I have a problem, the hospital workers show sincere interest to solve it	.028	.239	.026	.117	.908	-.478	.534	-.037	.029	.017
Doctors explain health conditions, diagnosis and treatment in an understandable fashion	.221	.241	.202	.917	.373	-.290	.733	.037	.224	.136
Nurses explain to patients exactly when and what they are intending to do	.004	.235	.004	.017	.986	-.493	.502	.041	.004	.003
If I was admitted, doctors would monitor my health status regularly	-.242	.273	-.218	-.885	.389	-.820	.337	.008	-.216	.131
Doctors and nurses respond immediately when I try to get their attention	-.181	.223	-.152	-.810	.430	-.653	.292	.115	-.199	.120
Doctors and nurses are helpful	.085	.368	.074	.231	.820	-.694	.864	-.170	.058	.034
Waiting time for admission is no longer than a week	-.257	.246	-.242	-1.046	.311	-.779	.264	-.015	-.253	.155
Waiting time for daily service is no longer than 45 minutes	-.384	.343	-.330	-1.122	.279	-1.111	.342	-.215	-.270	.166
Doctors are competent	.195	.247	.168	.787	.443	-.329	.718	.296	.193	.117
Nurses are skilful	-.123	.264	-.114	-.465	.648	-.681	.436	.144	-.115	.069
I feel confident receiving medical treatment	-.124	.242	-.124	-.515	.613	-.637	.388	-.028	-.128	.076
The hospital provides privacy during treatment	-.167	.201	-.171	-.835	.416	-.593	.258	.040	-.204	.124
Doctors and nurses are respectful	-.226	.256	-.218	-.884	.390	-.768	.316	-.041	-.216	.131
Doctors and nurses are able to answer all questions	.134	.247	.122	.542	.596	-.390	.657	.220	.134	.080
Nurses in the hospitals are caring	.003	.250	.003	.013	.990	-.527	.534	.046	.003	.002
Doctors and nurses listen to you attentively	-.831	.269	-.769	-3.092	.007	-1.401	-.261	-.471	-.612	.458
Doctors spend enough time with a patient	.162	.175	.165	.929	.367	-.208	.533	.073	.226	.137
Operating hours in the hospital are convenient for patients	-.012	.212	-.011	-.056	.956	-.462	.438	-.015	-.014	.008

Source: Research, (2016)

Table 4.8 indicates the coefficients of regression of service quality factors and organizational performance, and the observation is that the data can be fitted into a regression equation as presented below, where Y organizational performance and $X_1, X_2, X_3, \dots, X_n$ are the service quality factors.

$$Y = 5.041 + 0.319X_1 + 0.093X_2 + 0.430X_3 + 0.0270X_4 + 0.028X_5 + 0.221X_6 + 0.004X_7 - 0.242X_8 + 0.181X_9 + 0.085X_{10} - 0.257X_{11} - 0.384X_{12} + 0.195X_{13} - 0.123X_{14} - 0.124X_{15} - 0.167X_{16} - 0.226X_{17} + 0.003X_{18} - 0.831X_{19} + 0.162X_{20} - 0.012X_2$$

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The purpose of this study was to establish the effect of service quality on performance, establish quality management practices influencing performance and to establish quality service dimensions at Mama Lucy Hospital, this chapter presents summary of the findings, conclusion and recommendations.

5.2 Summary of Findings

The quality service dimensions that are expected by patients as far as service quality is concerned include a need for hospitals to have an up to date equipment, hospitals physical facilities need to be visually appealing, and that medical staff should appear neat, the patients also feel that the appearance of the physical facilities of the hospitals should be in-keeping with the type of services provided

The reliability of service delivery is also an important factor for patients, and they consider excellent hospitals as those that provide treatment, diagnostic tests and other services in an acceptable time period, and when patients have a problem the hospital shows sincere interest to solve it, patients also need doctors to explain health conditions, perform diagnosis and treatment in an understandable fashion while nurses need to explain to patients exactly when and what they are intending to do, and that if one is admitted, doctors need to monitor a patient's health status regularly.

Responsiveness is also another quality dimension that patients strongly consider an important characteristic of quality service in a hospital setting. In particular patients want doctors and nurses to respond immediately when called, and that they should be willing to help patients. Patients also consider waiting time for admission an important factor and that it should not be longer than a week, and waiting time for daily service should not be longer than 45 minutes.

Other quality service characteristics that are valued by customers include assurance and empathy. On assurance, patients need assurance that doctors are competent and nurses are

skilful. Patients also need to feel confident when receiving medical treatment, and more importantly, patients view an excellent hospital as that which provide privacy during treatment, additionally, patients feel that doctors and nurses should be respectful towards patents and have good knowledge to answer patient's questions. On the subject of empathy, patients feel that nurses in excellent hospitals need to be caring, in particular, desire doctors and nurses, in excellent hospitals, to be able to listen to a patient attentively, furthermore doctors need to spend enough time with each patient, and there is a need for operating hours in an excellent hospital to be convenient for patients.

The study found that patients perceived service quality is a reflection of organizational performance. In particular, the patients viewed hospital equipment as up to date and well maintained, but could not tell whether the nurses and doctors are clean or well-groomed as well as whether the patient's rooms are comfortable enough. Patients were also not sure about whether the treatment, diagnostic tests and services generally were delivered in an acceptable period, although patients admitted doctors did monitor their health status on a regular basis.

The responsiveness of the doctors and nurses was generally not satisfactory to the patients, but the level of assurance was acceptable generally, but in regard to empathy the level of care was found not to be satisfactory, even with the time doctors spent with a patient, and patients also were unsure about timeliness of service delivery. As to the control systems, there were no specific control framework, even though monitoring of results seemed prevalent.

Although the findings show that the goals of the organization rightly reflected the interests and needs of the patients and the organization was able to measure the benefits it provides to the patients, the performance of the hospital over the past three years was not excellent in meeting its goals, and was compounded by the fact that the hospital was only able, to some extent, to meet its goals. The general observation was that quality management practices was below their expectations of the patients as a result of organizational performance.

5.3 Conclusions

In lieu of the study findings, service quality as perceived by patients in an hospital setting is a reflection of up to date and well maintained equipment, cleanliness and hygiene in the hospital, clean and well-groomed nurses and doctors, comfortable patient's rooms, acceptable time period for treatment, diagnostic tests and other services, shorter waiting time, competence of doctors and skilfulness of nurses, levels of privacy during treatment, respectfulness of doctors and nurses among other factors that the patients may consider as characteristics of service quality.

The findings are also in tandem with literature reviewed, more importantly the position of Parasuraman, Zeithaml, & Berry, (1990), in which it was found that dimensions customers use when evaluating service quality are tangibility, reliability, responsiveness, assurance and empathy, and that these dimensions play an important role in organizational performance. And the effect of service quality on performance is an important factor in building public confidence in hospital services.

5.4 Recommendations

The goal of any organization is to satisfy customer needs, which in turn would result in added value for the organization. Satisfied customers can spread word and have the capacity to influence others to avail of services for a particular hospital. As such the hospital may use the service quality perception of the patients to aid it in developing a house of quality. The hospital may use the findings to aid it in making strategic decisions to improve its performance. The study also recommends a more focused service assessment and reduction of time lags and improvement of interfaces between the patients and the hospital.

5.5 Limitations and Delimitations

The study had anticipated that there would be difficulty in the administration of data collection instruments and accessibility of the organization. However permission was sort from the relevant authority and hence the effective participation of the respondents. There were also concerns about the reliability and reliability of the data collection instrument and whether it would yield any meaningful result but this was addressed and corrected

during the pilot stage though not in the same organization. The staff were quite often very busy were unwilling to interrupt their clinical activities and some of the patients were subdued by their ailment and needed assistance. The staff were approached during their lunch break while the patients approached were only those in stable conditions.

5.6 Suggestions for further Research

The study focus was on the assessment of service quality on the performance of Mama Lucy Hospital a public institution. It would be interesting to find out whether the same results would hold true for public hospitals in rural areas. Other researcher may also conduct a comparative analysis of private and public hospital service quality performance.

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APPENDIX I: INTERVIEW GUIDE

This questionnaire is designed to make an objective assessment of the effect of service quality on organizational performance in the health sector. The exercise is basically academic and your answers will be treated with the utmost confidentiality they deserve. Your maximum co-operation is highly anticipated. Please tick (✓) the response applicable to you.

SEGMENT A: INFORMATION ABOUT THE RESPONDENTS

Instructions

You are requested to fill your personal information in the spaces provided below. Please tick only one response.

1. Gender.

Male

Female

2. State your education level.

a). Basic Education

b). Secondary

c). Polytechnic

d). Tertiary

d). University

SECTION B: EXPECTED HOSPITAL SERVICES

To what extent do you agree with the following Statements with regard to an excellent hospital? Use a scale of 1-5 where 1= strongly agree, 2=agree, 3= not sure, 4= disagree and 5 = strongly disagree

Tangibility Statements	1	2	3	4	5
Hospitals should have up-to-date equipment					
Hospitals physical facilities should be visually appealing					
Medical staff should appear neat					
The appearance of the physical facilities of the hospitals should be in-keeping with the type of services provided					
Reliability Statements					
Excellent hospitals should provide treatment, diagnostic tests and other services in an acceptable time period					
When patients have a problem, the hospital should show sincere interest to solve it					
Doctors should explain health conditions, diagnosis and treatment in an understandable fashion					
Nurses should explain to patients exactly when and what they are intending to do					
If you are admitted, doctors should monitor your health status regularly					
Responsiveness Statements					
Doctors and nurses should respond immediately when called by patients					
Doctors and nurses should be willing to help patients					
Waiting time for admission should not be longer than a week					
Waiting time for daily service should not be longer than 45 minutes					
Assurance Statements					
Doctors should be competent					
Nurses should be skilful					
Patients should feel confident when receiving medical treatment					
Excellent hospitals should provide privacy during treatment					
Doctors and nurses should be respectful towards patents					
Doctors and nurses should have good knowledge to answer patients questions					
Empathy Statements					
Nurses in excellent hospitals should be caring					
Doctors and nurses in excellent hospitals should listen to you attentively					
Doctors should spend enough time with each patient					
Operating hours in an excellent hospital should be convenient for patients					

SECTION C: PERCEIVED HOSPITAL SERVICE QUALITY

Please indicate to what extent you agree with the following Statements with regard to healthcare services quality provided by the hospital? Use a scale of 1-5 where 1= strongly agree, 2=agree, 3= not sure, 4= disagree and 5 = strongly disagree

Tangibility Statements	1	2	3	4	5
The hospital has up to date and well maintained equipment					
Cleanliness and hygiene in the hospital are of high standard					
The nurses and doctors are clean and well groomed					
The patient rooms are comfortable enough					
Reliability Statements					
The hospital provides treatment, diagnostic tests and other services in an acceptable time period					
When I have a problem, the hospital workers show sincere interest to solve it					
Doctors explain health conditions, diagnosis and treatment in an understandable fashion					
Nurses explain to patients exactly when and what they are intending to do					
If I was admitted, doctors would monitor my health status regularly					
Responsiveness Statements					
Doctors and nurses respond immediately when I try to get their attention					
Doctors and nurses are helpful					
Waiting time for admission is no longer than a week					
Waiting time for daily service is no longer than 45 minutes					
Assurance Statements					
Doctors are competent					
Nurses are skilful					
I feel confident receiving medical treatment					
The hospital provides privacy during treatment					
Doctors and nurses are respectful					
Doctors and nurses are able to answer all questions					
Empathy Statements					
Nurses in the hospitals are caring					
Doctors and nurses listen to you attentively					
Doctors spend enough time with a patient					
Operating hours in the hospital are convenient for patients					

What is your perception of the hospital service quality?

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SEGMENT B: ORGANIZATIONAL PERFORMANCE

This section of the questionnaire requests you to provide information about performance in your organization, performance may be considered as the extent to which the organization achieves its objectives as reflected in indicators or measures.

Please indicate by ticking the appropriate box on how control systems are used in your organizations

Control system		
	Monitoring results	
	Reviewing key measures	
	Tracking progress towards goals	
	Comparing outcomes to expectations	
	Providing common view of the organization	
	Tying the organization together	
	Enabling the organization to focus on critical success factors	
	Developing a common approach in the organization	
	Enabling the organization to focus on common issues	
	Continually challenging and discussing action plans	

Please indicate by ticking the appropriate box the extent to which you agree or disagree with the following statements. Use a scale of 1-5 where 1= strongly agree, 2=agree, 3= not sure, 4= disagree and 5 = strongly disagree

Goal attainment		1	2	3	4	5
a	I feel the goals of the organization rightly reflects the interests and needs of the patients					
b	I feel the organization can clearly measure the benefits it provides to the patients					
c	I feel the performance of the organization over the past three years has been excellent in meeting its goals					

In the past 3 years to what extent has your organization been able to acquire the resources it needs

- No extent
- Some extent
- Moderate extent
- Great extent
- Very great extent

THANK YOU FOR YOU TIME AND COOPERATION