ELETRONIC -SERVICE PRACTICES AND CUSTOMER SATISFACTION AT KENYATTA NATIONAL HOSPITAL

SIMON KIPROP TOO

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF MASTER OF SCIENCE IN MARKETING, FACULTY OF BUSINESS AND MANAGEMENT SCIENCES, UNIVERSITY OF NAIROBI

2021

DECLARATION

I hereby declare that this research project is my original work and has not been presented in any other institution.

Signature: Date: ----**29th November 2021**---

Simon Too

D65/18940/2019

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

Signature: --------- ------------------ Date: ---**02/12/2021-**

Dr. Winnie Njeru

Senior Lecturer

Department of Business Administration,

University of Nairobi

DEDICATION

Thanks to everyone who helped me along the way throughout the many phases of my study endeavor.

ACKNOWLEDGEMENT

TABLE OF CONTENTS

ABBREVIATIONS

MAC   Medical Advisory Committee

MoH   Ministry of Health

MoU   Memorandum of Understanding

NHIF   National Hospital Insurance Fund

ABSTRACT

Changes in the business environment are characterized by high levels of competition, changing customer's behaviour, high firm operational costs and inadequate resources. These are some of the challenges experienced by most firms. Firms have to change with the changing customers to maintain the business relationship. Adoption of technology is one of the critical measures to stay relevant and survive in the turbulent business environment.Kenyatta National Hospital has embarked on a number of strategic changes in the recent past which affected the hospital performance in one way or the other. Despite its very noble role in the Kenyan economy, the hospital has had a continued anecdotal public outcry regarding poor service provision not only to patients but to the wider stakeholder group. The general objective of the study was to establish the influence of E-service practices on customer satisfaction oat Kenyatta National Hospital.This study was based on two theories, service quality theory and expectation confirmation theory. The research adopted a case study approach and an interview guide was used for collection of data. Content analysis was used to analyze data which was qualitative in nature. The study established that Kenyatta National Hopsital has implemented service process automation on the following areas; admissions and discharge, billing & Charging and Pharmacy services for example acquisition of consumables and medicine. It was also found out that currently there is no queue management system at Kenyatta National Hospital. The hospital has initiated the procurement process for the Ticket dispenser. It was established that the E service practices are an important contributor to the customer delight at Kenyatta National Hospital. E-service practices influences the customer delight and experience scores, determining how employees are recruited, trained and promoted. The study concludes that electronic service practices are considered as a key factor influencing patients when selecting government health facilities. The Kenyatta National Hospital should embrace the various aspects of E-service Practices in all its departments since they are mostly positive and beneficial to the company.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

The desire to perform better than competitors has led to the application of sales management practices among firms. Businesses with a competitive edge in their industry employ e service quality. When it comes to ensuring quality is achieved and maintained, companies may take a proactive or a reactive strategy (Sultan & Wong, 2010).Service institutions measure quality in terms of service delivery which meets or exceeds consumer requirements. Whereas the conventional approach to quality would imply that firms intending to rectify or try and restore the services after an outage, the current and contemporary approach in quality seeks to forestall outages from occurring. According to Sila and Ebrahimpour, client happiness is closely tied to the quality of a company's services (2005).

 The study was guided by two theories namely; Service Quality Theory and Expectation confirmation theory (ECT). Gronoroos (1982) proposed the idea of service excellence. The idea states that a process of consumer choice making may be described by many methods such as psychodynamic, compartmental, cognitive and humanistic perspectives Expectation Confirmation Theory was brought forth by Oliver in 1970. conceptualize and measure quality (Gorji, 2011). The model explains that for customer needs of a firm to be met, the five service quality gaps must be overcome.

Kenyatta National Hospital (KNH) management continually seeks for best ways possible of satisfying the stakeholders and has had to adopt management of strategic change in order to survive in the declining Kenyan economy. These changes impact differently on the efficiency and effectiveness of service to the various stakeholders of the Hospital. Monitoring consumer experience and understanding service quality in Health sector is key, yet, not much has been done to ascertain the consumer experience, especially in Kenyatta National Hospital.

1.1.1 E-Service Practices

According to Cox and Dale (2001) define quality of e-serviceoasothe total evaluations and ideas of consumer considering the e-service delivery privilege inothe virtual marketplace. Customers have different expectations, and services must meet or surpass those expectations to be considered variable in terms of quality (Parasuraman, Berry & Zeithmal, 1985). Variety in customer-provider encounters that determines whether consumers gain or lose value, as described by Brady and Cronin (2001), is a key concept in e service practices . Cronin and Tylor (1992) on the contrary have defined service quality variability implies whenever a product or service is offered to customers, whether or not it is supplied. This indicates that a good e service practices enhances the delivery of products to clients and increases the value. Cooper & Schindler (2013) considers e service practices as a set of activities that are undertaken within a business environment to perform a service.

Gronroos (1984) characterized service quality as: technical quality, alluding to delivery benefit quality level and useful quality, alluding to service delivery means. Great service quality was consistency of customer quality contribution with expected quality experience. Aspects of service quality variability were incorporated by Dowling (2014): tangibility, dependability, assurance, empathy, and responsiveness. According to Parasuraman et al., the SERVQUAL model is the most often used technique for evaluating service quality (1985). Reliability is an important factor to consider while analyzing the variability in service quality. Here, we're talking about the company's ability to provide accurate service. Included in this is the company's capacity to provide the service as promised and without faults each and every time. Customer service requires putting systems in place to make sure your clients are happy with your business. Heskett, thank you for your time and effort (1987). Reliability, tangibility, responsiveness, accessibility, and empathy are examples of service quality variability indices (Parasuram, 2006

IBM (2007) suggests that a company prosper by ensuring the visualization of service quality, prioritizing activities, and communicating relevant information to stakeholders. The service models are used to guide better planning and for more quick recover from application interruption and it they indicate the associations between the applications as well as the core constituents of the IT infrastructure that assist the services (Kerrison & Woodward, 2013). On prioritizing service efforts, firms need to make smart business decisions when it comes on choosing where the effort is needed. It will enable the firms to prioritize service efforts in a manner which gives the business and the customer the greatest value and benefit (Obambo, 2013).

1.1.2 Customer Satisfaction

Customer satisfaction, according to Wong and Sohal (2013), is the degree of pleasure or happiness delivered to consumers by the products or services supplied by a business. Consumer expectations are used to evaluate a company's ability to deliver on such expectations. It's the expectation buyers have of what they'll receive if they acquire a product, in the words of Kotler and Armstrong (2010). Customers' contentment is impacted by how effectively a product or service's features fit their needs, according to Juran (1991). If a consumer is happy, he or she is more likely to buy from the company again and to spread the word about the company's product or service to others (Patterson, 2016).

Lamb et al. (2012) argues that customer satisfaction assessment ensures that its reflections are based on a particular firm or organisation for a brand that has been on sale by the firm and the commodities brand. On the evaluation of customers, there is no consensus asserts (Fornell, 1992). The process of measuring the satisfaction of a customer must go on and must be continuous and this helps in translating what exactly a customer requires (Lamb et al., 2012). Since clients get points and prizes depending on how much money they spend in an online business, customer service may assess repeat purchases. In addition, personal accounts are a solid way to gauge customer intent to repurchase, indicating that the client was pleased with the services provided. A happy consumer will return to the service provider's website time and time again to react to ongoing offers and specials.

According to Hansemark and Albinson (2004), fulfilment is the state of mind of a client towards a certain organisation or response the response to the received contrast between what the customer foreshadows and the reality in respect to satisfaction of their wants. Olive (1997) characterizes the loyalty of the customers as the response of the customers. It is the judgement that a firm or company give itself as the element of fulfilment. This includes dimensions of under-satisfaction or over-satisfaction. While Kotler (1994) portrays consumer loyalty as the dimension of one's sentiments in the wake of contrasting the execution or results that he or she felt contrasted and desires. Some studies have identified two aspects of satisfaction as transaction specific satisfaction and cumulative satisfaction (Andreassen, 2000).

1.1.3 Kenyatta National Hospital

Kenyatta National Hospital was founded in 1901 as the Native Civil Hospital and renamed as King George VI in 1952 and later as Kenyatta National Hospital whose main mandate is to provide specialized quality healthcare and facilitate training for postgraduate and undergraduate students. In the late 1980s Kenyatta National Hospital experienced several challenges including major resource constraints while the demands for its services were increasing. This presented a challenge to the hospital management in seeking for best ways possible of sustaining quality health services within the framework of decreasing revenue from the central government. As a result the hospital had to adopt strategic change in order to survive in the declining Kenyan economy.

The Hospital has had to embark in undergoing disruptive change due to globalization and advancement in communication and information technology hence the introduction of

electronic medical records, revenue collection and pharmaceutical and procurement systems. These changes impact differently on the efficiency and effectiveness of service to the various stakeholders of the Hospital. The hospital has a Vision of being "A world class patient- specialized care hospital",", the Mission is "To optimize patient experience through innovative healthcare; facilitate training and Research and participate in National Health Policy" while the current motto of the hospital is "We Listen, We care. Coupled with the rising demand of its services and the quest to deliver quality healthcare, the Hospital management continually seek for best ways possible of satisfying the stakeholders.

1.2 Research Problem

Providing excellent customer service is a top priority for all firms, particularly those in the service sector where quality of service is impossible to gauge. According to Gronroos (2000), customers have different perspectives of judging service quality and thus hospitals should focus their energies mainly on areas defined by customers as specific needs and wants. In a market that is more competitive today, where there is competition of firms and businesses for customers, quality service and customer satisfaction has been a major problem in banking sector (Soteriou & zenios, 1997). According to WHO (2006), throughout time, there has been more experience and education on banking sector worldwide. Customers will be more satisfied with your company if you provide high-quality service. A number of quality-of-service criteria were shown to be closely related to customer satisfaction (Buttle, 2002).

Kenyatta National Hospital has embarked on a number of strategic changes in the recent past which affected the hospital performance in one way or the other. Despite its very noble role in the Kenyan economy, the hospital has had a continued anecdotal public outcry regarding poor service provision not only to patients but to the wider stakeholder group. Consequently, the image of this hospital in the face of the public has been a despicable one. Most previous efforts of effecting successful change and redeeming the public image of the Hospital registered very little success. There is a huge knowledge gap on the understanding of consumer experience and service quality in Health sector is key, yet, not much has been done to ascertain the consumer experience, especially in Kenyatta National Hospital. There has being a decrease on satisfaction among people visiting KNH for the services.

In Malaysia, Lv and Wang (2010) investigated the influence of service design on public-perceived administrative service quality in e-government. Results demonstrated that service design has both direct and positive effects on service quality in public service. Julander (2016) interviewed merchants at Swedish grocery stores to find out how satisfied their customers were with the quality of service and the products they purchased. The study estimated benefit quality, consumer loyalty and client behavior and the measures compared with each store's profitability and productivity. Reza and Barua (2016) did research in Bangladesh to see whether service quality influences the success of a few small companies in Lagos. A cross-sectional survey was conducted. It was discovered that using service quality techniques increased organizational profitability and even market share. Reichheld (2016) says that when a client is disappointed with the provided service, he or she may select to go away and never to return and probably

spread their bad experience to forthcoming clients and therefore demoralizing them from managing the equivalent hospital.Regional Studies, In Rwanda, Lu (2015) examined e-service quality and customer satisfaction on luxury hotels. The study used descriptive analysis. It was found out that satisfied customers were with the quality of service and the products they purchased. The study estimated benefit quality, consumer loyalty and client behavior and the measures compared with each store's profitability and productivity.

Locally, Mwaniki (2017),carried out a study on the customer service at Kenyatta National Hospital. It was asserted that achievement of high quality of service depends on support of the top management team. The study was based on case study design. Fatma (2014) utilized desk review methodology where it analyzed the existing literature from various authors on customer experience management. The study found out that reasonable approach of precursors and results of CEM via a thorough assessment of literature. Contextually, the empirical studies reviewed focused on e-service quality and customer delight in other contexts other than the Kenyatta National Hospital. This study will therefore address the following research question. What are E-service quality practices and how do they affect customer delight at Kenyatta National Hospital?

1.3 Research Objective

The objective of the study was to establish the influence of E-service quality practices on customer delight at Kenyatta National Hospital.

1.4 Value of the Study

This study contributed to the theory of service quality theory by explaining the link between E-Service Quality and customer delight while in Expectation confirmation theory (ECT) it will be able to give an explain what need to be done to achieve quality services. Business scholars and researchers used the results of this study in the citation of literature and develop gaps for future study. The findings are likely to contribute to the existing body of knowledge regarding e-quality services and customer satisfaction.

The Management of Kenyatta National Hospital are key beneficiary of this study as it enables it to assess and gauge its service quality process thereby be equipped with important information regarding a more strategic and competence approach to managing customers . The study helped the management and especially operations managers and customer service managers in these organizations get a deeper understanding of service design and its importance in enhancing service quality.

Finally, it provides the government and practicing Hospital management with useful insight to come up with better policies to improve service design to enhance service quality in the public health sector. This was in the form of increased investment in human, financial and technology resources to enhance service design. It led to increased service quality, citizen satisfaction and restore confidence in the public health sector.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Literature related to this subject is summarized in this chapter. Three guiding concepts are used in this research. The study also examined innovation strategies issues. The chapter also reviews prior research on the relationship between E-service practices and customer satisfaction.

2.2 Theoretical Framework

This study was based on two theories namely, service quality theory and expectation confirmation theory (ECT).

2.2.1 Service Quality Theory

Gronoroos (1982) developed service quality theory, which Parasuraman et al. subsequently popularized (1985). It is based on Howard and Sheth's (1969) consumer behavior theory, which contends that the buyer decision-making process may be described using a variety of methods, including psychodynamic, behavioral, cognitive, and humanistic perspectives. Service quality was divided into three categories by Gronoroos (1982): technical, functional, and image. What service is provided to the customer is concerned with the technical component. This function is important to the customer in the evaluation of the service and it can frequently be measured through objective methods.

Functional component confines itself to how the quality of the service is delivered and may influence how a given customer will perceive the service. The services are intangible in nature, and it may be defined as an endeavor in which consumption and production occur in tandem to a significant degree (Armistead, 1990). The functional quality cannot be measured objectively as the technical dimension as it is very subjective. His function is important to the customer in the evaluation of the quality of the service and may in one way or another influence the judgment. Technical and functional qualities do not take place in a vacuum and therefore the image of the firm is equally important. Image is limited to how consumers perceive the company and its resource during seller-buyer contact, which makes the company image of many service companies very important.

This theory is important for this study as it links service delivery and e -service delivery . Identifying qualitative gaps enables resource redeployment in areas that perform poorly for optimal competitive benefit. However, this approach was critiqued for concentrating on service delivery and not addressing quality of service (Gronroos, 1990). The theory has also been seen as limited in its view of the operating environment of organizations. Like previous business cycle theories, this hypothesis misses out other variables that drive changes in the business environment (Babakus & Inhofe, 2015).

2.2.2 Expectation Confirmation Theory

Expectation confirmation theory (ECT) was brought forth by Oliver in 1970 to shows the nexus between post purchase satisfaction which is deemed to be drawn from expected and perceived performance in upon receipt of certain services. The proponents of this model are evident in its approach to aid organizations to identify the commitment of their

clients of different brands of product and service and using this leverage in meeting and satisfying the needs of the customers-resulting in their retention. The theorist, Ranaweera and Prabhu (2003) therefore argues that there are variances between uncommitted and committed customers, an aspect that is not primarily related to service quality, thus making it difficult to establish proper measures of predicting customer retention based on these grounds.

Richards (1996) criticizes this idea by argue that measuring of customer satisfaction is not by nature an accurate science, especially since it addresses human people and their behavior which is not only hard to quantify but also difficult to understand. This issue is a host of definitions, precedents and implications of customer satisfaction, causing to reticence to officially use customer satisfaction on such a serious subject as marketing assessment and control performance. The theory remains relevant to this study given that it helps service providers to underpin some of the elements that need to be taken note of to satisfy consumers, efforts aimed at driving their commitment and purchasing decisions.

2.3 Dimensions of Electronic Service Quality

E-service quality is the gap between the perception of consumer on the service offered and what they expected. Great service quality was consistency of customer quality contribution with expected quality experience. Electronic service quality attributes include; automated Queuing, service process automation and self service (Cox &Dale 2001)

According to McClure and Joseph (1999), an organization can increase and improve their operational productivity by dealing with the lines in fastest and most practical ways. The essential motivation behind line management framework is to move clients, in through and out of lines, rapidly. The expanded market intensity in the business, everybody is endeavoring to increase competitive advantage. With no or little product differentiation, organizations are endeavoring to separate their offering by making a positive client encounter. For the most part organizations utilized straight or virtual lining styles. In straight line style, people are physically present and remaining in legitimately framed lines. The direct line management takes after the logic of first come, first serve premise. Direct line can be additionally stretched out into single lines or different lines, contingent upon the rate of client stream. Direct line technique expands the speed of client benefit and lessens the sitting tight time and serving time for every client. Direct line style can likewise be incorporated into electronic line administration framework. The direct lines in electronic line administration framework diminish client hold up time and increment operational proficiency by 35% (Agrawal and Granelli, 2004).

Information Technology has been vital to the accomplishment of service business (Erl, 2005). Given the tremendous headways of IT, automation in service processes has turned into a key outline component. In the meantime, service designers must consider the effect of computerization on the client who is commonly required into the service delivery process. For service providers, the principle contention for mechanization is typically the expansion in profitability and the diminishment of work cost. The reaction of buyers to service automation can be blended. Clients may feel awkward with self-service for different reasons or they may esteem the increased opportunity for customization,

comfort and control. Along these lines, in face of these conceivably clashing impacts, a significant comprehension of buyer acknowledgment of automation is basic for outlining the correct level of mechanization into an administration (Scheer et al., 2004).

In the realm of administration outline, self-services are frequently seen as a specific class of touch-point in the general administration, or even option methods for getting to a service from a supplier (Gilbert, Balestrini &Littleboy, 2004). The self-service version varies from the human-interceded form, in that contact with the specialist co-op is completed by methods for a machine or an online application. As indicated by Meuter, Ostrom, Roundtree and Bitner (2000), the present quick paced world is winding up progressively portrayed by technology-facilitated transactions. Creating amounts of customers speak with development to make profit comes about as contradicted to interfacing with a service provider employee. To a substantial degree, self-service is led through self-service technologies (SSTs) that are frequently portrayed as stations or modalities and incorporate the Internet, cell phones, electronic booths, and phone interactive voice response (IVR).

2.4 Empirical Review and Knowledge Gaps

Venetis and Ghauri (2004) conducted an investigation of how retention of customers is affected by the quality of services. The outcome of the study indicated that service quality certainly results in the long-lasting relationships as well as retention of customer. Nevertheless, the customer's only goal to stay or to leave does not predict well if the connection is maintained on a long-term basis. The findings of this study concur with Blery et al. (2009) who sought to examine the retention of customers is linked to quality

of services in mobile telephony. The outcome of the study showed that a connection exists between service quality and repurchase intention of customers in mobile telephony. Although these studies focused on both retention of customers and quality of services, they were conducted in different contexts whose operations are different from the transport industry and therefore the findings cannot be generalized.

Nsiah and Mensah (2014) performed a research aimed at assessing the impact of quality of service on retention of customers in the financial sector in Ghana. The survey found that empathy and reactivity are the next biggest in customer retention, tangibility, assurance and ultimately bank dependability. The results correspond with Daniel (2016), who performed a research to assess the impact of the quality of service on retention of customers among business banks in Kenya. A strong relationship exists between customer retention indicators and ServQual characteristics (responsiveness, tangibility, dependability, empathy and assurance) (price, switching barriers, communication effectiveness, involvement level, and customer trust and customer satisfaction). These studies have been carried out in the banking business and cannot thus be used to illustrate the transportation sector. The investigations have also been quantitative, whereas the present research is qualitative in character.

Namukali (2010) carried out a research whose objective sought to examine the influence of non-financial factors on customer satisfaction in the banking industry. The findings of the study indicated that bank location, hall space, security and interior bank design significantly affected retention; however, color scheme did not affect retention. In another study, Ngelese (2016) carried out a study whose objective was to ascertain the

effect of operation strategies on customer satistfaction in the context of Kenyan insurance firms. The findings of the study established that the holistic approach of both management and staff involvement in strategies formula lead to customer retention. The operation strategies changes ought to entail the input of employees as well as their contribution in new strategies formulation. Although these studies focused on customer retention, the independent variables were different from service quality that the current study intends to focus on.

According to a research conducted by Moraa (2015) at Barclays Bank of Kenya, customer satisfaction is positively correlated with service quality, however the relationship is not proportionate. Further studies into the split client portfolio were found to be necessary since the demarcation was at a high degree. Customer satisfaction and service quality were examined by Obambo (2013) among Kenyan mobile telephony subscribers and it was found that service quality dimensions should be prioritized because customer satisfaction is affected differently by them and they are currently at different investment levels. The scope of future surveys should be widened to fully represent the Kenyan population.

In Nairobi, Kenya, Watiki (2010) studied the hotel industry to find out how satisfied customers were with the quality of service they received. Research shows that factors affecting customer satisfaction include service quality. The most important factor was found to be Reliability, followed by Empathy and Tangible. The least impact was felt by assurance and responsiveness. However, there is need for future studies to seek if any gap

in customers' and employees' ratings exists in order for managements to make adjustments in their strategies.

Musyoka (2010) in his study revealed that service quality accounted for the biggest percentage of library user satisfaction in Kenyan universities. Reliability dimension contributed most whereas dimension of empathy contributed the least towards user satisfaction. His findings also show that the other dimensions all affect customer satisfaction though at different degrees.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

An overview of the investigation's research technique is provided in this section. It includes the planning of the study, the collection of data, and the analysis of that data. It also discussed data collection techniques and information inspection methods in detail in this chapter.

3.2 Research Design

A research plan includes all of the methods and strategies for acquiring and analyzing data, from general assumptions to in-depth techniques of data collection and analysis (Sekaran & Bougie, 2011). It refers to the way data is structured to achieve research objectives through empirical evidence (Cooper and Schindler, 2006). It is a plan to answer the research question.This research used a case study approach, which entails an in-depth examination of a single unit, SunCulture. Case study research design offers much treasured and focused insights to an occurrence that may otherwise be imprecisely recognized or understood. The case study design was considered due to its ability to give an in-depth account of the association between study variables.

3.3 Data Collection

Primary data was used in this investigation. An interview guide was used for the main data collection provided in Appendix I. For this case study, the interview schedule is preferable since it is able to collect information from interviewees as well as provide the researchers a greater insight and comprehension of the study findings. The interview

guided the researcher with more recent information and information that could not be obtained by other methods of data collecting. The targeted respondents for this research was three senior managers at the Kenyatta National Hopsital namely; the director clinical services, manager planning and strategy, chief administrative officer, senior marketing and communication manager, customer care manager. To make possible for the researcher tool collects information from the respondent as desired, the researchers was open questions that allowed additional probing if any answers are unclear. The researcher conducted the interviews individually. Care and control was accomplished by maintaining a record of all inquiries and answers.

3.4 Data Analysis

The data collected from the interview schedule are qualitatively examined, because we may draw broad inferences about the relationship between categories. The study is qualitative because the researcher may explain, analyze and critique the topic of inquiry at the same time, because numerical analysis is impossible to do. Qualitative analyzes are performed via content analysis.In order to assess the answer, to draw conclusions and to provide suggestions, content analysis will be utilized. The content analysis process included knowledge of the data, preliminary codes are assigned to data in order to characterize the contents, search patterns or subjects of the codes in various interviews, examine topics, define the topics and then draw conclusions from the results.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION

4.1 Introduction

The purpose of this chapter is to present the analysis of the data obtained and the findings of the study. Data analysis is the process of reducing bulky data to information that address the preliminary intention of the study (Cooper & Schindler, 2003). The data analysis has been done in line with the objectives of the study, which was to determine the effect of e-service practices on customer delight at Kenyatta National Hospital. This study targeted five senior managers at the Kenyatta national hospital namely; director clinical services, manager planning and strategy, chief administrative officer, senior marketing and communication manager, customer care manager.

4.2 Analysis of Responses

To achieve the objectives of the study, the study targeted five members of the senior manager for Kenyatta National Hospital. The study established that two of the leadership team was male and three were female. The respondents indicated the positions they held in the organization. The study found out that each of the respondents had worked for the Kenyatta National Hospital for more than more than five years in different roles and function. This indicated low turnover and meant that they understood the e-service practices on customer delight. Most of the respondents were above 35 years and were degree holders. The study established that each interview had held their current position leadership role for duration of four year. This meant they had the experience and knowledgeable on the research subject matter and would help in the realization of the research objective.

4.3 Role of E-Service Practices to Kenyatta National Hospital

All the interviewees agreed that e-service practices play an important in KNH. Clients are able to get customer care contact from the website and social media pages. The contacts are managed by the admission unit who liaise with the relevant doctor for booking. But plans are underway to upgrade the hospital website to accommodate online booking. The respondents explained that inability to delivery service right the first time leading to repeat jobs, internal lack of alignment, suboptimal operations of IT systems, inadequate attention paid to after sales service and service quality in some departments were some of the reasons that erode customer confidence and therefore impacting the optimal contribution of service quality to profitability.

KNH has implemented service process automation on the following areas; admissions and discharge, billing & Charging and Pharmacy services for example acquisition of consumables and medicine. Electronic service practices are considered by the respondents as a key factor influencing patients when selecting government health facilities. There is an increasing dependence on technology as a key service enabler. Ineffective processes that are not lean, insufficient training and not effectively addressing complaint and query root causes, imbalance between attention to sale and service, unclear cascade of service expectations were also explained as factors that hinder service quality from making optimal contribution profits.

Employees are assessed against the service standards published by the hospital. Patients facing doctors and nurses are expected to acknowledge patients and attend to patients within 45 minutes of their arrival. There are standards that outline how the employees

should address the customers, how quickly they should serve them, how they should interact with them, handle their queries and complaints and even how they should close their interaction and the notes to retain from the interaction. These standards are designed to ensure employees know what is expected of them to be considered to deliver a high quality of service. Breaching the service standards has consequences. There is a zero-tolerance on avoidable breaches and depending on the severity some breaches of standards such as rudeness and unwilling to assist a customer, can lead to summary dismissal, if proven. Minor breaches are corrected through coaching and training. In view of the high standards the hospital has set, staff receives extensive and frequent training to enable them deliver as expected. The hospital carries out an annual Employee Opinion Survey which collates employee view on how the hospital as their employer of choice.

4.4 E-Service Practices Adopted By Kenyatta National Hospital

The respondents stated that the KNH has adopted E-Service Practices to remain significant in the health sector. These electronic service practices are its core competences in having an edge over other players in the health sector because they offer almost similar services to other government hospitals.

The focus of KNH is to ensure that the hospital vision is achieved that is "A world class patient-centered specialized care hospital". KNH focuses on delivering an excellent service to patients, and providing patients with convenience. Most respondents noted that e-service practice has become very critical for survival providing KNH with an important competitive edge as it differentiates itself through service delivery. KNH has implemented service process automation on the following areas; admissions and

discharge, billing & Charging and Pharmacy services ie Acquisition of consumables and medicine. Electronic service practices are considered by the respondents as a key factor influencing patients when selecting government health facilities. The respondents note that the KNH mission is to optimize patient experience through innovative, evidence based specialized healthcare; facilitate training and research; and participate in national health policy formulation. Electronic service practices will therefore be an enabler and a differentiator if KNH is to achieve its goal particularly in the face of the changes in the environment.

KNH has embraced invention and innovation approach and has consistently positioned itself as a hospital that adopts and introduces new products and services, technologies and processes in the health sector. KNH has adopted innovations in health, use of innovative technologies to support attainment of universal health care video and using simulation to build hospital teams.In 2019 KNH launched a telemedicine technology center for detection of coronavirus, the first of its kind in Africa. Through partnership between Megascope Healthcare, Neusoft Medical, Ministry of Health and Kenyatta National Hospital, Telemedicine has become a success. KNH now use artificial intelligent technology to detect effects of coronavirus. Respondents mentioned that for KNH to ensure sustainable innovation it recognizes that it needs to innovate to remain competitive and it is aware of the fact that the staff skill sets and systems cope with the changing innovation.

It was found out that currently there is no queue management system/ ticket dispenser. The hospital has initiated the procurement process for the Ticket dispenser. Interviewees

also indicated that Clients get contacts from the website and social media pages for doctors and nurses. The contacts is managed by the admission unit who liaise with the relevant doctor for booking. But plans are underway to upgrade the hospital website to accommodate online booking. Respondents quoted that Kenyatta National Hospital focuses on operations that is robust, simple and patient centric. It is obligated to coming up with a patient -centric culture and aligning itself as an icon in service delivery. Precisely Kenyatta National Hospital recognizes its patients and emphasizes on listening attentively and delivering the best. The study sought to examine how long does a patient take to be served and what procedures are followed.Wait to be serviced and what is the procedure to be followed It takes 45minutes to 1hr clients to be served.The client have to go to the triage section where the vital signs is taken then they shift to registration desk for the demographic information to be captured in the system. The patient will then wait in the queue to be seen by the doctor.

Besides patient focus, KNH also ensures that customers reliably get quality products and services even with change in technology without necessarily incurring extra costs. The introduction of better systems and automation of services has led to effective and efficient operations and consequently KNH is comfortably provides similar services to clients at reduced prices than its competitors. This demonstrates that KNH adopts the cost leadership strategy.

Respondents mentioned that KNH established a Customer service department which geared to its commitment to customer-centric approach. It incorporates two major arms: contact experience and service experience compliance. KNH pride is to make every client contact satisfied with motivation of reaching out on others. KNH encourages its staff to understand patients and deliver to the maximum with specific touch points.

Responses revealed that KNH has simple, relevant and modern products for their customers. KNH endeavors to offer quality products that are easy to use, relevant and fresh. As a result, it has segmented its market and has different services for different segments. This reveals that KNH has adopted market segmentation with service differentiation strategy for different segments.

Respondents indicated that some of the initiatives in place to drive customer experience and improve on client interaction are what the firm team referred to as care calls. These are calls initiated by   hospital teams to their patient to assess how happy they are with the services being offered. Through these calls they are able to collate client feedback and proactively address any issues before they become complaints, they are able to address clients queries and even get additional business and referrals from satisfied clients. The firm aim to develop and maintain long term profitable customer relationship.

KNH seeks to ensure that colleagues are fully engage and that productivity remains high. KNH seeks to create a diverse and inclusive environment where employees can fulfil

their potential and ensures that the hospital is viewed by the employees as the employer of choice. The top management are also keen to be employee-centric and to develop and sustain a strong employee value proposition that ensure it retains employees particularly the one it considers its top talent. Some of the measures under colleague include employee opinion survey to assess how well the employees find firm to be the employer of choice. Other measures include diversity and inclusion measures such as percentage of women in top management, recruited of qualified employees with disabilities, initiatives that enhance employee welfare.

Offering quality customer service is important because today's customers are knowledgeable, they know what they want, services offered to customer are mostly perishable as it cannot be repeated, one has to get it right at first time and the competition is stiff in the market. It is noted that staff handle approximately 200 enquiries per day, which has resulted to faster turnaround time in solving problems. The hospital management has placed efforts in ensuring this commitment is realized. The respondents elaborated that there is a constant communication to its staff via email, journals and magazines. This commitment is clearly demonstrated in its vision and mission. KNH realized that by offering better service to its clients , it could stand out as a brand.

E service practices is crucial for the business to retain the customers that they have gained. When e- service practices does not meet client expectations, from the client feedback through complaints and queries, the clients are able to provide useful information that enables the hospital to correct what has gone wrong, and for staff to identify training needs. The respondents further suggested that when clients are happy

with the service, they are not very price sensitive as they felt they got value for the money they paid for the service. Customers feedback captured both on social media platforms as well as customer feedback registers indicate that satisfaction level of our clients.

KNH continuously offers customer service training to its staff to ensure that they are well versed in senile they offer and product knowledge. Orientation and mentorship programs. A new employee is attached to an older employee so as to nurture the new employee into the system. The new employee gets to learn practically what is intended for him/her. The hospital disseminate information to customers through circulars, website, employee's outlook, CEOs' open forum, management and inter departmental meeting.

Respondents mentioned that KNH currently there is no self-service. But preliminary study has shown that with the option of client booking online and clocking in their basic information and history of the sickness, can help reduce the time spent for a patient to be seen by a doctor. Most clients have actually requested for self-services such as queue management system, customer feedback and online self-booking. This is a clear indicator that customer perception towards self-service is very positive.

4.5 E-Service Practices and Customer Satisfaction at Kenyatta National Hospital

Providing e-service practices positively impact customers delight and enables the hospital to achieve its objective. When clients are loyal then the hospital is able to retain thereby increasing there market share. When the e-service practices is high then the clients are more loyal and the when the service does not meet their expectations then the clients delight is negative impacted, particularly if the service recovery does not assure the

customers. The manager reported that they have also been able to secure referrals for from clients advocates satisfied with the hospital services.

Poor service can lead to legal suits which can damage the hospital reputation and reduce trust from the hospital stakeholders. The respondents noted that the shareholders of today are very discerning and want to a stake in organisations with a positive return on investment as well as those that have values which resonate such as Integrity, Stewardship – which is leaving things better than one found them. Most respondents reported that the value of investments has been increasing over the last 3 years and that some of these investments were in response to address concerns raised by customers through various feedback channels. The investment in technology has aimed at improving system stability and availability, upgrading systems for increased efficiency and driving innovation

4. 6 Discussion of Findings

The results obtained from the research study do agree with empirical knowledge. It is clear from the data analyzed in the study that Kenyatta National Hospital implemented service process automation on the following areas; admissions and discharge, billing & Charging and Pharmacy services for example acquisition of consumables and medicine. Electronic service practices are considered by the respondents as a key factor influencing patients when selecting government health facilities. Finding agree with Fornell and Wernerfelt (2017) entails the delivery of value to clients, an approach that is achieved through the facilitation of outcomes the clients want to achieve. Service in this case

facilitates different outcomes, an approach that is achieved through the enhancement of the performance of the associated tasks and processes and the reduction of constraints.

KNH has embraced invention and innovation approach and has consistently positioned itself as a hospital that adopts and introduces new products and services, technologies and processes in the health sector. KNH has adopted innovations in health, use of innovative technologies to support attainment of universal health care video and using simulation to build hospital teams. Folkes (2014) service business operators are in this case in a position to provide quality solutions designed to suit the requirements of its clients, efforts that play a significant role in improving their services.

It was found out that currently there is no queue management system/ ticket dispenser. The hospital has initiated the procurement process for the Ticket dispenser. Interviewees also indicated that Clients get contacts from the website and social media pages for doctors and nurses. The contacts is managed by the admission unit who liaise with the relevant doctor for booking. The findings agree with Bowen and Chen (2001) Kenyatta hospital is still not yet ready to adopt the modern technology to service clients.

Providing e-service practices positively impact customers delight and enables the hospital to achieve its objective. When the e-service practices is high then the clients are more loyal and the when the service does not meet their expectations then the clients delight is negative impacted, particularly if the service recovery does not assure the customer. The findings agree with Odhiambo (2015) dimensions of quality of service affect customer satisfaction with reliability, responsiveness and empathy being the key dimensions to this

effect. Nimako (2012), technical quality is a key dimension to subscribers, followed by reliability, economy, assurance, responsiveness, image, and empathy.

Service quality was divided into three categories by Gronoroos (1982): technical, functional, and image. What service is provided to the customer is concerned with the technical component. This function is important to the customer in the evaluation of the service and it can frequently be measured through objective methods. The results of this research support this theory Kenyatta National Hospital continuously improves its e service practices through training and development. Kenyatta National Hospital invests in creating conducive environment which enables their resource people to get more skills and knowledge.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of findings regarding the objective of the research. It covers the conclusion and recommendations of the study.

5.2 Summary of the Findings

The study objectives were to determine effect of E service practices on customer delight at Kenyatta National Hospital. The study found out that each of the respondents had worked for the firm for more than more than seven years in different roles and function and also the established that each interview had held their current position leadership role for duration of four year. This meant they had the experience and knowledgeable on the research subject matter and would help in the realization of the research objective.

It was found out that currently there is no queue management system/ ticket dispenser. The hospital has initiated the procurement process for the Ticket dispenser. Interviewees also indicated that Clients get contacts from the website and social media pages for doctors and nurses. But plans are underway to upgrade the hospital website to accommodate online booking. Respondents quoted that Kenyatta National Hospital focuses on operations that is robust, simple and patient centric.

The respondents revealed that the E service practices are an important contributor to the customer delight at KNH. E-service practices influences the customer delight and experience scores, determining how employees are recruited, trained and promoted. KNH

has embraced invention and innovation approach and has consistently positioned itself as a hospital that adopts and introduces new products and services, technologies and processes in the health sector.

5.3 Conclusion

From the findings, the study concludes that KNH has implemented service process automation on the following areas; admissions and discharge, billing & Charging and Pharmacy services for example acquisition of consumables and medicine. Electronic service practices are considered by the respondents as a key factor influencing patients when selecting government health facilities. There is an increasing dependence on technology as a key service enabler.

The study also concludes that there are no queue management system/ ticket dispenser at KNH. The hospital has initiated the procurement process for the Ticket dispenser. Clients get contacts from the website and social media pages for doctors and nurses. The contacts is managed by the admission unit who liaise with the relevant doctor for booking. But plans are underway to upgrade the hospital website to accommodate online booking.

Providing e-service practices positively impact customers delight and enables the hospital to achieve its objective. When the e-service practices is high then the clients are more loyal and the when the service does not meet their expectations then the clients delight is negative impacted, particularly if the service recovery does not assure the customer. Poor service can lead to legal suits which can damage the hospital reputation and reduce trust from the hospital stakeholders.

5.4 Recommendations

The summary of findings and conclusions in this chapter, the researcher has made some recommendations. The study recommends that KNH becomes more diligent in environment scanning and continue with proactive as opposed to reactive strategies in dealing with challenges of e-service practices. This can be achieved by formulating and implementing strategic initiatives that would prevent any anticipate adverse changes for its operating environment. The study recommends that other hospitals or any other organization should have specific e-service practices to remain significant in the market.

The KNH should embrace the various aspects of E-service Practices in all its departments since they are mostly positive and beneficial to the company. Moreover, the hospital should review its mission every year so as the refine all the area which it has not achieved as this would increase the customers' satisfaction through the increased efficiency and the effectiveness of its operations.

Finally it is recommended that KNH should start reporting and measuring the impact of e- service practices to customer delight and sensitising employees on the importance and contribution of e-service which is increasingly becoming a critical differentiator in the health sector in Kenya.

5.5 Limitations of the Study

The researcher encountered a number of difficulties when performing the study, including the fact that the hospital generally does not want to provide information because of the confidentiality of clients. Others would be reluctant to provide the

information because of its value to them. This resulted in a longer time frame for collecting data.

The researcher took more time than expected to conduct the study as she interviewed the top management of the hospital. The sample included a small number of the firm's management. The study limitations was that the research was based on a case study of KNH. Some of the respondents were hesitant, to ensure the disclosure is not detrimental to the hospital . Mainly, the respondents gave general information to avoid exposing the hospital.

The onset of covid 19 necessitating people working from home and maintaining social distance limited the interactions the researcher could have with the respondents. Follow up questions had to be done remotely via a phone call or zoom meetings. These limitations further made it harder to adequately validate some of the responses as would have been the case in face-to-face meetings.

5.6 Suggestions for Further Studies

The context of this study was the   health sector in Kenya and the study focused only on a single firm and did not incorporate other firms within the industry in which   KNH belongs to. The study therefore recommends a similar study, which will incorporate other public hospitals to establish the e-service practices that they have adapted and how they affect the customer delight.

In summary, combining the study suggests that a mixture of approaches used to undertake this research as a case study method may not have exhausted the problem or produced robust findings hence the need to use in-depth interviews together with surveys might assist solve the issues.

REFERENCES

Agrawal, D., &Granelli, F. (2004, December).Redesigning an active queue management system.In Global Telecommunications Conference, 2004.GLOBECOM'04.IEEE(Vol. 2, pp. 702-706).IEEE

Ali, M., Fjeldstad, O. H., & Sjursen, I. H. (2014). To pay or not to pay? Citizens' attitudes toward taxation in Kenya, Tanzania, Uganda, and South Africa. World Development,64, 828-842

Babakus, E., & Inhofe, M. (2015). Measuring perceived service quality as a multi-attribute attitude. InProceedings of the 1993 Academy of Marketing Science (AMS) Annual Conference(pp. 376-380). Cham: Springer,

Barney, J.B. (1991). Firm resources and sustained competitive advantage. Journal of Management, 17 (1), 99-120.

Bitner, M. J., Ostrom, A. L., &Meuter, M. L. (2002).Implementing successful self-service technologies. The Academy of Management Executive, 16(4), 96-108

Chong,V.K., & Rundus, M.J. (2004). Total quality management, market orientation and organizational performance. The British Accounting Review, 36 (2), 155-172.

Dowling, G. (2014). The Art and Science of Marketing. Marketing for Marketing Managers, 1stedition, Oxford University Press, New York.

Dwivedi, Y., Wade, M. & Schneberger, S. (2012). Information systems theory: explaining and predicting our digital society. New York, NY: Springer.

Fiszman, S. A., Benwell, J., &Sodhi, A. (2000).U.S. Patent No. 6,115,646. Washington, DC: U.S. Patent and Trademark Office

George H (2014): Service quality and customer satisfaction in certified public accountant training institutions in Nairobi Kenya. Unpublished MBA project, University of Nairobi.

Gilbert, D., Balestrini, P., &Littleboy, D. (2004).Barriers and benefits in the adoption of e-government.International Journal of Public Sector Management, 17(4), 286-301.

Githagui, N., & Ngugi, P. K. (2013). Determinants of Effective Implementation. Of Total Quality Management In Thermal Power Plants In Kenya: A Case Of Iberafrica. International Journal f Social Sciences and Entrepreneurship, 1(2), 367-382.

Gronroos, C. (1984). A service quality model and its marketing implications, European Journal of Marketing, 18 (4), 36-44

Grönroos, C. (1984). A service quality model and its marketing implications.European Journal of marketing, 18(4), 36-44.

Kibor, J. (2015).Perception of Consumers towards the Quality of Services Offered by N.H.I.F. Unpublished MBA Research Project, University of Nairobi, Nairobi, Kenya

Kothari C. R. (2014). Research methodology: Methods and techniques. (5th Ed.). New age International, New Delhi

Kothari, C.R. (2004). *Research Methodology: Methods and Techniques (2nd Ed.).* India. New Age International (P) Limited.

Lakhal, L., Pasin, F., and Liman, M. (2016). Quality Management practices and their impact on performance. International journal of quality and reliability management, 23(6), 625-646.

Lewis, N. and Mitchell, R. (2015), Dimensions of service quality: a study in Istanbul, Managing Service Quality, 5(6), 39-43.

Lv, W., & Wang, Y. (2010, May). The Influence of Service Design on Public-perceived Administrative Service Quality: The Moderating Effect of Social Monitoring. In E-Business and E-Government (ICEE), 2010 International Conference on(pp. 2835-2838). IEEE.

Mathew, J.G. (2003). Insurance Customers' Assessment of Service Quality, Journal of Small Business and Enterprise Development,10,81-92.

Meuter, M. L., Ostrom, A. L., Roundtree, R. I., &Bitner, M. J. (2000). Self-service technologies: understanding customer satisfaction with technology-based service encounters. Journal of marketing, 64(3), 50-64.

Mutitu, S. W.(2014). Service delivery design practices and customer satisfaction among commercial banks in Kenya(Doctoral dissertation, University of Nairobi).

Ndegwa W. (2012). Service quality practices among commercial banks in Kenya. Unpublished MBA Project, University of Nairobi.

Sorooshian, S., Salimi, M., Salehi, M., Nia, N. B., &Asfaranjan, Y. S. (2013). Customer experience about service quality in online environment: A case of Iran.Procedia-Social and Behavioral Sciences,93, 1681-1695.

Strelich, T. P., Adams, D. P., & Sloan, W. W. (2005).Simulation-based transformation with the service integration/interoperation infrastructure. Technology Review Journal, 13(2),99-115.

Tima, J. (2013). Information system service design and customer service delivery at Barclays Bank of Kenya(Doctoral dissertation, University of Nairobi).

Tima, J. (2013). Information system service design and customer service delivery at Barclays Bank of Kenya(Doctoral dissertation, University of Nairobi).

Wang, Y. & Feng, H.(2012). Customer relationship management capabilities, measurements, antecedents and consequences. Management Decision, 50 (1),115-129.

Wong, A. and Sohal, A. (2013), "Service quality and customer loyalty perspectives on two levels of retail relationships", Journal of Services Marketing, Vol. 17 No. 5,pp. 495-513

Li, H., & Suomi, R. (2009). A proposed scale for measuring e-service quality. *International Journal of u-and e-Service, Science and Technology*, *2*(1), 1-10

Alanezi, M. A., Kamil, A., & Basri, S. (2010). A proposed instrument dimensions for measuring e-government service quality. *International Journal of u-and e-Service, Science and Technology*, *3*(4), 1-18.

APPENDICES

Appendix i: Questionnaire

Section A: General information

1.Name of the respondent.. (Optional)

2. Age bracket of the respondent? 18-25yrs, 26-30yrs, 31-35yrs, 36-40yrs, 41years and above.

3. Gender of the respondent? 1. Male 2.female

4. Academic qualifications? 1. Secondary level 2.college level 3.university level

5. Position held by the respondent...

SECTION B: E-Service Practice

Service Process Automation

How does the service process automation work at Kenyatta National Hospital?

Is it possible for someone to easy navigate through the hospital website;

How does one log into the hospital website?

Do the hospital website experience traffic of patients and clients who need inquiry of the services?

How do you ensure you meet the quality of the services delivered at the hospital through the automation process?

Automated Queuing

How does one get the discharge sheet from a ticket dispenser for service?

For a patient to call a doctor for confirmation of appointment what is the procedure?

How long does one need to wait to be serviced and what is the procedure to be followed?

What kind of information is needed for one to be served?

Does the System runs smoothly? and what happened when there is breakdown on the system?

Self Service

Can customers easily navigate through the system of the hospital for instance website?

Does the self service make the services faster and efficient?

Why?

How do customers perceive self service process?

Is there personal attention on Self service?

SECTION C. CUSTOMER Satisfaction

Explain………………………….

How does the hospital blend in new employees in to the system without causing any service failure?

How does the hospital manage the information flow between the customers and employees towards generating higher customer satisfaction?

How does employee empowerment contribute to customer satisfaction?

 How do you link quality of E- service vis- a- vis customer satisfaction?

.

THANK YOU FOR ANSWERING THIS INTERVIEW