HEALTHCARE SERVICE PROVISION STRATEGY AND ORGANISATION PERFORMANCE OF PRIVATE HOSPITALS IN ELDORET TOWN, KENYA

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DECLARATION

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

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DEDICATION

This work is dedicated to my loving parents; Dad Michael Kipchumba Yego and Mum Milcah Kimeto and my dear children Antonia and Amelia for their support in this work

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ABBREVIATIONS AND ACRONYMS

DoI	Diffusion of Innovation
HMIS	Health Management Information System
ICT	Information Communication Technology
ICT	Information Communication Technology
IT	Information Technology
PC	Personal Computer
SERVQUAL	Service Quality Model
SPSS	Statistical Product and Service Solution
TAM	Technology Acceptance Model
TPB	Theory of Planned Behaviour
TRA	Theory of Reasoned Action
UHC	Universal Health Coverage
UTAUT	Unified Theory of Acceptance of Technology
SDG	Sustainable Development Goal

OPERATIONAL DEFINITION OF TERMS

Decision making processes: Involves the process of making choices after collecting information, assessing the options and making the final choice (Mwogosi et al., 2021). In this study it involves both managerial and clinical decision-making procedures followed in private hospitals.

ICT adoption: Refers to the act of embracing or using information communication technology systems, resources and infrastructure to provide healthcare services (Ogochukwu, 2021). In this study it involves the usage of various ICT applications, systems, facilities and technologies to provide healthcare services.

Infrastructure facilities standards: refers to basic equipment, building or structures that support operations of healthcare services in hospitals (Madronal-Ortiz, 2020). The Ministry of Health has established infrastructure facilities standards in healthcare institutions to ensure that they are fit to support provision of health services. Some of the infrastructure facilities may include; diagnosis and treatment equipment, hospital buildings, furniture, water systems, electrical systems, medical gas, telephone among others.

Organisation performance: describes the actual result or output of an organisation as measured against the expected goals or outputs (Essien, et al., 2023). In this study it refers to the overall attainment of healthcare organisation goals in meeting the expectations of customers based on these dimensions; waiting time, patients' satisfaction, re-admission rate, operating margin and bed occupancy rates.

Private healthcare facilities: Refers to a health facility which is not funded by public or government entity but from private individuals, groups or even private organisations (Twahir, 2016). In these facilities, the medical services are provided to patients at a fee.

Service quality standards: Involves criteria that has been developed by an organisation to certifies that there is quality and consistency in the provision of products and services to customers (Zarei et al., 2015). In this study, it involves commitments made by private health care facilities to ensure customers receive value of services rendered based on; reliability, tangibility, reliability, responsiveness and empathy.

ABSTRACT

Private health industry has received much attention in recent times and are crucial in expansion of access to quality healthcare. The organisation performance of private hospitals is dependent on service quality standards offered to their clients. Evidence has shown than majority of private hospitals in the country are undergoing performance challenges due to inability to retain and satisfy their customers. Therefore, this study sought to find how healthcare service provision strategy affects organisation performance of private hospitals in Eldoret town. Specifically, this research addressed the following objectives; to analyse implementation of service quality standards and organisation performance of private hospitals, to assess the infrastructure facilities standards and organisation performance of private hospitals, to ascertain the influence of ICT adoption and organisation performance of private hospitals and to establish the influence of decision making processes and organisation performance of private hospitals in Eldoret town. This study was supported by the following theories: Service Quality (SERVQUAL) model, decision-making theory and Unified Theory of Acceptance of Technology (UTAUT) to explicate the existing relationship between variables in the investigation. The study is quantitative in nature guided by correlational research design. The target population involved 1875 employees from 25 private hospitals in Eldoret. A sample size of 319 respondents was chosen through Cochran sample size formula to be the representative of the whole population. The respondents (319) out of 1875 were selected using stratified and random sampling method. Questionnaire was the instrument used in gathering of data. This instrument was tested for content validity and reliability before being administered to the field. Participants were implored to consent their voluntary participation in the study bearing in mind that their answers were kept confidential. Data analysis was undertaken through use of descriptive statistics which included means, percentages, frequencies, and standard deviation and inferential statistics; correlation and multiple linear regression with the help of Statistical Product and Service Solutions computer software. Findings showed that all the healthcare service provision strategy had positive beta coefficient scores in the following order; service quality standards (β=0.240), ICT systems adoption and use (β=0.155), infrastructure facilities standards (β=0.148) and lastly decision making processes (β=0.103). It is then concluded that performance of hospitals dependent on the range at which healthcare service provision strategies were implemented by the management of private hospitals in Eldoret. It is recommended private hospitals need to regularly collect customers' feedback to improve on the standards of services, there is need for hospital infrastructure to be regularly monitored to ensure that they are fit to provide quality services to patients, ICT systems to be used in hospitals needs to be updated and decisions making processes should be flexible to allow amendments and improvements in case of future changes. The study findings provide solutions to private hospitals on the way to improve on their performance through adoption of healthcare service strategies in delivery of services to patients.

CHAPTER ONE
INTRODUCTION

1.1 Background to the Study

Healthcare industry has received much attention in recent times as it is considered to be one of the rapid evolving service industries around the world especially the private sector (Swathi, Barkur, & Somu, 2023). Private healthcare institutions are crucial in expansion of access to quality healthcare in areas where public health facilities are inadequate and overstretched (Montagu, Suchman, & Seefeld, 2020). As countries across the world aim to attain Universal Health Coverage (UHC) in harmony with Sustainable Development Goal (SDG) target 3.8, private healthcare facilities are essential in bridging the gaps in provision of service quality to the members of the public. World Health Organisation (WHO) identifies the responsivity that private industry performs in increasing the scope, scale and geographical coverage of health services in the country including the realisation of UHC targets (WHO, 2020)

The private sector health institutions have taken over in areas where the government health facilities lack adequate infrastructure, understaffed, lack medicine and standard of services is lower hence making people opt to go for private hospitals. Wandie and Muathe (2022) who observed excessive migration of healthcare personel from public to private health care facilities due to better compensation packages, clearer communication channels, better working conditions, effective conflict resolution strategies and enhanced decision making. In Kenya, Mbaabu (2022) established that there have been performance challenges in some of country's private hospitals due to their inability to retain and satisfy their customers. This has led to reduction in patients' admission rate a concern for this study. Therefore, the study looked at the healthcare service provision strategy and organisation performance with specific focus on private hospitals in Eldoret town.

1.1.1 Organisation Performance

Private hospitals performance of is dependent on the quality of healthcare services that they are offering to their clients (patients), infrastructure facilities available, information communication technology systems in place and decision-making processes (Kutche et al., 2020) Performance of organisation involves actual results or output of an institution measured against its expected goals or output (Dinda, Ojera, & Bulitia, 2016). The performance output can be in financial and non-financial forms. Additionally, other aspects of performance like patients' satisfaction, efficiency and effectiveness of services being rendered by a private health facility can also be considered (Kalaja, Kurti, & Myshketa, 2023). For all of this to be achieved, quality healthcare services provision remains paramount. This study used non-financial indicators; patients' satisfaction, bed occupancy rate, mortality rates, patient follow up, patients' length of stay, patients' re-admission rate and operating profit margin to measure performance of private hospitals.

1.1.2 Healthcare Service Provision Strategy

Services provided by health industry needs to be undertaken with extraordinary profession because competence level shown by medics could create a difference between a person's life and death. Hence, quality of services provided in health facilities has become a critical issue due to its significant association with health of patients, cost savings, customer retention and profitability of private healthcare institutions (Mensah, Yadoah & Adom, 2014). Kalaja et al. (2023) suggest that quality shows the extent of superiority of health services and it is a dynamical procedure which motivates incessant innovation and improvements in health results quality of health services can be determined through usage of Service Quality (SERVQUAL) model that was created by Parasuraman et al. (1983). SERVQUAL model utilises five gaps calculated from variations between expectancies and views from SERVQUAL elements. SERVQUAL model utilises five elements of service quality as tangibility, reliability, empathy, assurance, and responsiveness, to explain

service quality experienced received by patients and other customers visiting health facilities.

Tangibility refers to the availability and usage of various physical infrastructure facilities like medical equipment, physical infrastructure facilities and personnel available in health institutions. Reliability encompasses the capacity of health institutions to fulfil what they promise their clients. Responsiveness involves the capacity of health facility to attend and change to the needs of the patients' seeking services in their institution. Assurance involves competency level of the personnel working in the health facility, their courtesy and credibility standards in serving the patients. The last element is empathy which involves health facilities having personnel who are key to detail (provide attention) with respect to patients concerns and understanding what they are going through. If these SERVQUAL model practices are implemented in health facilities, they would result to performance improvement, growth and patients' satisfaction. Research conducted using SERVQUAL model normally produces mixed outcomes. Some studies have reported SERVQUAL to be critical in provision of healthcare services while others indicate that other aspects of healthcare services are not captured in the SERVQUAL scale (Markovic, Loncaric & Loncaric, 2014).

The second strategy is the infrastructure facilities standards. According to Department of Health (2013), infrastructure facilities in hospitals have to integrate the facility as the complex for inpatient and acute care into the wider healthcare framework and should enhance the seven spheres of quality which are: sustainability, equity, safety, timeliness, efficiency, effectiveness and patient quality. The infrastructure facilities consist of built environment and supportive infrastructure resources like; medical equipment, access to buildings, information technology systems, electricity and water systems (Luxon, 2015). Some of the key infrastructural facilities in a health institution also involves; information and communication technology resources, technical medical equipment, the waste

disposal system, supply facility system and physical infrastructure facilities (Essien et al., 2023). Infrastructure is an important pillar aiding the key purpose of enhancing improved healthcare services provision for all patients in addition to favourable experience in the healthcare setting. Scholz, Ngoli and Flessa (2015) mentioned that infrastructure facility standards constituted a key component of the physical quality of a healthcare institution.

Healthcare infrastructural facilities have been linked with quality health outcomes which are indicators of satisfied patients (El-Sayed, Elzagawy, Abd-El hady, & El-Sehrawy 2022). El-Sayed et al found out that a better hospital infrastructure facility standard need to provide environment for quick recovery and healing of patients seeking services there. Research by Leslie, Sun and Kruk (2017) across eight Sub–Saharan African countries concluded that infrastructural facilities inputs to health care institutions were poorly associated with evidenced based healthcare provision in four clinical services. Medical workers from health institutions that had poor infrastructure facilities standards normally offered substandard services to patients. Hence, the infrastructure facilities have to be to the standard for quick patients' recovery and healing. Despite the importance of medical facilities infrastructure standards for provision of health quality being obvious, studies on hospitals infrastructure facilities standards in private hospitals is inadequate.

The other strategy for performance of health institutions is the adoption and use of information technology systems. According to Luxon (2015), IT should aid in ensuring that information access for medical professionals, administrative staff and patients is easier. Additionally, information communication technology would aid in improvement of health care services through reduction in paper work activities and time management (Moore, 2014). A research by Faiza and Iqbal (2021) in Pakistan found out that ICT usage had significant positive contribution on quality care and welfare of patients in hospitals. Hence, improvement in hospitals performance could be attained through supply of various terminals around the

facilities, permitting instantaneous access to shared database of inpatient admittance and release data, with referral specifics, information on patient and their location (updated), level and contact details of doctor seeing him/her, name of the patient, details of assessment (including outstanding outcomes), medical review and assessment times and speciality checks (Malik, Kazi, & Hussain, 2021). The range at which ICT has been adopted and utilised in healthcare service delivery performance has not been adequately investigated within the private sector setting a concern for this study.

The fourth strategy is the decision-making practice in hospitals since it is the critical undertaking in medical practice and administrative systems (Alduais et al., 2023). New and continuing global environmental revolution, changes and competitive forces demands that healthcare institutions to be progressively cautious in discerning about their strategies when making decision. This puts the role of decision making to be critical in ensuring that better healthcare services are provided (Szymaniecmlicka, 2017). Decision making involves the deed of choosing the appropriate plant of action from several scenarios present in managing a specific healthcare issue or situation (Orlu et al., 2023). For verified established decision making, there is demand for accessible, relevant, quality and timely information in each unit of the hospital (Tilahun, Gteklu, Mancuso et al., 2021). This is because decision making in hospital has a bearing on various areas like; healthcare policy development, risk assessment, resource allocation, diagnosis and selection of treatment methods (Alduais et al., 2023). This research established how decision making process affects the performance of private hospitals, an area that has received little attention in research.

1.1.3 Healthcare Service Provision Strategy and Performance of Private Hospitals

Empirical investigations have been performed to appraise the association between healthcare service provision and performance of private hospitals. Comparative research was undertaken by Goncalves et al. (2021) to establish existence of resemblances and variations in decision making activities of administrative and clinicians' managers from Britain and Great Britain hospitals. The research found out that there were differences in decision making processes by managers in both set of countries. For example, hospital managers in Great Britain depended much on information present to make information on each occasion compared to those in Brazil.

In Middle East, Al Flayyeh and Al-Harbi (2023) research focused on establishing whether or not improvements in performance of hospitals resulted to general improvement in quality of decision making Medina Saudi Arabia hospitals. The research found out that administrative decision making had significant effect of healthcare facilities performance. In Jordan, Alolayyan et al (2020) evaluated the impact of hospital information technology on hospice performance. They found a reciprocal and intertwined relationship between health information technology use and performance of hospitals. The findings called for more investment in health information quality to bolster performance of hospitals.

In Sub Saharan Africa, Agbi et al. (2020) noted that healthcare sector had become a key issue of concern by many residents in Ghana. Their study examined the patient choice of selecting quality healthcare services and whether this influenced their satisfaction with services rendered. It was found existence of a positive association between quality of services provided by hospitals and customers satisfaction. In Calabar Nigeria, Essien et al. (2023) assessed effect of service delivery on private hospitals service performance. The findings indicated that

medical services reliability, tangibility, empathy and responsiveness had significant positive impact on services performance in private hospitals.

In East Africa, Bundala (2020) examined acceptance and application of hospital information technology towards improvement of community health centre services. It was discovered that perceived usefulness of health information technology, facilitating conditions and social influence considerably impacted provision of services in community health centres in Mwanza Tanzania. Another research by Mwogosi et al. (2021) noted that despite government investment in healthcare institutions, most public health facilities were facing challenges with respect to decision making processes. They undertook a qualitative research to establish the processes of decision making in Dar-er-Salaam hospitals. Research established that computerised HMIS data and clinical guidelines were used for decision making processes.

In Kenya, Mbaabu (2022) examined the strategies of customers' retention and satisfaction with reference to one private hospital in Nyeri. The study found out that customer switching cost, system usage and service design were substantially linked with customer retention and satisfaction at Outspan hospital. Karijo et al. (2022) analysed the elements of utilisation of routine data in decision making Kitui County healthcare institutions. It was established that there was limited use of routine data in making decisions by hospitals necessitating for more training for health personnel. A review of the empirical studies has shown that research on healthcare service provision strategy and performance has been conducted across the globe and including Kenya. However, limited research has concentrated on the association between healthcare service provision strategy and private hospitals performance, an area that this study focused on.

1.1.4 Private Hospitals in Kenya

Private hospitals are established as business organisations with the aim of providing more effective services and care to their customers (Kalaja et al., 2023). Patients seeking services in private healthcare institutions pay extra money to receive the best quality of service (s) and they expect to receive quality medical services past their anticipations. Any incidents of dissatisfaction by patients would make them to seek better services elsewhere hence grounding the operations of the health facilities. With this in mind, private healthcare sector players have to take into considerations patients' expectations as a key determine when designing service quality. If the services do not meet customer expectations, many not seek services in those facilities resulting to underperformance and ultimate closing down. Hence, it was essential to ascertain the effect of healthcare service provision strategy on performance of private health care facilities in Eldoret.

1.2 Statement of the Problem

Maintaining high performance on a consistent basis is an essential recipe for improving overall organisation performance (Malik & Khan, 2020). Private hospitals like other institutions have to ensure consistent high performance which entails the overall effectiveness and efficiency of institution in meeting the needs and expectations of their patients (Ahmed & Saleem, 2019). Private hospitals that consistently provide excellent service, compassionate care, and effective communication foster positive patient experiences record higher performance. This is because satisfied patients were more expected to adhere to treatment plans, recommend the healthcare institution to others, and develop long-term relationships with healthcare providers (Mbaabu, 2022). Despite the role that private hospitals play in provision of healthcare services to patients who are unable to access public health institutions, Mbaabu (2022) reported that the degree at which private healthcare institutions were failing to retain and satisfy their clients was appearing to be an issue that was an indicator of poor performance. Private health institutions

encounter various issues influencing the services they offer to patients like shortage of human resources, shortage of medical supplies, lack of drugs and inadequate infrastructure (Asila, 2019). This study sought to establish whether these performance issues were prevalent among private hospitals in Eldoret. A research by Dinda et al. (2016) found out that some private hospitals in Nairobi city were closing down because of operational challenges occasioned by increased competition from both public and private service providers. Further, Koech (2021) examined the association between ICT strategies and service delivery in Bomet County private hospitals and found out that for improved performance, ICT integration in hospital activities was key. A study by Twahir (2016) explored medical insurance providers and doctors view on quality and their contribution to Future patient behavioural intentions among six private hospitals in the country. The above research confirms that limited research has been undertaken on healthcare service provision strategy affecting organisational performance of private hospitals in Kenya and this replicates itself in Eldoret town that has seen a growth in number of private hospitals in recent times while others are closing down. It is evident that the private health industry face challenges that arise from service quality which at the end impacts on their performance, resulting to closure by the management or by the regulatory bodies. This study examined how healthcare service provision strategy affected organisational performance of Eldoret Town private hospitals.

1.3 Objective of the Study

1.3.1 General Objective

The intention of this investigation was to explore healthcare service provision strategy and performance of private healthcare hospitals in Eldoret town Uasin Gishu County.

1.3.2 Specific Objectives of the Study

The objectives of research were:

(i) To determine the level of implementation of service quality standards and organisation performance of private hospitals in Eldoret

(ii) To assess the infrastructure facilities standards and organisation performance of private hospitals in Eldoret.

(iii) To ascertain the influence of ICT adoption and organisation performance of private hospitals in Eldoret

(iv) To establish the influence of decision-making and organisation performance of private hospitals in Eldoret

1.3.3 Hypotheses

H_{01} There is no significant relationship between level of service quality standards and organisation performance of private hospitals in Eldoret town

H_{02} There is no significant relationship between infrastructure facilities standards and organisation performance of private hospitals in Eldoret town

H_{03} There is no significant relationship between ICT adoption and organisation performance of private hospitals in Eldoret town

H_{04} There is no significant relationship between decision making and organisation performance of private hospitals in Eldoret town

1.4 Significance of the Study

This research is of great benefit to the country's health care sector specifically private hospitals. Through the study findings, private hospitals would embrace service quality delivery standards in totality resulting to their performance improvement. Patients seeking services are expected to benefit from improved quality of medical services while the hospital would experience improved performance hence sustainable growth and profitability. The results of the study acts as benchmark from which private hospitals can evaluate their service quality standards in an effort to provide patients' needs and expectations exemplary well.

The Ministry of Health (at county and national level) may use the outcomes of this investigation in initiating reforms aimed at boosting the growth of private health care sector. Regulators (KMPDU) and policy makers (parliament and county assemblies) are provided with opportunity to know the current status of service quality provision in the private health industry to come up with workable processes for implementation in the future. The investigation has generated knowledge in the area of quality management practices and institutional performance valuable to future researchers in this field.

1.5 Scope and Delimitations of the Study

The investigation examined the association between healthcare service provision strategy and organisation performance of private hospitals. The investigation was undertaken in selected private hospitals in Eldoret town categorised as Level 3B and above by NHIF. The study independent variables are; service quality standards, infrastructure facilities standards, ICT adoption and decision making process. The dependent variable is organisation performance measured using non-financial indicators. The study collected primary data from members of staff (administrative and clinical) working in various private hospitals in Eldoret town. The instrument used in data collection was questionnaire. The data collection period lasted for three weeks after approval by the University.

1.6 Limitations of the Study

The investigation encountered several limitations; results of this investigations are mainly applicable to the private healthcare sector in the country and with specific reference to those categorised by Ministry of Health from Level 3B status and above. During fieldwork, some respondents inclined in their replies to the research instrument by not presenting the reality of healthcare standards provision in their institutions for fear of bad publicity. To counter this, all research participants were

promised that the feedback they provided was to be utilised for research purposes and neither their institutions names would not be divulged.

1.7 Basic Assumptions of the Study

Research instrument designed for this study resulted to collection of adequate information with respect to healthcare service provision strategy and organisation performance of private healthcare institutions. The research assumed that it was undertaken and completed in the scheduled timelines and projected budget.

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

The chapter entails theories explaining the study, conceptual literature of research variables, empirical reviews, conceptual framework and summary of the literature with respect to healthcare service provision strategy impact on performance of private hospitals.

2.2 Theoretical Review

The models and theories that are discussed here are service quality (SERVQUAL) model, Decision Making Theory and Unified Theory of Acceptance of Technology (UTAUT).

2.2.1 SERVQUAL Model

The study is anchored on the service quality model which was developed by Parasuraman, Berry and Zeithaml (1988) as cited Pun (2021). This model was developed to measure service quality standards and its bearing on clients expectations. Through their research, they established five dimension of service quality standards as: reliability of conducting health care services accurately and consistently, tangibility which implies members of staff appearance and facilities availability, responsiveness of members of staff to demands by customers, assurance which can result to client's confidence on services provided in addition to empathy on how the healthcare institution would offer attention and care to patients (Koech, 2021).

SERVQUAL consisted of expected quality and perceived quality. Whereas perceived quality is referred to client's judgement concerning the general situation and effectiveness of the services they are offered, anticipated quality refers to the anticipations concerning the services that customers have received (Salisworo,

2015). On gap analysis scale, SERVQUAL is described as a measurement of the magnitude through which service quality provided allows meeting of the expectations of customers (Baki et al., 2009). There are five features of SERVQUAL as reflected in Table 1 (in the next page) which can be customised in healthcare setting.

Table 2.1: SERVQUAL Dimensions

	Dimension	Feature
1	Tangibles	Physical infrastructure, equipment, external appearance of facilities and members of staff appearance
2	Reliability	organisation's ability of meeting the promised service accurately and dependably
3	Responsiveness	Organisation's willingness to assist clients and offer timely service
4	Assurance	Worker's knowledge and civility levels and their capacity to stimulate confidence and trust. It also involves credibility, competence, security and courtesy of workers
5	Empathy	Caring and personalised attention that the company offers to its clients. It also consists of access, communication and understanding the clients

Source: Adopted from Parasuraman et al. (1988)

The SERVQUAL model has been commonly utilised in research on service quality standards and it is the scale that is used to determine customers input on quality standards offered by organisations including this study on private hospitals.

2.2.2 Decision Making Theory

The study is guided by decision theory that was developed by Simon (1955) and cited by Alduais et al. (2023). This theory offers a framework for understanding the social and cognitive processes which determines how decision making processes are conducted in organisations. according to this theory, in the initial phases of decision making, the person making the decision is required to have full information on all choices present and the outcome of a specific decision is understood and individual who is making decision is alive (considerate) to this

choice and that decision being made is done rationally (Twahir, 2016). Rationality means that the person making the decision is able to order or rank priorities in w way to maximise the benefits and reduce the risks or limitations.

Decision making is a rational process which involves examining through available information and utilising this information to make an informed decision. The theory on decision making is connected to objective oriented behaviour in the presence of choices. This means that decision making processes is dependent on the information that is available from internal and external sources. Through applying decision making theory with respect to private hospitals, it is conceivable to acquire discernments into the processes that informs decision making like; influence of environmental and organisational factors the availability and quality of information, and collective and individual decision-making processes. With respect to the present investigation, quality of decision making depended on the value of information which is disclosed and the decision making activities applied private health institutions.

2.2.3 Unified Theory of Acceptance of Technology Model (UTAUT)

The study is also informed by the combined unified theory of acceptance of technology which was conceptualised by Venkatesh (2003) through analysis of eight technology acceptance theories and models. This integrated models entails; Technology Acceptance Model (TAM) from Davis (1989), Theory of Reasoned Action (TRA) from Fishbein and AJzen (1975), Personal Computer (PC) Utilisation (Thomson et al., 1991), Diffusion of Innovation (DoI) from Rogers (2003), Theory of Planned Behaviour (TPB), Combination of TAM and TPB, Social Cognitive Theory Compeau and Higgins (1995) and Motivational Models Davis, et al. (2006) as shown in Figure 2.1.

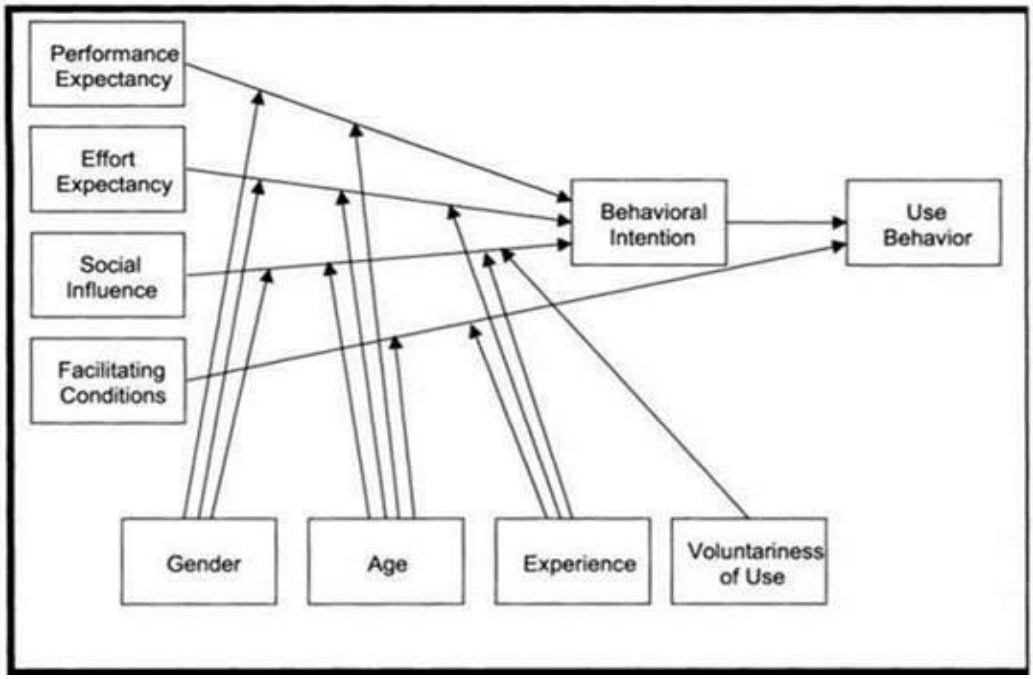


Figure 2.1: UTAUT Model

Source: Adopted from Venkatesh et al. (2003: 447)

This UTAUT model integrates and unifies characteristics and elements of technology acceptance models and theories. The UTAUT model infers that more than three quarter of variance in technology adoption depends on the intentions of their users (Venkatesh et al., 2003). This research used UTAUT four predictive strategies to determine the behavioural intentions of use of ICT systems in health care services provision by private hospitals. The determinants are: performance expectancy by those who utilise ICT (which may affect organisation performance), social influence on ICT use in addition to facilitative conditions (infrastructural facilities) that have been installed or available in the private hospitals. Additionally, Venkatesh et al. (2003) informed that attitude is an keyvariable determining users' plan to use a system. Considering the competitiveness of the private health care services provision, private hospitals have no option but to ensure that they adopt the best and current technological systems, modern infrastructure facilities (facilitative conditions) which would aid in the delivery of their services to their

clients. This theory was used to establish the range at which ICT systems adoption and use have an effect on performance of private hospitals in Eldoret, Kenya.

2.3 Empirical Review of Studies

This section undertakes the review empirical research done in relation to healthcare service provision strategy and its impact on performance of private hospitals.

2.3.1 Global Studies

A comparative study by Goncalves, Goncalves and Alemao (2021) examined resemblances and difference in decision making procedure by hospital management in Brazil and United Kingdom hospitals. It was an exploratory study that collected quantitative data through use of survey questionnaires. It was found out that there were significant differences in the way decision processes were undertaken in Brazil and Britain. In Britain for instance, the study found out that decision making process was collaborative and involved sharing of information between clinical managers and administrative managers while in Brazil it was found out that there were conflicts between clinicians and managers resulting to higher transaction costs during the course of decision making hence affecting the performance of the organisations.

In Saudi Arabia, Al-Flayyeh and Al-Harbi (2023) sought to establish whether there were developments in hospital performance due to upgrade in quality decision making processes in Medina. Questionnaire was applied in collection of information from hospitals administrators. It was established that hospitals had high degree of competency in making administrative choices. They concluded that administration decision making had statistical c effect on healthcare facilities performance because there was high quality level of acceptance and implementation of information collected through decision making processes. In Jordan, Alolayyan, Alyahya, Alalawin, Shoukat and Nusairat (2020) assessed health information technology impact on performance of teaching hospitals. The study collected information through administration of questionnaire surveys.

Outcome reveal that there was reciprocal and intertwined connection between health information quality, health information technology use and hospital performance.

In Ghana, Agbi, Asamoah and Sewu (2020) assessed patient choice of selecting quality health care services and their impact on satisfaction at Comboni Hospital in Sogakope. It was a quantitative investigation where data was collected through SERVQUAL questionnaire and analysed through multiple regression. Results showed that there were positive perceptions from the customers on the healthcare services provided at the hospital which increased their satisfaction level. in Calabar Nigeria, Essien, Lawal, and Edim (2023) explored quality service delivery effect on service performance among private hospitals. The service quality standards measured were; reliability, responsiveness, empathy and tangibility of services. It was a cross-section survey research where data was assembled from inpatient and outpatients. It was found out that medical services service reliability, tangibility responsiveness, and empathy had significant positive effects on the service performance of private health institutions in Calabar.

In Tanzania, Bundala (2020) assessed application o hospital Information Technology on improvement of health services in community health centres within Mwanza city. The research used cross-sectional research design. The investigation was guided by UTAUT model with the sample size involving 120 respondents. It was established that experience, availability of finance, training, ICT infrastructure, knowledge and attitude on IT influenced adoption of health information technology. They concluded that perceived usefulness of information technology, social influence, facilitating conditions and perceived ease of use of information technology considerably influenced use of hospital information systems. In the city of Dar es Salam, Mwogosi, Kibusi and Shao (2021) sought to identify techniques and tools for making decisions in the healthcare industry. It was interpretive

qualitative research where data was collected from clinical and non-clinical staff through use of in-depth interviews. It was found out that most health workers in Tanzania used manual tools for decision making as opposed to the computerised ones. This was due to inability of the government to operationalise the health information management systems across the city and also inadequate capacity by the healthcare workers to use the system hence affecting the decision-making processes.

2.3.2 Local Studies

In Kenya main private and public hospitals, Mutia (2013) evaluated the effectiveness of infrastructure facilities maintenance management. An assessment was undertaken on the medical equipment performance in order to develop an appropriate maintenance programme that would help in the maintenance management practice and procedures. Data was assembled through interviews and questionnaire from facility administrators in the two categories of hospitals. It was found out that public hospitals did not have proper management of medical equipment compared to private ones that had well-coordinated processes for secure, safe and environmentally friendly facilities operations. The result showed the standards of medical facilities to be poor in public hospitals compared to the private ones. Njau (2016) sough to verify the effect of ICT adoption on performance of hospitals in Nairobi city. This research collected data from 10 hospitals in Nairobi by selecting members of staff from human resource, finance and administration and ICT departments. It was concluded that effective use of ICT resulted to performance improvement in hospitals as they ensured that there were adequate computers, phones and internet network that linked various sections of the facilities.

In Bungoma South Sub County, Maloba (2018) investigated internal environment factors affecting performance of private hospitals. A descriptive survey design was applied in collection of data from 341 patients attending the said hospitals. Data

collection was through document review and questionnaires. Findings showed that ICTs integration, human resources, drug supply and service quality affected patients' satisfaction in studied private health establishments. In Kitui County, Karijo, Otieno and Mogere (2021) sought to establish the strategies of usage of routine data in making decision by medical workers in health establishments. A total of 100 respondents were issued with questionnaire and key informant interviewed conducted. Results showed that there was low usage of routine data in decision making processes in the health institutions studied. This implied that decision making processes were not based on analysis of data collected hence influencing the efficiency of medical services provision. The results also pointed to lack of training by medical services providers on utilisation of routine data for decision making.

Within Bomet County, Koech (2021) examined the association between IT strategies and service delivery in private healthcare institutions. A total of 720 staff from Tenwek and Kaplong mission hospitals formed the research population. It was discovered that usage of telemedicine, mobile health electronic health records, and wearable health technology strategies in private hospitals improves service delivery. The study concludes that the use telemedicine, of electronic health records, wearable healthcare and mobile health technologies facilitated effective and efficient delivery of healthcare service delivery.

2.4 Healthcare Service Provision Strategy

The determinants of private hospitals performance could be influenced by the healthcare service provision strategy which are discussed in the sub-sections below.

2.4.1 Service Quality Standards

Zeithaml *et al.* (1990) cited by Twahir (2016) defined service quality standards as customer ratings of how well a service meets or surpasses their expectancy. This implies that the customers are the ones who would provide accurate information on

quality standards and not the management or the employees of the organisation. Clapton (2013) mentioned that the service quality standards of service industry like the healthcare organisations are of great importance. Patients visiting private hospitals would show their satisfaction through their rating of service quality standards which ultimately influence performance of the organisation (Zarei, Daneshkohan, Khabiri & Arab, 2015). In contrast, if the hospitals performance would be completed by low quality and lack of satisfying the clients' hopes, the patient's trust in capabilities and competencies of the hospitals would reduce which ultimately impact on their performance (Zarei et al., 2015).

Clapton (2013) suggests that service-oriented firms need to acknowledge the significance of establishing customer expectations and create services which meet or surpasses their expectations. Henceforth, service quality standards are of much benefit to hospitals since patients assess service quality directly after receiving the services. High service quality standards level could be utilised to distinguish services from the competitors and make it tough for them to imitate, this would act as a basis for competitive advantage technique.

2.4.2 Infrastructure Facilities Standards

Infrastructure facilities constitute set of elements and features that are considered necessary for an institution to function or for an activity to be conducted effectively (Madronal-Ortiz, 2020). With respect to hospitals, the infrastructure facilities include; physical buildings, communication systems, electrical systems, water and sanitation systems, medical gas system, internet network systems, medical equipment available and supportive facilities in a hospital (Essien et al., 2023). For effective service delivery and performance, the standards of hospital infrastructure facilities have to be top notch, of good quality and meet the safety features requirements (Digital Function, 2017).

Madronal-Ortiz (2020) said that quality infrastructure standards process involves the processes of guaranteeing the correct functioning of physical buildings, facilities, biomedical or industrial equipment, physical facilities condition that offer comfort to staff and payments, quick maintenance of breakages and failures of equipment and facilities that guarantee safety for people in hospitals. With respect to advancement in the global healthcare field, Digital Function (2017) informed that infrastructure facilities standards in health facilities should have proper quality, security, electricity, lighting, air conditioning, multimedia, access control and telecommunications system which allows automated and integrated management and control so as to enhance users' accessibility, usability, security and energy efficiency. Further, Mutia (2013) cautions that medical apparatus were critical sensitive in which a misdiagnosis or wrong functioning by the apparatus could result to unfavourable impact on the health of patients receiving the services hence maintenance of standards in this equipment should be a priority. The degree to which these standards are implemented by private health care facilities in Eldoret is the focus of this investigation.

2.4.3 ICT Adoption Systems

Information communication technology consist of array of information technologies based on; telecommunications, microelectronics, audio-visual and audio-visual systems which when interconnected and combined make it easier to process, transmit, store and search evidence in the configuration of data of different forms and permit interaction between individuals and between machines and individuals (Kutche, Ngae & Essomme, 2020). Technology is rapidly changing how medical science, social interactions and business is undertaken across the world. The health industry has not been left behind as there has been significant improvement in usage and growth of ICT due to its benefits in improving healthcare services provision and supporting good quality life (Kesse-Tachi, Asmah & Agbozo, 2019).

ICT use has demonstrated a shift in the health industry service provision (Baridam & Govender, 2019). ICT adoption and use in delivery and management of healthcare services result in reduction of paper work, reduced workload of hospital staff, decrease in media errors and increase efficiency of healthcare service provision (Koech, 2021). ICT is significant in data collection, administration of health care services which ultimately improves the reliability and quality of healthcare services to patients (Maloba, 2018). ICT systems use also connects different health care service providers, enhance electronic medical processes and advanced knowledge-based health care services are attained with ICT use (Ugochukwu, 2021). This study therefore looked at how ICT systems have been utilised in provision of healthcare services and their influence on private hospitals performance in Eldoret, Kenya.

2.4.4 Decision making Processes

The healthcare services environment consists of the two parts; provision of clinical services and administration matters (Karijo, Otieno & Mogere, 2021). This structure complicates the decision-making process as these two sets of structures are dependent on one another and therefore a balance has to be achieved by ensuring that the decision making processes are inclusive of all parties (Twahir, 2016). Lack of inclusive decision-making processes would result to conflict because the clinical officers' fights for their hierarchy while the administration wants to control the clinical officers to submit to them. This results to increased cost of transaction and henceforth minimises hospitals efficiency (Al Flayyeh & Al-Harbi, 2023). The above information reinforces the need for effective decision making process in hospitals to ensure quality healthcare service delivery and henceforth performance goals and targets would be attained.

Valuable decision-making is important to increased institutional performance especially in the health industry (Alduais et al., 2023). Decision making processes required a collaborative effort between various organs of the hospital through shared decision making (Al Flayyeh Al-Harbi, 2023). The decision making process involves recognition of the problem, analysis of the assortment method, decision making alternatives development and their examinations, making the decision, executing the decision and regular monitoring of the decision made and making any adjustments measures possible (Szymaniecmlicka, 2017). These decisions made would translate into results attained by the organisation which requires that those involved in decision making should possess decision making skills and experience as it is a significant determinant of organisation performance (Mwogosi et al., 2021). This study looked at the decision-making processes adopted by private hospitals in Eldoret and their impact on performance.

2.5 Research Gap

The review of literature has shown that research investigations have been undertaken to establish the healthcare service provision strategy and its effect on private hospitals performance. The gap that has been created through the review of literature is that none of the study reviewed has looked at the linkage between healthcare service provision strategy and performance of private hospitals in Eldoret, town. Table 2.2 shows the summary of gaps.

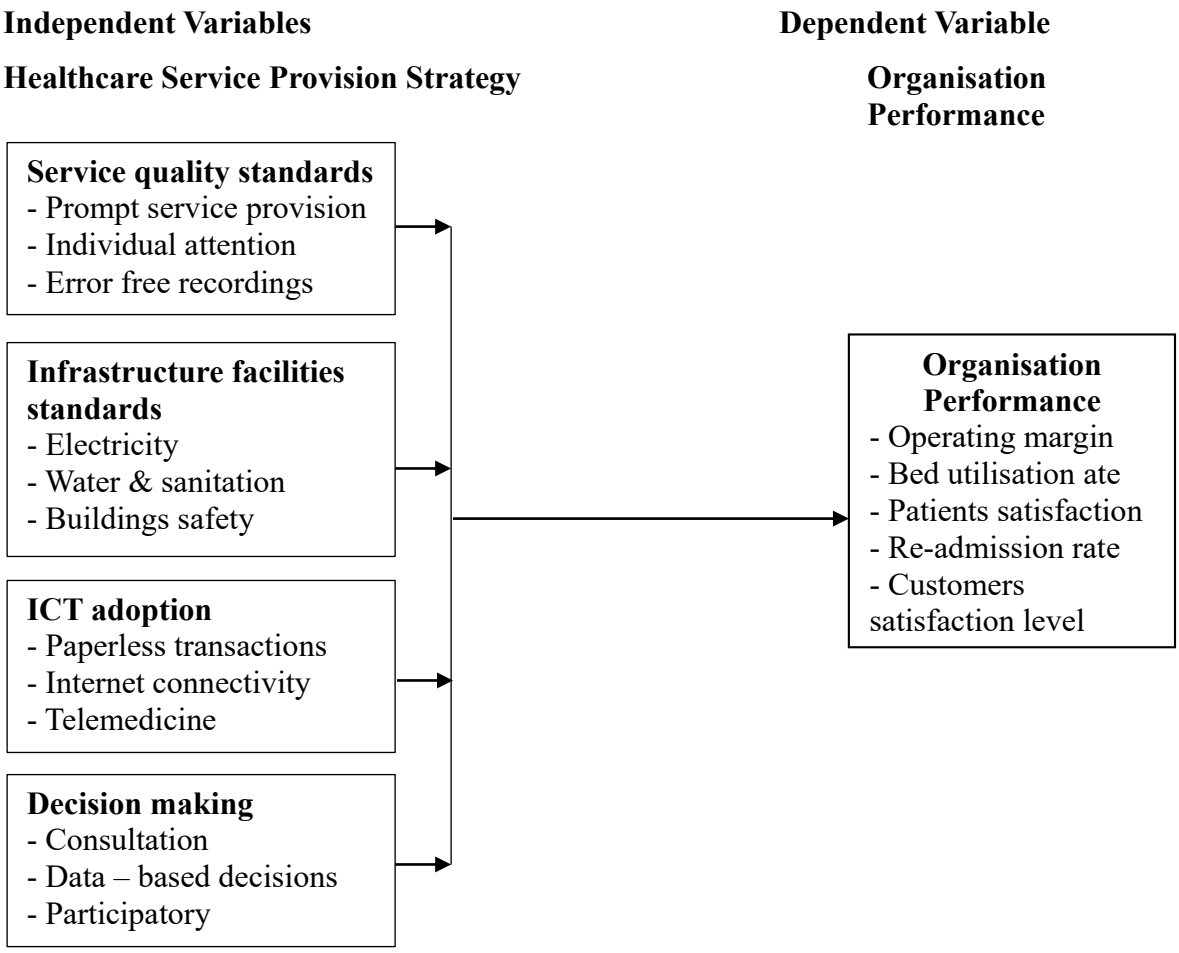
Table 2.2 Research Gap

Author	Study Title	Methodology	Findings	Gaps
Goncalves et al. (2021)	Similarities & differences in decision making process by hospital managers in Brazil and UK Hospitals	Targeted 22 hospitals in Brazil and 26 hospitals in UK A total of 150 managers from the hospitals in each country were selected randomly as respondents	UK hospitals dependent on health information to make decisions while in Brazil they sometimes depended on health information. UK hospitals had collaborative decision-making process unlike those in Brazil	The study was comparative involving 2 countries with different health systems model The research was conducted in public health institutions while the present study focuses on private ones
Al Flayyeh & Al-Harbi (2023	Determined whether developments in health care performance resulted to improvement in quality decision making	Questionnaire was employed as a tool for data collection from managers of the hospitals	Administrative decision making had statistical significant effect on performance of hospitals	The study baseline for decision making was on information quality while this study extends to identify which other metrics are used by hospitals in decision making
Agbi et al. (2020)	Explored patients' choice when selecting quality healthcare services in private hospitals	It was a quantitative study that involved a case study of Comboni hospital.	There were positive reviews on quality of services offered in the hospital under investigation	The study was conducted in one institution while this one would extend to many.
Bundala (2020)	Adoption of health information technology on improvement of community health centre services in Mwanza	A cross-section design was used. Sample size included 120 respondents. Questionnaire and interviews were used to collect data	It was established that training, attitude, IT knowledge and ICT infrastructure affected community health services	The dependent variable was improvement of services while the present study focuses on performance

Author	Study Title	Methodology	Findings	Gaps
Koech (2021)	Examined the connection between ICT measures & service delivery in Bomet County. private hospitals	Study conducted in Tenwek & Kaplong mission hospitals targeting 720 employees. A descriptive & explanatory research design was used.	Use of wearable technology, mobile health, telemedicine & electronic health records improved service delivery	The dependent measure was service delivery while the present study is performance
Maloba (2018)	Internal environment factors affecting performance of Bungoma South Sub County private hospitals	Survey design used in collecting data from patients. Data collected through use of questionnaire and document review.	Found out that service quality, drug supply and human resources affected patients satisfaction	The study used patients as respondents while this study relied on hospital administrative and clinical staff
Karijo, Otieno and Mogere (2021)	strategies of usage of routine data in decision making by medical workers in health institutions	100 respondents were sampled. Data was collected using interview and questionnaire	There was low usage of routine data in decision making processes	The survety was conducted in the public sector while the present study focused on private sector

2.6 Conceptual Framework

The conceptual model explains the connection that exists between the independent and dependent variable. There are four independent variables for this study; service quality standards, infrastructure facilities standards, ICT systems adoption and decision-making processes. It was presumed that the four independent variables in this research have linear relationship with Eldoret town private hospitals performance. The private hospitals performance was determined by mortality rates, patients level of satisfaction, re-admission rate, patients' length of stay and operating margin.



Source: Researcher (2024)

Figure 2.2 Conceptual framework showing relationship between healthcare service provision strategy and performance of private hospitals

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

The chapter presents the study methodological practices which were followed when undertaking the research. The chapter focuses on the following in detail; research design, study population, sampling approach, tools for data collection, method of collecting data, validity, reliability, and methods of analysis of data.

3.2 Research Design

This research design for the investigation was correlational research design. The is a research design that is used to measure two or more factors to estimate or determine the degree to at which score of variables are related or change in an recognisable configuration (Creswell, & Creswell 2018). It is a quantitative research design which analysed the linkage between two data sets. The two sets of data in this study are strategies of health care service provision (independent variable) and performance of private hospitals (dependent variable). the correlation coefficient is a statistic used to measure the direction and strength of the correlation or linear connection between the two factors with values of 'r' ranging from -1 to +1 (Cohen, Manion & Morrison, 2018). The design support collection of quantitative data through questionnaires, document analysis sheets and secondary data.

3.3 Population of the Study

The target population for the survey comprised of private hospitals in Eldoret town with inpatient and outpatient services. The hospitals targeted were those that are accredited by National Health Insurance Fund (NHIF) and are classified from level 3B and above. Data shows that there are 25 private hospitals under the above categories and they formed the unit of analysis. Based on study objectives, the

research targeted medical (clinicians) and administrative employees from these hospitals. Customers were not targeted considering it was difficult for them to actually rate the service quality delivery considering they were coming for different services offered in different sections for the hospitals. Data shows that there are over 1875 employees on contract working in these hospitals and they formed the target population for the study as seen in Table 3.1.

Table 3.1 Target population for the research

No	Department	Number
1	Clinical	159
2	Nursing	302
3	Supportive	421
4	Technical	286
5	Administrative	707
	Total	**1875**

Source: HR Departments of Private Hospitals (2024)

3.4 Sampling Design

This section covers the procedure for selection of the sample size from the study target population as discussed below.

3.4.1 Sample Size Determination

Considering the target population is high, a sample size was selected to act as the representative of the entire population. Cohen et al. (2018) informs sample size need to be done appropriately so that inference drawn from the sample was authentic leading to right conclusions. Considering the finite population is known, Cochran formula was utilised shown below:

$$n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$$

Where, n_0 is the sample derived when the population is infinite at 95.0% confidence level =384, N is the population size. In computing the sample size, here is the procedure

$$n = \frac{384}{1 + \frac{(384-1)}{1875}} = 319.290$$

According to the formular, the sample size was 319 respondents at 95.0% confidence level with a margin of error equal to 0.05. The allocation of participants according to the sampling category (department is provided in Table 3.2).

Table 3.2 Sample Size Distribution

No	Department	Target	Sample size
1	Clinical	159	27
2	Nursing	302	51
3	Supportive	421	72
4	Technical	286	49
5	Administrative	707	120
	Total	**1875**	319

Source: HR Departments of Private Hospitals (2024)

3.4.2 Sample Techniques

When choosing respondents for the research, stratified and random sampling techniques were applied. Stratified random sampling was applied to categorise the population based to hospitals proportions contribution to the target. Thereafter, the respondents were classified into five; administrative, clinicians, nursing, supportive and technical departments. After grouping the respondents in each hospital into five groups (departments), simple random sampling technique using randomisation method were applied in selecting the final respondents for the study. For instance, only 27 out of 159 clinical officers were required as the sample. The investigator marked the codes of 159 clinicians in pieces of paper, put them in a trough and mix them several times. Then, the research started drawing one piece of paper at a time till the wanted number (27) was attained. The remaining pieces of paper were not included in the sample. The same procedure was repeated for the remaining four departments.

3.5 Data Collection Instruments

The survey utilised primary data to collect information aimed at answering research objectives. A questionnaire was selected to be the research instrument for the survey. The questionnaire had closed ended questions and were designed into three parts. Part A contained demographic information of respondents, Part B were divided into four portions based on the healthcare service provision strategy; service quality standards, infrastructure facilities standards, ICT systems adoption and decision-making processes. These questions on the dependent variable were in a Likert scale of five measuring the scope to which respondents agree or disagreements on various predictors. The last part (Part C) contain question on the organisation performance of private hospitals according to statements appraised on five - point Likert scale.

3.6 Validity and Reliability of Research Instruments

The research data collection tool was subjected to validity and reliability measurements as explained in sub-sections below.

3.6.1 Validity

Validity is related to the integrity of inferences which are created from an investigation (Bryman, 2016). It also represents the scope at which a particular research data collection tool (questionnaire) measures the constructs under investigation. The research instrument was examined for content validity through expert judgement. This means that the research supervisors were asked to examine and review the research instruments to see if the items captured under it are based on the objectives of the investigation. Corrections and feedback made by the project supervisors on the content validity of the research questionnaire were acted upon before the instrument is subjected to reliability test.

3.6.2 Pilot Study

Before using a questionnaire, it is continually worthwhile to perform a pilot study (Hair, et al. 2021). For this investigation, a pilot study was performed to examine

the instruments questions clarity, level of understanding by respondents and determine whether the questions asked would produce the responses anticipated with respect to specific objectives. This investigation chose a pilot group of 10% of the sample size, based on Cooper and Schindler (2020). This consisted of 32 respondents from private hospitals below Level 3B in Eldoret town that were not selected in the investigation.

3.6.3 Reliability

Bryman (2016) states reliability is associated with the question of whether the outcomes of a research (findings) are similar even after several repetitions. This means that research instrument should produce consistent results even after repeated attempts. The reliability of questionnaires was ascertained via test-retest technique. This is a method of subjecting a research instrument to respondents (similar) in repeated trials (mostly two). The researcher selected 32 employees from private hospitals (who were omitted in the sampling process) to answer the same set of questionnaires within an interval period of one week. A comparison of scores obtained from the first trial were done against the scores for the re-test and Cronbach alpha reliability computed. A benchmark Cronbach alpha value of 0.7 and above was used to estimate whether the research instrument valuables are reliable or not as proposed by Bryman (2016). The investigation found a reliability index value of 0.723 for the five variables making the questionnaire to be reliable.

Table 3.3 Reliability outcomes

No	Variable	No. of items	Reliability indicators
1	Organisation performance	7	0.743
2	Service quality standard	7	0.752
3	Infrastructure facilities standard	7	0.701
4	ICT adoption	7	0.711
5	Decision making process	5	0.712
	Total	33	0.723

Source: Pilot data (2024)

3.7 Data Collection Procedures

Data collection began immediately after approval by the university college and application of invesitgation permit from National Commission for Science, Technology and Innovation (NACOSTI). The investigator administered the research instruments in the selected private hospitals after receiving approval from respondents. The period to which data for this study was collected was in July 2024.

3.8 Data Analysis and Presentation

The primary data were analysed by use of descriptive statistics; means and standard deviation for research objectives. Inferential statistics (correlations, and multiple regression analysis) were computed to test the hypothesis. Statistical Product and Service Solutions (SPSS) version 25.0 software package was applied as a tool to help determine the effect of healthcare service provision on private hospitals performance. The analytical model was written as

$Y = \alpha + \beta_1 x_1 + \beta_2 x_2 + \beta_3 x_3 + \beta_4 x_4 + \varepsilon$

Where

Y : Performance of private hospitals

α= Y-intercept (a constant term)

ε: Error Term,

x_1: Service quality standards

x_2: Infrastructure facilities standards

x_3: ICT systems adoption

x_4: Decision making processes

The variables $x_1 x_2, x_3 \; and \; x_4$ were the independent variables that influence financial performance, Y, and the coefficient estimates $\beta_1, \beta_2, \beta_3, and \beta_4,$ measure the influence of each strategy variable on the performance.

Table 3.4 Operationalisation of Variables

Hypothesis statement	Independent variable	Dependent variable	Analytical technique	Decision rule
H_{01} There is no significant relationship between level of service quality standards and organisation performance	- Prompt service provision - Individual attention - Error free recordings	- Operating margin - Bed utilisation rate - Patients satisfaction - Re-admission rate	Linear regression	H_{01}: $\beta_1 = 0$ H_{a1}: $\beta_1 \neq 0$
H_{02} There is no significant relationship between infrastructure facilities standards and organisation performance	- Electricity - Water & sanitation - Buildings safety	- Operating margin - Bed utilisation ate - Patients satisfaction - Re-admission rate	Linear regression	H_{02}: $\beta_2 = 0$ H_{a2}: $\beta_2 \neq 0$
H_{03} There is no significant relationship between ICT adoption and organisation performance	- Paperless transactions - Internet connectivity - Telemedicine	- Operating margin - Bed utilisation ate - Patients satisfaction - Re-admission rate	Linear regression	H_{03}: $\beta_3 = 0$ H_{a3}: $\beta_3 \neq 0$
H_{04} There is no significant relationship between decision making and organisation performance	- Consultation - Data – based decisions - Participatory	- Operating margin - Bed utilisation ate - Patients satisfaction - Re-admission rate	Linear regression	H_{04}: $\beta_4 = 0$ H_{a4}: $\beta_4 \neq 0$

3.9 Ethical Considerations

Kumar (2014) informs that all research work is guided by ethics which constitute overall code of conduct that govern research work. With respect to this study, the investigator fulfilled all statutory regulations relating to conducting academic research. This involves getting institution approval to apply for research permit and

seeking approval from administrators of private hospitals to collect data from their institutions. With respect to respondents, the research adhered to the principles of privacy, anonymity and confidentiality. The participants were guaranteed that data they offered in the research was applied for academic objectives. The investigator also emphasised to respondents that neither their names or names of their hospitals were required in the research. The participants were expected to provide informed consent before starting to fill in the questionnaires. With respect to academic regulations, all efforts were made to ensure that the plagiarism level is maintained below 20.0% and all scholars cited in the document are properly acknowledged in the reference section.

CHAPTER FOUR
DATA PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

The chapter describes data analysis outcomes, interpretation and discussion on healthcare service provision strategy and organisation performance with reference to private hospitals operating in Eldoret town. The presentation, interpretation and discussion of study outcomes follows the study specific objectives.

4.2 Response Rate

The data in this investigation was gathered through questionnaires which were issued by e investigator to sample population. Data analysis was undertaken through running descriptive and inferential statistics. There were 319 respondents issued with questionaires, out of which 289 responded to the instrument representing 90.6% response rate, 9.4% did not respond to the questionnaire. Ogula (2009) states that the response rate above 75.0% is acceptable for research. Koech (2021) in a research on private hospitals in Bomet County obtained a response rate of 78.6% which was considered acceptable in generalising the results of the study.

4.3 Respondents Demographic Information

The survey gathered respondents' demographic data according to the following; gender, working experience, category of their hospitals and the department to which they were working from. At first, participants were queried to show category of their hospitals. The outcomes are given in Table 4.1.

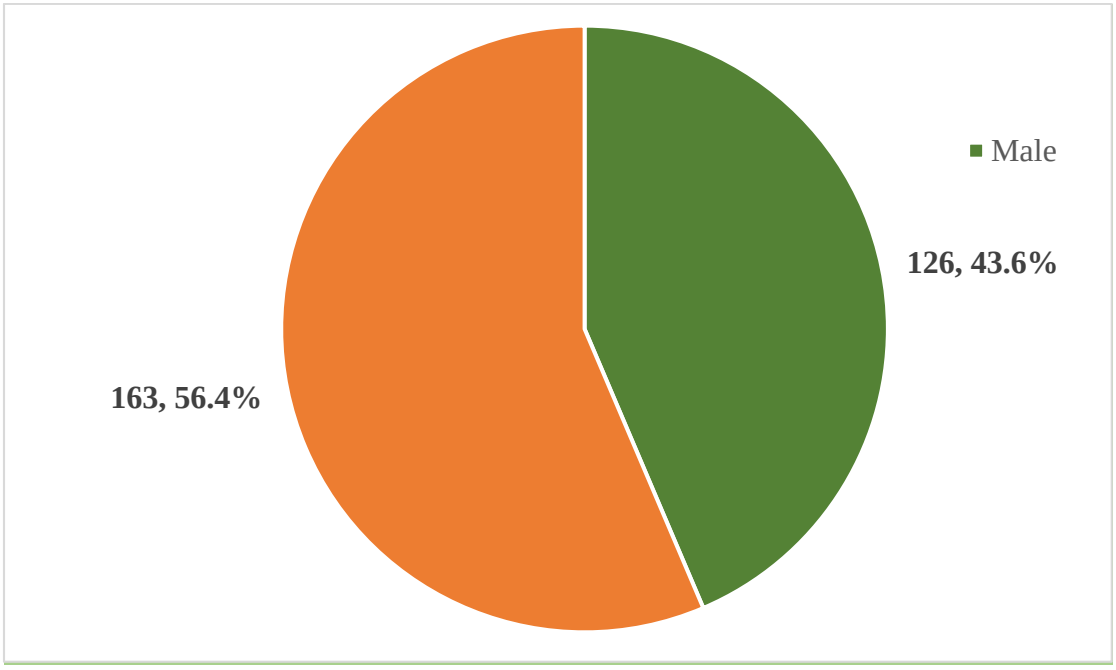
Table 4.1 Categories of Private Hospitals

Category	Frequency	Percent
Level 3B	89	30.8
Level 4	87	30.1
Level 5	110	38.1
Level 6	3	1.0
Total	289	100.0

Source: Field data (2024)

Table 4.1 results show that 110 (38.1%) of respondents came from Level 5 private hospitals, 89 (30.8%) came from Level 3B hospitals, 87 (30.1%) were from Level 4 private hospitals and 3 (1.0%) were from Level 6 private hospitals. This means that the responses provided in this chapter reflect the situation across the private hospitals in Eldoret town.

The participants were invited to provide their gender profile and outcomes are demonstrated in Figure 4.1.

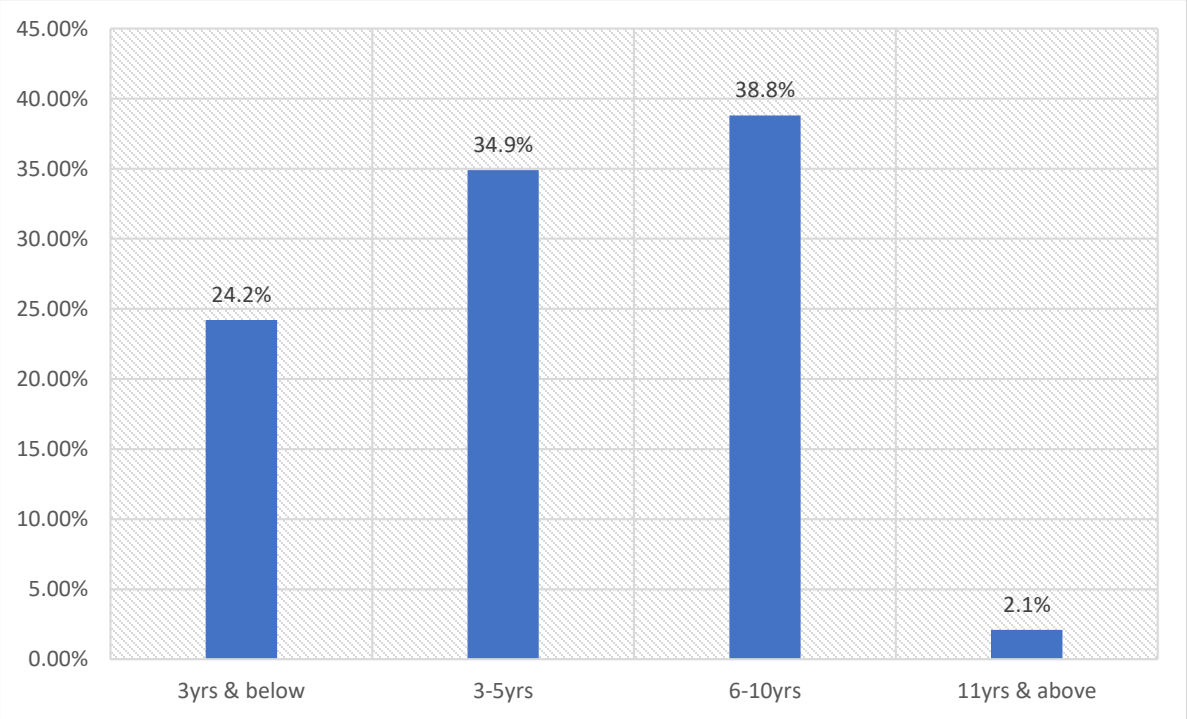


Source: Field data (2024)

Figure 4.1 Gender of participants

Result in Figure 4.1 reveal that 163 (56.4%) were female hospital workers while 126 (43.6%) were male. This means that the results reflect a balanced response from members of both genders working in hospitals. Koech (2021) also found out that 54.4% of private hospital workers were male and 45.6% were female.

The respondents were inquired to provide their work experience. Their answers are provided in Figure 4.2.



Source: Field data (2024)

Figure 4.2 Respondents work experience

Result show that 70 (24.2%) had worked in hospitals for 3 years and below, 101 (34.9%) indicated to have worked for 3 – 5 years, 112 (38.8%) said that they had worked for 1 – 10 years and 6 (2.1%) had worked for 11 years an above. The above result confirm that respondents had varied working experiences and therefore provide their answers on how healthcare service provision strategy influences the performance of their hospitals from the time they have been working there. With

respect to sections/departments that they were working from, the outcomes are given in Table 4.2.

Table 4.2 Hospitals Department

Departments/sections/units	Frequency	Percent
Maternity	4	1.4
Nursing	66	22.8
Finance	74	25.6
Dental	2	.7
Casualty	2	.7
Social worker	5	1.7
Records	14	4.8
Marketing and Public Relations	8	2.8
Pharmacy	19	6.6
Medical	16	5.5
Administration	30	10.4
Procurement	3	1.0
Dispatch section	3	1.0
Nutrition	9	3.1
ICT	7	2.4
Catering	3	1.0
Laboratory	4	1.4
Housekeeping	7	2.4
Technical and engineering	10	3.5
Physiotherapy	3	1.0
Total	**289**	**100.0**

Source: Field data (2024)

The respondents came from all departments / units / sections of private hospitals and hence the results provide the general healthcare service provision strategy operationalisation and its effect on organisation performance of private hospitals in Eldoret town.

4.4 Performance of Private Hospitals

The dependent variable in this investigation is performance of private hospitals in Eldoret town measured using the following indicators; patients level of satisfaction, bed occupancy rate, mortality rate, patient follow up, patients' length of stay in

hospital, patients' admission rate and operating profit margin. The descriptive outcomes are given in Table 4.3.

Table 4.3: Performance of Private Hospitals

	Very low	**Low**	**Average**	**High**	**Very High**	**Mean**	**Std.Dev**
i. Patients satisfaction	4 (1.4%)	4 (1.4%)	15 (5.2%)	102 (35.3%)	164 (56.7%)	4.446	0.776
ii. Bed occupancy / utilisation rate	5 (1.7%)	24 (8.3%)	92 (31.8%)	82 (28.4%)	86 (29.8%)	3.761	1.025
iii. Mortality rates	143 (49.5%)	65 (22.5%)	40 (13.8%)	25 (8.7%)	16 (5.5%)	1.983	1.218
iv. Patient follow up	9 (3.1%)	22 (7.6%)	48 (16.6%)	63 (21.8%)	147 (50.9%)	4.097	1.120
v. Patients length of stay	11 (3.8%)	53 (18.3%)	118 (40.8%)	56 (19.4%)	51 (17.6%)	3.287	1.076
vi. Patients re-admission rate	58 (20.1%)	76 (26.3%)	50 (17.3%)	57 (19.7%)	48 (16.6%)	2.865	1.384
vii. Operating profit margin	8 (2.8%)	21 (7.3%)	67 (23.2%)	114 (39.4%)	79 (27.3%)_	3.813	1.007

Source: Field data (2024)

Findings shows that more than half 164 (56.7%) of respondents rated their customer satisfaction level as high. Because of competitiveness in the private healthcare industry, the hospital management have to ensure that all patients seeking services are satisfied from the services they receive. This concurs with Maloba (2018) who said found out that one of the performance indicators of performance of Bungoma County private hospitals was ensuring customers were satisfied. Additionally, El-

Sayed et al. (2022) research in Egypt found out that hospitals had a higher level of patients' satisfaction. This means that customers' satisfaction should be the aim of all hospitals providing healthcare services.

With respect to bed occupancy rate, result show that 92 (31.8%) said that it was on average with 82 (28.4%) the same indicating that it was high. Descriptive statistics shows that bed occupancy rate was high (mean=3.76, Std.Dev=1.02) among private hospitals in Eldoret town. With respect to mortality rates, the respondents indicate it to be low (mean=1.98, Std.Dev=1.21). on the degree to which hospitals made follow up on their patients after being discharged, 147 (50.9%) rated it as very high and 63 (21.8%) indicated that it was high. This implies that most hospitals do make follow up to know the status of recovery of their patients after discharge.

With respect to patients' length of stay in the hospitals, result show that 118 (40.8%) said that it was on average while 56 (19.4%) said it was high and 51 (17.6%) said that it was low. This outcome intimates patients' length of stay after admission in private hospitals is at average level (mean=3.28, Std.Dev=1.07). With respect to patients' re-admission rate after discharge, 58 (20.1%) said that it was very low while 57 (19.7%) said that it was high. Mean statistics show (mean=2.86, Std.Dev=1.38) suggests that there are some hospitals that have low patients' re-admission rates while others have low re-admission rate depending on the condition and the recovery rate of the patient after discharge.

With respect to operating profit margin, 114 (39.4%) rated their institution profitability as high, 79 (27.3%) said that profit margin was very high and 21 (7.3%) said that it was very low. It is seen that profitability of private hospitals in Eldoret based on responses from respondents is high (mean=3.81, Std.Dev=1.01). Therefore, the computed average score was used as the dependent variable measure in the study.

4.5 Healthcare Service Provision Strategy in Private Hospitals

The main independent variable for the study is healthcare service provision strategy measured through the following variables; service quality standards, infrastructure facilities standards, ICT adoption and decision making process. The descriptive analysis, presentation and interpretation of the four independent variables are provided in sub-sections following.

4.5.1 Service Quality Standards and Organisation Performance of Private Hospitals

Firstly, this research examined how the implementation of quality standards affected performance of private hospitals in Eldoret. At first, the research investigated the range at which service quality standards were being implemented in private hospitals on indicators appraised on five - point Likert scale. The results of analysis are provided in Table 4.4.

Result show that 159 (55.0%) of participants appeared to strongly agree that their hospitals had modern equipment. This means that most private hospitals have ensured that their equipment are up to the current standards required in the market to remain competitive and offer best services. Most 183 (63.3%) of respondents also strongly agreed that their hospital provided services as promised. This means that patients are assured of the reliability in service provision once they visit the hospital to seek medical attention. Findings also show that majority 177 (61.2%) of participants agreed that doctors and other medical officers provide prompt services to patients seeking services in their establishments. This means that patients have assurance of receiving proper attention from medical personnel if they visit the private hospital, they desire in Eldoret. In harmony with research outcomes, Maloba (2018) found out that as part of addressing quality healthcare issues, private hospitals in Bungoma County employed adequate number of medical personnel. This enhance good medical delivery to patients.

Table 4.4 Implementation of service quality standards

Service Quality	D	U	A	SA	Mean	Std.Dev
The hospital has modern equipment	4 (1.4%)	13 (4.5%)	113 (39.1%)	159 (55.0%)	4.478	0.651
The hospital provides services as promised	1 (0.3%)	19 (6.6%)	86 (29.8%)	183 (63.3%)	4.561	0.632
Doctors and other staff provide prompt services to customers	1 (0.3%)	14 (4.8%)	97 (33.6%)	177 (61.2%)	4.557	0.605
The hospital is capable of handling all patients issues	1 (0.3%)	27 (9.3%)	90 (31.1%)	171 (59.2%)	4.491	0.678
All patients visiting our facilities are given individual attention	1 (0.3%)	11 (3.8%)	85 (29.4%)	192 (66.4%)	4.619	0.578
We maintain error free records	8 (2.8%)	25 (8.7%)	108 (37.4%)	148 (51.2%)	4.370	0.758
All our employees have professional appearance	1 (0.3%)	11 (3.8%)	80 (27.7%)	197 (68.2%)	4.637	0.574
Composite scores					**4.530**	**0.639**

Source: Field data (2024)
Key: D-Disagree, U-Undecided, A-Agree and SA-Strongly Agree.

Findings show that most 159 (59.2%) of participants appeared to strongly agree that their institution is able to handle all problems that patients bring. This means that patients have the trust and faith that they will be properly handled once they visit the private hospital of their choice. Results also reveal that most 192 (66.4%) of participants appeared to strongly agree that all patients visiting their facilities are provided with individual attention. This means that patients are handled individually by a medical health practitioner once they visit any of the private hospital under study. The study also reveals that most 148 (51.2%) also strongly

agreed that they maintained error free records in their operations. This means that chances of committing both administrative and medical errors are significantly minimised among private hospitals in Eldoret town.

Lastly, most 197 (68.2%) respondents strongly agreed that as part of ensuring corporate image, all of their employees have professional appearance. Composite score shows that most respondents strongly agreed (mean=4.53, Std.Dev=0.63) that service quality standards implementation is high among private hospitals in Eldoret. To weigh the effect of service quality standards on organisation performance of private hospitals, a Karl Pearson correlation statistic was performed and outcomes are given in Table 4.5.

Table 4.5 Effect of service quality standards and organisation performance of private hospitals

		Service Quality	**Organisation Performance**
Service Quality	Pearson Correlation	1	.558**
	Sig. (2-tailed)		.000
	N	289	289
Organisation Performance	Pearson Correlation	.558**	1
	Sig. (2-tailed)	.000	
	N	289	289

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Field data (2024)

The data demonstrates existence of a significant positive effect (r=0.558, p=0.001) between service quality standards implementation performance of private hospitals in Eldoret town. This outcome intimates increase in quality standards services implementation to customers by private hospitals will raise their organisation performance and a decrease in provision of quality standards services will result to

decrease in organisation performance. The result corresponds with Essien, et al. (2023) who uncovered out that relationship between service quality standards and service performance of private hospitals was direct and positive. This meant that service performance was dependent on the range at which SERVQUAL dimensions were being implemented in hospitals.

4.5.2 Infrastructure facilities standards and organisation performance of private hospitals

Hospital infrastructure include the physical work environment which normally affects the outlook of the healthcare services provided in hospitals (El-Sayed et al., 2022). Secondly, this research explored how infrastructure facilities standards affected the performance of private hospitals in the city of Eldoret. Therefore, the participants were implored to state their level of agreement or disagreement on the range at which standards of infrastructure facilities had been improved in their hospitals. Their answers are provided in Table 4.6.

Findings confirm that most 215 (74.4%) strongly agreed and 68 (23.5%) agreed that their hospital had a backup generator to operate in case of electricity blackout. Considering that hospitals offer critical services to patients, any loss of power would result to catastrophic impact on patients and other operations in the hospitals. Hence, as a way of ensuring that their customers do not worry whether there will be power outage or not, most hospitals have stand-by generators. This means that services will remain uninterrupted even after power loss from the utility supplier (Kenya Power). Secondly, 53 (18.3%) of participants agreed and 211 (73.0%) strongly agreed that their institution had a functioning water supply system. It implies that attempts have been instituted to ensure that there is continuous supply and availability of water throughout the hospitals.

Table 4.6 Status of Infrastructure facilities standards in Private Hospitals

Infrastructure facilities standards	SD	D	U	A	SA	Mean	Std.Dev
The hospital has a power back up plan in case of electricity blackout	0 (0.0%)	1 (0.3%)	5 (1.7%)	68 (23.5%)	215 (74.4%)	4.72	0.51
The hospital has a functioning water supply	0 (0.0%)	1 (0.3%)	24 (8.3%)	53 (18.3%)	211 (73.0%)	4.64	0.65
The hospital buildings have been reconfigured to promote seamless and efficient healthcare	0 (0.0%)	2 (0.7%)	17 (5.9%)	123 (42.6%)	147 (50.9%)	4.44	0.64
All medical equipment available are fit for purpose all the time	3 (1.0%)	2 (0.7%)	13 (4.5%)	134 (46.4%)	137 (47.4%)	4.38	0.70
The hospital buildings are accessible by all patients and customers	1 (0.3%)	3 (1.0%)	12 (4.2%)	93 (32.2%)	180 (62.3%)	4.55	0.66
All members of staff are provided with proper structures to discharge their duties	2 (0.7%)	3 (1.0%)	11 (3.8%)	109 (37.7%)	164 (56.7%)	4.49	0.69
All hospital infrastructure buildings are regularly monitored to ensure they are safe for use	0 (0.0%)	5 (1.7%)	23 (8.0%)	83 (28.7%)	178 (61.6%)	4.50	0.72
Composite scores						**4.53**	**0.65**

Key: SD-Strongly Disagree, D-Disagree, U-Undecided, A-Agree and SA-Strongly Agree.
Source: Field data (2024)

Lack of water could pose a significant health and disaster risk in hospitals hence the need for management to have install and set up storage facilities that will provide water to the hospital in case of interruptions from the water supply

companies. Study result also shows that most 147 (50.9%) of participants appeared to strongly agree and 123 (42.6%) agreed that their buildings have been reconfigured to promote seamless and efficient healthcare services. Considering the structural requirements for a hospital are mandatory for all those who want to invest in, adjustments have to be made in order to ensure positive patients experience while being served in the facility. This aspect of ensuring that the hospital buildings are re-configured for provision of quality health services to patients. Findings show that 137 (47.4%) of participants appeared to strongly agree and 134 (46.4%) agreed that all medical equipment present in their facilities are fit to service all people all the time. This implies that all medical equipment present in the private hospitals in Eldoret town are in operating condition and therefore providing the required medical services to all people in the facilities. Hence, issues of delays or postponing of certain medical procedures have been properly addressed by private hospitals management by making sure that all the equipment are in good and proper working condition.

With respect to accessibility within the hospital environment and buildings, 180 (62.3%) strongly agreed and 93 (32.2%) agreed that all hospital buildings are accessible by all people. Considering movement of patients around the hospital facilities needs to be with ease, the private hospitals in the location of the investigation have ensured that all structural barriers preventing movement and accessibility of all sections of the hospitals have been removed. Study result also show that 164 (56.7%) of participants appeared to strongly agree and 109 (37.7%) agreed that all of their employees are provided with the proper areas of operations (work stations) to undertake their duties. This means that proper designated working stations have been provided for all medical and non-medical employees working in private hospitals in Eldoret town. Lastly, research finding show that 178 (61.6%) of participants appeared to strongly agree and 83 (28.7%) agreed that all

hospital infrastructure buildings are regularly monitored to make sure they are safe for use.

As a way of ensuring that infrastructure facilities are safe, the hospital management conducts regular supervision to ensure that patients safety is guaranteed 24/7. Composite scores indicate that respondents strongly agreed (mean=4.53, Std.Dev=0.65) infrastructure facilities standards are high in private hospitals in Eldoret town. It suggests that attempts have been undertaken by hospital to ensure that infrastructure facilities are up to the standard in delivering of quality health services to customers. In support of this finding, a research on two hospitals in Egypt by El-Sayed et al. (2022) established that all infrastructure quality standards reflected acceptable level of attaining standards. This means that infrastructure standards have to be met in provision of quality healthcare services in health facilities.

To explore the effect of infrastructure facilities standards on performance, a Karl Pearson correlation analysis was performed. The outcomes are given in Table 4.6.

Table 4.6 Effect of infrastructure facilities standards on performance of private hospitals

		Infrastructure facilities standards	**Organisation Performance**
Infrastructure facilities standards	Pearson Correlation	1	.554**
	Sig. (2-tailed)		.000
	N	289	289
Organisation Performance	Pearson Correlation	.554**	1
	Sig. (2-tailed)	.000	
	N	289	289

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Field data (2024)

Table 4.6 outcomes illustrate a significant positive (r=0.554, p=0.001) effect of infrastructure facilities standards and performance of private hospitals in Eldoret town. This outcome intimates increase or improvement in the standards of infrastructure facilities by private hospitals management in Eldoret town would result to improvement in organisation performance.

4.5.3 ICT Adoption and organisation performance of private hospitals in Eldoret

The third objective of the study examined the association that existed between adoption information communication technology systems and performance of private hospitals in Eldoret town. Therefore, participants were implored to state their level of agreement on the range at which ICT systems had been adopted and used in their hospitals. The descriptive output is presented in Table 4.7. implored

Outcomes in Table 4.7 show that 120 (41.5%) of participants agreed and 52 (18.0%) strongly agreed that most of their operations are conducted in paperless mode. However, 72 (24.9%) said that they are also conducted using non-paperless platforms, 35 (12.1%) disagreed with the statement. The mean statistics (mean=3.58, Std.Dev=1.03) suggests that despite 59.7% of hospital using paperless operations whereas the remaining are still using conventional or combination of the two methods. Nevertheless, findings imply that most hospitals are replacing paper-based administrative procedures and adopting technology as a way of embracing new changes and also reducing the cost of operations.

Table 4.7 ICT systems adoption and use by private hospitals

ICT systems use	SD	D	U	A	SA	Mean	Std.Dev
Almost all of our operations are conducted using paperless platforms	10 (3.5%)	35 (12.1%)	72 (24.9%)	120 (41.5%)	52 (18.0%)	3.58	1.03
There is health information system for storage of patients records		6 (2.1%)	36 (12.5%)	94 (32.5%)	153 (52.9%)	4.36	0.78
There is a system for communication and sharing of clinical and other data in the hospital		12 (4.2%)	20 (6.9%)	128 (44.3%)	129 (44.6%)	4.29	0.77
Various administrative processes (appointment scheduling, billing payments) in our hospital are automated	3 (1.0%)	14 (4.8%)	38 (13.1%)	101 (34.9%)	133 (46.0%)	4.20	0.92
There is internet network across all hospital units	4 (1.4%)	11 (3.8%)	34 (11.8%)	70 (24.2%)	170 (58.8%)	4.35	0.93
We have systems for telemedicine installed for collaboration and knowledge sharing	41 (14.2%)	27 (9.3%)	55 (19.0%)	96 (33.2%)	70 (24.2%)	3.44	1.33
There is secure monitoring of all our operations through CCTV surveillance cameras in some of our units	3 (1.0%)	9 (3.1%)	28 (9.7%)	95 (32.9%)	154 (53.3%)	4.34	0.86
Composite scores						**4.08**	**0.94**

Key: SD-Strongly Disagree, D-Disagree, U-Undecided, A-Agree and SA-Strongly Agree.
Source: Field data (2024)

Result in Table 4.7 also reveal that most 153 (52.9%) of participants appeared to strongly agree and 94 (32.5%) agreed that they have health information system being in use. Considering the cumbersome of storage and retrieval of patients past and present medical records (including treatment history, financial data among others). As a way of addressing this need, most private hospitals appear to have embraced (mean=4.36, Std.Dev=0.78) health records information systems for patients' data. The findings agree with Koech (2021) who uncovered out that electronic health records were used to keep records in private hospitals in Bomet county hence saving time and improved service delivery. Therefore, the electronic medical records were used to store and retrieve patients' information in private hospitals.

Evidence indicated that 129 (44.6%) strongly agreed and 128 (44.3%) agreed that there is a system for communication and sharing of clinical and other data in their hospitals. This means that private hospitals have investment in ICT systems that enhances communication and sharing of clinical and administrative information from one end to another with ease. Findings show that 133 (46.0%) of participants appeared to strongly agree and 101 (34.9%) agreed that several administrative management processes in their hospitals are automated. This means that medical appointment between patients and doctors, scheduling and billing processes are all automated in most private hospitals in Eldoret town. This means that hospitals have taken the advantage brought about by ICT systems to ensure that most of their administrative operations are conducted virtually with less paperwork. Results also show that 170 (58.8%) of participants appeared to strongly agree that internet connection is spread across the entire hospital for administrative and operational purposes. Considering that automated systems depend on network availability to function, hospital have no choice but to install high bandwidth internet network which will speed up hospital processes well.

Findings reveal that 96 (33.2%) agreed that they have systems for telemedicine installed in their hospitals while 41 (14.2%) strongly rejected the statement. This means that only 57.4% of private hospitals in Eldoret have telemedicine infrastructure installed in their institution whereas the remaining 42.6% have not. Contrary to research outcomes, Maloba (2018) survey in Bungoma discovered that only 36.4% had ICT systems for tele-nursing and tele-homecare services. This means that for private hospitals who have telemedicine infrastructure, they are able to collaborate with other hospitals and specialists who are far in medical consultation, knowledge sharing and data exchange for the purpose of improving overall health quality of the patients.

Results also showed that most 154 (53.3%) of participants appeared to strongly agree and 95 (32.9%) agreed that the whole hospital environment (save for selected medical rooms for purposes of patients' privacy) have closed circuit television surveillance systems for operations monitoring and security. This means that CCTV assist the management to protect the institution, its patients and also ensure that all processes and procedures are undertaken above board and to the benefit of customers. The composite scores show that most participants agreed (mean=4.08, Std.Dev=0.94) that ICT systems adoption and use is high among private hospitals in Eldoret town. This implies that private hospitals have taken the advantages offered by ICT by ensuring that the whole system is run under it for the purpose of improving operations. Contrary to the study findings, in Cameroonian Kutche et al. (2020) research in Cameroon found out that the level of ICT ownership hospitals was low. This means that private hospitals in Eldoret have made significant efforts in ensuring ICT systems are provided and operationalised in their facilities.

To weigh the effect of ICT adoption and use on organisation performance, a Karl Pearson correlation statistic was performed and the results are provided in Table 4.8.

Table 4.8 Effect of ICT Adoption and organisation performance of private hospitals

		ICT Adoption	Organisation Performance
ICT Adoption	Pearson Correlation	1	.515**
	Sig. (2-tailed)		.000
	N	289	289
Organisation Performance	Pearson Correlation	.515**	1
	Sig. (2-tailed)	.000	
	N	289	289

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Field data (2024)

Result show existence of significant positive effect (r=0.515, p=0.001) between ICT adoption and performance of private hospitals in Eldoret town. This means that increase in adoption and use of ICT systems by private hospitals would improve on their performance. In harmony with the study results, Maloba (2018) found out that improvement in e-health would increase the performance of private hospitals to a very big extent.

4.5.4 Decision making process and performance of private hospitals in Eldoret

The fourth objective of the study examined the relationship between decision making process and performance of private hospitals. The participants were implored to state their level of agreement or disagreement on five statements relating to decision making process in hospitals. The descriptive output is shown in Table 4.9.

Table 4.9 Decision Making process in Private Hospitals in Eldoret

Decision making process	SD	D	U	A	SA	Mean	Std.Dev
Prior consultation is done before any decision is undertaken by management	4 (1.4%)	9 (3.1%)	49 (17.0%)	93 (32.2%)	134 (46.4%)	4.19	0.92
Decision making process is always consultative	4 (1.4%)	13 (4.5%)	47 (16.3%)	81 (28.0%)	144 (49.8%)	4.20	0.96
Decision making process is based on facts and data collected	5 (1.7%)	9 (3.1%)	46 (15.9%)	102 (35.3%)	127 (43.9%)	4.17	0.92
Adequate consultations are done between medics before a decision is made on patients	3 (1.0%)	8 (2.8%)	24 (8.3%)	87 (30.1%)	167 (57.8%)	4.41	0.84
All decisions undertaken in the hospital are regularly review to see their consequences on the hospital, staff and customers	7 (2.4%)	6 (2.1%)	32 (11.1%)	105 (38.3%)	139 (48.1%)	4.26	0.91
Composite scores						**4.25**	**0.91**

Key: SD-Strongly Disagree, D-Disagree, U-Undecided, A-Agree and SA-Strongly Agree.
Source: Field data (2024)

Result show that 134 (46.4%) of participants appeared to strongly agree and 93 (32.2%) agreed that prior consultation is made before any decision is undertaken by institution management. This means that the management of private hospitals ensure that prior consultation is done before they make any decision in order to avoid backlash, resistance or rejection of the decision that they undertake for the purpose of improving institutional effectiveness. Similar to the study findings, Al

Flayyeh and Al-Harbi (2023) discovered that hospitals regularly engaged with community members in confirmation of data before decision were made.

Secondly, almost half 144 (49.8%) of participants appeared to strongly agree that decision making process in their hospitals is always arrived at after intense consultation with all stakeholders. This means that parties to the decision that are going to be arrived at are consulted earlier so that the management can get their contribution and inputs before passing the decision at board level. This means that opportunities for people to be heard are provided in decision making process among private hospitals in Eldoret.

Thirdly, findings show that 127 (43.9%) of participants appeared to strongly agree and 102 (35.3%) agreed that decision are arrived at through analysis of facts collected from data in the field. This implies that majority of decisions (means=4.17, Std.Dev=0.92) undertaken by the management of private hospitals are based on facts from data collected. This means that decisions undertaken are well informed and therefore would achieve the desired outcomes when they are operationalised. Contrary to this outcome, Karijo et al. (2011) found out that there was limited utilisation of routine data for decisions in Kitui County health institutions. This means that proper decision making should be backed up by data to ensure processes in hospitals are effective.

Fourthly, the study established that most 167 (57.8%) of respondents said that adequate consultation is conducted between medics before decision are arrived at. This means that if a medical doctor feels that he/she is not satisfied to make medical decisions as an individual, a conference or panel meeting is held to review patient files before a collective decision is made. This means that professionalism in decision making is highly valued by private hospitals in Eldoret town. The finding coincides with Mwogosi, et al. (2021) research in Tanzania that found out that if medical officer encountered a patient who would present with unfamiliar problems that

they had not came across with in the past or it is not available in the medical records, or even having as very short time to study. Such situations made medical officers ask for opinions from their colleagues that differ from their intuition before making decision.

Lastly, at least 139 (48.1%) of participants appeared to strongly agree that all decision undertaken in their facilities are regularly reviewed to see their impact on the hospital fraternity and customers. This means that management takes keen interest in ensuring that the decision made are monitored to ensure that they are implemented to the latter and also making sure that they have positive consequences and impact to hospital staff and customers. This means that all decisions are not undertaken to harm or negatively affect any party but to improve their experience on provision and receipt of healthcare services.

Composite statistics show that (mean=4.25, Std.Dev=0.91) suggest that there is participation decision making process by private hospitals in Eldoret town. This implies that decision is arrived at through evidenced collection, consultation and participation of all parties to the decision. To weigh the effect of decision making process on performance of hospitals, a Karl Pearson Correlation analysis was performed. The outcomes are given in Table 4.10.

Table 4.10 Effect Decision making process and performance of private hospitals

		Decision Making Process	**Organisation Performance**
Decision Making Process	Pearson Correlation	1	.526**
	Sig. (2-tailed)		.000
	N	289	289
Organisation Performance	Pearson Correlation	.526**	1
	Sig. (2-tailed)	.000	
	N	289	289

**. Correlation is significant at the 0.01 level (2-tailed).

Source: Field data (2024)

Result in Table 4.10 show existence of a significant positive effect (r=0.526, p=0.001) of decision making process on performance of private hospitals in Eldoret. This means that participatory decision making process enhances the performance of private hospitals in Eldoret town. The finding concurs with Szymaniecmlicka (2017) who uncovered out that arrived at in the organisation influence its achievement, because accomplishment is synonymous with resolving. Hence, the capacity to make decisions becomes an important attribute for managers, but also employees in organisations.

4.6 Hypothesis Testing

The study hypotheses were:

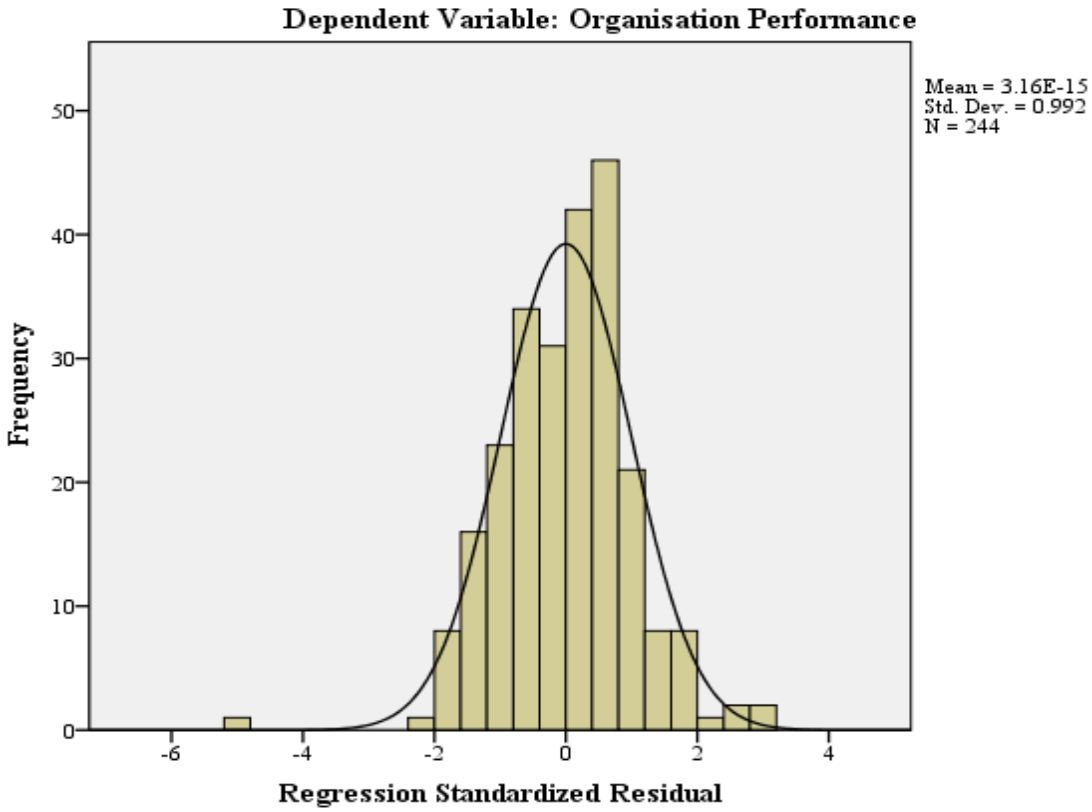
H_{01} There is no significant relationship between level of service quality standards and performance of private hospitals in Eldoret town

H_{02} There is no significant relationship between infrastructure standards and performance of private hospitals in Eldoret town

H_{03} There is no significant relationship between ICT adoption and performance of private hospitals in Eldoret town

H_{04} There is no significant relationship between decision making and performance of private hospitals in Eldoret town

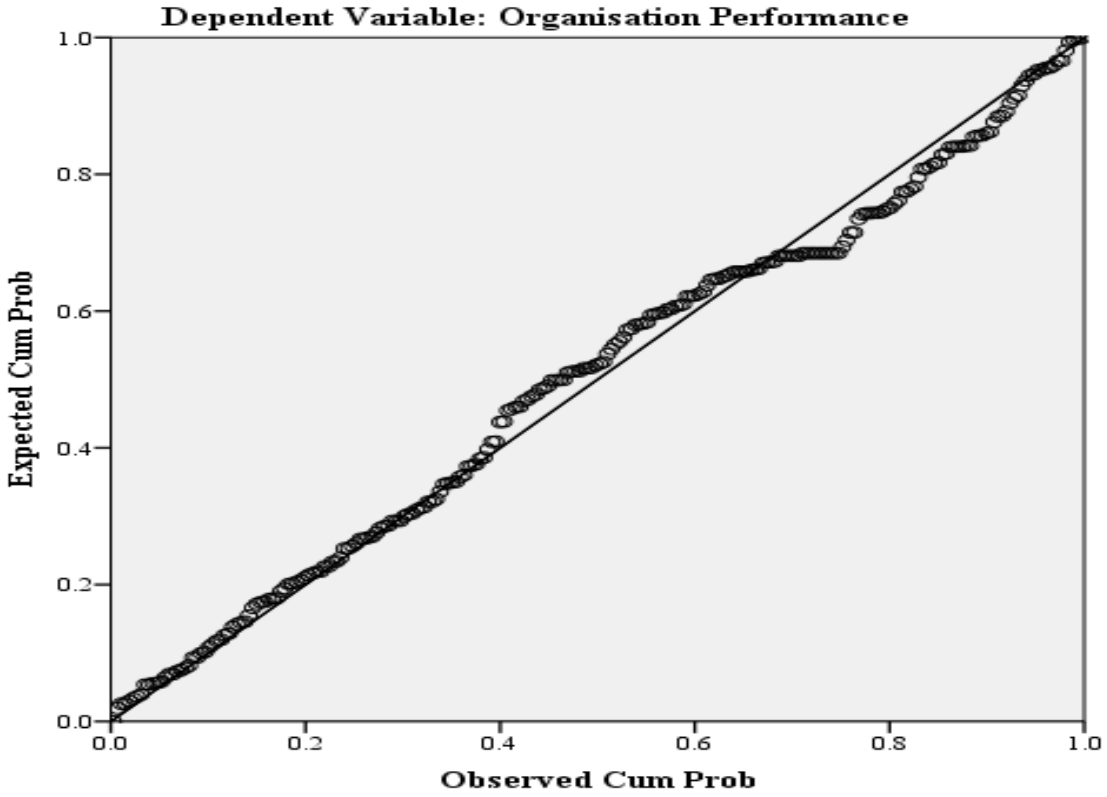
To test the hypotheses, a multiple linear regression analysis was performed at 95.0% confidence level. Before running the regression analysis, tests of assumptions involving; normality, collinearity and homoscedasticity were computed. Figure 4.3 shows the normality histogram output.



Source: Field data (2024)

Figure 4.3 Tests of Normality

The histogram shows that data is normally distributed because the symmetric bell – shaped histogram is evenly distribution around zero (on both sides and neither positively or negatively skewed) that shows the normality assumption is true that the data follows a normal distribution pattern. To confirm using p-p plot, the analysis presented using Figure 4.4.



Source: Field Data (2024)

Figure 4.4 Normal P-P Plot of Regression Standardised Residual

The P-P plot shows that the residuals are approximately linear which supports the assumption that the data is normally distributed. It can is concluded that the data in this study follows a normal distribution pattern.

With respect to multi-collinearity, the results are given in Table 4.11

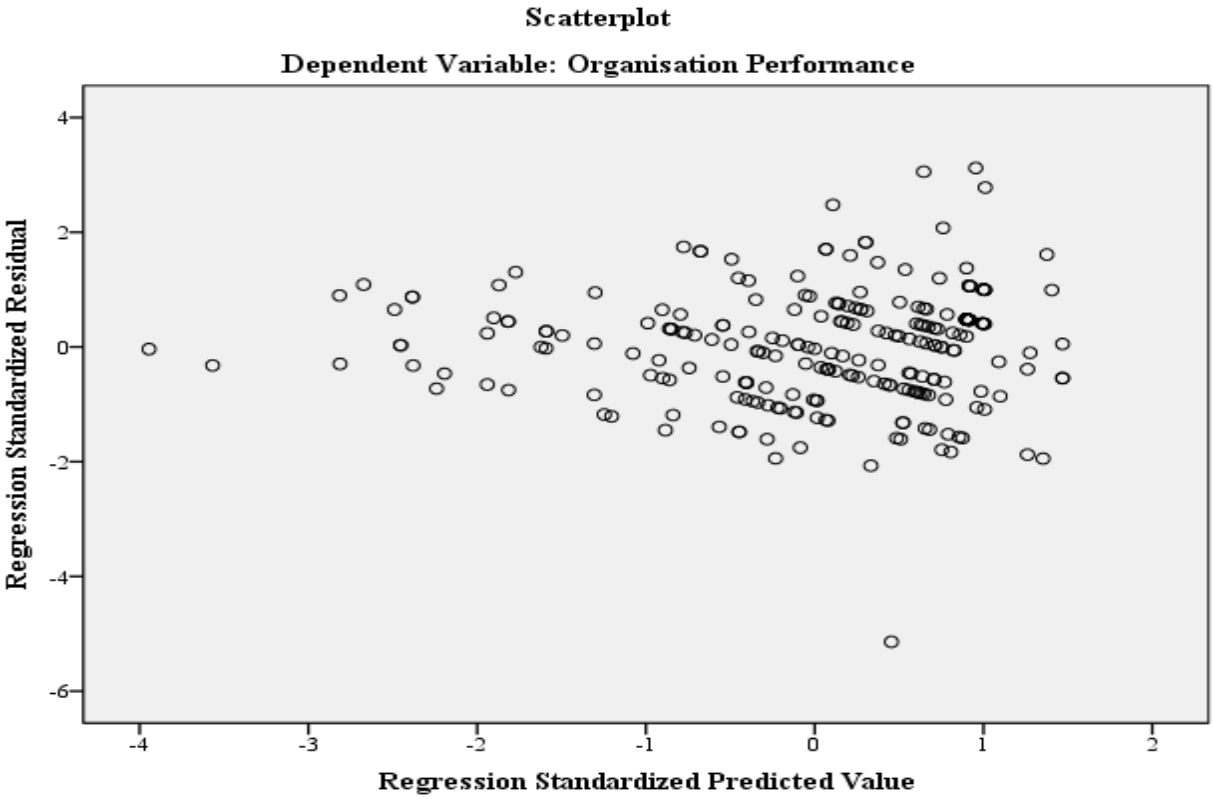
Table 4.1l Tests of multicollinearity

Variable	Collinearity Statistics	
	Tolerance	VIF
Service Quality	.532	1.881
Infrastructure facilities standards	.416	2.402
ICT Adoption	.612	1.634
Decision Making Process	.514	1.944
Dependent Variable: Organisation Performance		

Source: Field Data (2024)

According to the results in Table 4.11, a VIF of more than 4.0 and tolerance value of below 0.25 suggests that multicollinearity exists. According to Table 4.11 results, all the tolerance values are above 0.25 and the VIF values are also below 4.0 which implies that there exist no multicollinearity of data from the variables that were investigated in the study.

The scatter diagram for homoscedasticity assumption is presented in Figure 4.5.



Source: Field Data (2024)

Figure 4.5 Homoscedasticity test

Scatter plot (Figure 4.5) shows a random scatter of points around zero and therefore there is homoscedasticity of data. The pattern is not specific and therefore there is homogeneity of variances on the variables that are examined in this study.

After satisfying the conditions for computing multiple regression analysis, the model output outcomes are demonstrated in Table 4.12.

Table 4.12: Model Summary[b]

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	.653[a]	.426	.418	.32604	.426	52.695	4	284	.000

a. Predictors: (Constant), Decision Making Process, ICT Adoption, Service Quality, Infrastructure facilities standards
b. Dependent Variable: Organisation Performance

Source: Field Data (2024)

The correlation coefficient (R) for the model is high (R=0.653) with an adjusted R squared of 0.418 which means that 41.8% of change in the private hospital performance could be explained by the selected healthcare service provision strategies. The remaining 58.2% could be explained by other variables that were not included in this model. The F-statistics are; (F=52.695, df=4, p=0.001) suggests that at least one of the independent variables in the study can explain the relationship with the dependent variable. The f-statistics data also shows that there is linear relationship at least between one independent variable and dependent variable. Table 4.13 presents the coefficients and significant p-value of the multi linear regression model.

Table 4.13 Coefficients[a]

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	.876	.223		3.934	.000
Service Quality	.240	.059	.249	4.043	.000
Infrastructure facilities standards	.148	.066	.157	2.256	.025
ICT Adoption	.155	.045	.199	3.455	.001
Decision Making Process	.103	.035	.186	2.963	.003

a. Dependent Variable: Organisation Performance

Source: Field Data (2024)

The multiple regression equation model from result in Table 4.1 can be expressed as:

$$y = 0.876 + 0.240x_1 + 0.148x_2 + 0.155x_3 + 0.103x_4$$

The result from the above equation shows existence of significant influence of selected healthcare service provision strategies and performance of private hospitals in Eldoret town on, Kenya. The regression beta-coefficient shows that a unit change in service quality standards, performance of private hospitals increases by 0.240. Secondly, a unit change in infrastructure facilities standards, organisation performance of private hospitals changes by 0.148. Thirdly, a unit change in adoption and use of ICT resources, organisation performance of private hospitals changes by 0.155. Lastly, a unit change in decision making process, private hospital performance increases by 0.103. This finding correspond with Al Flayyeh and Al-Harbi (2023) who established that administrative decision-making had significant contribution to health facilities performance since for every unit increase administrative decision-making level, the performance of hospitals increased by 0.853 in Saudi Arabia. The four independent variables have positive coefficients suggesting that their regular application would result to improvement in organisation performance of private hospitals in Eldoret town.

The first null hypothesis specified that:

H_{01} There is no significant relationship between level of service quality standards and performance of private hospitals in Eldoret town

Result from Table 4.15 shows that the regression computed p-value is 0.001 which is below the critical p-value of 0.05. Hence, we reject the first null hypothesis ($p<0.05$) and conclude existence of significant positive relationship between level of service quality standards and performance of private hospitals in Eldoret town. In harmony with research outcomes, Essien et al. (2023) investigation discovered that service quality dimensions (reliability, empathy, tangibility and responsiveness) in Calabar Nigeria had significant explanation on service performance of private hospitals. Also in Ghana, Agbi et al. (2020) found out that

SERVQUAL dimensions had statistical significant impact on patients' satisfaction at Comboni hospital. This means that increase in service quality standards implementation will result to subsequent increase in performance of private hospitals in Eldoret town.

The second null hypothesis specified that:

H_{02} There is no significant relationship between infrastructure facilities standards and performance of private hospitals in Eldoret town

Results from Table 4.15 shows that the regression computed p-value is 0.025 which is below the critical p-value of 0.05. Therefore, we reject the second null hypothesis ($p<0.05$) and deduce existence of significant positive relationship between level of infrastructure facilities standards and performance of private hospitals in Eldoret town. In harmony with research outcomes, El-Sayed et al. (2022) research in Egypt found out that infrastructure had statistically significant relationship with patients' satisfaction. This means that increase in implementation of infrastructure facilities standards will result to subsequent increase in performance of private hospitals in Eldoret town.

The third hypothesis research stated that:

H_{03} There is no significant relationship between ICT adoption and performance of private hospitals in Eldoret town

Results from Table 4.15 shows that the regression computed p-value is 0.001 which is below the critical p-value of 0.05. Therefore, the third null hypothesis is rejected ($p<0.05$) and the study concludes existence of significant positive relationship between ICT adoption and performance of private hospitals in Eldoret town. The finding is similar to Kutche et al (2020) research in Cameroon that found out that cognitive absorption, perceived utility, and perceived ease of use had a positive significant effect on hospital performance. Koech (2021) also found out that positive change in electronic health record, telemedicine, mobile health and wearable healthcare technology by a unit resulted to a positive change in service

delivery among private hospitals in Bomet county. This means that increase in adoption and use of ICT resources will result to subsequent increase in performance of private hospitals in Eldoret town.

The fourth null hypothesis specified that:

H_{04} There is no significant relationship between decision making and performance of private hospitals in Eldoret town

Results from Table 4.15 shows that the regression computed p-value is 0.003 which is below the critical p-value of 0.05. Therefore, the fourth null hypothesis is rejected ($p<0.05$) and the study concludes existence of significant positive relationship between decision making processes and performance of private hospitals in Eldoret town. This means that increase in participatory decision making processes would result to subsequent improvements in performance of private hospitals in Eldoret town. The study finding are supported by Al Flayyeh and Al-Harbi (2023) who uncovered out that better administrative decision making processes improved performance of healthcare facilities in Saudi Arabia. This means that improvement in administrative decision making raises performance of hospitals.

CHAPTER FIVE
SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provide a summary of research findings on healthcare service provision strategy and performance of private hospitals in the city of Eldoret. It also covers the conclusions of the study, recommendations and suggestions for future research.

5.2 Summary of Findings

The investigation was undertaken in 25 private hospitals classified by NHIF under Level 3B and above. The respondents for the study involved medical and administrative employees working in the private hospitals in Eldoret town. The data for this study was collected using questionnaire that was administered to the sampled respondents. the respondents came from clinical, nursing, supportive, technical and administrative departments of private hospitals. With respect to their demographic characteristics responses came from both male and female employees who had varied working experience in healthcare facilities settings. With respect to performance level, the research found out that most respondents rated the performance of their hospitals high on various indicators as seen from the findings made in the previous chapter. The presentation of the results of research in harmony to research objectives is done in the subsections following:

5.2.1 Service Quality Standards and Performance of Private Hospitals

The study found out that service quality standards were highly implemented (mean=4.53, Std.Dev=0.63) by private hospitals in Eldoret town. Measures of quality service standards; reliability, tangibility, empathy, assurance and responsiveness were highly implemented by private hospitals in the location of the investigation. Considering that health services provision requires that high standards to be maintained, the study found out that private hospitals made efforts

to provide individualized medical attentions to all patients seeking services from their facilities. The study found out that most private hospitals provided services to customers as promised and therefore many of them went out satisfied. On the employees' side, evidence indicated that both medical and non-medical workers provided prompt services to all customers seeking services in private hospitals and this enabled them to handle their clients well within the stipulated timelines in the service charter. As a way of ensuring that incidents of malpractices are not present, the study found out that private hospitals recruit professionally qualified employees (medical and non-medical) in addition to training them on the need of having error free records in service provision. Karl Pearson correlation statistics showed that there existed significant positive relationship between service quality standards implementation and performance of private hospitals in Eldoret town.

5.2.2 Infrastructure Facilities Standards and Performance of Private Hospitals

The second objective of the study examined the relationship that existed between infrastructure facilities standards and performance of private hospitals. Research established that the facilities present in the private hospitals were top notch and therefore provided value for money for patients visiting the hospitals. The study found out that there was uninterrupted systems of water and electricity supply across many hospitals. In case of interruptions by service providers, the hospital management made sure they had stand-by generators and water storage facilities that could run until normal utility services resumed. The study found out that most hospitals infrastructure facilities were frequently assessed, inspected and monitored to ensure that they were safe for use by patients, employees and other people visiting the hospitals. The study found out that employees working areas (partitioned working spaces) were provided hence providing adequate working environment for them. Movement across the hospitals were found to be easy for all people and hence did not pose accessibility problems for those who were sick or had disability movement challenges. Additionally, the study found out that efforts

had been made by private hospital management to install modern equipment for diagnosis and treatment of various health challenges in their hospitals. Correlation statistics showed that there existed significant positive effect of infrastructure facilities standards and performance of private hospitals in Eldoret town ($p<0.05$).

5.2.3 ICT Systems Use and Performance of Private Hospitals

The third objective of the study analysed how adoption and use of ICT systems influenced performance of private hospitals in Eldoret town. The study found out that private hospitals have ensured that there is high bandwidth internet connectivity across the entire hospital to support hospitals operations. The study also found out that most hospitals had hospital information system where patients records and data were stored. This enabled the medical workers to quickly retrieve or analyse the records without having to check physical files documentations. To ensure that the hospital environment is safe for all, most hospitals were found to have installed CCTV surveillance in most areas except medical rooms and other private designated areas. As a way of ensuring evidence based decision making, the study found out that private hospitals have installed telemedicine system. To cut cost on operations, the study found out that more than 57.4% of hospitals have adopted paperless system of administrative functions. In general, the study found out that ICT systems have been embraced by private hospitals. The correlation analysis confirmed that there existed significant positive effect ($p<0.05$) of ICT systems and use and performance of private hospitals in Eldoret town.

5.2.4 Decision Making Process and Performance of Private Hospitals

Provision of quality healthcare services in hospitals largely depends on the key decisions that management and medical professionals make. The process of arriving at decisions has to be consultative to ensure that all parties to it are satisfied and their input were considered. The study found out that private hospitals did consult all stakeholders before making decisions. The decisions made by private

hospitals was based on evidence collected from the field and also opinion and views given by various stakeholders. It was also established that once decision have been made, the implementation of the decisions also involved regular and frequent reviews to observe the consequences of the decision on hospital, members of staff, patients and other stakeholders. Correlation statistics showed that there exist significant positive effect of decision making process and performance of private hospitals in Eldoret town.

5.3 Conclusions

The study investigated healthcare service provision strategy and its relationship with performance of private hospitals in Eldoret town. The multiple linear regression analysis model statistics showed the overall correlation coefficient as high (R=0.671) with an adjusted R-square value of 0.418 which implied that the selected healthcare service provision strategies accounted for 31.8% of change in performance of private hospitals. Further results showed that all the healthcare service provision strategy had positive beta coefficient scores in the following order; service quality standards (β=0.240), ICT systems adoption and use (β=0.155), infrastructure facilities standards (β=0.148) and lastly decision making processes (β=0.103). this implied that the performance of hospitals dependent on the range at which the above mentioned strategies were implemented by the management of private hospitals. All the four null hypotheses (h_{01}, h_{02}, h_{03} & h_{04}) were all rejected ($p<0.05$).

There existed significant positive relationship between service quality standards and performance of private hospitals in Eldoret town. This meant that one way hospitals would improve their performance is to ensure that the services that they provided to their customers were of high quality standards. Secondly, it is concluded existence of a significant positive relationship between infrastructure facilities standards and performance of private hospitals. This implied that private

hospitals have to ensure that the facilities they have provide opportunity for workers, patients and medical staff to performance and receive various services in the hospitals. Thirdly, with technological revolution, hospitals have not been left behind and therefore the adoption and use of ICT systems for health resulted to improvement in performance of hospitals. The adoption and use of ICT was found to help in cutting operational costs while also guaranteeing timely provision of services to patients. Fourthly, the study found out that the decision making processes were consultative and therefore every stakeholder was involved in the decision making process. Decisions arrived at in hospitals were based on facts from evidence collected and therefore they had a positive impact on operations of the hospitals and subsequent performance.

5.4 Recommendations

Based on the findings of the study and conclusions, the study makes the following recommendations for action, policy and theoretical considerations by various actors in the provision of healthcare services

(i) To guarantee quality service standards provision, the study suggests that private hospitals should consider collecting customers' feedback which will help them to identify areas of improvement and therefore use this data to determine baseline standards for patients' outcomes.

(ii) There is need for hospitals to procure modern medical equipment to ensure that their hospitals provide one stop services for all patients. There is also the need to ensure that regular inspections are conducted to ensure that the infrastructure facilities are in good condition since bad infrastructure will result to decrease in healthcare service provision.

(iii) As a way of improving ICT systems adoption and use, the study recommends that hospitals should strive to ensure that ICT systems use updated software and hence medical professionals will have access to the information they need at any time. ICT systems also need to ensure that

patients can be served from one work station without the need to move from one unit to another.

(iv) As a way of ensuring decision making process is transparent and effective, the study recommends that medical workers, management and administrative staff needs to possess communication skills to enable patients provide information in a comprehensible way. There is also need for hospital management to ensure that decisions made are flexible to allow future review and changes.

5.5 Suggestions for Future Research

The study examined healthcare service provision strategy and performance of private hospitals. Future research can focus on level 3-6 public hospitals using similar variable measurements. There is also need for future study to establish the impact of ICT systems use on employee performance in the health industry. Lastly, the study suggests that this study can be conducted in a wider scale involving other private hospitals around the country.

REFERENCES

Agbi, F.A., Asamoah, E.O. & Sewu, G.A.J. (2020). Assessing service quality in the Ghanaian private healthcare sector: The case of Comboni hospital. *International Journal of Scientific Research and Management, 8*(2), 616 – 627.

Al Flayyeh, S., & Al-Harbi, N. A. (2023). The impact of administrative decision-making on the performance of health facilities in Medina, Saudi Arabia. *International Journal of Health Sciences, 7*(S1), 916 – 936. https://doi.org/10.53730/ijhs.v7nS1.14298

Alduais, F., Raoush, A., Samara, A. & Sartawi, K. (2023). The impact of information sharing on the quality of decision-making: From the point of view of employees in Jordanian private hospitals. *Cogent Business & Management, 10*:1, 2195028, DOI: 10.1080/23311975.2023.2195028.

Baki, B., Basfirinci, C.H., Cilingir, Z., & Murat, I. (2009). "An application of integrating SERVQUAL and Kano's model into QFD for logistics services: A case study from Turkey", *Asia Pacific Journal of Marketing and Logistics*, 21(1), 106 – 126.

Baridam, B.B. & Govender, I. (2019). ICT Influence on the healthcare sector in the Niger Delta region: ICT policy at an organisational level. *Development Studies Research, 6*(1), 142-151, DOI: 10.1080/21665095.2019.1680302.

Bundala, W. (2020). *Adoption of technology on improving community health centres services: A case of community health workers in Nyamagana District*. Masters Dissertation, The Open University of Tanzania.

Bryman, A. (2016). *Social research methods* (5th Ed.). New York: Oxford University Press.

Clapton, J.D. (2013). *Measuring service quality in a private hospital*. Masters Dissertation, North-West University.

Cohen, L., Manion L., & Morrison, K. (2018). *Research methods in education*. (8th Ed.). New York: Routledge.

Creswell, J. W., & *Creswell*, J. D. (*2018*). *Research design: qualitative, quantitative, and mixed methods approache*s (5th ed.). Los Angeles, SAGE. Chicago

Department of Health (2013). *Inpatient care. Health building note 04-01: adult inpatient facilities.* DH, Available online at www.dhsspsni.gov.uk/hbn_04-01_adult_in-patient_facilities_final.pdf [Accessed 20th March 2024].

Dinda, B., Ojera, P.B. & Bulitia, G.M. (2016). Analysis of quality management practices and organisational performance of private healthcare facilities in Nairobi County, Kenya. *International Journal of Novel Research in Marketing Management and Economics, 3*(3), 115 – 125.

El-Sayed, R.I., Elzagawy, H.M., Abd-El hady, T.R.M., & El-Sehrawy, M.G. (2022). Infrastructure and its relation to quality of nursing care and patient satisfaction at port said setting hospitals. *Port Said Scientific Journal of Nursing, 9*(3), 278 – 305.

Essien, E.E., Lawal, S. & Edim, E.J. (2023). *Service delivery quality and service performance of private hospitals in Calabar*. Academic Paper, University of Calabar.

Faiza; I. & Iqbal C.N. (2021). Impact of health information technology adoption and its drivers on quality of care & patient safety in the health care sector of Pakistan, *Pakistan Journal of Commerce and Social Sciences 15*(1), 196-212.

Goncalves, M.A., Goncalves, Carlos A. & Alemao, M.M. (2011). Decision making process and modes of governance: a comparative study between Brazilian and British hospitals. *Corporate Ownership & Control, 8*(3), 177 – 187.

Kalaja, R., Kurti, S. & Myshketa, R. (2023). Service quality and patient satisfaction with private health careservices in Albania. *International Journal of Public Health Science, 12*(1), 460 – 468. DOI: 10.11591/ijphs.v12i1.22240.

Karijo, E.K., Otieno, G. O., & Mogere, S. (2021). Determinants of data use for decision making in health facilities in Kitui country, Kenya. *Quest Journal of Management and Social Sciences, 3(1),* 63-75.

Kesse-Tachi1, A., Asmah2 A.E. & Agbozo, E. (2019). Factors influencing adoption of e-Health technologies in Ghana. *Digital Health, 5,* 1 – 13. DOI: 10.1177/2055207619871425

Koech, D.K. (2021). *Information communication technology strategies and service delivery in private hospitals in Bomet County, Kenya*. MBA Project, Kenyatta University.

Kumar, R. (2014). Research methodology: A step by step guide for beginners (4th Ed.). New York: SAGE.

Kutche T.C., Ngae, D. & Essomme, I. (2020). The effects of ICT ownership on hospital performance in the Cameroonian context. *Information and Knowledge Management, 10*(3), 36 – 47.

Leslie, H.H., Sun, Z., & Kruk, M.E. (2017). Association between infrastructure and observed quality of care in 4 healthcare services: A cross-sectional study of 4,300 facilities in 8 countries. *PLoS Med 14*(12): e1002464. https://doi.org/10.1371/journal.pmed.1002464.

Luxon, L. (2015). Infrastructure – the key to healthcare improvement. *Royal College of Physicians,* 4 – 7.

Madroñal-Ortiz, M. (2020). *Performance indicators for hospital infrastructure management through facility management for Colombia*. Masters Thesis, Pontificia Bolivariana University.

Malik, M., Kazi, A.F. & Hussain, A. (2021). Adoption of health technologies for effective health information system: Need of the hour for Pakistan. *PLoS ONE 16*(10): e0258081. https://doi.org/10.1371/journal.pone.0258081

Maloba, B. (2018). *Internal environment influencing performance of private hospitals in Kenya: A case of Bungoma South Sub County*. M.A. Project, University Of Nairobi.

Markovic, S., Loncaric, D. & Loncaric, D. (2014). Service quality and customer satisfaction in the health care industry - towards health tourism market. *Tourism and Hospitality Management, 20*(2), 155 – 170.

Mbaabu, A.G. (2022). *Strategies of customer satisfaction and customer retention in Outspan Hospital in Nyeri County, Kenya*. MBA Project, Kenyatta University.

Mensah, P., Yamoah, E.E.& Adom, K. (2014). Empirical investigation of service quality in Ghanaian hospitals. *European Journal of Business and Management, 6*(18), 157 – 178.

Montagu, D., Suchman, L. & Seefeld, C.A. (2020). Equity lessons from a large scale private-sector healthcare intervention in Ghana and Kenya: Results for a multi-year qualitative study. *Gates Open Research, 4*:129 https://doi.org/10.12688/gatesopenres.13142.1

Moore A. (2014). Tele-health special report: remote control of care. *Health Science J*, 6 June Available online at www.hsj.co.uk/resourcecentre/supplements/telehealth-special-reportremote-control-ofcare/5071580.article.

Mutia, D.M. (2013). *Evaluation of the effectiveness of facilities maintenance management in major public and private hospitals in Kenya*. Msc. Thesis, Jomo Kenyatta University Of Agriculture And Technology.

Mwogosi, A., Kibusi, S., & Shao, D. (2021). Tools and techniques for decision making in healthcare facilities in Tanzania: Usage, challenges and resolutions. *Journal of Health Informatics in Developing Countries, 16*(1), 1 – 17.

Njau, M. (2016). The effect of ICT adoption on the performance of health industry in Kenya: a survey of hospitals in Nairobi County. *International Journal of Technology and Systems, 1*(2), 12 – 29.

Ogochukwu C. O. (2021). ICT knowledge and utilisation as determinants of job performance of Health Information Managers in health institutions in South-East Nigeria. *International Journal of Library and Information Science, 13*(2), 21 – 33. DOI: 10.5897/IJLIS2021.0984.

Orlu, G.U., Abdullah, R.B., Zaremohzzabieh, Z., Jusoh, Y.Y., Asadi, S., Qasem, Y.A.M., Nor, R.N.H.; & Nasir,W.M.. (2023). A systematic review of literature on sustaining decision-making in healthcare organisations amid imperfect information in the big data era. *Sustainability, 15,* 15476. https://doi.org/10.3390/su152115476

Parasuraman, A., Zeithaml, V.A. and Berry, L.L. (1988). "SERVQUAL: a multiple-item scale for measuring consumer perceptions of service quality", *Journal of Retailing*, 64(1), 12 – 40.

Pun, L.B. (2021). Assessing service quality using SERVQUAL model: comparison of public – private hospitals. *Butwal Campus Journal, 4*(1-2), 13 – 24. DOI: https://doi.org/10.3126/bcj.v4i1-2.44981

Scholz, S., Ngoli, B. & Flessa, S. (2015). Rapid assessment of infrastructure of primary health care facilities – a relevant instrument for health care systems management. *BMC Health Services Research, 15*:183. DOI 10.1186/s12913-015-0838-8.

Sulisworo, D. (2015). *Integrating Kano model and SERVQUAL to improve service quality.* Global Public Health.

Swathi, K.S., Barkur, G. & Somu, G. (2023). Assessment of healthcare service quality effect on patient satisfaction and care outcomes: A case study in India. *Cogent Business & Management, 10*:3, 2264579, DOI: 10.1080/23311975.2023.2264579.

Szymaniecmlicka K. (2017). The decision-making process in public healthcare entities – identification of the decision-making process type 1. *Management, 21*(1), 191 – 204. DOI: 10.1515/manment-2015-0088.

Tilahun, B., Teklu, A., Mancuso, A. et al. (2021). Using health data for decision-making at each level of the health system to achieve universal health coverage in Ethiopia: the case of an immunization programme in a low resource setting. *Health Res Policy Sys*, 19(Suppl 2):48 https://doi.org/10.1186/s12961-021-00694-1.

Twahir, M. (2016). *Determinants of patients' choice of healthcare facilities in the private sector in Kenya: optimizing hospital strategic positioning*. DBA Dissertation, United States International University – Africa.

Wandie, R.W., & Muathe, S.M. (2022). What enhances service delivery in public hospitals in Kenya? The role of total quality management practices. *International Journal of Research in Business and Social Science, 11*(7), 01 – 08.

World Health Organisation (2020). *Engaging the private health service delivery sector through governance in mixed health systems*. Geneva: World Health Organisation.

Zarei, E., Daneshkohan, A., Khabiri, R. & Arab, M. (2015). The effect of hospital service quality on patient's trust. *Iran Red Crescent Med J., 17*(1): e17505. DOI: 10.5812/ircmj.17505.

Zeithaml, V.A. (1988). "Consumer perceptions of price, quality, and value: a means-end model and synthesis of evidence", *Journal of Marketing*, 52, 2 - 22.

APPENDICES

APPENDIX I: LETTER OF INTRODUCTION

Abishag Chepkurui
Koitalel Samoei
University College
P. O Box
Mosoriot

Dear Respondent,

RE: REQUEST TO FILL A RESEARCH QUESTIONNAIRE

I am a student at Koitalel Samoei University College. I am carrying out research on **"Healthcare Service Provision Strategy and Performance of Private Hospitals in Eldoret Town, Kenya."** To facilitate the exercise, I kindly request for your time to answer the questions in the attached questionnaire. Please note that all questions are equally important to my study. Also note that the information collected from this questionnaire were treated in strict confidence and was used only for this academic study and not in any way be linked to the individual respondent. Your honest responses are most appreciated.

Your cooperation in this regard is highly appreciated.

Yours Sincerely,

Abishag Chepkurui
Postgraduate Student
Koitalel Samoei University College

APPENDIX II: QUESTIONNAIRE

Instructions

You are requested to fill in this questionnaire by giving your opinion. Do not indicate your name on the questionnaire booklet. Kindly please mark (√) in the box that matches your answer to the questions.

Part A: Demographic Characteristics of Respondents

1. What is your gender?

   a. Male { } b. Female { }

2. How long have you been working in this hospital?

   a. Below 3 years { } b. 3 – 5 years { } c. 6 – 10 years { }

   d. 11 – 15 years { } e. More than 15 years { }

3. What is the category of your hospital based on MOH? _____

4. Which department in your hospital are you working from _____

Part B: Healthcare service provision strategy

Section I: Service Quality Standards

5. Kindly indicate the degree to which the following service quality standards have been achieved in your hospital based on the statements given in the table below. Use this Likert Scale: Strongly Disagree – 1, Disagree – 2, Undecided – 3, Agree – 4 and Strongly Agree – 5.

	Service quality standards	**1**	**2**	**3**	**4**	**5**
1	The hospital has modern equipment					
2	The hospital provides services as promised					
3	Doctors and other employees offer prompt services to customers					
4	The hospital is able to handle patients' problems					
5	All patients visiting our facilities are given individual attention					
6	We maintain error free records					
7	All our employees have professional appearance					

Section II: Infrastructure facilities standards

6. Kindly indicate the degree to which the following infrastructure facilities standards have been achieved in your hospital based on the statements given in the table below. Use this Likert Scale: Strongly Disagree – 1, Disagree – 2, Undecided – 3, Agree – 4 and Strongly Agree – 5.

	Infrastructure facilities standards	**1**	**2**	**3**	**4**	**5**
1	The hospital has a power back up plan in case of electricity blackout					
2	The hospital has a functioning water supply					
3	The hospital buildings have been reconfigured to promote seamless and efficient healthcare					
4	All medical equipment available are fit for purpose all the time					
5	The hospital buildings are accessible by all patients and customers					
6	All members of staff are provided with proper structures to discharge their duties					
7	All hospital infrastructure buildings are regularly monitored to ensure they are safe for use					

Section III: ICT adoption in Private Hospitals

7. Kindly indicate the degree to which the following ICT systems and facilities have been adopted and being used in your hospital based on the statements given in the table below. Use this Likert Scale: Strongly Disagree – 1, Disagree – 2, Undecided – 3, Agree – 4 and Strongly Agree – 5.

	ICT systems adoption and use	**1**	**2**	**3**	**4**	**5**
1	Almost all of our operations are conducted using paperless platforms					
2	There is health information system for storage of patients records					
3	There is a system for communication and sharing of clinical and other data in the hospital					
4	Various administrative processes (appointment scheduling, billing payments) in our hospital are automated					

5	There is internet network across all hospital units					
6	We have systems for telemedicine installed for collaboration and knowledge sharing					
7	There is secure monitoring of all our operations through CCTV surveillance cameras in some of our units					

Section III: Decision Making Processes

8. Kindly indicate the degree to which decision-making processes are conducted in your hospital. Use this Likert Scale: Strongly Disagree – 1, Disagree – 2, Undecided – 3, Agree – 4 and Strongly Agree – 5.

	Decision Making processes	**1**	**2**	**3**	**4**	**5**
1	Prior consultation is done before any decision is undertaken by management					
2	Decision making process is always consultative					
3	Decision making process is based on facts and data collected					
4	Adequate consultations are done between medics before a decision is made on patients					
5	All decisions undertaken in the hospital are regularly review to see their consequences on the hospital, staff and customers					

Part C: Organisation Performance

9. What can you say on the performance of your hospital in the following areas given in the table below in the last two years? Use this Likert scale to indicate your response: Very Low (1), Low (2), Average (3), High (4) and Very High (5).

	Performance area	**1**	**2**	**3**	**4**	**5**
1	Patients' satisfaction					
2	Bed occupancy / utilisation rate					
3	Mortality rates					
4	Patient follow up					
5	Patients' length of stay					
6	Re-admission rate					
7	Operating margin					

APPENDIX III: UNIVERSITY LETTER

KOITALEEL SAMOEI UNIVERSITY COLLEGE
(A CONSTITUENT COLLEGE OF THE UNIVERSITY OF NAIROBI)
OFFICE OF THE DIRECTOR SCHOOL OF BUSINESS

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REF: KSUC/SOB/MBA/PR/004

DATE: AUGUST 1, 2024

WHOM IT MAY CONCERN

RE: ABISHAG CHEPKIRUI: D61/0042/2020

This is to confirm that the above person is a bona-fide student in the School. She has successfully completed MBA course work, prepared the requisite project proposal and is ready to proceed to the field for data collection.

His project proposal is titled, ***Healthcare service provision strategy and organization performance of private hospitals in Eldoret town, Kenya.***

Any assistance and cooperation given to her in furtherance of her research enterprise will be welcomed and appreciated.

Sincerely

Dr. Loice Koskei
Director, School of Business

Cc: Dr Kennedy Ntabo Otiso
Dr Joseph Mutai
Coordinator, Post-Graduate Studies Committee

APPENDIX IV: RESEARCH PERMIT

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

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Date of Issue: 09/August/2024

RESEARCH LICENSE



This is to Certify that Ms.. Abishag Chepkirui of Kaitaleel Samoei University College, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Uasin-Gishu on the topic: HEALTHCARE SERVICE PROVISION STRATEGY AND ORGANISATION PERFORMANCE OF PRIVATE HOSPITALS IN ELDORET TOWN, KENYA for the period ending : 09/August/2025.

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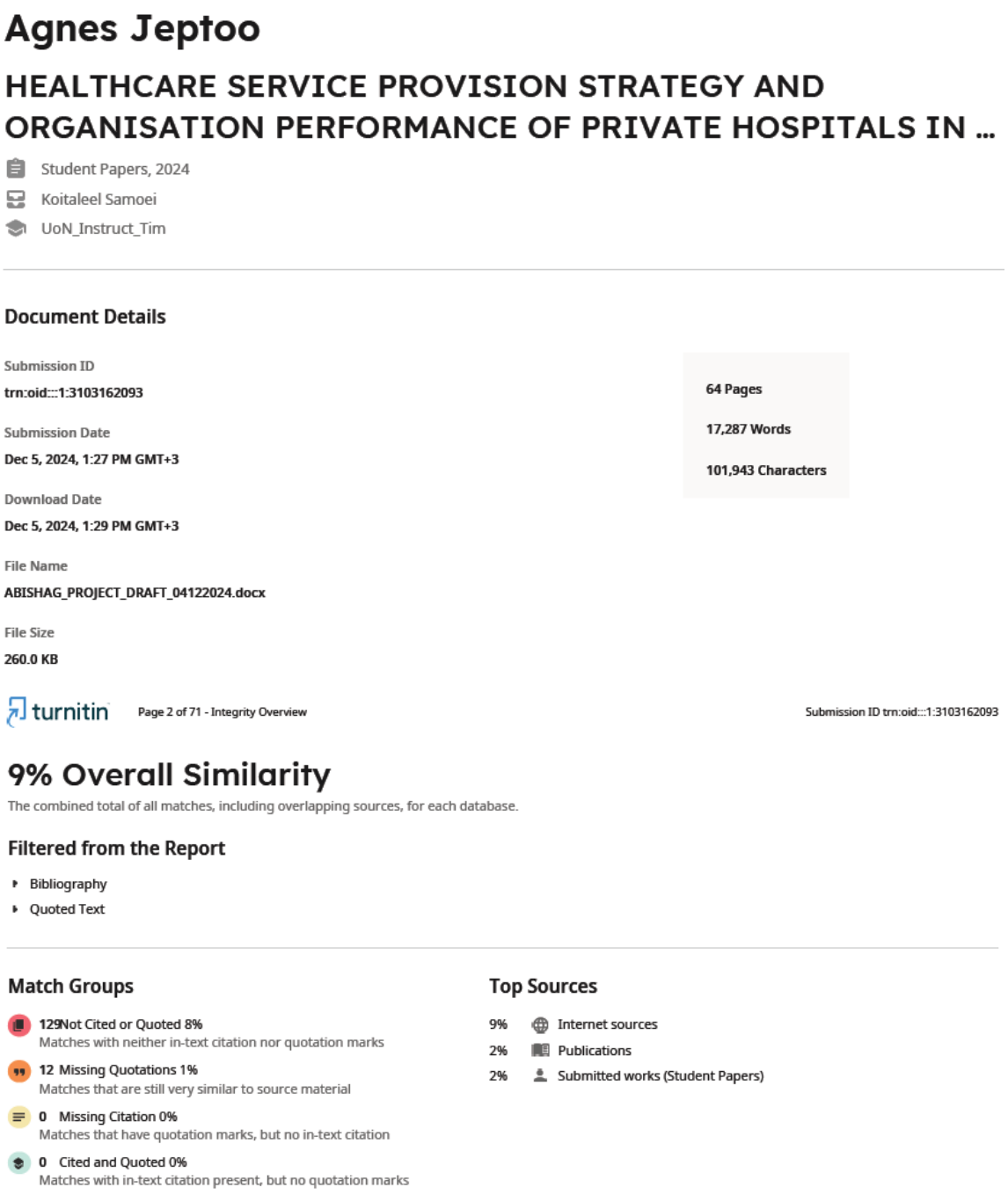
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APPENDIX V: LIST OF PRIVATE HOSPITALS IN ELDORET

	Hospital	Number	Sample size
1	Eldoret Hospital	183	31
2	Reale Hospital	156	27
3	Cedar Hospital	28	5
4	Mediheal Hospital and Fertility Centre	90	15
5	St. Luke's Orthopaedic & Trauma Hospital	159	27
6	Top Hill Hospital, Brain & Spine Centre	66	11
7	Oak Tree Hospital	47	8
8	Fountain Hospital	38	6
9	MTRH Amenity	166	28
10	Family Care	27	5
11	Palm Care Hospital	52	9
12	Elgon View Hospital	66	11
13	Pacifica Hospital	49	8
14	Racecourse Hospital	109	19
15	Trinity Mission Hospital	45	8
16	Eldoret Gynocare	82	14
17	Limo House Hospital	53	9
18	Living Room Hospital	107	18
19	Rapha Hospital and Clinics	31	5
20	St. Bridgitas Hospital	45	8
21	Life Care Multispecialty Hospital	129	22
22	Ambiance Hospital	47	8
23	Alexandria Hospital	38	6
24	Eldoret Oncology and Cancer Centre	21	4
25	Soy Cottage Hospital	42	7
	Total	1875	319

APPENDIX VI: SIMILARITY INDEX



Agnes Jeptoo

HEALTHCARE SERVICE PROVISION STRATEGY AND ORGANISATION PERFORMANCE OF PRIVATE HOSPITALS IN ...

Student Papers, 2024

Koitaleel Samoei

UoN_Instruct_Tim

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