

**ASSESSMENT ON THE FACTORS INFLUENCING SERVICE DELIVERY IN PUBLIC
HOSPITALS: A CASE OF MOUNT MERU HOSPITAL IN ARUSHA REGION, TANZANIA.**

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Master Degree of Leadership and Governance of the Institute of Accountancy Arusha

DECEMBER, 2023

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MLG/0060/2022

**A Research Proposal Submitted in Partial Fulfillment of the Requirements for the Master
Degree of Leadership and Governance of the Institute of Accountancy Arusha**

DECEMBER, 2023

DECLARATION

I, **Nestory Laurent Mbiiku**, do hereby declare that this proposal is my own original work done and that it has neither been submitted nor is it being concurrently submitted in any other institution for similar or any other degree awards.

Signature

Date

CERTIFICATION

I, the undersigned certify that I have read and hereby recommend for acceptance by Institute of Accountancy the proposal entitled: '**Assessment of the factors influencing service delivery in public hospitals: A case of Mount Meru Hospital in Arusha Region, Tanzania.**' In fulfilment of the requirement for the degree of Masters of Leadership and Governance offered by the Institute of Accountancy Arusha.

.....

signature

.....

(Supervisor)

Date:

DEDICATION

I dedicate this dissertation to my family and friends.

ACKNOWLEDGEMENT

I give thanks to the Almighty God for his love, care and blessing while undertaking my studies. I further thank my course lecturers and co-students of MLG for close collaborations in undertaking ground assignments to the course. In a special way I would like to appreciate and thank my proposal supervisor for his continued coaching and guidance while preparing this proposal. He really saw me through and greatly helped me in shaping this proposal to its current look.

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ABSTRACT

The study intended on the Assessment of the factors influencing service delivery in public hospitals: A case of Mount Meru Hospital in Arusha Region, Tanzania. Specifically, the study intends to establish the influence of management style on service delivery in Public Hospitals in Arusha region, to determine the influence of implementation of ICT services on service delivery in Public Hospitals in Arusha region, to establish how MMHining influences service delivery in Public Hospitals in Arusha region and to determine how frequency of drug supply in Public Hospitals influence health care service delivery in Arusha region. This study was guided by the change theory. A descriptive research design was adopted for this study. The study approach was mixed approach that is quantitative and qualitative research approach to collect needed data. The sample size was 150. The study used simple random sampling and purposive sampling to get respondents. The data collection method included; Survey questionnaire for quantitative data and interview for qualitative data, Descriptive statistics and Regression analysis will be used. The study uses Content validity and test-retest reliability.

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LIST OF ABBREVIATION AND ACRONYMS.

IAA	Institute of Accountancy Arusha
ILO	International Labour Organization
URT	United Republic of Tanzania
ICT	Information Communication Technology

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This part provides an overall description of the study by providing information on the background information of the study, statement of the problem, research objectives both general and specific, research questions, significance of the study, and scope of the study and limitations of the study.

1.1 Background of the study

One of the major concerns of a government in a nation is a health of its citizen, making medical care available and affordable for both urban and rural communities. The growth of a country and the satisfaction of the citizens with the government policy can also be influenced by the quality of health provided.

However, developing countries, especially Africa have challenges in providing quality health services in primary health facility and this has made customer service to have low outcome. Patients having complaints about the quality of health care services received, inefficiency of the health workers and thereby leading patients to seek alternative health service providers. This also has a resultant on the health workers, as they will have no or limited access to health services. It therefore discourages health workers to stay in a community, thinking of moving to urban areas. It is a point to note that the quality of health service delivery will be sufficient if government improved human resources for health, in term of resources more working effort for 24-hour service coverage and availability of modern equipment and drugs, Nuhu et al, (2020).

Quality service delivery as defined by International Organization for Standardization (ISO) is a relative concept and in most cases where inherent characteristic of a service meets the

requirements of patient, then it can be rated as high in quality (Reinartz, 2004). Service industries like hospitals for example, experience of patients plays a crucial role in rating and assessment and ranking of quality of services offered in these facilities. Quality in health service comes in terms of newer technology, effective medication, and qualified staff to and adequate patient ratio, effectiveness, affordability and efficiency of service delivery (Tam, 2005). While technical quality in health sector is defined primarily on the basis of the technical accuracy and effectiveness of the medical diagnoses and procedures or the conformance to professional specifications, functional quality is the manner in which health service is actually delivered to patients (Dean and Lang, 2018).

In Kenya, like most developing countries in Africa, premature deaths and preventable diseases still inflict a high toll in communities and its people. Inadequacy in access to basic health services is affecting distinct regions, areas, communities, and social groups in these countries. Most Public Hospitals in the recent past have witnessed employee dissatisfaction presented in terms of refusal to offer services due to failure of payment of dues, poor working environment, inadequate infrastructure and lack of commitment by the management to engage with employees. This gap in management of Public Hospitals has led to unwarranted suffering by the patients who peg their hopes on the services offered by these hospitals Omondi, (2019).

Management style therefore is important in service delivery in Public Hospitals and these calls for realistic view of the demands of employees as well as well being of the patients who rely on these services. The basic infrastructure require to achieve the best out of the Public Hospitals need to incorporate implementation of Information, communication and technology. In many aspects, online services need to be utilized in admission, management and the process of discharge of patients in these facilitie Adesina and Jim, (2018).

ICT in most Public Hospitals is mainly reduced to registration of staff on admission and payment services but has not been fully utilized to capture diagnosis and treatment of patients using modern technologies, admission and movement of patients, document management and record keeping, financial services including inline, mobile and card payments to achieve its full potential to reduce bureaucratic paperwork and enhance service delivery. A well established facility will require a well educated and trained workforce. Public Hospitals have one of the best trained personnel but lack the necessary tools and equipment for regular update of the skills. Training is very necessary due to faster change in technology and treatment and diagnostic methods. These require a flexible and easily adaptable workforce that is quick to change with the ever changing healthcare field with regular trainings. For efficient services, the hospitals also need to recruit and train highly specialized and talented team and regularly update their skills through training and development (Alexanda et al, 2016).

In Bangladesh it is widely established that good health is one of the most essential indicators of human development. So, facilitating proper health service is a prerequisite for furthering human development and without giving proper health care services, human development is not possible. But, ensuring proper health care service and utilizing the remaining health services is the most complex behavioral phenomenon. Therefore, health care service utilization is an important issue to be discussed in the public health domain. In the public health context, it is very significant to examine the factors that affect health-seeking behavior and health services utilization from individual to community level. Inequalities in access to health care services has been taken considerable attention by various scholars in the present public health research sphere. WHO pointed out that providing at least basic health services for the poor and underprivileged without any barriers

ensuring, physical accessibility or acceptability of services universally is meant to be health services utilization. (Howlader et al, 2019).

African context, in USA, healthcare is managed and is intended to reduce the cost of health benefits while at the same time improving the quality of care. The need for improvement of care in the public health sector has continuously grown rapidly during the 21st century, and has led to competition in the healthcare industry (Berenson and Cassel, 2019). With this competition, patient satisfaction, quality of service, and efficient management of resources are providing the evidence for measuring patient, clinician, and organizational outcomes (Scotti et al., 2017). With quality outcome as the emphasis, it has become critical for healthcare organizations to develop and implement a good strategy which will provide effective care that will be appealing to patients and focusing on controlling costs (Scotti et al., 2007). Healthcare finds it hard to attract and retain patient and talented employees while at the same time delivering effective and efficient care consistently.

Effective management is cited as a vital enabler of quality from the providers' perspective, managers, policy-makers and equally the payers. Management affects everything within the hospital environment (Mosadeghrad, 2020). Good ideas remain useless if people have them for quality improvement, where the management is not good. Most studies have cited lack of professional managers in public healthcare organizations. Most managers are not qualified professional managers, rather are hospital physicians, nurses, doctors or are healthcare professionals (Mosadeghrad, 2020). In fact, in most Public Hospitals, the managers have no experience and knowledge in management. According to Buong', Adhiambo, Kaseje, Mumbo, Odera and Ayugi, in their study done in 2013 the authors determined that majority of public health managers were trying to resolve problems as short term measures. Besides, there were no criteria and objectives which were in place used to appoint and select managers in healthcare facilities.

National policies were considered prescriptive and did not allow for sufficient flexibility which was needed to adapt to local circumstances. Mostly, public healthcare managers were demanding more power in order to identify and recruiting the most appropriate personnel needed to provide quality services to patients (Buong' et al, 2017). Further, managers are not in a position to control physicians as they do to other employees. For example, medical doctors expected their colleagues or co-workers to have been more responsible empowered enough to perform the job well.

Furthermore, the study done by Omondi (2018) in Kenya revealed that a well established facility will require a well educated and MMHined workforce. Public Hospitals have one of the best MMHined personnel but lack the necessary tools and equipment for regular update of the skills. MMHining is very necessary due to faster change in technology and treatment and diagnostic methods. These require a flexible and easily adaptable workforce that is quick to change with the ever changing healthcare field with regular MMHinings. For efficient services, the hospitals also need to recruit and MMHin highly specialized and talented team and regularly update their skills through MMHining and development

The procurement Department of the hospitals deals with stocking and distribution of drugs which are essential for treatment and management of these staff. There is need for adequate supply of drugs which will assist in management of staff at various levels with different diseases to ease the burden of hospital stay and long queues within the hospitals. Most Public Hospitals have been plagued by inadequate supply of drugs, making the relatives of the patients to purchase the items from private pharmaceutical companies, worsening the already existing inefficiency (Omondi, 2018).

1.2 Statement of the Problem

Tanzanian healthcare system can be categorized into three in relation to where the funding for the facilities are acquired. Public Hospitals are mainly funded by the Government of Tanzania with

minimal input from cost sharing by the patients. Private hospitals are profit making facilities which charge the patients for all the services rendered thereby getting their revenues for operation of the hospitals and a profit out of the business. Another category of hospitals are managed by NGO's, FBO's and Philanthropists mainly offer services at subsidized rates and most of the time caters for the underserved areas.

Previous experience in these facilities revealed a slow pace of service delivery in Public Hospitals which was not witnessed in other categories of the hospitals. A delay in offering services, frequent disputes between management and staff in relation to delayed payment of dues, inadequate working equipment and poor work environment formed part of disruptions of service delivery. These disruptions were not witnessed in private facilities as their operations were smoother and the process from admission to discharge had very minimal disruptions. This prompted the researcher to investigate what might be the reasons behind slow service delivery in Public Hospitals.

Previous studies done in this area identified poor state of healthcare services in most of the public healthcare institutions including major hospitals in Kenya which resulted in discontent among majority of the patients, high staff turnover and low morale among staff, which made it difficult to offer a 24 hour clinical service resulting in challenges with patients care and ballooning cost of operations due to inadequacies and inefficiencies (Owino and Korir, 2000). The result indicate that majority of patients therefore seek for alternative healthcare providers abroad and spread negative statements which further affect the growth and development of most of the healthcare institutions around the country (Tam, 2017).

The situation is further complicated due to patients' perception of managerial and functional issues, which is perceived and interrelate with when seeking treatment such as internal processes, physical facilities, interactions with nurses, doctors and other support staff as somehow poor and not responsive in their study on the relationship between service quality, customer satisfaction and

buying intentions which was done in private hospital industry (Boshoff and Gray, 2004) and attitude to the service quality; the gap in expectation (Algılanan et al, 2021)

According to a study conducted by Wanjau, Muiruri and Ayodo in 2012 on the factors which were affecting provision of service quality in the public health sector Kenyatta National Hospital, they identified general low employees capacitation, low adoption of technology, poor communication channels and inadequate fund as the main factors that affect delivery of quality health services to patients attending public health facilities and impacting on perception of health service quality, satisfaction and loyalty of patients.

These challenges afflicting Public Hospitals led to disputes between management and operations staff leading to frequent strikes which sometimes lasted for weeks, leading to abandoning of patients in hospitals beds; in pain and agony, with a number of deaths, which in most cases could be prevented. The procurement Department of the hospitals deals with stocking and distribution of drugs which are essential for treatment and management of these staff. There is need for adequate supply of drugs which will assist in management of staff at various levels with different diseases to ease the burden of hospital stay and long queues within the hospitals. Most Public Hospitals have been plagued by inadequate supply of drugs, making the relatives of the patients to purchase the items from private pharmaceutical companies, worsening the already existing inefficiency.

1.3 Research Objectives

1.3.1 General objective

The general objective of the study was to assess the factors influencing service delivery in public hospitals: A case of Mount Meru Hospital in Arusha region, Tanzania.

1.3.2 Specific objectives

- i. To establish the influence of management style on service delivery in Public Hospitals in Arusha region.
- ii. To determine the influence of implementation of ICT services on service delivery in Public Hospitals in Arusha region.
- iii. To establish how training influences service delivery in Public Hospitals in Arusha region.
- iv. in Arusha region.

1.4 Research questions

The questions which guided the study are as follows:

- i. How does management style influence healthcare service delivery in Public Hospitals in Arusha region?
- ii. How does implementation of ICT services influence service delivery in Public Hospitals in Arusha region?
- iii. How does training influence service delivery in Public Hospitals in Arusha region?

1.5 Significance of the study

This study was conducted in order to find out how four factors influence service delivery in Public Hospitals in Tanzania specifically in Mount Meru Hospital in Arusha region. The factors which will be used are management style, implementation of ICT services, training and frequency of drug supply. Over the years, the hospitals have been the bedrock of healthcare service delivery in Tanzania but have changed of late as more and more service providers tend to address their grievances through strikes and labour unrests. Governments and management of these facilities tend to delay dispute resolution leading to labour boycott.

Patients and relatives found it difficult to settle the bills as the system used cannot fully satisfy their need for a faster service delivery. The bills given on papers sometimes got lost along the way

between the wards and the cashier office, causing more agony and pains to the relatives. This called for a swifter system which would revolutionize payment and billing services and reduce the long queues in these hospitals by use of either online, cards or mobile services for such MMHnsactions.

Most of the staff in Public Hospitals is being MMHined by the past system making meeting the challenges in the changing health environment become complex. This requires regular update of skills through MMHining and development using modern technologies and tools that are available for practitioners. With the rapid change in technology coupled with ever changing ways of management of medical and surgical conditions, there is need for regular update of skills and upgrade of available infrastructure to match the modern management protocol.

Then the need for regular stocking of medical supplies in the hospitals to ensure that the process continues need to be looked into for good service delivery. There is need for continuous supply of medicine and drugs to ensure uninterrupted services for the patients.

The findings of this study are expected to increase understanding and improve existing academic knowledge regarding these factors in Public Hospitals in the County. Policymakers and health practitioners are also find the information useful in developing policies and procedures that guide this health process. The findings provides proper guiding framework for the development of infrastructures that will ensure quality service delivery to patients and clients in Public Hospitals

1.6 Scope of the Study

The study covered all activities linking with health service delivery to assess the factors influencing service delivery in public hospitals: A case of Mount Meru Hospital in Arusha region, Tanzania. The researcher conducted the study at Mount Meru hospital which is found Arusha region, Tanzania. Furthermore, the study also involved all the related departments of mount Meru hospital that could provide essential required data to answer the research questions.

1.7 Limitations of the study

Study limitations refer to issues that will be out of the researcher's control. In this study, time was a significant limitation during data collection process and analysis since study is conducted over a short period of time. The study could have to be conducted in large and diverse populations and hospitals but it was restricted to only one Public Hospital with their Administration staff, Ward managers, Pharmacists, Procurement officers, financial officers, ICT support staff and a few patients in these facilities within Mount Meru hospital.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter summarizes prior research conducted by various researchers, including definitions of ideas and concepts, theoretical and empirical literature reviews, research gap, conceptual framework, and operationalization of variables.

2.2 Definition of Key Terms

2.2.1 Health

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO, 1946). Health can be seen as a multifaceted dimension of human life, and as a 'reserve stock' (Blaxter 2003, 2004) of vitality, [tness and strength (whether psychological or physical or both) which individuals can draw upon to pursue their goals and actions.

2.2.2 Quality Service

Patients' perspective on the quality of health care is important for several reasons. First, the high level of quality of services offered by health facilities is related to issues such as patient satisfaction, willingness to re-use services in the future, etc. Second, patient feedback and perceptions are significantly required in many health care quality assessment programs. Third, the perceived high level of service quality is positively related to the financial performance and efficiency of health care institutions (Kourkouta, et al, 2021).

2.2.3 Public Service

Public service means the activities and services done in any government capacity in the interest of the public domain and for the benefit of the general public. Such services include policing, defense, healthcare, education (Shittu, 2020)

2.2.4 Service Delivery

This refers to the extent to which the services provided by the listed sectors meet or exceed the expectation of the beneficiaries general public (Shittu, 2020)

2.3 Theoretical framework

This study will be guided by the change theory of Kurt Lewin (Bernard, 2004). It is based around the process Unfreeze, Change and Freeze, providing a higher level approach to the change process. With this theory, a manager or other change agents have a chance on a framework for implementing change effort however sensitive but seamless as possible. It follows three steps: Implementing a radical change, Reduce disruption of operations structure and Permanent adoption of change.

The change theory can be well adopted by a variety of change agents to ensure that the devolution of health services to the lowest levels is well executed, operational and function to the greater good of the people. The changes will come with resistance due to the initial centralized system but with good understanding of the process of change, most administrators are able to pass this through to their team members in terms of change in management, implementation of ICT, regular training and streamlining the procurement process.

2.3.1 Unfreeze

Habits and routine naturally settled in where structures have been in place for a while. People in an organization may staff off course in as much as the organization may be headed in the right direction. Unfreezing is simply a means of getting people to understand a perspective on their daily activities, reject their undesirable habits, and be open to new ways of achieving the objectives. It sets the wheels of change in motion.

2.3.1 Change

With open minds, change can then start. The process is very dynamic and for effectiveness, it has to take time which involves a transition period. People take new tasks and responsibilities so as to gain efficiency, but has to be gradual and sometimes bring slowness to the organization before it can steady. **2.3.1 Refreeze**

By making change permanent, it can then reach its full desired effect. The new organization become standard after the change has been cemented and all effort should be made to ensure that it succeed. **2.3.4 Force field analysis**

Lewin's force field analysis is a model that describes restructuring and making decision between driving and resisting forces and finally equilibrium where the forces match. The analysis investigates where power concentrates, decision makers, those for and against change and finally ways to influence dissenting voices. In an organization, Driving forces are looking for opportunity to improve while Resisting (resisting) forces are pro status-quo. The goal is to achieve equilibrium. This theory is relevant to this study as it will tend to understand the relationship between management and junior staff in terms of handling of disputes and conflict resolution. This will also determine the factors at play that usually fail to reach a consensus leading to labour unrest in these hospitals and how they can best be understood. Finally, the theory will assist the researcher to best understand how implementation of change and consider challenges that the management may face in the processes.

2.4 Empirical Literature Review

2.4.1 Influence management style on service delivery

Management of Health care system has previously been to some extent inefficient, incoherent and mostly driven by supply, thereby keeping patients on the outside the design, development and also delivery process (Berenson and Cassel, 2019). With history, health care organizations, mainly

public viewed customer service as an independent, non-critical function which was best left to professional judgment of physicians where necessary. But today there is a shift to a model which is organizational in which the patients have influence on every function (Glickman et al., 2017). Organizations operating in Public Health, which continuously take up challenge of huge restructuring, encountered and are still experiencing difficulties in full and proper implementation of these services (Glickman et al., 2017).

The difficulties have so far been the slow ability of the workforce to cope with rapidity in change, which ends up eroding established power patterns thereby leading to tensions and mistrust among middle and senior management (Scotti, Harmon and Behson, 2017).

Restructuring can also sometimes be derailed and delayed due to unforeseen secondary system mishaps like breakdown in information technology resources (Glickman et al., 2017). Senior management must demonstrate commitment to service quality and middle managers should also show their commitment, and ensure that they communicate principles, strategies and benefits of their services to the people for whom they have responsibility (Berenson and Cassel, 2019). When management fail to address the culture of an organization more likely its initiatives will fail.

Like in most developed countries, managing public health in USA is characterized by emphasis on performance and improving quality of healthcare. In order to attain these critical indicators, public health management is fully equipped with the necessary resources and management skills (Nembhard, et al., 2009). The hospitals personnel are more equipped with the management skills that enable them to efficiently manage resources and provide evidentiary basis for determining patient, clinician, and organizational outcomes (Nembhard et al., 2019). In other words, the health professionals are well capacitated to enable them improve the patient services health outcomes.

In USA, healthcare is managed and is intended to reduce the cost of health benefits while at the same time improving the quality of care. The need for improvement of care in the public health sector has continuously grown rapidly during the 21st century, and has led to competition in the healthcare industry (Berenson and Cassel, 2019). With this competition, patient satisfaction, quality of service, and efficient management of resources are providing the evidence for measuring patient, clinician, and organizational outcomes (Scotti et al., 2017). With quality outcome as the emphasis, it has become critical for healthcare organizations to develop and implement a good strategy which will provide effective care that will be appealing to patients and focusing on controlling costs (Scotti et al., 2007). Healthcare finds it hard to attract and retain patient and talented employees while at the same time delivering effective and efficient care consistently.

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services to patients (Buong' et al, 2017). Further, managers are not in a position to control physicians as they do to other employees. For example, medical doctors expected their colleagues or co-workers to have been more responsible empowered enough to perform the job well.

2.4.2 Influence of implementation of ICT services on service delivery

Improving the quality, accessibility and efficiency of healthcare for citizens is considered as the main aim of Information Communication and Technologies for health. ICT for health is considered as the application of information and communication technologies across a range of functions that are affecting the health sector.

Controlling escalation of costs and improving the healthcare of citizens is what every nations seek to achieve. In 2010 alone, the size of ICT enabled healthcare services was estimated to be about \$ 3.1 billion worldwide, and out of this, 80 per cent were in developed countries (Rudowski, 2019). Consultations which are done online by patients and doctors using websites and emails, distance referrals, emergency evacuations, and advance MMHnsmission of images and data of patients from ambulances is known to reduce lead times of intervention in emergency wards of most hospitals. This level of ICT in health has not been reached in developing countries by most professional and community users. Due to insufficient studies aimed at establishing relevance, applicability or cost effectiveness, most of these approaches are still at their relatively new stage of implementation (Berland, Elliott and Morales, 2010). The Governments in these nations therefore find it complex to determine their investment priorities especially in ICT (Chandrasekhar and Ghosh, 2021).

North America and Europe for example have application of ICT in healthcare service delivery in the advanced stage. In fact, the use of technology in delivery of health services has been described in various ways including telemedicine, tele-nursing, tele-homecare and many others. The use of ICT in delivery of healthcare services is hence the whole idea. The success of the use of ICT in the healthcare services delivery has been attributed to well develop technological infrastructure. A lot

of studies have been conducted on how e-health has been achieved through the application of technologies. A significant contribution to technical solutions in social context and in relation to individual needs is therefore needed in research and practice of health-enabling and ambient-assistive technologies (Koch et al., 2009). Tele-health systems such as online and mobile tools have already opened up the possibilities for reducing hospitalization and an increase in home care (Venter et al., 2016). Studies associated with tele-nursing have indicated an increased benefit of using technology in the nursing care delivery system in USA. The benefits of using the tele-nursing technologies range from improved diagnosis and consultations to the development of career options and professional nurses (Hebda and Czar, 2018).

Most importantly, tele-nursing have led to the improved patients' clinical and healthcare outcomes. Each of the benefit areas are related to the patients' safety concerns (Hebda and Czar, 2018). Tele-nursing is becoming an active and exceptional area in the professionals nursing practice where practitioners are required to develop skills in using the technologies that are applied in the patient care delivery system.

Expectations in health have risen due to the advancement of information and communication technologies (Dury, 2005). ICT impacts in almost every aspect of the healthcare sector. Information management and communication especially in Public Health Sector is important and can be improved by the available system (Olukunle, 2019). The emergence of electronic health, which is ICT supported health provision, has reduced the cost of healthcare thereby increasing efficiency by data management and transfer, disease management and quality transfer of knowledge (Oladosu et al., 2016).

In Africa, South Africa emerges as one of the nations where e-health has found its wide applications. The success of e-health in South Africa has been attributed to highly developed ICT infrastructure, huge investments in ICT particularly by the Public Hospitals, well trained public health personnel,

well developed MMHining and health institutions and belief in the ICT solutions to the health problems (Adesina, 2017). Currently, technology plays a critical role in the healthcare services delivery in South Africa. However, like most developing countries, innovative approach to eHealth remains significant. One of the successes of such innovations is the application of Cell-life and Mindset health models. Cell life is a system which was started by two universities in South Africa in 2003 for the therapeutic and logistics management of HIV/AIDS population. It is built on mobile devices with 3G/GPRS/SMS networks mostly on mobile phones for health solutions. It is mainly used by community health volunteers to assist their fellows on HIV positive management and also assists in organizational planning for drug supply and emergency situations in the community (Adesina and Jim, 2018). Emphasis of e- health solution exists in Nigeria where rural communities trying by using ICT to solve various challenges of health services delivery (Ajayi and Tokon, 2009). Development of innovative solutions that require less infrastructure provision is essential in such communities to reduce cost of operation (Bello, 2017).

In Kenya, evidence that healthcare professionals have a better access to adequate and reliable knowledge in Information Communication Technology is little (Gatero, 2021). The country continues to face health threats for example ravaging HIV/AIDS pandemics, the spread of infectious diseases including malaria, soaring levels of infant and maternal mortality, very low levels of life expectancy and further deteriorating healthcare facilities (Gatero, 2021). Notable barriers include few physical access capturing and slow or unreliable internet connectivity, very high subscription cost of information materials, inadequate awareness of what is available, lack of relevance of available information that ends up not meeting peoples' needs in terms of scope, style, or format, limited time and incentives to access information and lack of valued interpretation skills (Bii and Otike, 2016). Public Hospitals in Kenya have not shown robust commitments or willingness to invest in information technology despite its wide application and use. Even though ICT application is gaining popularity

within the private sector, the public institutions are yet to embrace the significance of ICT in healthcare service delivery.

2.4.3 Influence of training service on service delivery

To meet the current and future performances, training and development becomes a continuous process for improving the caliber and competence of employees. In addition to imparting requisite skills by training to all levels of employees, management also aims at changing the behavioural patterns of the employees in a direction which is in line to achieve the organizational effectiveness, sustainability and growth (Argote and Ingram, 2010).

In this era of fast changing scenario, solid financial foundation is not enough for any public health care organization nor is state of the art technology, automated systems, because the cutting edge now remains the quality of the human resources, which at the end of the day decides whether the public organizations would ultimately survive in the long-run (Argote and Ingram, 2010). As a service sector, health care remains an important sub set, whose growth is forecasted to be the most rapid in the changing economic scenario of the country.

The past years have witnessed several problems emerge in the area of MMHining. The focus has been on urban curative care in tertiary care settings concerning basic medical education hence less preparation for doctors in roles in rural primary health systems with barely no or less system for induction when these medical officers join government system in primary health care. This compounded by the fact that they do not have a basic MMHining in management and public health yet they are expected to supervise staff under them in the cadre (Argote, 2018).

Nurses MMHining either way in the lower level is also mostly technical in operation with a very limited component of social aspects of health care, community involvement and participation, mobilization and health education. Public and Private healthcare organization therefore need to revamp their entire organizational sMMHtegy in view of the above, in respect of procuring, retaining,

developing and grooming their human resources in a manner that they are not only useful and valuable but most important human assets for the present, and vital with uniqueness for the future. Within the Public Hospital setting, various personnel both in the management and lower cadre of hospital employees are in one way or the other involved in the healthcare services delivery. The hospital staff includes physicians, nurses, administrators, and ancillary staff. Studies indicate a positive relationship between highly skilled personnel and improved health services delivery outcomes (Argote and Ingram, 2018). Establishing the health training framework and programs, appropriate recruitment methods and continuous training and development of the health staff remains critical for the attainment of highly skilled personnel within Public Hospitals that geared towards attaining the desired outcome. The phenomenon is common in developed countries and is one of the reasons why such countries attain greater services in Public Hospitals. Hospitals need to implement human resource strategies like selective hiring, retention, monitoring performance to meet standards and retain credentials for them to offer quality services and growth (Cohen and Levinthal, 2019). Studies in Kenya have observed a very low standard of teaching in training schools for auxiliary nurses is very low in comparison with training standards in developed countries around the world thereby explaining the substandard patient and community care (Argote, 2018). Lack of proper training systems and inadequate reorientation courses has led to this substandard training, especially in general hospital management as there is still evidence of reliance on conservative training programs by health training colleges which have been taken over by events and time (Argote and Ingram, 2018). This screams of a clear neglect of training in the health sector.

There is a significant impact which is played by drugs, medical supplies and equipment on the quality of patient care which further account for a considerably high proportion of health care costs. In order to avoid wasting the available limited resources, health services need to make informed choices about what to buy so that they can meet priority health needs (Granehein and Lundman,

2017). There exists less information about essential medical supplies and equipment though most Public Health organizations have useful information about essential drugs.

Even with this information, selection of supplies and equipment has been given little attention with availability of a range of brands and items to choose from leading to acquisition of inappropriate and technically unsuitable items, which are incompatible with existing equipment, unavailable spare parts and consumables or unskilled staff on their use all together (Dogba and Fournier, 2019).

Procurement is only one part of managing medical supplies and equipment, and effective storage, stock control, care and maintenance are also critical if health services are to get the most out of what they buy (Dogba and Fournier, 2019). The Government of Kenya in collaboration with other players has produced medical supplies and equipment manual that remains critical in addressing some of these challenges. The manual applies to all healthcare levels as a reference for responsible procurement and management of medical supplies and equipment (Granehein and Lundman, 2017). Middle income countries face real shortage of drugs and medical supplies for healthcare services posing a challenge in provision of health care thereby contributing to poor quality health services and a further leading to increased mortalities (Tumwine et al., 2010).

It is estimated that almost 99% of all deaths due to inappropriate equipment and drugs occur in developing countries especially in rural areas. Adequate health services involving emergency care to the public could lead to drastic reduction in such deaths. Most countries in sub-Saharan Africa still find it complicated to access essential medical items thereby compromising provision of timely care to the patients (Tumwine et al., 2010).

In Kenya, supply and availability of medical items and drugs is still an unknown system with devolution worsening the situation with County level hospitals being affected more by lack of adequate drugs and medical supplies (Mselle et al., 2013). The government through its strategy of improving healthcare services delivery aims to provide basic drugs and medical supplies by

strengthening public health facilities (Olsen, Ndeki and Norheim, 2005). Currently, due to decentralization following the new constitutional, there is devolution of healthcare to the County governments that are responsible for health facilities within their jurisdictions. However, the Ministry of Health has consistently provided funds for the procurement of drugs and critical medical supplies via its Medical Stores Department (Mselle et al., 2013).

2.5 Research Gap

The influence of management style, implementation of ICT services, training and frequency of drugs supply in Public Hospitals in Arusha region, Tanzania is not well understood. While much of the contributions of these factors to the overall healthcare services delivery had been debated, how they influence the Public Health service delivery at the local levels is still in its infancy stage of establishment. Further, it is due to these factors that the sector of public health has failed to provide expected quality services. The study remained critical in influencing the degree to which these factors influence health services delivery in Public Hospitals particularly in Mount Meru Hospital. The study provided information on the health services delivery in Public Hospitals as well as the new approaches to the current needs of innovative health services as well as the main drivers of innovations in Public Health as it relates to the quality of health service delivery.

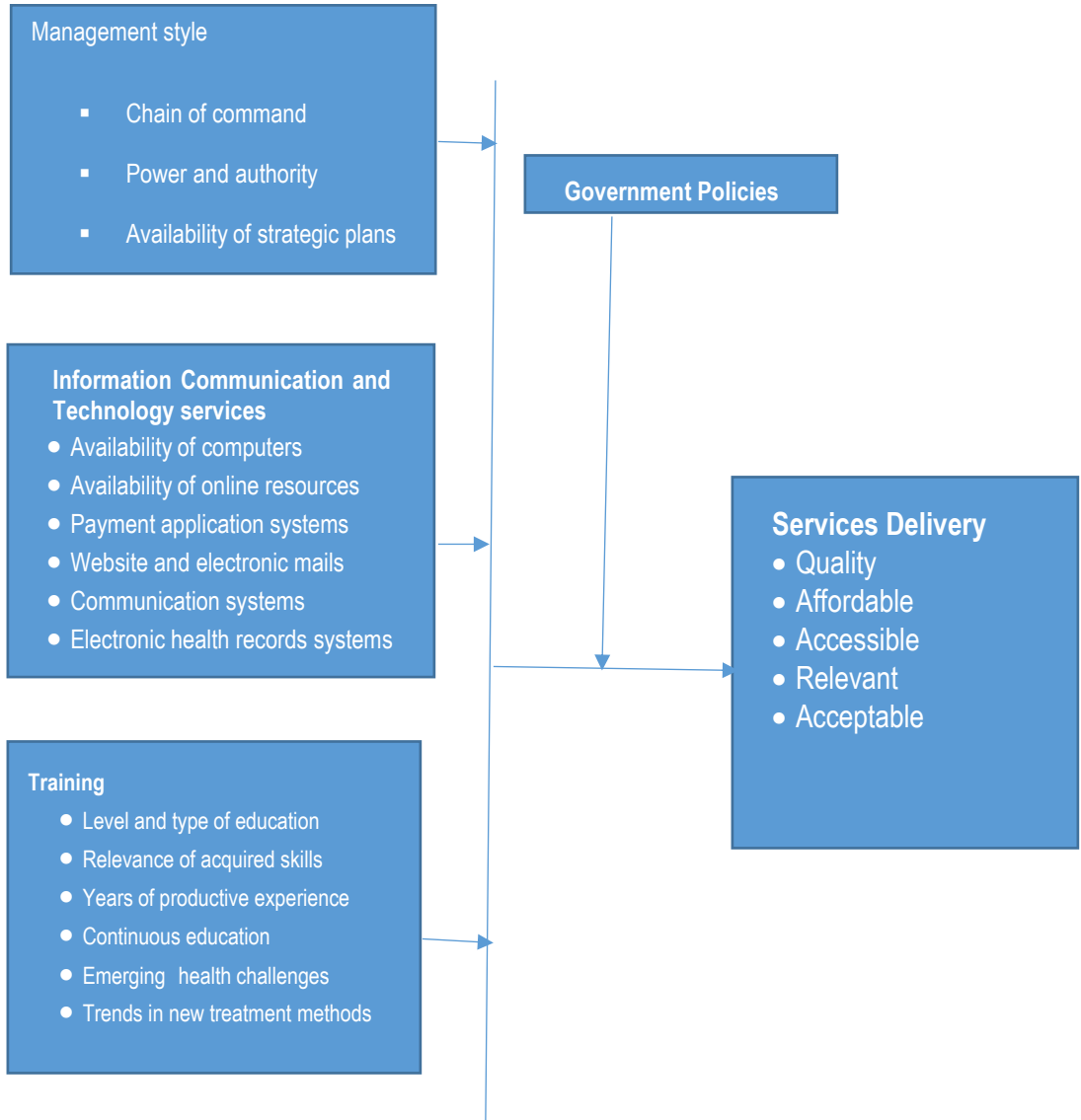
2.6 Conceptual framework

According to Mugenda and Mugenda (2003) a conceptual framework is considered as a hypothesized model for identifying concepts under study and an existing relationship. In this study, the independent variables are ICT, Management issues, training and drug supply while the dependent variable is service delivery. Government policies are the moderating variables as shown in Figure 2.1.

Figure 2. 1 Conceptual framework

Independent Variable

Dependent Variable



Source: Own Researcher, (2023)

CHAPTER THREE

LITERATURE REVIEW

3.1 Introduction

This chapter presents the research methodology which was employed in the study. The chapter provides a description of various techniques including research design, target population, sampling procedures and sampling methods, data collection tools and methods and ethical considerations which are to be observed in the study. The study focused on Mount Meru Hospital which is in Arusha Region.

3.2 Description of study area

Mount Meru is the Government Regional Referral Hospital for the Arusha Region and has 450 beds. With its close proximity to some of the World's most beautiful natural playgrounds, Arusha is often considered to be the Safari Capital of the World. Mount Meru Regional Hospital is a hospital in Arusha, Northeast Tanzania. Mount Meru Regional Hospital is situated nearby to Naura Forest and the public building Arusha International Conference Centre (URT, 2020).

3.3 Research design

In this study, a descriptive research design (Mugenda and Mugenda, 2003) was used as the design due to its suitability in data collection to answer the research questions. In this case, though, the tool was a well-structured questionnaire and interview. In order to investigate the influence of management style, implementation of ICT services, MMHining and frequency of drug supply on service delivery.

3.4 Research Approach

This study used a mixed research approach that is qualitative approach and quantitative approaches. Qualitative research approach is the study of nature of phenomena and is especially appropriate for answering questions of why something is (not) observed, assessing complex multi-

component interventions and focusing on intervention improvement (Busetto, et al, 2020). On the other hand, quantitative approach was used since it allows in depth study of variables under conceptual framework arrangement, and also provides more validity of data since it facilitates quantitative data analysis methods (Kothari, 2004 and Veal, 2007 in Cater and Low, 2012).

3.5 Target population, sample size and sampling procedures

In this study, the target population was 240 which included the management staff (Ward managers, Pharmacists, Procurement officers, financial officers, and ICT support staff) at Mount Meru Hospital. Therefore, the sample size of the study was 150 staff members (Kiongo, 2012). The study target population involved the non-unionized staff at this hospital, making half of the total population (Njeru and Meme, 1996).

3.5.1 Sample size

Sample size refers to the number of items selected from the universe to constitute a sample (Kothari, 2004). The study employed 150 as a sample size from the all population in the organization which comprising 240 people. The selection of sample size of this study based on Yamane Formula, with a confidence level of 95% and marginal error of 5% ($1 - 0.95$), the formula is expressed as hereunder,

$$n = \frac{N}{1+N.e^2}$$

Whereas:

n = number of samples,

N = total population;

e = standard error of sampling (5%) is tolerated.

$$\text{Thus, } n = \frac{N}{1+N.e^2} = \frac{240}{1+240 \times (0.05)^2} = \frac{240}{1+240 \times (0.0025)} = 150$$

Therefore, the study sample size will be 150 respondents.

3.5.2 Sampling procedure

A simple random sampling method, was used to select respondents. The unit was Ward managers,

Pharmacists, Procurement officers, financial officers, ICT support staff who fell within the inclusion criteria at Mount Meru Hospital. These category of staff were found to make up half of the total hospital management staff as per a study conducted by Njeru and Meme in 1996.

Ward managers, Pharmacists, Procurement officers, financial officers, and ICT support staff will be deemed viable when carrying out the research (Evans and Lindsay, 2009). The formula by Mugenda and Mugenda was applied to 240 employees who were considered the target population and the researcher arrived at a sample size of 150 participants. Then the researcher distributed this equitable to enable an almost uniform distribution of data and respondents. The researcher then came up with 150 respondents for Mount Meru hospital as shown in Table 3.1.

Table 3. 1 Sample size of respondents

Department	Sample size	Percentage
Ward Managers	60	40
Pharmacists	30	20
Procurement officers	15	10
Financial officers	20	13
ICT Support staff	25	17
Total	150	100

Source: Own Researcher, 2023

3.6 Data collection methods

A structured questionnaire for this study had been modified to include open and closed ended questions for ease and expression by the respondents. The questionnaire were designed to ask

questions in the four areas of study: management style, Implementation of ICT services, MMHining and frequency of drug supply including taking the basic bio-data. The instrument was pretested at AICC Health Centre and necessary adjustments were made before the actual data collection to be done.

3.6.1 Questionnaire

The study employed structured questionnaires as a tool of gathering relevant information from the targeted area. The researcher will administer questionnaires physically to the respondents (Ward managers, Pharmacists, Procurement officers, financial officers, and ICT support staff), this tool provided an opportunity for the respondents to respond direct to the questions which can arise during adminisMMHtion of this research tool.

3.6.2 Interview

An interview is a conversation for gathering information that involves an interviewer who coordinates the process of the conversation and asks questions to interviewee who responds to the questions. Interviews can be conducted face to face or through telephone that is according to Alshenqeeti (2014). Therefore, in this case interview was conducted from procurement department, ward managers, patients and other respective respondents.

3.7 Data analysis procedure

Data analysis is the process of inspecting, rearranging and MMHnsforming data to exMMHct useful information from it (Heering et al, 2017). In this study, two methods of data analysis were used. Quantitative data were collected, coded and then entered in software (SPSS Version 22), whereby frequency and percentage were used to analyse the demographic characteristics of respondents

and descriptive statistics such as mean and standard deviation was used to analyse quantitative data and data was presented by using tables.

Qualitative data were analysed using content analysis (narratives). Data was grouped into themes and analysed accordingly. Where necessary to capture the real feelings of the respondents, some quotable narratives were put forth. Data was inductively sorted to get themes and sub themes; on this basis they were categorized and coded. During analysis, data was organized into narratives to be able to capture the experience of respondents. To determine the meaning of words, sentences and paragraphs, content analysis were carried out to get the inner meanings of the qualitative data.

3.8 Validity and Reliability of the study

3.8.1 Validity

Simply defined, it is the accuracy of measurement. Validity measures the accuracy of the research instruments, in this case, the questionnaire. The questionnaire was well structured and tested prior to the research study in order to ensure that the research findings were accurate and more valid. However, this questionnaire remained valid for this specific research and within the given timeline. Content validity was obtained by discussing the items of the questionnaire with the supervisor.

3.7.2 Reliability

A test is reliable only if it consistently measures what it is supposed to measure. When repeated over a period of time the result will remain the same. Reliability remains as the consistency of a research measurement and the degree to which an instrument measures and gives the same results every time it is used under the same condition with the same subjects in the process. It therefore is the repeatability of a research measurement.

3.9 Pilot study

This was conducted in order to test whether the questionnaire are valid. It was carried out by researcher. The purpose of conducting pilot study is to identify any errors in the questionnaire and correct them before data collection (Brotherton, 2008).

3.10 Ethical considerations

Ethical issues that could arise during the course of the study includes authorization to conduct the study, permission from authorities, and acquisition of permits and informed consent of the participants. The power differences between the researcher and the participants, privacy and confidentiality of the participants and information (Kline, 2010) was also addressed. Permission letter was granted from the Institution (IAA) to proceed for the study. All the participants were informed of the reasons for the study and objectives which are to be achieved after which the participants thereafter signed informed consent. No participant was required to include their names in the study as only signatures were sought for purposes of maintaining the integrity, privacy and confidentiality of the respondents. The participants were also made aware that withdrawal from the study is allowed at any point without any consequence. The participant's identifications were concealed as none of them was allowed to write his/her names in the study documents. All the information obtained were treated with privacy and confidentiality and data analysis were done primarily by the researcher to observe this confidentiality.

3.11 Data Reliability and Validity

Cronbach's alpha coefficient was used to test the internal reliability of the measures

in the questionnaire. The adoption of Cronbach's alpha based on the ground that it has the most utility for multi-item scales at the interval level of measurement; it requires only a single administration and provides a unique, quantitative estimate of the internal consistency of a scale (Sekaran, 2010; Cooper and Schindler, 2011).

3.11.1 Data Reliability

Internal reliability is the consistency of a set of measurement items or the degree to which an instrument measures the same way each time it is used under the same condition with the same subjects (Cronbach, 1951). It is the extent to which a questionnaire tests observation or any measurement procedure and produces the same results. That is, the stability or consistency of scores over time or across raters (Burns and Burns, 2012). A measure is considered reliable if a person's score on the same test given twice is similar. Various variables may impinge upon reliability of findings. For instance, respondents may be biased or not be in mood of answering questions with degree of interest.

To minimize such variables, Sekaran (2010) advice that respondents must be carefully chosen to ensure they are willing to participate in the study and will answer questions with minimum degree of bias. One methods of testing reliability were used in this study which is internal consistency test. Internal consistency of the research instrument used Cronbach's Alpha.

Cronbach's Alpha is a reliability coefficient that indicates how well items in a set are positively correlated to one another (Sekaran, 2006). According to Bryman and Bell (2015), generally reliability of 0.7 to 1.0 is considered acceptable. Cronbach's Alpha that was less than 0.7 will be generally considered to be poor, those which was 0.7

will be acceptable and those over 0.8 is good; the closer the reliability coefficient gets to 1.0 the better. Findings of internal reliability test in Table 3.3 indicates that a Cronbach in this study is 0.809 which is good.

Table 3. 2 Reliability test

Cronbach's Alpha	N of Items
0.809	26

3.11.2 Validity tests

Content validity refers to the extent to which differences in observed scale scores reflects true differences among objects on the characteristic being measured rather than systematic or random error (Huang, 2012). Content Validity Index (CVI) was used to determine the content validity of the questionnaire focusing on the experts' ratings of items' relevance as it also detects flaws, limitations, weaknesses in design, instrumentation and provides proxy data for selection of a probability sample (Cooper Schindler and Sharma, 2012). It was also measured by agreements among experts that the scale was measuring what is expected to be measured where researcher and with supervisor agreed on correct measures to be used. Therefore, the assessment on the influence of Force Account in the performance of Government Projects were studied to ensure content validity and pilot study of 8 respondents was made to see how the methodology instruments fits.

3.12 Test of Assumption of Study Variables

3.12.1 Test of multicollinearity

Variance Inflation Factor (VIF) and tolerance analysis were carried out to test for multicollinearity in the Regression Model. Multicollinearity refers to the degree of correlation between predictor variables (Field, 2019; Martz, 2013). The rule of thumb under regression model is that the predictor variables are not highly correlated with each other. Multicollinearity in the data occurs when the independent variables are highly correlated with each other. When VIFs = 1 indicates no or little Multicollinearity; VIFs > 1 indicates moderate Multicollinearity; VIFs between 5 – 10 indicate high correlation and when VIFs > 10 assumes that coefficients are poorly estimated and that multicollinearity in the regression model is a problem that should handle accordingly (Sheskin, 2011). The analysis (Table 3.4) shows a mean VIF of 1.299 and tolerance of 0.793 where by the VIFs for all predictor variables were found to be equivalent to 1 (VIFs = 1), indicating that multicollinearity is probably not a problem among the predictor variables.

Table 3. 3 : Testing of Multicollinearity

Variable	Tolerance	VIF
Influence of management style	0.838	1.192
Influence of ICT services	0.925	1.084

Influence of MMHining services	0.616	1.623
Mean VIF	0.793	1.299

3.11.2 Testing of Normality

Kurtosis and Skewness tests were conducted to detect whether the sample drawn from the population were normally distributed. Skewness measures the deviation of distribution from symmetry while Kurtosis measures Peakness of the distribution. For perfectly symmetrical data, the value of Skewness and Kurtosis is 0 (Field, 2013; Pallant, 2013 and Ghasemi and Zahediasl, 2012). If the value of Skewness and Kurtosis is significantly different from 0, then data are obviously non-normal. However, since it is quite unlikely to achieve perfectly symmetrical, the values of Skewness and Kurtosis approximately ranges between -1 and +1. A descriptive analysis in Table 3.5 revealed approximate normal distribution of the data related to all three variables under this study (Table 3.5).

Table 3. 4 : Testing of Normality

	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std.Error
IMS	1.022	-0.363	0.165	-0.866	0.326
IIS	1.079	0.187	0.165	-1.579	0.327
ITS	0.729	-0.947	0.165	0.277	0.326

3.12 Findings of Pilot Test

Pre-testing was done to modify and remove ambiguous items on research instruments (Kothari, 2004). This enabled the content validity and reliability of the questionnaire and interview schedule used in the study. Reliability is the stability or consistency of scores over time while validity is referring to the extent to which an instrument truly measures what it is intended to measure or how truthful the research instruments are (Golafshani, 2013). In order to check and improve reliability and validity, a pilot study was undertaken in Mount Meru Hospital in Arusha Region. The developed research instruments were pre-tested using an identical sample in the specified sMMHta and the process helped in appraising data collection instruments. It also helped to ensure that research instruments were stated clearly and had the same meaning to all respondents. To achieve high precision pilot studies, 1% to 5% of the sample constituted the pilot test size (Lancaster, *et al.*, 2012). A total of 3 respondents were considered in the pilot testing. The reliability coefficient of the research instruments was checked using Cronbach's alpha where a threshold of 0.70 was used (Sekaran, 2013). The Cronbach alpha valuables of all the variables were above 0.70 implying that that the instruments were sufficiently reliable for measurement.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.0 Introduction

This chapter presents detailed discussion of findings of the study. It consists of the socio-demographic characteristics of the respondents, presentation and analysis of the findings related to the study objectives. The general objective was the assessment of the factors influencing service delivery in public hospitals, a case of Mount Meru Hospitals, in Arusha Region-Tanzania.

4.1 Response Rate

The targeted respondents in the study were the employees of Mount Meru Hospital. A total of 150 questionnaires were administered to the respondents. After data cleaning some of the questionnaires were significantly incomplete whereby more than half of the questions were unanswered, few answers did not match with the questions and some respondents failed to return the questionnaires as they could not participate at the time. Therefore, 120 questionnaires were returned and well responded. This resulted in a response rate of 75.19% which is very good. Morton *et al.*, (2012) stated that a response rate of 50% is adequate and 75% as it is very good. Fan and Yan (2010) aver that a response rate of 50% is adequate, 60% and above good, and above 70% very good.

Table 4. 1 Response Rate

Class	Respondents	Percentage (%)
Response	120	80
No response	30	20
Total	150	100

Source: (Field data 2023)

4.2 Socio-Demographic Characteristics of Respondents

Socio-demographic characteristics of respondents such as age, marital status, gender and level of education were important attributes of the study. As such information related to socio-demographic characteristics were collected and analysed to show their applicability to the study.

4.2.1 Sex of respondents

The Findings on Table 4 show that out of 150 respondents, 56% were male while 44% were female. The study found that Mount Meru Hospital staffs are female compared to male in Mount Meru Hospital in Arusha Region. This indicates that male mostly prefer activities in health service more than female as the job of health service has several complications to which for a female is hard for them to face.

Table 4. 2 Distribution by Gender of the Respondents

Categories	Frequency	Percentage (%)
Male	74	62
Female	46	38
Total	120	100

Source: (Field data, 2023)

4.2.2 Age of the respondents

Findings in Table 4 show that most of the respondents' range between the age of 35 and 55 years. The maximum age was represented by 67% of the respondent while the minimum was those where aged 29, 30 and 33 were only 33% of the respondents. Most of the respondents were those with families and they have covered the largest percent of the respondent. This is because most of the

employees of MMH are those who have families and have responsibilities to cover thus they had to be employed.

Table 4. 3 Distribution by Age of Respondents

Categories	Frequency	Percentage (%)
Between 18-20 years	5	4
21-30 years	18	15
31-40 years	35	29
41 years and above	62	52
Total	120	100

Source: (Field data, 2023)

4.2.3 Education level of the respondents

It was observed that most of the respondent in the study acquired an education level of Bachelor Degree. Findings in Table 6 show that 98% acquired bachelor degree and the remaining 2% acquired master degree. This implies that most of the employees in MMH acquires bachelor degree in terms of level of education. Only few of them have master degree are those who decided to go for their master degree when they are at work.

Table 4. 4 Distribution by Education Level of Respondents

Categories	Frequency	Percentage (%)
Certificates	15	12
Diploma	30	25
Bachelor degree	50	42
Masters	23	19
PhD	2	2
Total	120	100

Source: (Field data, 2023)

4.4 Influence of Information Communication Technology service in service delivery in public hospitals

Table 4 present that management style influence service delivery in public hospitals had a Mean = 3.98 and standard deviation = 1.139 as (21.5%) respondents disagreed management style influence service delivery in public hospitals can be used to improve service in public hospitals, (36.9%) respondents agreed and (41.5%) respondents strongly agreed. The study findings indicates that most of the respondents who are the employees of the Mount Meru Hospital (MMH) they do understand that management style in public hospitals can be a good way of improving service delivery. The study implies that management style in public hospitals is a very important thing the organization which is MMH should ensure the availability of good management style facilities as they improve service delivery.

Table 4 present that chain command influence service delivery in public hospitals had a Mean = 3.88 and standard deviation = 1.125 as (23.1%) respondents disagreed that chain command

influence service delivery in public hospitals can be used to improve service delivery, (43.1%) respondents agreed and (33.8%) respondents strongly agreed. The study findings indicates that most of the respondents who are the employees of the Mount Meru Hospital (MMH) do understand that chain command can be a way of improving service delivery in public hospitals. The study implies that having chain command as a management style in public hospitals is a very important thing the organization which is MMH should ensure the use of chain command management as they improve service delivery.

Table 4 present that presence of power of authority service in public hospitals when used properly had a Mean = 3.72 and standard deviation = 1.023 as (23.1%) respondents disagreed that power of authority management in public hospitals, (58.5%) respondents agreed and (18.5%) respondents strongly agreed. The study findings indicates that most of the respondents who are the employees of MMH they do understand on how power of authority management in public hospitals influence service delivery. The study implies that having power of authority management in public hospitals in the working environment is a very important thing the organization which is MMH should ensure the availability of power of authority as they improve service delivery.

Table 4 present that financial management when used in service delivery improves service had a Mean = 3.72 and standard deviation = 1.016 as (16.9%) respondents disagreed that financial management when used in service delivery improves service, (49.2%) respondents agreed and (33.8%) respondents strongly agreed. The study findings indicates that most of the respondents who are the employees of MMH they do understand on how financial management when used in service delivery improves service to MMH. The study implies that having financial management when used in service delivery improves service in the public hospitals is a very important thing the

organization which is MMH should ensure the availability of financial management in public hospitals as they improve service delivery.

Table 4 present that budgetary allocation in public hospitals had a Mean = 4.02 and standard deviation = 1.068 as (18.5%) respondents disagreed that budgetary allocation improves service delivery, (43.1%) respondents agreed and (38.5%) respondents strongly agreed. The study findings indicates that most of the respondents who are the employees of MMH they have admitted that budgetary allocation can be used to influence service delivery. The study implies that the management of MMH should ensure the availability of budgetary allocation as they are very important for service delivery.

Table 4. 5 Influence of Information Communication Technology service in service delivery in public hospitals

Variable	SD%	D%	N%	A%	SA%	Mean	Std. Deviation
Chain of command	0	21.5	0	36.9	41.5	3.98	1.139
Power authority	0	23.1	0	43.1	33.8	3.88	1.125
Financial management	0	23.1	0	58.5	18.5	3.72	1.023
Budgetary allocation.	0	16.9	0	49.2	33.8	4.00	1.016
Management style	0	18.5	0	43.1	38.5	4.02	1.068

SD=Strongly Disagreed, D= Disagreed, N=NeuMMHI, A= Agreed, SA= Strongly Agreed

Findings from descriptive statistics collaborate with the results from interview showing that management style influence service delivery in public hospitals in Arusha region as one of the interviewers responded that;

“...it is true that management style in service delivery in public hospitals is a very important thing the organization which is MMH should ensure the availability of management style as they improve service delivery in public hospitals. It is also true that management style in the public hospitals is a very important thing the organization which is MMH should ensure the availability of management style as they improve service delivery in public hospitals. It was also true that management style influences service delivery when appropriate management style used...” (Arusha region, September 28th, 2022).

In order to understand the Management style (MS) that led to influence service delivery, each respondent was asked to state the reason(s) for service delivery. Five reasons were identified in response as responsible for being able to ensure there is influence of service delivery in public hospitals. They include; chain of command, power of authority, financial management, dispute resolution to MMH and performance evaluation (Table 4).

Binary logistic regression was conducted between Management Style (MS) and service delivery. The overall significance of the model was assessed using an Omnibus tests of model coefficients which produced a log likelihood 29.325, and omnibus tests of model coefficients (Chi-square 244.655, sig. 0.000), Nagelkerke R Square= 0.932; Cox and Snell R Square= 0.566 indicating a strong relationship between Management Style (MS) and service delivery; Hosmer and Lemeshow Test (Chi-square= 15.330; sig. = 0.056), the two measures together indicate that the model on management style influence service delivery was more suitable to the data. The following results were obtained:

Chain of command was found to be a factor with a strong influence in service delivery in Mount Meru Hospital. The results were statistically significant at $p = 0.001$, Wald = 11.075, and Exp (β) = 13.483. Moreover, a Wald statistic of 11.075 shows that chain of command contributed highly to the

service delivery in TMMH. Results further indicated that, when chain of command increases by 13.483, the odds ratio is 2.601 inferring that, influence service delivery are 2.601 more likely to increase service delivery. This is because as chain of command increases, they tend to have more responsibilities, thus, they fully engage in increasing the service delivery.

Regarding the power of authority, the study revealed that it was found to be significant at $p= 0.004$, Wald = 2.501 and Exp (β) = 1.764. The model produced a Wald statistic of 2.501 which predicted that power of authority contributes significantly to MMH employees to increase service delivery. All MMH employees power of authority increase the probability of them being concerned in service delivery by 1.764, it causes the odds to be 1.567 which indicates that power of authority are 1.567 likely to be influenced in increase service delivery.

The findings further indicated that financial management to service delivery was another strong positive significant influence of service delivery activity at $p= 0.000$, and Wald statistic of 17.174 and an Exp (β) of 9.971. A Wald statistic of 9.971 demonstrates that financial management to MMH employees, significantly influenced increase of service delivery in public hospitals. Exp (β) value indicated that an increase of financial management to MMH employees, the odds ratio is 2.300, implying that MMH financial management to MMH employees plan were 2.300 more expected to increase service delivery. The positive significant influence explains that the higher the financial management to MMH employees the higher probability for MMH to increase service delivery.

Dispute resolution to MMH was found to be a factor with a strong positive significance influence on increase to service delivery at $p= 0.002$, Wald = 15.063, Exp (β) = 14.064 indicating that when dispute resolution to MMH increase by 14.064 the odd ration is 7.387 times as large and therefore

MMH staffs are 7.387 times more likely to ensure increase in dispute resolution. This showed that majority of respondents had full responsibility for at least 5 individuals to increase service delivery.

Management style is simple in usage was also found to have a strong influence on service delivery. The results were statistically significant at $p= 0.118$, Wald = 2.359, and Exp (β) = 0.003. Moreover, a Wald statistic of 5.801 showed that Management style is simple in it usage contributed to increase of service delivery. According to the study findings, many MMH employees accept the use of management style as it influence service delivery. Thus, they ended up engaging in considering the increase of service delivery.

Table 4. 6 Influence of Information Communication Technology service in service delivery in public hospitals

Variables	B	S.E.	Wald	Df	Sig.	Exp(B)
Chain of command	2.601	0.782	11.075	1	0.001*	13.483
Power authority	0.567	0.359	2.501	1	0.004*	1.764
Financial management	2.300	0.555	17.174	1	0.000*	9.971
Budgetary allocation	7.387	8.555	15.063	1	0.002*	14.064
Dispute resolution	-5.801	1.557	2.359	1	0.118	0.003
Constant	16.655	4.117	16.369	1	0.000	0.000

Omnibus Tests of Model Coefficients (Chi-square = 244.655; sig. = 0.000); Log likelihood= 29.325^a; Cox & Snell R Square = 0.566, Hosmer & Lemeshow Test (Chi-square= 15.330; sig. = 0.056); Nagelkerke R Square = 0.932

4.6 Influence of Information communication and Technology Services in Service Delivery

Table 4.6 present that information communication technology is accurate in service delivery had a Mean = 4.53 and standard deviation = 0.641 as (54%) respondents agreed that information communication technology to MMH service delivery is accurate, (46%) respondents strongly agreed and (41.5%) respondents strongly agreed. The study findings indicates that most of the respondents who are MMH employees have accepted that the use of information communication technology can be used to in service of all activities in the organization as it is accurate in service delivery. The findings implies that MMH should emphasize the information communication technology as a mode of service delivery as it is accurate.

Table 4.6 present that there is efficiency in service delivery when there is availability of ICT facilities had a Mean = 4.62 and standard deviation = 0.601 as (66%) respondents agreed that in there is efficiency in service delivery when there is availability of ICT facilities and the remaining (34%) respondents strongly agreed. The study findings indicates that most of the respondents who are TMMH employees have accepted that there is efficiency in service delivery when the organization decides to use availability of ICT facilities. The result implies that MMH should be good in emphasizing the use of ICT facilities as it is a very efficiency way in service delivery.

Table 4.6 present that efficiency in service delivery when using availability of online resources had a Mean = 4.74 and standard deviation = 0.571 as (81%) respondents agreed that in there is online resources to MMH management using proper budgetary allocation and the remaining (19%) respondents strongly agreed. The study findings indicates that most of the respondents who are MMH's employees have accepted that using online resources as a mode of service delivery increases there is proper budgetary allocation. The result implies that MMH management should

strongly emphasize the use of online resources system in their daily activities as it increases the service delivery.

Table 4.6 present that communication systems influence the service delivery had a Mean = 4.79 and standard deviation = 0.652 as (83%) respondents agreed that in their organization they increase the uses of communication systems as it increases the service delivery and the remaining (17%) respondents strongly agreed. The study findings indicates that most of the respondents who are MMH's employees have accepted that it is very efficient using communication systems as their mode of service delivery in the organization as it influence service delivery. The result implies that MMH management should strongly try to emphasis and motivate communication systems as it works very efficiently in increasing the service delivery.

Table 4. 7 Influence of Information communication and Technology Services in Service Delivery.

Variable	SD%	D%	N%	A%	SA%	Mean	Std. Deviation
Availability of ICT facilities	0	0	0	54	46	4.53	0.641
Availability of online resources	0	0	0	66	34	4.62	0.601
Communication systems	0	0	0	81	19	4.74	0.571
Electronic health records systems	0	0	0	83	17	4.79	0.652

SD=Strongly Disagreed, D= Disagreed, N=Neutral, A= Agreed, SA= Strongly Agreed

Findings from descriptive statistics collaborate with the results from interview showing that mobile payment system within VAT revenue collection as one of the interviewers responded that;

“...it is true that most MMH staffs in Mount Meru Hospital understand the use of information communication technology can be used to influence service delivery in the organization as it is accurate in improving service delivery. It is also true that there is efficiency in service delivery when the organization decides to use information communication technology but also information communication technology as a mode of service delivery increases the communication systems in service delivery....” (Arusha region, July 6th, 2021).

In order to understand the response strategies that led to increase of service delivery in MMH, each respondent was asked to state the reason(s) for increase in revenue collection five reasons were identified in response as responsible for being able to ensure revenue collection. They include availability of ICT facilities is accurate, availability of online services, communication systems, payment application systems and electronic health records systems (Table 10).

Binary logistic regression was conducted between information communication technology and service delivery. The overall significance of the model was assessed using an Omnibus tests of model coefficients which produced a log likelihood 28.387, and omnibus tests of model coefficients (Chi-square 202.567, sig. 0.000), Nagelkerke R Square= 0.903; Cox and Snell R Square= 0.505 indicating a strong relationship between information communication technology and service delivery; Hosmer and Lemeshow Test (Chi-square= 14.546; sig. = 0.057), the two measures together indicate that the model on information communication technology influencing service delivery was more suitable to the data. The following results were obtained:

Accuracy of ICT facilities was found to be a factor with a strong influence service delivery. The results were statistically significant at $p = 0.000$, Wald = 10.913, and Exp (β) = 13.897. Moreover, a Wald statistic of 10.913 shows that accuracy of ICT facilities contributed highly to the increase of service delivery. Results further indicated that, when accuracy of ICT facilities increases by 13.897,

the odds ratio is 1.961 inferring that, service delivery are 1.961 more likely to service delivery. This is because as accuracy of ICT facilities increases, they tend to have more responsibilities, thus, they fully engage in increasing service delivery.

Efficiency in online resources, the study revealed that it was found to be significant at $p= 0.002$, Wald = 2.501 and $\text{Exp}(\beta) = 2.674$. The model produced a Wald statistic of 2.501 which predicted that efficiency in in online resources increase the probability of them being concerned in influencing service delivery by 2.674, it causes the odds to be 0.907 which indicates that efficiency in in online resources are 0.907 likely to be influenced in service delivery.

The findings further indicated that payment application systems was another strong positive significant influence of revenue collection at $p= 0.001$, and Wald statistic of 15.274 and an $\text{Exp}(\beta)$ of 9.095. A Wald statistic of 9.095 demonstrated that payment application systems, significantly influenced the influence of service delivery. $\text{Exp}(\beta)$ value indicated that an increase of payment application systems, the odds ratio is 2.989, implying that MMH staff payment application systems 2.989 more expected to service delivery. The positive significant influence explains that the higher the payment application systems the higher probability for MMH staff to keep increase in service delivery.

Increase the communication systems was found to be a factor with a strong positive significance influence on influence of service delivery at $p= 0.003$, Wald = 11.743, $\text{Exp}(\beta) = 13.147$ indicating that when increase the communication systems by 13.147 the odd ration is 6.187 times as large and therefore MMH staffs are 6.187 times more likely to ensure influence of service delivery. This showed that majority of respondents had full responsibility for at least 6 individuals to increase revenue.

Table 8: Information communication technology

Variables	B	S.E.	Wald	Df	Sig.	Exp(B)
Availability of ICT facilities	1.961	0.581	10.913	1	0.000*	13.896
Payment application systems	0.907	1.365	2.501	1	0.002*	2.674
Communication systems	2.989	0.786	15.274	1	0.001*	9.095
Constant	19.054	4.269	15.866	1	0.000	0.000

Omnibus Tests of Model Coefficients (Chi-square = 202.567; sig. = 0.000); Log likelihood= 28.387^a; Cox & Snell R Square = 0.505, Hosmer & Lemeshow Test (Chi-square= 14.546; sig. = 0.057); Nagelkerke R Square = 0.903

4.7 The influence of training services in service delivery in public hospitals

Table 9 present that training services in service delivery in public hospitals had a Mean = 3.95 and standard deviation = 1.165 as (23.1%) respondents disagreed that training services in service delivery in public hospitals, (35.4%) respondents agreed and (41.5%) respondents strongly agreed. The study findings indicates that most of the respondents who are the employees of MMH have admitted that training services in service delivery in public hospitals. The study implies that if MMH management wants to increase service delivery will have to use training services in service delivery in public hospitals.

Table 9 present that relevance of acquired skills improve service delivery had a Mean = 4.03 and standard deviation = 1.075 as (18.5%) respondents disagreed that relevance of acquired skills improve service delivery, (41.5%) respondents agreed and (40%) respondents strongly agreed. The study findings indicates that most of the respondents who are employees of MMH most of them

admit that the organization concentrate MMH much in improving service delivery by using relevance of acquired skills it improves service delivery The study implies that the management of MMH have decided and should put energy in providing relevance of acquired skills to the employees as it will help them to improve service delivery in public hospitals.

Table 9 present that emerging health challenges improve service delivery processes had a Mean = 4.08 and standard deviation = 1.050 as (16.9%) respondents disagreed on the fact that relevance of acquired skills improve service delivery processes, (41.5%) respondents agreed and (41.5%) respondents strongly agreed. The study findings indicates that most of the respondents who are employees of MMH have stated that relevance of acquired skills improve service delivery in public hospitals. The study implies that the management of MMH have decided and should put energy in the service delivery by using relevance of acquired skills as it will help to influence service delivery thus, they should improve relevance of acquired skills.

Table 9 present trends in new treatment methods is powerful tool in influencing service delivery had a Mean = 3.92 and standard deviation = 1.108 as (21.5%) respondents disagreed on the fact that new treatment methods system is powerful tool in improving service delivery, (43.1%) respondents agreed and (35.4%) respondents strongly agreed. The study findings indicates that most of the employees in MMH do know and understand new treatment methods is very powerful tool in influencing service delivery in their daily activities. The study implies that the management of MMH have decided and should put energy in the service delivery by using new treatment methods as it is a powerful tool influencing service delivery in public hospitals.

Table 9 present that level and type of education influence service delivery had a Mean = 3.89 and standard deviation = 1.134 as (23.1%) respondents disagreed on the fact that level and type of education influence service delivery, (41.5%) respondents agreed and (35.4%) respondents

strongly agreed. The study findings indicates that most of the respondents who are employees of MMH have accepted that when the management improve level and type of education will influence service delivery. The study implies that MMH management are advised to improve level and type of education as it influences service delivery.

Table 4. 8 : The influence of training services in service delivery in public hospitals

Variable	SD%	D%	N%	A%	SA%	Mean	Std. Deviation
Level and type of education	23.1	0	35.4	41.5	3.95	1.165	23.1
Relevance of acquired skills	18.5	0	41.5	40	4.03	1.075	18.5
Emerging health challenges	16.9	0	41.5	41.5	4.08	1.050	16.9
Trends in new treatment methods	21.5	0	43.1	35.4	3.92	1.108	21.5
Trainings to the employees	23.1	0	41.5	35.4	3.89	1.134	23.1

SD=Strongly Disagreed, D= Disagreed, N=Neutral, A= Agreed, SA= Strongly Agreed

Findings from descriptive statistics collaborate with the results from interview showing that updated systems within VAT revenue collection as one of the interviewers responded that;

“...it is true that most of the staffs in MMH of Mount Meru Hospital have admitted that trainings to the employees improving positively the service delivery process. But also, the stated that trainings to employees is a very powerful tool in influencing service delivery in the organization. He also that accepted that when the management improve trainings to employees will influence service delivery,

organization should concentrate much in service delivery by using trainings to employees it improves services delivery....” (Arusha region, September 26th, 2022).

In order to understand the role of trainings to employees on services delivery, each respondent was asked to state the reason(s) for service delivery. Five reasons were identified in response as responsible for being able to ensure increase in service delivery. They include; level and type of education, relevance of acquired skills, emerging health challenges, trends in new treatment methods, trainings is powerful in influencing service delivery (Table 10).

Binary logistic regression was conducted between trainings and service delivery. The overall significance of the model was assessed using an Omnibus tests of model coefficients which produced a log likelihood 29.876, and omnibus tests of model coefficients (Chi-square 230.934, sig. 0.000), Nagelkerke R Square= 0.831; Cox and Snell R Square= 0.543 indicating a strong relationship between trainings and service delivery; Hosmer and Lemeshow Test (Chi-square= 12.867; sig. = 0.053), the two measures together indicate that the model on trainings to employees influencing service delivery was more suitable to the data. The following results were obtained:

Level and type of education was found to be a factor with a strong influence in service delivery. The results were statistically significant at $p= 0.002$, Wald = 10.897, and Exp (β) = 12.776. Moreover, a Wald statistic of 10.897 shows that level and type of education contributed highly to the increase of service delivery. Results further indicated that, when the level and type of education increases by 12.776, the odds ratio is 1.867 inferring that, service delivery are 1.867 more likely to increase service delivery. This is because as the level and type of education increases, they tend to have more responsibilities, thus, they fully engage in increasing service delivery.

Regarding the improve relevance of acquired skills, the study revealed that it was found to be significant at $p= 0.000$, Wald = 3.656 and Exp (β) = 2.987. The model produced a Wald statistic of 3.656 which predicted that improve relevance of acquired skills contributes significantly to MMH staffs in increasing service delivery. Having improve relevance of acquired skills the probability of increasing in service delivery by 2.987, it causes the odds to be 0.368 which indicates that improve relevance of acquired skills are 0.368 likely to be influenced in service delivery.

The findings further indicated that trends in new treatment methods was another strong positive significant influence service delivery at $p= 0.000$, and Wald statistic of 14.887 and an Exp (β) of 9.456. A Wald statistic of 9.456 demonstrated that improve taxpayer's VAT return, significantly influenced service delivery. Exp (β) value indicated that an increase of improve trends in new treatment methods the odds ratio is 2.876, implying that improved service delivery were 2.876 more expected to increase service delivery. The positive significant influence explains that the higher the improvement in trends in new treatments the higher probability for MMH staff to improve service.

Emerging health challenges was found to be a factor with a strong positive significance influence service delivery at $p= 0.007$, Wald = 11.987, Exp (β) = 13.837 indicating that Emerging health challenges increases by 13.837 the odd ration is 6.046 times as large and therefore MMH staffs are 6.046 times more likely to increase service delivery. This showed that majority of respondents had full responsibility for at least 6 individuals to increase revenue collection.

Trainings to employees was also found to have a strong influence on increase service delivery. The results were statistically significant at $p= 0.003$, Wald = 3.456, and Exp (β) = 3.981. Moreover, a Wald statistic of 3.456 showed that trainings to employees contributed to increase of service delivery. According to the study findings, many MMH employees attend trainings. Thus, they ended up engaging in considering to work with trainings to employees.

Table 4. 9 : The influence of training services in service delivery in public hospitals

Variables	B	S.E.	Wald	Df	Sig.	Exp(B)
Level and type of education	1.867	0.887	10.897	1	0.002*	12.776
Relevance of acquired skills	0.368	1.456	3.656	1	0.000*	2.987
New treatment methods	2.876	0.976	14.887	1	0.000*	9.456
Emerging health challenges	6.046	7.345	11.987	1	0.007*	13.837
Trainings to employees	2.833	2.567	3.456	1	0.003*	3.981
Constant	20.862	9.934	15.765	1	0.000	0.000

Omnibus Tests of Model Coefficients (Chi-square = 230.934; sig. = 0.000); Log likelihood= 29.876^a; Cox & Snell R Square = 0.543, Hosmer & Lemeshow Test (Chi-square= 12.867; sig. = 0.053); Nagelkerke R Square = 0.831

4.6 Discussions of Findings

4.6.1 Influence of management style in service delivery in public service

The study reveals that management style in service delivery in public service influence service delivery, the research findings and their analysis of the study to examine the influence of management style in public hospitals a case of Mount Meru Hospital in Arusha Region.

The research findings revealed that the chain of command in Tanzania has only helped in enhancing performance, but the growth rate of service delivery has never attained any predictable pattern. Also, the study has found that, chain of command have helped MMH employees mainly in providing service to the public. However, the challenges facing the chain of command have been determined to include; high cost of purchase health facilities to MMH, large number of patients compared to management capacity, influx of pandemic diseases whenever happen and insufficient budgetary allocation (Amary, 2020).

Furthermore, the study demonstrated that there exists a statistically significant positive relationship between management style in MMH and service delivery and there exist a statistically significant positive relationship between power authority in MMH and service delivery to the public hospitals. The study also found that there is statistically significant positive relationship between efficiency and effectiveness of financial management and service delivery. The study concludes and recommends that the management style employed in MMH has high influence in service delivery to MMH has been seen as an effective way to solve the problem of service delivery and improve service delivery to public hospitals. (Lyimo, 2022).

Similarly, management style on service delivery has a positive impact and reduce public complains due to efficiency and effective service delivered by the management to the public and accuracy compared

Alcina and Inaki (2013) conducted a study on issues relating to providing service to the public. The study revealed that providing service to the public where there is availability of budgetary allocation facilitates efficiency and effectiveness of service delivery to the public, this is due to the fact that if there is poor budgetary allocation to the organization which is dealing with service delivering to the public is a very big challenge.

In addition to that, this study revealed that the main reasons for the proper and efficiency service delivery were to allow dispute resolution to be undertaken immediately and within the organization timely. Furthermore, dispute resolution within an organization decrease the rate of poor service delivery and influence service delivery to the public. Also, the examination led by Anna (2006) found that dispute resolution play a very important role for sustainable service delivery (Chiwambo, 2014).

Furthermore, the study conducted by Pandu (2012) which assessed the factors influencing service delivery in public hospitals in Arusha region revealed that using performance evaluation means has helped to influence service delivery to public hospitals was more efficient to monitor organizational performance at large. Finally, the study concluded that MMH has to improve the use of management style in order to influence service delivery in public hospitals.

4.7 Information Communication Technology services in influencing service delivery

The presence and the use of information communication technology has a very positive impact on service delivery in public hospitals in Tanzania. The findings show that information communication technology has a positive effect on monitoring service delivery in public hospitals reducing monitoring and enforcement to employees in service delivery (Kessy, 2019).

Moreover, the study reveals that, using ICT in service delivery enabled keeping of records safe, low labour and administrative capacity, and promoted effective information management. Similarly, studies by Mohamed (2015) and Chatama (2013) revealed that the use of ICT manages to cut down administrative costs, eases access and retrieval of records, and simplifies monitoring, evaluation and accuracy of information.

This study also found out that availability of ICT facilities influences the improvement of the quality service delivery to the public hospitals, which in turn decreases misuse of financial resources, irregularities and irresponsible of some employees within the organization; automatically updates patients information, flow of information from one department to another and increases accuracy, and accountability in financial matters (Mieseigha & Ogbodo, 2013). All these contribute to increasing service delivery.

These findings are in line with those of Ogedebe and Jacob (2012), which revealed that budgetary allocation and efficient financial management influence service delivery in public hospitals. Their findings further revealed that the use of budgetary allocation and efficient financial management increases service delivery, accountability, and fraud-less acts on cash. Similar results were reported by Mohamed (2015) who found that budgetary allocation and efficient financial management was an improvement of accuracy in financial reporting which in turn influence service delivery.

In addition, that, the information communication technology has made the time to search for employees who do not deliver service to the public efficiently so as disciplinary measures can be taken to them immediately before the situation become poor (URT, 2010).

4.8 Influence of training services in influencing service delivery to the public hospitals

This study discovered that training to the Mount Meru Hospital and other public servants from different parts of the country is very important aspects to be taken into consideration has a positive result. The effective and efficiency use of training apart from improving influencing service delivery in public hospitals in Tanzania specifically in Arusha region, but also training has a number of advantages, some of these are: It increase efficiency of service delivery among of the employees, improve career of employees, capacity building in their daily activities, enhancing professionalism and employees become confident with whatever they are doing. Secondly, the training enables employees to interact with clients efficiently and effectively. Thirdly, training influence ability to employees to use information communication technology as it is currently common to all public sectors. (MMH, 2022).

According to Lyimo (2022), several research on training and performance especially in service delivery are inseparable entity have been presented in both the international and domestic contexts. Fan, Qian, and Wen (2017) investigated the short-and-medium term impacts of training in China. The study found that training increased performance to the government and advocated in service delivery. Lee (2016) conducted study on training and compliance in the Republic of Korea. This was due to the government's mandated computerized services to reduce revenue evasion and increase transparency. Research conducted by Noronaa (2016) on the training by the Ghana Revenue Authority found a favorable relationship between employees training and the performance of the organization, as well as an effective method of service delivery. Olaoye and Kehinde (2017) examined the influence of ICT on service delivery performance in South West Nigeria. In Kenya, Nyaegah (2018) performed research on the impact of employees training performance and service delivery in the Nakuru Business District. Gitaru

(2017) investigated the effect of training on service delivery at the Kenya Revenue Authority. Kapera
(2017) evaluated the efficiency of training and service delivery in Tanzanian Mbilinyi (2016)

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter briefly presents the summary of findings obtained from the study, conclusion and recommendations necessary for improving the health services in Mount Meru Hospital. The chapter also presents the areas for further studies and provides rooms for further researches in connection with the improvement health services to patients.

5.2 Summary

The aim of this study was to assess the factors influencing service delivery in public hospitals a case of Mount Meru Hospital in Arusha Region. Specifically, the study was guided by the following objectives; To establish the influence of management style in service delivery, to determine the influence of ICT service in service delivery and to examine the influence of training services in service delivery in public hospitals in Arusha Region. Simple random sampling and purposive sampling was adopted to select a sample size of one hundred and fifty (150) workers for the study, whereby the sample obtained was 150 workers. The researcher used the primary and secondary method of data collection to gather information for the study. Data were collected using questionnaires and interviews, one hundred and twenty (150) questionnaires were administered to the respondents and out of this figure only hundred and twenty (120) questionnaires were dully filled and returned.

The key findings in the research indicated several factors influencing service delivery in the organization such as delay for Medical Store Department, communication problems between the staffs, delay time from order replacement, expired medicine in the shelves, lack of the required drugs, stock out, shortage

of workers, lack of resources and supplies stock out from MSD respectively, irrelevant medical supplies. The finding also revealed that the organization has professional staffs that enhance the provision of service quality. This implies that the organization recruit based on the profession and level of education. However, it has been noted that the patients do not receive quick health services in the organization; probably this can be contributed by the fact that there are a good number of professionals but are few.

5.3 Conclusion

After a systematic research to examine the research objective and questions on Assessment of the factors influencing service delivery in the organization the findings pointed out that the quality of medical services in the organization is average and this has been contributed by frequency shortage of drugs and medical supplies, delay for Medical Store Department, communication problems between the staffs, delay time from order replacement, expired medicine in the shelves, lack of the required drugs, stock out, shortage of skilled workers, lack of resources and supplies stock out from MSD respectively.

It has been also noted that, there was an adverse (negative) relationship that existed between factors influencing service delivery in Mount Meru Hospital, clearly indicating that low staff's knowledge, poor staff's empowerment, ineffective quick services to customers and insufficient communication channels affect delivery of service. This meant that low knowledge of staff, little empowerment given medical staff, inadequate rapid customer service and communication channels also influence service delivery and quality of service to clients in the public health sector, influencing patients' perceptions on quality of health service provided, patient satisfaction and trustworthiness.

6.4. Recommendations

The Mount Meru Hospital management should focus on empowering of medical staffs, continue recruiting and deploying qualified medical staffs and other health personnel in order to enhance patient's

services delivery. The delay in patient's access to medical services is sometime caused by unproportional medical staffs to patient ratio. Health personnel are a critical input in the health system, therefore, the management should improve its human resources team, so that they can assess how many staffs are required in the long term and hire the same so as to have a balance between medical staffs and patient's in the health sector. In short to medium term, the management should improve the working conditions, pays and incentives of their staff, this may serve a number of purposes; Firstly, professional people are attracted to work in such organizations which value their staffs, as well as good management helps to retain health workers in remote and underserved areas where it is difficult to recruit people due to shortages/ unwillingness of human resources to work in remote areas. Secondly, it acts as a trigger to increase/maintain the productivity (performance) of the workers and hence not been affected by the shortage of workers. Lastly, having a good management strategy in place attracts many students to pursue medical training since they have a good image regarding hospitals and medical sectors.

In order, to achieve the effective service delivery in Mount Meru Hospital, government through the ministry of health needs to lay more emphasis on enforcing the layout supply chain management in the government hospitals by conducting regular checking. Also, the procurement department should ensure that the hospital is well equipped with procurement plan and forecast of the quantity of medical supplies required for the specific number of patients in the particular period of time. This will help to reduce the problem of stock out at government hospitals.

The study also recommends that management in the organization should improve employee's capacity/knowledge so as to enhance provision of health service quality, various measures such as provision of appropriate equipment, instruments and supplies, adequate number of high skilled and experienced employees, effective recruitment should be adopted by the management so as to improve

monitoring of doctors and staff, meeting performance and practice standards which will enhance service quality provision.

There is also a need to improve IT equipment's, invest more on modern technology so that everything becomes computerized, example; doctor's prescribes medicine to the patient and it gets recorded in the system which straight away goes to the pharmacy department hence making it easy and fast in providing services to the patients and hence help to reduce time lags, also all lists of drugs/medicine should be entered into the system with their expiry dates so that it becomes easy for the management to have a record on which medicine is available, which needs to be ordered as well as keeping a track on expiry dates.

The finding insists that, Modern technology should be adopted by the public health sectors in order to assess the way services are provided to patients, improve the process of delivering services and communication between the providers as well as with the patients, provide high-quality medicine to patients, reduce time lags in accessing medical services.

The hospital needs to have functional, reliable and secure water, power, sanitation, hand hygiene and waste disposal equipment. To enable privacy and promote the provision of service quality, the room requires to be designed, structured and preserved.

The patients should receive all information about their care and should feel involved in all decisions made regarding their treatment so as to reduce the communication barrier between staff and patients, thereby being able to overcome one of the challenges found in the study which was communication barrier.

5.5 Recommendations for further research

Having seen the factors influencing service delivery in public hospitals in Arusha Region., there is a need to carry out the same study in other government hospitals in order to compare the results. Leadership is one of the crucial parts as far as quality health services in government hospitals is concerned, therefore this area requires an immediate research in order to diagnose the level of its contribution and finally come up with remedial actions

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APPENDICES

APPENDIX I. Research Activities or Schedule.

S/N	Activity	Person responsible	Duration	Cost
1	Development of research proposal	Researcher	1 months	1000,000
2	Development of research tools	Researcher	1 week	200,000
3	Pilot study	Researcher with assistants	3days	500,000
4	Data collection	Researcher with assistants	3 weeks	1000,000
5	Data entry	Data entry clerk's	2 weeks	700,000
6	Data analysis	Researcher	Two weeks	1000,000
7	Thesis report writing	Researcher	3 weeks	1800,000
8	Total		3 months	5,700,000

APPENDIX II: WORKPLAN

Activities	Month					
	April	May	June	August	Sept	October 2023
Acceptance of research proposal						
Talk with management at the study area						
Development of research tools						
Sample selection						
Pilot study						
Validation of equipment's						
Data collection						
Data entry						
Data entry and analysis						
Thesis report writing						
Submission						

Appendix III: ESTIMATED RESEARCH BUDGET

S/N	Items	Amount
1.	DSA (Daily Subsistence Allowance): (Researcher 30 days @ 100,000 = 3,000,000/=)	3,000,000
2.	Literature materials (Books, Journals, internet costs)	500,000
3.	MMHnsport costs	360,000
4.	Secretarial services: up to proposal production	460,000
5.	Data analysis processes	600,000
6.	Secretarial service: up to Thesis Production	780,000
	Total	5,700,000

APPENDIX IV QUESTIONNAIRE FOR THE RESPONDENTS

Instructions

Fill in the questionnaire as truthful as possible by ticking in the relevant boxes and filling the blank spaces. The information gathered in this study will be treated with utmost privacy and confidentiality.

Section 1: Personal details

Tick your gender as appropriate Male Female

Age in complete years

 20-25 26-30 31-35 36-40

41-45

 46-50

51-

55

 above 56

Department

 Administration Medical Surgical Procurement and Supplies Pharmacy Finance ICT

Hospital service duration in years

 0-5 6-10 11-15 16-20 21-25 26-30 above 30

Level of education

 Primary Secondary College Certificate College Diploma Bachelor Degree Masters Degree PhD

Section 2: Management styles

To investigate how management style influences quality of healthcare service delivery in Public Hospitals in Nairobi County

Instruction: Likert scale of 1-5 where 1 = strongly disagree, 2 = disagree, 3 = neuMMHI, 4 = agree and 5 = strongly agree please provide you're opinion

Do you agree that the current management style influence the daily service delivery within the hospital?

Strongly Disagree Disagree NeuMMHI Agree Strongly Agree

What aspects of management do you think has the most influence on the services? Management style rganization structure Finance Power and authority

On a scale of 1-5 how much do you think changing the management style will influence on the general hospital service delivery?

Highly	Moderately	Maybe	Somehow	No impact
5	4	3	2	1

What aspects of the management do you feel should improve to ensure quality servicedelivery to the patient?

Motivation Communication Leadership Delegation

3.5 Others, specify.....

3.6 What is your view on the current management style within this hospital in relation to

quality of service delivery?

Section 2: ICT

To investigate how implementation of ICT services influence service delivery in Public Hospitals in Nairobi County

Have you ever used any information technology in any of your services within this hospital?

Yes No I am not sure I don't know

If yes, do you think the manner in which ICT is applied currently is the best for the healthcare services delivery?

Yes No I am not sure I don't know

In which areas in the hospital is ICT most applied?

Treatment Management Pharmacy Procurement and supply Billing and payment services

In which area do you believe ICT should be most applied?

Treatment Management Pharmacy Procurement and supply Billing and payment services

Do you agree that the current ICT application increases efficiency of healthcare delivery? Strongly

Disagree Disagree NeuMMH Agree Strongly Agree

On a scale of 1-5 to what extent do you value the current use of ICT on your daily patient interaction?

Highly valued	Moderately valued	Maybe valued	Somehow valued	Not valued
5	4	3	2	1

Section 4: MMHining

To investigate how MMHining influences service delivery in Public Hospitals in Nairobi County

Do you believe MMHining play a significant role in delivery of health services in Public Hospitals?

Yes No I am not sure I don't Know

What is the average employee MMHining in your organization?

O level Diploma Degree Post graduate

Does your hospital encourage MMHining and development among the staff as a means of enhancing their skills?

Yes No I am not sure I don't Know

Do you agree that the MMHining and skills that your staff has is adequate to deliver effective services to the patients?

Strongly Disagree Disagree NeuMMHI Agree Strongly Agree

On a scale of 1-5 to what extent do you think improving MMHining and skills development will influence patient outcome?

Very Big influence	Big influence	Moderate influence	Small influence	No change
5	4	3	2	1

Do you encourage your staff to pursue further education?

Yes No I am not sure I don't Know

How does the hospital appreciate educational efforts put in by the staff?

Promotion Salary adjustment Office Space Others, specify

Does the hospital organize MMHining for the staff? Yes No

Which type of MMHining would you prefer the hospital to offer to the staff to enhance quality of service delivery to the patients?

.....

Section 5: Frequency of drug supply

**To investigate how frequency of drug supply influence service delivery in PublicHospitals
in Nairobi County**

Is drug supply sufficient in your hospital?

Yes No I am not sure I don't Know

What factors do you believe influences the supply of drugs?

Procurement bureaucracy Incompetent staff inadequate finance I don't know
 Others, specify

Do you agree that improving supply of drugs will improve patient outcome?

Strongly Disagree	Disagree	NeuMMHI	Agree	Strongly Agree
1	2	3	4	5

On a scale of 1-5 to what extent do you feel that the improvement on drug supply will improve the patient outcome?

Not at all	Maybe	Slightly	High impact	Huge impact
1	2	3	4	5

Section 6: Service Delivery

Do services delivered in this facility meet your expectation of quality of care? Yes No

Please give a reason for your answer above.

.....

.....

.....

Please agree or disagree with the following

Instructions: does service delivery meet your expectations on the following?	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
Affordability					
Accessibility					
Relevance					
Acceptability					

Thank you very much

Appendix V: Data Collection Letter

Appendix VI: Plagiarism Check

Appendix VII: Grammar Check