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Effect of Total Quality Management Practices on Service Delivery in Health Sector in Nairobi County, Kenya

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Abstract

This study sought to examine the influence of Total Quality Management (TQM) practices on quality services in healthcare sector in Nairobi County, Kenya. Specifically, this study examined the influence of customer focus, quality improvement, employee involvement and management support on quality services in healthcare sector in Nairobi County. The study adopted cross-sectional descriptive design and targeted healthcare providers in five hospitals (three public and two private) in Nairobi County including; Mbagathi hospital, Mama Lucy hospital, Pumwani hospital, Coptic hospital and Aga Khan Hospital. Yamane formula was used calculate the sample size of 115 respondents from healthcare workforce population of 1,652. Data was collected using questionnaires and analyzed through descriptive and inferential statistics. The study found that customer focus promoted effective assessments and follow-ups on patients and helped to build strong relationships between healthcare providers and patients through effective communication and continuous quality improvement through Continuous Quality Improvement (CQI) teams and routine Multidisciplinary teams (MDT) promoted service quality while employee involvement enhanced motivation and productivity of staff. Management support was essential in setting and ensuring implementation of goals and vision of healthcare facilities, motivation of staff and resource mobilization to implement core services in healthcare facilities. The study concluded that there is a significant relationship between TQM practices and quality services in healthcare sector in Nairobi County, Kenya and recommended that healthcare facilities (public & private) should bolster implementation of TQM interventions since they promote quality of services.

Keywords: *Customer Focus, Quality Improvement, Employee Involvement, Management Support & Service Delivery*

1.1 Introduction

With rapid increase in human population and advancement in technology, new markets have opened up, and hospitals have been forced to keep up with the current trend of growth to ensure they satisfy their clients' needs. Similarly, increased demand for quality healthcare services continue to exert pressure on the available health care resources and this has contributed to increased desire for a health care sector that addresses the basic and most urgent health needs of patients. As such, organizations are called upon to invent unique competitive strategies as well as provide products and services that continuously and effectively meet, satisfy, and surpass the clients' desires (Balasubmaranian, 2016). The concept of TQM has emerged as one of the strategies of improving efficiency and quality of service delivery in health care facilities. The healthcare care sector cannot negate the aspect of Total Quality Management as an important aspect of enhancing client satisfaction and delivery of quality services. Total Quality Management (TQM) is defined by Al Manhawy (2013) as a culture maintained by an organization whose main aim is to enhance customer satisfaction and continuously improve quality of services to meet and exceed customer expectations and desires. On the other hand, Ngambi and Nkemkiafu (2015) views TQM in terms of quality of goods and services provided by an organization customers or clients in cost-effective manner.

The concept of TQM also involves identifying and mitigating errors at each stage of service delivery (Ngambi & Nkemkiafu, 2015). This means that every employee in all levels of management from corporate level, functional level and business level has a role to play in TQM process. Team work, coordination and collaboration through TQM promote improved quality of service delivery, high customer loyalty, strong customer relationships, excellent employee performance and improved competitive advantage of an organization. Implementation of Total Quality Management makes top leaders in an organization to learn and incorporate new strategies, approaches and practices for better organizational performance (Ngambi & Nkemkiafu, 2015). It is expected of all managers and top management to engage and involve employees in TQM process through sensitization of employees on business philosophy of the organization, motivation staff to build culture of innovation, strengthening customer relationships, adopting effective human resource management practices and creating effective mechanisms of communication and feedback (Ngambi & Nkemkiafu, 2015).

Healthcare sector is one of the most important sectors of the economy in Kenya. The sector is divided in three categories which include; public sector, commercial private sector and Faith Based Organization sector. The public sector is the largest among the three and is controlled and financed by the government. The public healthcare sector involves different levels of health delivery through community healthcare systems, dispensaries, health centers, hospitals and referral hospitals. Commercial private sector comprises healthcare facilities owned by private individuals whose aim is to make profit. Besides, Faith-Based Organizations (FBOs) sector involves organizations and facilities which provide healthcare services not for profit but help the poor, marginalized groups and inadequately served populations to access healthcare services (Kenya Healthcare Federation, 2016).

Kenya's healthcare sector has grown tremendously over a couple of past few years. While Kenya's budget towards healthcare sector remains below the recommended 15% of the total GDP by the WHO, the Kenyan government spends 6% of GDP on health. This is low compared to healthcare expenditure in other regions globally. The money for financing the healthcare sectors comes from

different sources such as taxation, remissions through National Health Insurance (NHIF), personal health insurance cover, user fees during inpatient or outpatient services, employer health schemes, donations or grants from local or international partners, NGOs and Community Based Health Financing Schemes. It is estimated that 25% of the Kenyan population are covered under private, public and community –based health insurance schemes. However, the user fee Kenyans spend to access healthcare services remains high and this contributes to increased burden thereby affecting access to quality of healthcare services (Kenya Healthcare Federation, 2016).

The Kenya Health Workforce Report (2015) clearly shows the disparities in healthcare sector which impede access to quality services. While WHO recommends 1 nurse per 400 people, in Kenya the nurse-patient ratio is 8.3 nurses per 10,000 populations (Kenya Health Workforce Report, 2015). According to Kenya National Bureau of Statistics (2019), the total number of health care workforce is 274,347 comprising of 28,315 doctors, 33,748 dentist and pharmacists, 170,159 clinical officers, nurses and physiotherapists as well as 47,125 laboratory technicians, radiologists and anesthetist. This is against the WHO recommended minimum staffing level of 36 doctors per 10,000 population. Such disparities are a point of concern since they are likely to hinder smooth provision of quality of healthcare services and if nothing is done, the health and wellbeing of the Kenyan population will be at risk. This study sought to address this problem by examining the effects of Total Quality Management Practices on quality services in health sector in Nairobi County.

1.2 Statement of the Problem

Poor healthcare services can negatively affect not just the wellbeing of patients but also can lead to inaccurate diagnosis, drug errors, inappropriate treatment, unsafe clinical practices and even death. If left unchecked, this issue can expand and create unhealthy population. As Dangmei, and Singh (2019) claims, the problem of poor healthcare services is caused by poor staff involvement, inadequate infrastructure and retrogressive cultural practices and employee burnouts. Amporfu, *et al.* (2013) links the problem of poor-quality services to lack of employee involvement in decision making while Angee (2013) claims that lack of enough equipment, high doctor/nurse ration, poor working condition and low healthcare budget

In Kenya, rapid population growth and increased demand for quality services has exerted pressure on Kenya's health care system and this is likely to affect the wellbeing of the general population. While data shows that Kenya's population increased by nine million people in the last ten years from 38.6 million people in 2009 to 47.6 million in 2019 (National Centre for Population Growth Report, 2020), little efforts have been made to develop a health care infrastructure that can meet the salient needs of the population.

In Kenya, like other developing countries, the healthcare sector has undergone through various reforms to promote easy access and delivery of quality services in the society. Kenya devolved healthcare delivery to 47 Counties in the year 2010 following the enactment of new constitution. Devolution which is a form of decentralization of health involves devolving power and resources from the national or central governments to locally or regionally units in order to promote access and timely response to health needs of a population (Foley, 2013). Decentralization of healthcare services in Kenya was anchored in the need to improve effectiveness and efficiency of healthcare services through community involvement and participation. However, while the strategy of devolution of healthcare in Kenya has yielded substantial benefits, it has also presented a number

of challenges which needs to be addressed in order for Kenya to realize its short-term and long-term health goals (Foley, 2013).

In Kenya, devolution of health care to the County governments is faced with challenges such as; recurrent industrial unrest by health care workers over unpaid wages and poor terms of service, lack of proper legal framework to implement devolved health services as well as lack of appropriate health care infrastructure including drugs and equipment. Such challenges have forced many Kenyans to seek alternative means of health care which is either too costly or unsatisfactory (Foley, 2013). It is in effort to find solution to these challenges that this study examined the effects of Total Quality Management practices on quality services in healthcare sector using the case of Nairobi County.

1.3 Research Objectives

The main aim of this study was to investigate the effects of Total Quality Management (TQM) practices on quality services in health sector in Nairobi County.

This study was guided by the following specific objectives:

- i. To examine the effects of customer focus on quality-of-service delivery in health sector in Nairobi County.
- ii. To explore the influence of continuous quality improvement on quality-of-service delivery in health sector in Nairobi County.
- iii. To evaluate the influence of employee involvement on quality-of-service delivery in health sector in Nairobi County.
- iv. To assess the influence of management support on quality-of-service delivery in health sector in Nairobi County.

1.4 Research Questions

The study was guided by the following research questions:

- i. How does customer focus influence quality of service delivery in healthcare sector in Nairobi County?
- ii. How does continuous quality improvement influence quality of service delivery in healthcare sector in Nairobi County?
- iii. How does employee involvement influence quality of service delivery in healthcare sector in Nairobi County?
- iv. How does management support influence quality of service delivery in healthcare sector in Nairobi County?

2.1 Literature Review

2.2 Theoretical Review

2.2.1 Customer Focus Theory

Customer Focus Theory originated from the work of Drucker (1954) and was later advanced by Mohr-Jackson (1991), Gulati and Oldroyd (2005), Kumar *et al.*, (2008), and Sousa (2003). The theory posits that customer focused services should be the overall strategic objective of any organization since the customer determines an organization's existence. Thus, organizations should strive to ensure that customer desires, needs and expectations are fulfilled and this will promote the success of an organization (Baldrige 2010; Day 2003, Mugo, 2020).

Customer focused and orientated services define an organization's competitive advantage since customers can associate themselves with the organization. Different studies use various indicators to measure customer focus that include knowledge of the customer, their requirements and their current and future needs such as customer relationships, customer involvement, customer knowledge, and customer feedback (Sousa, 2003). Gulati (2007) found that coordination, cooperation, capability development and connection with the customer lead to customer focus. Kumar *et al.* (2008) found that a customer focused sales campaign significantly increased profits and return on investment. A study by Yaacob (2014) sought to find the effects of customer focused services on performance of public firms using descriptive research design and revealed that customer focused services created employee and customer satisfaction as well as promoted culture of innovation in the public sector.

Customer Focus Theory is relevant in this study because it explains the relationship between customer-centered services and quality of service delivery. However, Customer Focus theory is limited since it assumes that focusing on customers will always result in customer satisfaction and negate the fact that customers may have different perceptions on what constitutes quality. In hospital set-up, employees may do their best to meet patients' needs but if the medical bill is beyond expectations of the patient, then the patient may use medical expense to quantify quality of service.

2.2.2 SERVQUAL Model

SERVQUAL model is service delivery framework which was developed in mid-1980 and later advanced by Lim and Tang (2000) to measure the scale of quality in service sectors. SERVQUAL model describes 10 dimensions which organizations should use to measure the differentiation between customer expectations and actual service delivery. The organization should determine whether a service delivery instrument or tool is reliable, whether personnel respond to customers in a timely manner, whether the personnel providing the service are competent, whether the service provided is accessible, whether the service provider communicates effectively, whether the personnel are courteous, whether the service is credible, whether the service is secure, whether the service provider understand the customer and whether the service is tangle (Parasuraman *et al.*, 1985).

Mirinda *et al.* (2010) used SERVQUAL model to study the differences in understanding between health professionals and clients and determined that SERVQUAL model was effective in explaining quality of service and client satisfaction. In another study, Youseff (1996) applied SERVQUAL to determine service quality UK hospitals and revealed that reliability was the most significant factor affecting customer perceptions and expectations towards different services. In addition, the study revealed that empathy, responsiveness and assurance were important SERVQUAL dimensions of determining service quality in the healthcare sector.

2.3 Empirical Review

2.3.1 Customer Focus and Quality of Service Delivery

There are various studies which have been done in relation to the subject of customer focus and service delivery. In Malaysia, Yaacob (2014) examined the effects of customer focused services on performance of public firms and found customer focused services created employee and customer satisfaction as well as promoted culture of innovation in the public sector. A similar study in Malaysia by Yaacob (2014) examined the effect of quality improvement on customer

satisfaction in the public sector and concluded that commitment of leaders, customer orientation and continuous quality improvement of services improved customer satisfaction.

In Pakistan, a study by Ullah, Ajmal and Aslam (2016) investigated the role of quality improvement practices on performance of organizations and concluded that that customer focused services enabled the organization to meet expectations of customers thereby resulting in improved performance of the organization. In Italy, a study by Bruno, Dell'Aversana and Zunino (2017) evaluated the role of customer orientation services and management in healthcare sector and found that customer orientation approach created desire by personnel to help customers meet their needs thereby improving customization of services.

In Switzerland, Gebauer and Kowalkowski (2012) investigated the impact of customized services and concluded that personalization of services improved resource flexibility for delivery services thereby enhancing profitability and competitive advantage of the organization. In China, Cai (2009), a research by investigated the link between customer focused services and organization performance and found that customer-oriented services helped strengthen customer relationships which in turn led to improved production performance and customer satisfaction.

In Ghana, Attakora-Amaniampong, Salakpi and Bonye (2014) employed descriptive survey design to study the effect of customer focus on construction firms and concluded that TQM practices had no effect on customer satisfaction. In Ethiopia, Bogale, Beharu, Tesfaye and Belay (2017) studied the impact of patient-centered practices in public hospitals and concluded that patient-focused service delivery practices contributed to improved quality care, fostered partnerships and sharing of information as well as patient involvement and understanding patient preference.

Customer orientation leads to customer satisfaction in the public sector, according to Li et al. (2019). They contend that public institutions have an in-built consumer base, and that employees' interactions with customers typically impact customers' behavior, attitudes, and actions. As a result, governmental institutions charged with delivering critical services should adhere to customer-oriented methods in order to suit customers' desires and wants. Customer focus is also critical in promoting customer safety and well-being.

2.3.2 Continuous Quality Improvement and Quality of Service Delivery

In the United Kingdom, Hill *et al.*, (2020) conducted a systematic review to examine the role of continuous quality improvement on health care outcomes and concluded continuous quality improvement helped to identify gaps and create mechanism of addressing them thereby enhancing cost-effectiveness of service delivery in healthcare facilities. In India, a study by Nazar, et al., (2018) examined the effect of Total Quality Management (TQM) on performance of organizations and concludes that CQI helped in identifying service delivery gaps and this led to creation of interventions to address the gaps thereby results in organizational performance.

In Jordan, a study by Ahmad, et al., (2012) examined the role of quality improvement interventions on patient satisfaction in healthcare sector and found that quality improvement helped to strengthen systems of healthcare delivery thereby improving patient satisfaction. In Nigeria, Oyeledun, *et al.*, (2017) studied the effect of continuous quality improvement intervention on retention-in-care at 6 months postpartum in a pmtct program and found that CQI promoted retention of patients in care, honoring of clinic appointment and adherence to treatment plan thereby resulting in improved patient satisfaction.

In South Africa, Yapa, *et al.*, (2020) sought to determine the influence CQI on standard of Antenatal Care (ANC) and concluded that CQI was important in viral load tracking and in increasing quality of services. In Ghana, a study by Atinga, Abekah-Nkrumah and Domfeh (2011) examined the impact of quality health care management in hospitals and revealed that quality of care management helped in creating conducive environment and facilities which were responsive to customer expectations and needs thereby improving patient satisfaction.

In Kenya, a study by Otieno (2016) examined the relationship between continuous improvement practices and organization efficiency and concluded that continuous improvement practices cut down costs, improved customer safety and enhanced efficient delivery of patient-centered services. Another study by Ngambi and Nkemkiafu (2015) investigated the impact of Total Quality Management (TQM) on organizational performance. The study used descriptive research design and questionnaires to collect data. Descriptive statistics such as mean, frequencies and percentages were used in data analysis. The study established that employment training and empowerment had a significant impact on financial performance while corporate social responsibility, leadership commitment, quality control and inspection were found to have a significant impact on cost reduction. However, the study established that none of the TQM practices had a significant effect on customer satisfaction.

2.3.3 Employee Involvement and Quality of Service Delivery

In Netherlands, a study by Mu, Bossink and Vinig (2018) examined the role of employee involvement in promoting service delivery in healthcare setting and found that employee involvement enhanced communication, commitment and team cohesion which were vital in promoting quality service provision. In India, Dangmei and Singh (2018) studied the role of employee engagement in quality care provision and concluded that staff participation improved staff commitment, autonomy, productivity and innovation thereby enhancing quality of care in India hospitals.

In the United States of America, a study by Phipps, Prieto and Ndinguri (2013) investigated the impact employee involvement on organizational productivity and concluded that employee involvement influenced productivity through efforts such power delegation, information delivery, knowledge/skills and rewards and recognition promoted productivity and overall performance of organization. In Canada, Lowe (2012) evaluated the role employee involvements in hospitals and found that employee involvement helped in improving staff commitment, communication and teamwork thereby promoting productivity and quality delivery of care.

In Rwanda, a study by Ndikumana, Tubey and Kwonyike (2019) focused on the impact of employee involvement in public hospitals and concluded that employee involvement promoted effective decision making as well as staff loyalty and retention public district hospitals. In Uganda, a study by Sendawula, Kimuli, Juma and Muganga (2018) studied the relationship between employee training and employee engagement on employee performance in healthcare sector and concluded that workforce engagement through training enhanced commitment thereby leading to improved productivity and performance of healthcare sector.

In Kenya, Mildred (2016) studied the effect employee involvement and job performance in *KEMRI* in Kisumu County and concluded that employee involvement through capa building programs helped employees to understand the goals and objectives of the goals and this helped to renew their commitment, team spirit and motivation towards delivery of quality services.

Employee involvements encompasses the process of ensuring employees participate in decisions when it comes to planning, implementation and monitoring and evaluation. Mu, et al., (2018) argues that role of employee involvement in promoting service delivery in healthcare setting and found that employee involvement enhanced communication, commitment and team cohesion which were vital in promoting quality service provision. Dangmei and Singh (2018) observe that staff participation promotes improved staff commitment, autonomy, productivity and innovation thereby enhancing quality of care in India hospitals.

2.3.4 Management Support and Quality of Service Delivery

In Indonesia, a research by Darma, Susanto, Mulyani and Suprijadi (2018) investigated the role of leadership support in financial accounting information systems and concluded that management support in terms of moral and financial supports contributed to quality of financial accounting information systems. In Pakistan, Javed (2015) investigated the impact of top management commitment on quality management and established that top management commitment and support through serving employees, coaching them and teaching in seminars as well as effective communication and reinforcement of quality improvement contributes to provision of quality services and overall productivity of an organization.

In Egypt, ElZeeny, et al., (2017) investigated the impact of a clinical supervision training program for nurse managers on the quality of nursing care in intensive care units. The research was carried out in eight intensive care units at New Kasr El Aini Teaching Hospital using a quasi-experimental methodology. Clinical supervision knowledge questionnaire, observational checklist for clinical supervision competence, and quality of nursing care checklist were all used to collect data. The study discovered a statistically significant link between a nurse manager's clinical supervision skills and the quality of patient care provided by staff nurses both immediately after the program and three months afterwards. Three months after the program, there was a statistically significant association between head nurse knowledge and competency scores. The study found that a clinical supervision training program had a beneficial impact on the quality of nursing care provided by staff nurses.

In Kenya, a study by King'oo, (2017) used descriptive research design to investigate the role of top management support on quality service delivery in Nairobi County and established that top management were essential in communicating and providing strategic direction of the organization which was important in promoting quality of service delivery, improved performance and efficiency as well as maintenance of law and order in the County.

2.5 Conceptual Framework

Figure 1 shows the conceptual framework portraying the relationship between TQM and quality service provision. The independent variable is the TQM practices and was measured in terms of customer focused services, continuous improvement systems, employee involvement mechanisms and top management support structures. The dependent variable is the quality of service delivery and its indicators included; effectiveness, efficiency, safety, timeliness, equality, patient centered and appropriateness as shown in figure 1:

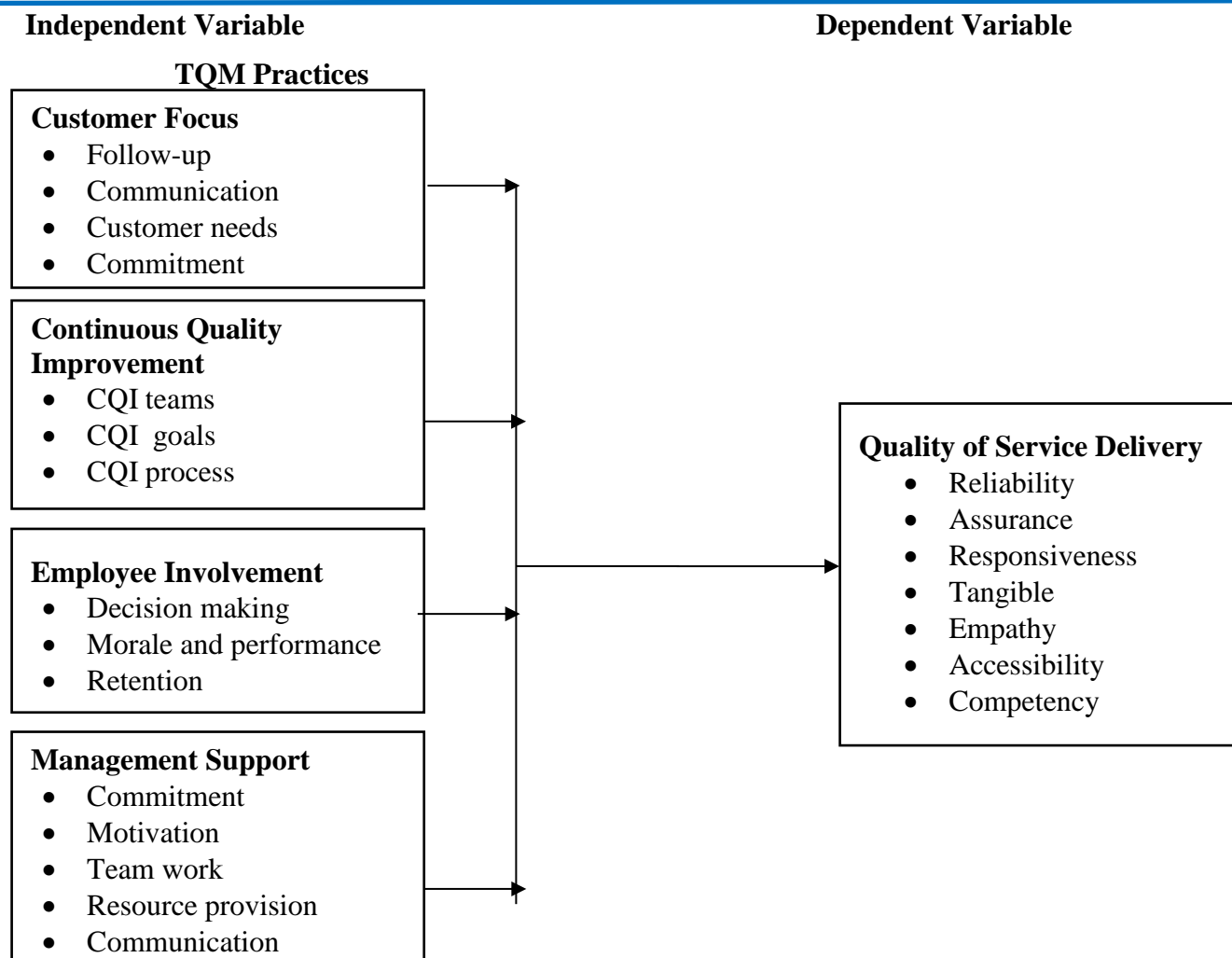


Figure 1: Conceptual Framework

As shown in Figure 1, the relationship between TQM practices and quality of service delivery in healthcare sector is illustrated. Customer focus in terms of follow-ups, commitment, communication and meeting customer needs enhances patient centered service delivery thereby enhancing customer satisfaction. Continuous quality improvement involving established CQI teams, CQI goals and processes promoted effectiveness and efficiency of services as well as enable timely provision of services. Employee involvement in terms of decision making promotes effective and efficient delivery of services as well as appropriateness and equitability of services. Management support in form of commitment, motivation, communication, and team work and resource mobilizations enables implementations of quality improvement initiatives thereby leading to client satisfaction.

3.1 Research Methodology

The study adopted cross-sectional descriptive design and targeted healthcare providers in five hospitals (three public and two private) in Nairobi County including; Mbagathi hospital, Mama Lucy hospital, Pumwani hospital, Coptic hospital and Aga Khan Hospital. Yamane (1967) formula

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was used calculate the sample size of 115 respondents from healthcare workforce population of 1,652. Data was collected using questionnaires and analyzed through descriptive and inferential statistics.

4.1 Results and Findings

A total of 115 questionnaires were administered to employees of public and public healthcare facilities and 109 were completely filled and returned. This translated to 94.8% response rate. Good response rate was attributed to collaboration with management of the surveyed healthcare facilities as well as cooperation of healthcare providers who voluntarily agreed to participate in this study.

4.2 Correlation Analysis

The study conducted correlation analysis to establish the relationship between two or more continuous variables. The findings are shown in Table 1.

Table 1: Bivariate Correlation Analysis

N=109

Variables		Customer Focus	Quality Improvement	Employee Involvement	Management Support	Quality Services
Customer Focus	Pearson	1	.629**	.394**	.313**	.273**
	Sig. (2-tailed)		.000	.000	.001	.004
Quality Improvement	Pearson	.629**	1	.227*	.330**	.433**
	Sig. (2-tailed)	.000		.018	.000	.000
Employee Involvement	Pearson	.394**	.227*	1	.641**	.259**
	Sig. (2-tailed)	.000	.018		.000	.007
Management Support	Pearson	.313**	.330**	.641**	1	.581**
	Sig. (2-tailed)	.001	.000	.000		.000
Quality Services	Pearson	.273**	.433**	.259**	.581**	1
	Sig. (2-tailed)	.004	.000	.007	.000	

As shown in Table 1, correlation analysis was used to determine the existence of a relationship between independent and dependent variables of the study. Findings showed that customer focus (p-value 0.004), quality improvement (p-value, 0.000), employee involvement (p-value, 0.007) and management support (p-value, 0.000) had a positive relationship with quality healthcare services. Positive correlation means that the two variables move in the same direction (decreasing or increasing) while –ve correlation means one variable is increasing while the other one is decreasing and vice versa i.e., moving in opposite directions;

4.3 Multinomial Regression Analysis

The study conducted a multinomial regression analysis to ascertain the cause-effect relationship between the independent and dependent variables.

Table 2: Model Fitting Information

Model	Model Fitting Criteria		Likelihood Ratio Tests	
	-2 Log Likelihood	Chi-Square	df	Sig.
Intercept Only	733.585			
Final	344.133	389.452	156	.000

Table 2 reveals that the model fitted the data thus implying that there was a significant relationship between TQM practices and quality services in healthcare sector in Nairobi County, Kenya.

Table 3: Pseudo R-Square

Cox and Snell	.972
Nagelkerke	.973
McFadden	.517

According to the findings in Table 3, Nagelkerke is 0.973 and this can be interpreted to mean that 97.3% variations of quality services in healthcare sector was due to changes in customer focus, quality improvement, employee involvement and management support at 95% confidence interval.

Table 4: Likelihood Ratio Tests

Effect	Model Fitting Criteria		Likelihood Ratio Tests	
	-2 Log Likelihood of Reduced Model	Chi-Square	df	Sig.
Intercept	489.979	145.846	39	.000
Customer Focus	453.275 ^a	109.142	39	.000
Quality Improvement	419.971 ^a	75.838	39	.000
Employee Involvement	456.270 ^a	112.137	39	.000
Management Support	472.673 ^a	128.541	39	.000

Table 4 shows the impact of each independent variable on dependent variables. By taking all independent variables constant at zero, quality service coefficient was 489.979. The findings equally shows that when all other independent variables are at zero, a unit increase in customer focus will lead to 453.275^a increase in quality services in healthcare sector, a unit increase in quality improvement will lead to a 419.971^a increase in quality services in healthcare sector and a unit increase in employee involvement will lead to 456.270^a increase in quality services in healthcare sector while a unit increase in management support will lead to 472.673^a increase in quality services in healthcare sector. This finding means that increasing implementation of TQM practices in healthcare facilities will result in a substantial improvement in quality services.

4.4 Discussion of Findings

4.4.1 Customer Focus in Healthcare Sector

Customer focus is a critical component of TQM. It encompasses aligning services to meet the most critical needs and desires of patients. Findings from this study revealed that healthcare providers conducted effective assessments and follow-ups on patients, built strong relationships with patients through effective communication and endeavored to meet patient needs. Further, the findings showed that healthcare providers were committed to achieving both goals of patients and the hospital and healthcare providers adopted patient centered approach attending to patient's need. This corroborates with a study by Kangethe (2015) who examined the role of customer focused practices on operational performances of government entities in Kenya and concluded that customer focused practices resulted in improved operational performance, workforce participation, effective complaint and feedback system, reduction in costs, improved revenue generation, efficient delivery of services and customer satisfaction.

4.4.2 Continuous Quality Improvement in Healthcare Sector

Continuous quality improvement is a critical part of TQM practices in healthcare sector. It involves regular monitoring and tracking gaps in implementation of services and coming up with effective strategies to address the gaps. This study found that healthcare facilities in Nairobi County had active CQI teams with clearly defined goals and process. Composition of CQI teams was diverse. The CQI team activities focused on service quality and routine MDT complemented work of CQI teams. These findings are consistent with a study by Ahmad, et al., (2012) examined the role of quality improvement interventions on patient satisfaction in healthcare sector in Jordan and found that quality improvement helped to strengthen systems of healthcare delivery thereby improving patient satisfaction. A similar study in Nigeria by Oyeledun, *et al.*, (2017) examined the effect of continuous quality improvement intervention on retention-in-care at 6 months postpartum in a PMTCT program and found that CQI promoted retention of patients in care, honoring of clinic appointment and adherence to treatment plan thereby resulting in improved patient satisfaction.

4.4.3 Employee Involvement in Healthcare Sector

Employees form critical part of any organization. They determine the success of an entity since they are involved in day-to-day delivery or implementation of activities. This study found that employees healthcare sector was involved in decision making and often received recognition or praise for doing good work. Employees were also given an opportunity to do what they did best and their supervisors cared about them. Further, employees knew what was expected of them at work and were involved in on-job training to develop their careers. These findings are consistent with a study by Mildred (2016) who examined the effect employee involvement and job performance in Kenya concluded that employee involvement through building programs helped employees to understand the goals and objectives of the goals and this helped to renew their commitment, team spirit and motivation towards delivery of quality services.

4.4.4 Management Support in Healthcare Sector

Managers or leadership of any organization is essential in achieving quality services. This is because managers/leaders play a critical role in setting the vision, goals and objectives of an organization. They also play a significant role in mobilizing resources and providing strategic leadership in enhancing competitive advantage of their organization. This study found that managers/supervisors were committed to the goals and vision of their facilities and communicated

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effectively with employees. The managers/supervisors motivated employees through trainings, recognition remuneration and work-life balance activities and encouraged teamwork and coexistence among employees as well as ensured timely resource mobilization for activities. These findings are consistent with a study by Musinguzi, *et al.*, (2018) who investigated the impact of leadership styles in healthcare facilities in Uganda and concluded that leadership styles promoted personnel moral and motivation, strengthened team cohesion and improve employee satisfaction thereby leading to quality of service in healthcare sector. Similarly, Shilingi (2017) examined the role of top management in public sector in Tanzania and revealed that top management support was crucial in implementation of strategic plans, mobilization of financial and human resources necessary for provision of quality service in public sector.

5.1 Conclusions

This study concludes that there is a significant relationship between TQM practices and quality services in healthcare sector in Nairobi County, Kenya. This is supported by inferential statistics that revealed that TQM practices of customer focus, quality improvement, employee involvement and management support contribute to 97.3% variations of quality services in healthcare sector at 95% confidence interval. Further, multinomial statistics revealed that quality service coefficient was 489.979. This implied that when all other independent variables are at zero, a unit increase in customer focus will lead to 453.275a increase in quality services in healthcare sector, a unit increase in quality improvement will lead to a 419.971^a increase in quality services and a unit increase in employee involvement will lead to 456.270^a increase in quality services while a unit increase in management support will lead to 472.673^a increase in quality services.

5.1 Recommendations

This study recommends that healthcare facilities (public & private) should bolster implementation of TQM interventions since they promote quality of services. This is because TQM practices were found to be significant in promoting reliable, responsive, accessible, tangible and competent services. This study recommends that the Ministry of Health should develop a standard of TQM care and roll it out to all facilities across the countries in bid to improve quality of services in healthcare sector.

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