

Influence of psychological and physical working conditions on the sustainability of service delivery in devolved health services in Kericho County

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Abstract

Health is vital for the survival of any human being. Hospitals are increasingly looking for ways to improve efficiency and reduce overall costs that will help them thrive now and in the future. Hospitals pursue sustainability efforts that work best for their organizations. However, the majority of devolved units in Kenya have faced a number of challenges especially the working conditions and dissatisfaction of personnel culminating into strikes. Employee unrest that has been witnessed in health care facilities has affected service delivery in public hospitals. This study therefore sought to determine the effect of employee working conditions on sustainability of service delivery in devolved health services in Kericho County, Kenya. The objectives of the study were to establish the influence of psychological and physical working conditions on sustainability of service delivery in Kericho County, devolved health services. The study adopted Expectancy theory. Descriptive research design was adopted. The study targeted a population of 450 employees from 36 public health facilities in Kericho County. Using Yamane's formula, a sample size of 120 respondents was used. Stratified and simple random sampling was applied. Questionnaires were used to collect data from the respondents. The data collected were coded and entered into SPSS V26 program to facilitate analysis. Data was analyzed using both descriptive and inferential statistics. From the linear regression model ($R^2 = .311$) indicating that working conditions account for 31.1% of sustainability of service delivery. There was a positive significant relationship between working conditions and sustainable service delivery ($\beta_1=0.441$ and $p<0.05$). The working conditions had a significant influence on sustainability of service delivery. The study recommended that there is a need to formulate, implement new strategies and policies that aim at improving working conditions and employee welfare practices in the health sector. The County hospital administration needs to provide a working environment that makes employees feel safe and secure.

Key words: Sustainability, Service delivery, working, conditions

Introduction

Working conditions in public hospitals have been of great concern to health care personnel worldwide. Songstad, Rekdal, Massay, and Blystad (2011) define working conditions as the working environment and all existing circumstances affecting labour in the workplace. Another author, Manyisa (2015) defines working conditions as the environment in which an individual performs his work. It includes all physical and psychological factors and circumstances that influence his work. Effective application of supervisor support and motivation can achieve a balance amongst workers' tasks and demands. This enhances employee productivity, provides employee safety and physical and mental wellbeing and job satisfaction hence enhanced organizational productivity (Garbie, 2014).

Service delivery is the quality and availability of a specified service. Quality service delivery is a key aspect of every healthcare system. Both operations are performed by hospital administrators, emphasizing the importance of the administrative role in healthcare. Research conducted on the health facilities has indicated that most challenges affecting the global health facilities are attributed to human resource management. In the United States, for example, the organization, a hospital or healthcare provider, is called medical service management. It guarantees efficient use of resources, good jobs for people and that all agencies meet a certain goal (McKean, 2012). The hospitals' staffs are more capable of administering resources efficiently and providing evidence on which to establish patients, clinicians and organizations' outcomes (Nembhard *et al.*, 2009).

Although the health crisis is a global problem, sub-Saharan Africa has been the hardest hit. This problem is particularly common in public hospitals where public healthcare services are and continue to deteriorate (Wanjau & Wanarigi, 2012). Regionally, large segments of the population in developing countries are deprived of access to basic health care (Nyongesa, 2013). Regional, middle-income countries face real shortages of medicines and medical supply for health services that pose problems to the provision of health care and further lead to increased mortality (Tumwine, et al, 2010). It is important to ensure that the level of service provided in public hospitals increases in order to achieve equitable access to high-quality health services and meet health-related Sustainable Development Goals (MOH, 2012).

Favorable workplace environment guarantees the wellbeing of employees and enables them to exert themselves to their duties with all energy they have hence this may translate to increased performance (Taiwo, 2010). Most organizational employees spend 50% of their

lives in indoor workplace environments, which highly influences their overall performance capabilities (Sundstrom, 2014). Improved physical workplace environment increases employee's performance and eventually improves the organizational productivity (Manu, 2015). In contrast to numerous studies describing health workers' job stressors, there is a void of prospective interventions aimed at promoting hospital health workers working conditions (Cohen, 2013).

Employees in Public hospitals require management support since it makes them feel cared for thereafter they work better to meet their targets (Poulsen, 2014). Working conditions and psychosocial environment are equally essential in determining organizational and employee performance (Atambo & Nyamwamu, 2013). Psychosocial work conditions are generally investigated at an individual level, without taking the organization or the workplace into consideration. Large percentage of employees in the countries of the European Union report that they are exposed to stress at the workplace, and the consequences are very significant for the organizations they are working for (Kristensen, 2015).

Working conditions are responsive to improvements, especially by changing the work organization and that Hospital health workers' working conditions not only affect their own well-being, but to a large degree also the quality of care their patients receive (Wallace, et al, 2012). Work overload, workflow interruptions, time pressure, conflicting demands, limited control of work, lack of participation, problems with cooperation between various professions involved in patient care, poor leadership, and low social support have been identified as critical work conditions (Arnetz, 2011).

The Kenyan government has developed and implemented policies to encourage access to modern healthcare. It claimed that the health care system would meet the population's basic needs. Services that are designed to provide health services that are easily accessible to Kenyans (KACC, 2010). In 2010, Kenya promulgated a constitution which devolved medicinal services to 47 Counties. The technical rationale of devolution was efficient delivery of services and increased citizen involvement in decision making (Sihanya, 2011).

The provision of health services is essential to the improvement of the sustainable development objectives of health in Kenya. Better information will demonstrate how care can be provided efficiently and health services can be obtained better (Sciedu, Hamoud, Tarhini, Akour & Al-Salti 2016). Primary healthcare provides prevention, educational, rehabilitative and curative general health services to the increasing population. In Kenya, Oduor (2013) study on Integrity in the Public Health Sector Service Delivery in Busia County, found that

the majority of the respondents (61%) indicated that the nature of services provided in public health facilities was poor. This study therefore sought to investigate the effect of the working condition on sustainable service delivery in the health sector.

Literature Review

Service Delivery in Health facilities

Service delivery assumes an imperative part in the achievement of the organization in acknowledgment of an aggressive edge and expanding focused power (Rod, Ashill, Shao, & Carruthers 2009). Vlieland, (2009) defines quality as the degree to which a service meets consistently desired outcomes for individuals and populations. However, service delivered should also be consistent with current professional knowledge. It corresponds to core values of privacy, dignity, choice, safety, autonomy and fulfillment to individuals and groups. Algilanan, (2003) later categorized them into five: tangibility, reliability, responsiveness, assurance, and competence. The services should be appropriate to purpose, have the ability to consistently meet and exceed perceived customer and citizen needs. Wanjau & Wanarigi (2012) adds that it also has significant relationships with customer loyalty, profitability, service guarantees and growth of organization.

Administration of healthcare facilities concerns the organization, management and operation of the health system and network of hospitals (Sciedu et al. 2016). Petrick, (2009) states that evaluation of quality service in the health facilities was started by a U.S surgeon, Ernest Codman. Efficient health management is seen as the cornerstone of healthcare facilities development and growth. Health and management are responsible for answering questions about decisions and actions (Hunter, Wilson, Stanhope, Hatcher, Hattar, Messias & Powell 2013).

In Kenya, the period 2013/2014, has witnessed the resignation of over 500 Medical Doctors. Similarly, the increased number of strikes by health professionals agitating for an improvement in their overall compensation system against the existing outcry over questionable quality of the nature of healthcare services offered at the public health facilities is a worrying trend (Atambo, 2012). Unfortunately, this is not the only case since we are reminded on a regular basis by newspaper reports that our hospitals are unsafe – for patients and for health care workers, attending to the patients (Hajaj, 2014).

The quality of service, which consists of 22 products, calculate five dimensions of service quality, that is: reliability, assurance, measurable, empathy and responsiveness, according to

Markovic and with Jankovic (2013). Quality of service and consumer expectations, though closely linked, are distinct concepts (Nanziri, 2017). This demonstrates how well the level of service offered meets the needs of the customer.

A service is said to be something that the community needs, for instance, transport, communication, hospitals, or supplies of energy or facilities. El- Jardaliet *al.* (2009) indicated that to allow hospitals to offer excellent quality services and healthcare that is safe, improving HRM was important. Burma's (2014) study indicated that the employees were the biggest support that an institution needed during reengineering periods meant to improve service delivery in organizations. This scenario is more so in the health sector.

Mujeeb (2012) conducted a study on the Sri Lankan public healthcare system and observed that this system was the chief player in delivering services of health in Sri Lanka. The study noted that it was vital to maximize the utilization of accessible employees of healthcare within the public sector by properly running their welfare.

A study conducted by Mbindyo *et al.* (2013) on rating the quality of outpatient visits to medical officers within Kenya indicated that patients were more comparatively content with their relations with medical officers than with the access to healthcare. The conclusion of the study indicated that patients see room for enhancement in their visits to medical officers and the need to educate medical officers on customer handling. Ondimu's (2011) study focused on the quality and availability of obstetric services of care in the province of Nyanza. The study indicated that Kenya had identified a steady decline in the health services quality chiefly those within the public sector. Also indicated was that patients feared of being ill-treated, facing drug shortage, and having to pay high fees. The study further showed that patients only used the health facilities when in absolute danger and at times it may be late, leading to severe complications.

Additionally, how employees associate with their organization's immediate workplace environment, influences their error rate levels, efficiency and innovativeness, collaboration with other employees, absenteeism and, ultimately their retention (Leblebici, 2012). Management of an effective workplace environment involves creating the work environment comfortable, attractive, motivating and satisfactory to employees so as to give them a sense of pride and purpose in what they do (Humphries, 2009).

Workplace environment is the totality of the interrelationships that exist within the employees and the surroundings in which they work (Kohun, 2011). This environment comprises the physical location in addition to the immediate surroundings, behavioral procedures, policies,

rules, culture, resources, working relationships, workplace environment, which all impact on the techniques employees use to perform their duties (Heath, 2012). The form of workplace environment in which employees operate determines whether or not the organization succeeds (Chandrasekhar, 2011).

Yanchus *et al.* (2014) in a study aimed at investigating the perceptions of employee communication within psychologically unsafe as well as safe medical care environments at the Veterans Health Administration in the United States, found out the distinction in frequencies of communication correlated themes across the compared categories matched the expected pattern of problem-laden communication depicting psychological unsafe workplaces. According to Alhatmi (2011), the study focused on measuring as well as addressing the safety goal as an organization's main concern based on its beliefs, values, policies, operations, and goals.

Goetz *et al.*'s (2015) research focused on documenting the working environment as well as job satisfaction of medical care experts in Kenya. Staff characteristics and the working atmosphere were the focus of the study. Findings indicate that job satisfaction and the work environment were significant aspects for the employment and retention of healthcare personnel while providing the best quality of care.

According to Chebor *et al.* (2014), the nursing practice environment is described as the institutional work setting characteristics that facilitate or restrain expert practice of nursing, and is based on relationships with physicians and managers, and is concerned with the nurse's status within the hierarchy of the hospital. Paying concentration to Chebor *et al.* (2014) study was conducted at the Moi Teaching and Referral Hospital on nurses to assess the perception of their work environment. The findings indicated that there was low morale among the nursing staff at the hospital and the working relationship between nurses and physicians was poor. The study recommended that there was a need to engage nurses in morale-boosting activities such as through refresher courses, recognition of a job well done, and engaging them more often in decision-making activities could result in improved service delivery.

Theoretical Framework

This study was based on Expectancy theory by Vroom (1994) which is used by organizations to understand how employees should be treated in order to get the best service delivery out of their efforts. Vroom (1994) expectancy theory states that the magnitude of behavior to

perform in a particular manner is dependent on the high expectation that the performance will receive as reward. The theory argued that a worker is motivated to put more effort when he or she assumes that effort would result in good performance appraisal which in turn leads to extrinsic rewards such as: bonus, salary increment, and promotional opportunities. Subsequently, these compensation components would satisfy the worker's personal goals.

Expectancy theories are concerned with a person's behaviour at work through observation and actual description of the processes capable of motivating individuals or groups. Expectancy is a general term for motivational theory which was developed based on the principles that individuals are influenced by the expected outcomes for any action taken (House, Shapiro & Wahba 1974).

The expectancy theory of Vroom (1964) views that employees would decide to behave in a particular manner because they are motivated to choose a specific behaviour over others due to what they expect the outcome of that chosen behaviour to be (Oliver, 1974). The main idea behind expectancy theory is that individuals tend to behave based on their expectations of positive outcomes. This theory showed the link between working conditions and sustainability of service delivery.

Research Methodology

This study adopted explanatory research design that evaluates the cause-and-effect relationships. The study targeted a population of 450 employees from 36 public health facilities in Kericho County, and with the help of Yamanes' formula, a sample size of 120 respondents was arrived at. Questionnaires were used to collect data from the respondents. The target population of the study was the health workers working within public health facilities in Kericho County. The respondents were suitable since they provide health care services within public health facilities in Kericho County. The stratified sampling technique was used to categorize health staff into job categories with each forming a stratum. This study employed simple random procedure to select 120 respondents who participated in this research from the county hospitals.

The questionnaire was designed to address specific objectives and that it had closed-ended questions. It was administered to the employees working in public health facilities in Kericho County. The respondents were asked to indicate the extent to which they agree or disagree with various statements measured on a 5-point Likert scale ranging from 5= strongly agree to

1= strongly disagree. The data collected were coded and entered into the SPSS V26 program to facilitate analysis. Data was analyzed using both descriptive and inferential statistics.

Results and Discussion

Influence of working conditions on service delivery

A linear regression model was used to explore the relationship between working conditions and sustainable service delivery. From the model, ($R^2 = .311$) shows that working conditions account for 31.1% variation in sustainable service delivery as shown in Table 1.

Table 1: Model Summary on Working conditions and service delivery

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.557 ^a	.311	.304	.41136

a. Predictors: (Constant), Working conditions

a. Predictor (Constant), Working conditions

The results above agree with Adio & popoola (2010) that managers and administrators will record an outstanding performance in framing sound policies vis-à-vis adequate working facilities and good atmospheric working environment.

The regression model with working conditions as a predictor was significant ($F=46.90$, $p=0.000$) as shown in (Table 2). This shows that there is a significant influence of working conditions and service delivery.

Table 2: Analysis of Variance on Working conditions and service delivery

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7.936	1	7.936	46.900	.000 ^b
	Residual	17.598	104	.169		
	Total	25.534	105			

a. Dependent Variable: Service delivery

b. Predictors: (Constant), Working conditions

Working conditions and service delivery Coefficients

Table 3 shows the estimates of β -value and gives the contribution of the predictor to the model. From the findings the t-test associated with β -values was significant and the working conditions as the predictor was making a significant contribution to the model. The β -value for working conditions had a positive coefficient, depicting positive relationship with service delivery as summarized in the model as:

$$Y = 2.178 + 0.441x + \varepsilon \dots\dots\dots \text{Equation 1}$$

Where: Y = Sustainable Service delivery, X = Working conditions, ε = error term

Table 3: Working conditions and service delivery Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.178	.207		10.541	.000
	Working conditions	.441	.064	.557	6.848	.000

a. Dependent Variable: Service delivery

The study findings depicted that there was a positive significant relationship between working conditions and sustainable service delivery ($\beta_1=0.441$ and $p<0.05$). The null hypothesis was rejected. Therefore, concluded that working conditions had a significant influence on sustainability of service delivery. This implies that for every good working conditions, there was an increase in sustainability of service delivery. Working conditions had a significant influence on sustainability of service delivery. The finding of this study reaffirms earlier findings by Goetz *et al.* (2015), who noted that job satisfaction and work environment were significant factors for the employment and retention of healthcare personnel as well as for provision of best-quality care. Working environment play a big role in the service delivery in the public health sector. This also concurs with Burma's (2014) that the employees were the biggest support that an institution needed during reengineering periods meant to improve service delivery in organizations.

Conclusions

Working conditions had a significant effect on sustainability of service delivery in Kericho county health facilities. A safe and healthy working environment is key in enhancing efficient service delivery. Precisely, when the culture and emotional climate of the hospital is generally positive and supportive, this, in turn, motivates employees to work towards improving the service delivery in the hospitals.

Recommendations

The staff of the public health sector should be provided with a conducive working condition to enable them to discharge their duties effectively and efficiently.

The policy makers and health managers need to pay special attention to good working conditions that increase the satisfaction of the health workforce at all levels in the health system in order to sustain the service delivery.

The aspect of resources is also important in improving working conditions and towards the achievement of the organizational goal. It is therefore imperative that the necessary resources be made available to employees so that they can complete their tasks on time.

Since a safe and healthy work environment contributes to improved service delivery, there is a need for the culture and emotional climate of the hospital to be positive and supportive.

Improving communication, interpersonal relationships between management and staff and the allocation of resources may help in improving the present situation and in the creation of an environment that is conducive to high quality patient care.

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