ABSTRACT
Good health services are those which deliver effective, safe, quality personal and non-personal interventions to those who need them and where needed, with minimum waste of resources. The purpose of the study was to investigate the factors affecting quality service delivery in the public health sector in Kenya and in specific the Murang’a County Hospital. The target population included doctors, nurses and lab technologists. The researcher used stratified random sampling to select a sample population. Data was collected by use of self-administered questionnaires, key informant interview guides and an observation checklist that were designed and developed by the researcher. The researcher used drop off method and interview schedules for collection of data. The reaction to the study was positive as a response of 80% was achieved. Descriptive analysis involved the use of frequencies in their absolute and relative forms (percentage). Inferential analysis was done to find out if there is any relationship between dependent and the independent variables of the study. The results of the study point to remuneration and training to be of great concern amongst health workers and affecting the level of quality. Health Institutions therefore need to pay attention to the two so as to ensure their employees are enthusiastic on delivering quality services. The study recommends for regular reviews of job satisfaction in the health sector to find out areas that need to be addressed so as to improve the quality and input of employees for institutions in the sector.

Key words: Health Service Delivery, Training, Remuneration, Job Design, Workplace Conditions.

INTRODUCTION
Assessing the quality of care is not new in health care; the rapid growth of the managed-care industry in the US has led to a variety of definitions and perceptions of quality (Cifalino, 2009). Today, several well-established agencies and organizations address improving health care quality and patient safety through a process known as continuous quality improvement (Mahapatro, 2010). Patient satisfaction is a major determinant of quality health care delivery. Many studies have reported that there is a positive relation between patients’ satisfaction and outcome (Mahapatro, 2010). It is widely accepted by Organizational practitioners that employees are among the most important assets of an organization since things are done through employees (Mahapatro, 2010). Organizational performance is a complex phenomenon and is largely affected by the ability and motivation of the workforce. Employees in an organization have motives and inner desires that are expressed in the form of actions and efforts towards job roles to meet their needs (Bernthel and Erker, 2004). Poor quality of healthcare results in loss of customers, lives, revenue, material resources, time, morale, staff, recognition, trust and respect (Mahapatro, 2010) and in individual and communities' apathy towards health services, all of which contribute to lowered effectiveness and efficiency. Clearly, as health care competitive dynamics continue to evolve, it is no longer sufficient to define health care performance in terms of clinical outcomes alone.

The inclusion of patient satisfaction is fast becoming an important dimension because the notion of consumer-driven health care increasingly applies to patient choice in the health care industry. Brown et al (2012) try to identify and examine career choice factors and public service perceptions among members of the public service in the United States and find that a clear understanding of employee perceptions and expectations about work and career-related issues will assist governments and organizations in formulating recruitment and retention strategies that will in turn ensure quality services are provided.
Training is the systematic approach to learning and development meant to improve the individual, team and organizational effectiveness (Goldstein and Ford 2002). Two different theoretical grounds may be used to evaluate training programmes; one, the operational approach is used to evaluate training with a view of improving training delivery and the second one, the strategic approach, aims to evaluate the training according to the organisational goals (Cifalino, 2009). The strategic nature of training is that it should result in improved organisational performance rather than just meeting individual goals. Another study in Italy by Sigmued (2009) on factors determining quality health care services delivered to psychotic patients found out that organization structure, training, and performance of the health care system, as a possible determinant of quality of care, A study in Tanzania found out that patients expectations and prior and current experiences influence her perception of the quality of care she received. Health facility characteristics did not influence ratings of overall quality. Focusing on improving the process rather than inputs of service delivery during ANC visits and delivery may increase perceived quality of delivery care in low-resource settings (Goldstein and Ford 2002). Quality service delivery was improved by on-the-job training for healthcare clinics involved in maternity as shown in a study in Northern India (Barber, 2004). This is because type of informal learning led to the employee acquiring certain work behaviours that lead to improved performance and innovation. The other beneficial results of training are improved attitudes, motivation and empowerment at individual and team level (Barber, 2004). A another study aimed at assessing factors associated with patients’ satisfaction at Sunyani Regional Hospital in Ghana found out that the hospital’s ability to render 24 hour service, response to emergency cases, the patience of the doctor to clearly explain what was wrong with patients before giving treatment, providing patients with detail information about their medication, and attractiveness and cleanliness of the hospital among others constitute some of the factors that determined patients’ satisfaction (Chatterjee and Yilmaz, 1993).

Previous studies have found positive correlations between aspects of the learning organisation and performance measures for financial, knowledge and mission performance (Barber, 2004). The staff trained in the technical area are expected to use their skills to improve the performance of the hospital in the provision of specialised healthcare as per the mandate of the hospital stated in the Legal Notice No.109 of 1987 (Republic of Kenya, 1987). The transfer of skills learnt during the training depends on how the employee thought the skills would be used in the work environment. Employees who are more confident are better motivated and able to transfer the skills learnt to improve organisational performance (Goldstein & Ford 2002). These employees are expected to benefit the hospital through skills transfer to their fellow colleagues in the organisation. In this way, the performance of the hospital in delivering on its mandate to provide specialised health care is expected to improve. This would then justify the use of the hospital resources in the training of employees.

From the health care organization perspective, measures related to the effective and efficient use of its valuable and scarce resources are critical to assessing performance. Specific measures related to costs, times, and rates of service would define operational efficiency, whereas various clinical performance measures would indicate operational effectiveness. In fact, the performance measures derived from each perspective are, in general, functions of the other perspectives and dimensions of performance. They are also dependent on the design of the health care delivery system and on other organization wide factors.

The primary consideration when evaluating the relationship between health care organization and patient is the impact of the operational design of the health care delivery system. For example,
the design defines issues of accessibility, process structures, procedures followed versus required, ratio of staff to patients, degree of reliance on clinical practice guidelines, etc. As part of a highly competitive industry, health care organizations and their administrators must adopt a more comprehensive view of health care delivery quality. Initiatives to improve health care quality must address patient satisfaction in addition to more traditional quality indicators.

The Government is the biggest employer of our time and its success depends on how well the employees perform their duties. Public hospitals which are run by the government also cover a wide area in the country. These hospitals are found in both urban and rural areas. Ministers and other top ranking officers of the Government formulate plans and visions for the country’s future. These plans and visions can only be realized through motivated employees who have entered the employment contract to work so as to satisfy their personal needs. Without their commitment and hard work all planning and goal setting goes to waste. Therefore, as care is taken in sound planning care should also be given to the service delivery of workers who are actually going to bring those plans to reality (Goldstein & Ford 2002).

The government has for a long period of time assumed that the best way to improve employee motivation and quality of services in the sector is through performance-related pay because after all employees are mostly motivated to stay in employment by money.

This has led to the government using a rigid grading system to reward the employee resulting to frequent strikes and go-slows greatly hindering the performance of employees thus translating into poor performance and productivity of public institutions.

For instance in the year 2012, many trade unions called upon their members to engage in industrial action in what is seen as a call to demand for better salaries and allowances for the employees. Hundreds of nurses marched through Nairobi streets on March 9th, 2012 in protest over better pay, even after the government sacked all 25,000 of them for taking part in the action which it later rescinded, promising to address the nurses' complaints.

Kenyatta National Hospital (KNH) staff have opportunities to attend both in-house and off-site training. Some of the training is on-the-job while the rest is formal. In the period between 2008 and 2012 the Kenyatta hospital trained staff in different areas in both short and long courses (Kenyatta National Hospital, 2012). The evaluation of such trainings is necessary to justify the funds spent from the hospital to finance them. Training results in greater understanding of procedures and when to apply those skills and knowledge (Kozlowski, 2001). A lot of training in technical skills at KNH is designed to help the professionals acquire such skills through mentorship. The newly qualified professionals have a mandatory period of apprenticeship before being considered for professional registration.

In late August, about 400 trainee doctors at Kenyatta National Hospital and Moi Teaching and Referral Hospital stopped work to pressure the government for better benefits. After the government suspended the trainee doctors, the Kenya Medical practitioners, Pharmacists and Dentists Union called for a nationwide strike to pressure the government to adhere to a pay deal signed in 2011 between the two parties. Union leaders say labour strikes are an effective way to pressure the government to meet workers' demands, but strikes over the past few months have disrupted vital services offered to citizens, while the government says it does not have the budget to appease strikers (Daily Nation 2012: Kenya).

This caused a lot of suffering to the common citizen as the country woke every morning to disturbing news of deaths caused mainly by the absence of the striking health personnel.
This was followed soon by the public school teachers, public universities lecturers and other support staff, as well as the junior police officers who entered a go-slow all demanding better salaries and allowances.

In all these strikes the Government responded by giving in to the unions’ demands and awarding them the salaries they asked for. This according to some economists was not a long term solutions especially to an economy that had just been affected by the post-election violence of 2007/08. According to the Kenya Economic Survey (2012) economic growth was slowing. In 2011, real gross domestic product (GDP) dropped to 4.4% from 5.8 in 2010. This survey revealed that public debt rose to about 1.3 trillion shillings in 2011, amid fears that it could become unmanageable if it grows past 50% of Kenya’s GDP.

Since attainment of independence in 1963, the Kenya government has given high priority to improvement of health status of Kenyans through recognition that good health is a prerequisite to socio-economic development (Kimalu, Nafula, Manda, Bedi, Mwabu and Kimenyi, 2004). This commitment is borne out by the health budget and the phenomenal growth of the network of government health facilities across the country since independence.

Government policy since independence has been geared to providing health services within easy reach of Kenyans with emphasis on preventive, promotive and rehabilitative services while still recognising the need for curative services.

Healthcare delivery systems involve a variety of factors, including physicians, nurses, hospital administrators, and pharmacists, many of whom interact with each other and with patients. Most, especially nurses, can influence the nature, quantities, and quality of healthcare goods and services delivered and consumed.

According to the UNDP (2001), a nurse includes graduates of a faculty or school of medicine in any field (including medical, teaching, research and administration). Nurses’ routine practice of making appointments, diagnosing illness, offering counseling and health information, charging for services and materials, and referring patients to their colleagues greatly affects utilization, efficiency, and quality of healthcare services.

Although the policy of the government on medical personnel is to increase the personnel at the periphery level in order to reduce the workload at the hospitals, and although there has been a tremendous increase in medical personnel in absolute terms since independence, their distribution is very uneven. The heavy concentration of government medical staff in Nairobi is particularly noticeable and underlies the very low doctor and nurse population ratios in many parts of the country.

Government health institutions are also faced with staffing problems, which include overstaffing at the lower cadres and deficits at professional categories, over concentration of key personnel in urban areas, and the mushrooming of private clinics resulting in many experienced staff leaving the public service for the private sector (Kimalu et al, 2004).

Another problem that may affect the quality of service provision is poor remuneration and low morale in the civil service, which seems to make doctors to seek better opportunities elsewhere. The situation is of concern as most government facilities in rural areas face an acute shortage of nurses and other middle-level personnel.

An assessment of the performance of the health sector at the district level from the would likely reveal certain constraints to provision of quality care and would provide an opportunity for the prioritization and institutionalization of a quality assurance programme to help the health sector achieve its goal of better health and healthcare for rural dwellers.
**Statement of the Problem**

Delivering quality service has significant relationship with customer satisfaction (Swanson and Davis, 2003), customer retention (Yavas, Benkenstein and Stuhldreier, 2004), loyalty (Boshoff and Gray, 2004), costs (Wilson 2008), profitability (Irving and Dickson, 2004), service guarantees (Kandampully and Butler, 2001) and growth of organization (Sohail, 2003).

In every country, there is opportunity to improve the quality and performance of the health-care system, as well as growing awareness and public pressure to do so. Many studies demonstrate that use of services and willingness to pay are strongly related to patient perceptions of quality. Quality improvements are also linked to improved health outcomes.

Most of the workplaces today are accompanied by high rates of stress. The need for results, time pressure and opportunities are contributing factors in the biggest migration of workers. The biggest danger however, might be the impact that emotionally unintelligent managers are having on the employees as a result of their reactions and judgments (UNJSPF, 2012). The report by the United Nations Joint Staff Pension Fund (UNJSPF) shows that a good number of employees especially the young leave managers and not organizations and managers inability to deal with the frustration that comes with managing different employee needs result in lost productivity, poor quality of service provision, conflicts in the workplace and increased turnover. Murphy (2007) in an attempt to find a solution to creating a friendly and sustaining workplace that dwells on quality service delivery indicates that businesses that pay attention to staff issues will see an impact on their bottom line in a number of areas including corporate culture recruitment and retention.

Kenya’s public health system has in the past been losing a substantial amount of the workforce through what has been termed as the brain drain (Kimalu et al, 2004). To this effect this study aims at understanding the factors affecting provision of service quality in the public health sector focusing on employee capability, access, availability of services and coverage and safety with focus on the health service providers. These factors are mainly experienced in the rural public health facilities and this leads to the choice of the site of the study.

**General Objective**

The main objective of the study is to investigate the factors affecting quality service delivery in the public health sector in Kenya and in specific the Murang’a District Hospital.

**Specific Objectives**

To find out whether training is a factor in quality service delivery in the health sector in Kenya.

To establish whether remuneration on has an impact on quality service delivery in the health sector in Kenya.

To analyze the effect of job design on quality service delivery in the health sector in Kenya.

To find out the effect of workplace conditions on quality service delivery in the health sector in Kenya.

**THEORETICAL REVIEW**

**Content/Need Theories**

These theories are concerned with identifying people’s needs and their relative strengths, and the goals they pursue in order to satisfy these needs. Content theories place emphasis on the nature of needs and what motivates. Content theories focuses on the question of what arouses, sustains and regulates goal directed behaviour i.e. particular things that motivate people.

The theories offer ways to profile or analyse individuals to identify their needs. Often criticised as being static and descriptive they appear to be linked more to job satisfaction than to work...
Content theories such as Maslow’s theory of hierarchy and Herzberg’s theory attempt to explain those specific things that actually motivate the individual at work. The literature on content/need theory reveals that the majority of research pertaining to motivation, and its relationship to management of leisure services, has been conducted in the public and nonprofit sectors using Herzberg’s (1959, 1987) two-factor motivator hygiene theory. According to Edginton, Hudson, and Lankford (2000), the chief proponents of much of this research have been Larry Neal (1984) and his associates at the University of Oregon.

Herzberg’s Theory of Motivation

Herzberg’s theory postulated that factors in the workplace causing positive attitudes towards one’s job were different than the factors that generated negative attitudes. Herzberg identified 16 factors related to either job satisfaction or job dissatisfaction. Five factors were found to be strong determinates of job satisfaction. These factors tended to be intrinsic in nature and were labeled as motivators. Eleven factors were associated with job dissatisfaction. These factors were extrinsic in nature and were labeled as hygiene factors. They are called ‘hygiene’ factors and include such elements as: company policies and administration, supervision, working conditions, interpersonal relations, money, status and security.

According to Herzberg (1959, 1987) the other set of factors are those which, if present, serve to motivate the individual to superior effort and performance. These factors are related to the job content of work. They are ‘motivators’ or growth factors. Motivation factors include: achievement, increased responsibility, challenging work, recognition for achievements, growth and development.

Vroom’s Theory on Motivation

Vroom’s (1964) work into motivation argues that crucial to motivation at work is the perception of a link between effort and reward. Perceiving this link could be thought of as a process in which individuals calculated first whether there was a connection between effort and reward and then the probability (valences) would follow from high performance (instrumentality.)

The motivational force of a job can therefore be calculated if the expectancy, instrumentality and valence values are known. The individual’s abilities, traits, role perceptions and opportunities attenuate the motivational force.

Adams’ Equity Theory

Equity theory assumes that one important cognitive process involves people looking around and observing what effort other people are putting into their work and what rewards follow them. This social comparison process is driven by our concern for fairness and equity. Research by Adams (1965) and others confirms equity theory as one of the most useful frameworks for understanding work motivation.

According to Adams (1965) when people sense inequities in their work they will be aroused to remove the discomfort and restore a state of felt equity to the situation whereas people who feel overpaid (feel positive inequity) have been found to increase the quantity or quality of their work, whilst those who are underpaid (feel negative inequity) do the opposite. Feelings of inequity are determined solely by the individual’s interpretation of the situation.
EMPIRICAL REVIEW

Role of Training

Training is the planned effort to facilitate employee of the job related behaviour in order to improve employee performance. According to Beach (1995) training is the organized procedure by which people learn work knowledge and skills for a definite purpose. It is expected that the trainees shall acquire new manipulative skills, technical knowledge and attitudes to apply on the jobs such as to aid in the achievement of the organization growth and objectives. He observed that training had tangible benefits to both employees and organization in determining effectiveness and efficiency of an establishment.

According to Mullins (1996) the purpose of training is to improve knowledge, skills and to change attitude. This can lead to many potential benefits for both individuals and the organization. It is therefore a key element to improve organizational performance. Training increases the level of individuals’ organizational competence. It helps to reconcile the gaps between what should happen and what is happening between desired targets as standards and actual level of work performance.

He also stated that training ensures an adequate supply of staff that is technically and socially competent. He viewed training as an integral part of the process of total quality management.

According to Rae (1991) mentioned that the concept of training through courses is becoming a sign of a non-flexible approach and hence it limits effectiveness. Learning is being considered as an individual need to be approached on an individual basis.

The purpose of training is to enable the employee to get acquainted with their present or prospective jobs and also increases their knowledge and skills. Training makes new employees more productive and efficient. It makes the old employees familiar with new machines and techniques of refreshing their knowledge. Training job is never finished so long as an organization remains in business.

Thus training is not a ‘one stop process’, but it is an ongoing or continues process. It’s effective only when it is properly planned and effectively executed. Boydell (1997) analyzed training as an experimental phenomena aimed at transforming the behaviour of individuals. Training is mainly concerned with intentionally, produced learning occurring to cause people to have differently by applying skills and techniques acquired during training in their jobs.

Evaluation of training to a measure of how well training has met the need of its human resource contribution of training to the organization success is known through evaluation of training and therefore this strengthens training as key an organizational activity.

Samara (2003) also defines the models upon which evaluation of training is based on according to need for assessment/ formative assessment/summative assessment.

Tripath (1998) says, it is always for an organization whether large, medium or small to have a compulsive training and development policy which should incorporate details on the place of training/the project which are to be concerned in the company training/determination of training and development help mature a staff so that organizational members are more productive, more efficient and more effective.

He goes further to explain that staff training and development programs must be seen as an investment and an important asset for the organization and its staff.

According to Chruden (1998), states that training is important in building up an individual up to a satisfactory level, knowledge and skills required for effective performance manpower service. Commission (1991) defined training as a planned process to modify attitude, knowledge or skills.
behaviour through learning experience to achieve effective performance in an activity or range of activities.

The benefits of staff training and development can be divided into three categories. The employees receive greater job satisfaction, greater opportunity as well as personal development. The organization benefits in having a skilled and motivated workforce, less staff turnover and hence a better reputation for the organizations as a whole because of these factors, the organizations clients enjoy the good customer service provided. Jeannette (2001) explains the training needs assessment.

This is important as it determines how training is relevant to employee’s job, it determines what will improve training, organizations problems and finally links improved jobs performance with the organizations goals and bottom line.

According to Shaughnessy (1998) argues that in order for training program to have an impact on employees and hence the organization, they must be task-oriented programs. He sees training programmed that focus on specific tasks as being more likely to affect the efficiency of the employee.

According to Shaughnessy (1998) even in the early 1980s the farsighted employers had identified the gains to be reaped by taking their employee seriously. As organizations grew larger, becoming multidivisional and bureaucratically the need to keep track of an increasing number of employees gave rise to the personal function around the turn of the present country.

Skunner a professor at the Harvard University in one of his experiments found but that reinforcement of behaviour involves the strength of the responses. It may be achieved by means of positive stimuli.

According to Cole (2003) the ability to utilize previous learning in the service of new learning (transfer of learning) is an important factor in any learning but especially so when basic principles are being learned or basic skills acquired. Transfer can be of two types; positive and negative.

Learning methods are geared towards the principle emphasis or concern. So job, its skills are focused then typical method will include systematic instruction programmed learning and testing. If the development of broad management skills/professionalism is the priority then a variety structured and unstructured approaches are employed.

Bentley (2001) to quantity training benefits its necessary to know how the improvement as individual performance affects profit. Profit is the surplus remaining after deducting the cost of resources consumed from income generated by the business. Improvement in the individual performance must impact on one or all of these areas.

Once the area impact has been identified for every employee it becomes possible to measure the effect of training on profit as well as the employee performance.

**Impact of Remuneration**

Remuneration is pay or salary, typically a monetary payment for services rendered, as in an employment. Usage of the word is considered formal. The payment of commission as remuneration for services rendered or products sold is a common way to reward sales people. Payments often will be calculated on the basis of a percentage of the goods sold.

This is a way for firms to solve the principal-agent problem, by attempting to realign employee’s interests with those of the firm. Commission rates are generally based upon the achievement of specific targets which have been agreed between management and the salesperson in question (Taylor, 2004).
Offering monetary compensation in the form of commission alone, or commission in addition to salary rather than simply a fixed salary, is intended to create a strong incentive for employees to invest maximum effort into their work. Common industries where commission is used include car sales, property sales, insurance broking and many other sales jobs.

Compensation methods (Remuneration). Pricing models and business models used for the different types of internet marketing, including affiliate marketing, contextual advertising, search engine marketing (including vertical comparison shopping search engines and local search engines) and display advertising. A side effect of commissions is that in some cases, they can result to salespeople resorting to dishonest and fraudulent business practices in order to increase their sales (Stephen, 2004).

The level of remuneration in relation to earnings in other sectors is a good indication of the value that society places on its health services, and an important factor in their ability to attract and retain competent staff.

Overall remuneration in public sector health services has deteriorated over the past decade in industrialized countries, apart from Japan and the United States.

Cost-containment measures have often reduced public spending in the health sector and led in some countries to the replacement of highly qualified by less qualified or less experienced workers in order to reduce the sector's wage bill.

Earnings tend to vary only slightly between the public and the private sector. In some countries there is a trend to replace central bargaining mechanisms by local or hospital based arrangements. The Nursing Personnel Recommendation, 1999 (No. 157) contains a special section on remuneration (number VII) which highlights the criteria for salary determination and payment procedures. Executive compensation is how top executives of business corporations are paid.

This includes a basic salary, bonuses, shares, options and other company benefits. Over the past three decades, executive compensation has risen dramatically beyond the rising levels of an average worker's wage. Executive compensation is an important part of corporate governance, and is often determined by a company's board of directors (Stephen, 2004).

According to Rosness, (2002) in a typical modern US corporation, the CEO and other top executives are paid salary plus short-term incentives or bonuses. This combination is referred to as Total Cash Compensation (TCC). Short-term incentives usually are formula-driven and have some performance criteria attached depending on the role of the executive.

For example, the Sales Director's performance related bonus may be based on incremental revenue growth turnover; a CEO's remuneration could be based on incremental profitability and revenue growth. Bonuses are after-the-fact (not formula driven) and often discretionary.

Executives may also be compensated with a mixture of cash and shares of the company which are almost always subject to vesting restrictions (a long-term incentive).

To be considered a long-term incentive the measurement period must be in excess of one year (3-5 years is common). The vesting term refers to the period of time before the recipient has the right to transfer shares and realize value. Vesting can be based on time, performance or both. For example a CEO might get 1 million in cash, and 1 million in company shares (and share buy options used).

According to Hakonsen (2004) other components of an executive compensation package may include such perks as generous retirement plans, health insurance, a chauffeured limousine, an executive jet. Interest free loans for the purchase of housing, deferred compensation is an
arrangement in which a portion of an employee's income is paid out at a date after which that income is actually earned.

Examples of deferred compensation include pensions, retirement plans, and stock options. The primary benefit of most deferred compensation is the deferral of tax to the date(s) at which the employee actually receives the income. An employee stock option is a call option on the common stock of a company, issued as a form of non-cash compensation.

Restrictions on the option (such as vesting and limited transferability) attempt to align the holder's interest with those of the business' shareholders. If the company's stock rises, holders of options experience a direct financial benefit.

This gives employees an incentive to behave in ways that will boost the company's stock price. Employee stock options are mostly offered to management as part of their executive compensation package. They are also offered to lower staff, especially by businesses that are not yet profitable. They can also be offered to non-employees: suppliers, consultants, lawyers and promoters for services rendered.

**Impact of Job Design**

Job design is work arrangement (or re-arrangement) aimed at reducing or overcoming job dissatisfaction and employee alienation arising from repetitive and mechanistic tasks. Through job design, organizations try to raise productivity levels by offering non-monetary rewards such as greater satisfaction from a sense of personal achievement in meeting the increased challenge and responsibility of one's work.

Job enlargement, job enrichment, job rotation, and job simplification are the various techniques used in a job design exercise. In organizational development (OD), work design is the application of Socio-Technical Systems principles and techniques to the humanization of work (Armstrong, 2005).

The aims of work design to improved job satisfaction, to improved through-put, to improved quality and to reduced employee problems, e.g., grievances, absenteeism. Under scientific management people would be directed by reason and the problems of industrial unrest would be appropriately (i.e., scientifically) addressed. This philosophy is oriented toward the maximum gains possible to employees.

Managers would guarantee that their subordinates would have access to the maximum of economic gains by means of rationalized processes. Organizations were portrayed as rationalized sites, designed and managed according to a rule of rationality imported from the world of technique (Armstrong, 2005).

Job design is defined as “the application of motivational theories to the structure of work for improving productivity and satisfaction” Job design has also been defined as “the process by which managers decide individual job tasks and authority”.

The meaning derived from these definitions refers to job design as something that is used and decided upon by managers of the organization. For purposes of this paper we will look at how researchers study job design and how organizations have used job design analysis.

Researchers analyzing job design from the functionalist perspective rely on gathering information through instruments or tools such as the Job Diagnostic Survey and the Multi-method Job Design Questionnaire. The results obtained depend on quantifying the responses from workers prompted by the JDS and JFDQ instruments.

The tools used to analyze job design attempt to tap the worker’s outlook on his or her job through a method couched in the scientific method (Barr, 2003).
It is interesting that these tools come from long established beliefs about the instrumentality of organizations. Barr (2003) states that because of the Industrial Revolution, it’s the organization’s dependence on tools and machines that required organizations to adapt to the needs of the machines. Thus the information from these tools that was obtained from workers is systematically calculated to produce a “score” which is then used to make predictions about outcomes. Such outcomes generated are employee motivation and satisfaction that are important to the organization. The management or dominant coalition of an organization places a high level of meaning to these outcomes because such phenomena as motivation and satisfaction are assumed to influence organizational performance. It is the organization’s performance that drives management or the dominant coalition to place emphasis on the information received from job design analysis. Management is interested in the motivation and satisfaction of the workers because the workers’ performance is the means by which organizational goals can be achieved. The performance of the organization may also ultimately reflect on management’s ability to effectively manage employees and maintain smooth operations of the organization.

So to the extent that management can utilize information that may affect the organization’s performance, job design analysis plays an important role in constructing an essential part of that information.

**Workplace conditions**

All employers have expectations that they want employees to meet. Understanding these expectations will enable group participants to be better prepared for employment. It is also necessary to discuss expectations of employees to determine what is not realistic and how to deal with feelings in situations where expectations are not met (AAECD, 1992). Since supervisors and managers often set the overall tone of the workplace by making policies that affect the conditions and relationships of the workplace, it's generally their responsibility to be aware of factors that contribute to a low stress environment.

Working conditions go well beyond the simplistic notion of key skills, and is evidenced in the application of a mix of personal qualities and beliefs, understandings, skilful practices and the ability to reflect productively on experience (Yorke and Knight, 2006).

According to Yorke and Knight (2006) employability is influenced, in the main, by four broad and inter-related components: skillful practices (communication, management of time, self and resources, problem-solving and lifelong learning); deep understandings grounded in a disciplinary base (specialized expertise in a field of knowledge); efficacious beliefs about personal identity and self-worth; and, metacognition (self awareness and the capability to reflect on, in and for action).

According to Drucker (1995) unconscious motives add to the hazards of interpreting human behavior and, to the extent that they are present, complicate the life of the administrator. On the other hand, knowledge that unconscious motives exist can lead to a more careful assessment of behavioral problems.
METHODOLOGY
Research Design and Sampling
The study applied a cross-sectional descriptive research design. The descriptive research design was suitable of the need to describe the nature of the factors affecting quality service delivery in the public health sector in Kenya and in specific the Murang’a District Hospital. The research was designed to obtain pertinent and precise information relating to current status of the phenomena and whenever possible to draw a valid general conclusion from the fact discovered (Gall, Gall and Borg, 1999). The researcher used a stratified random sampling procedure to select a sample that represents the entire population because the sample population is heterogeneous (Kothari, 2001). The results from the sample were then aggregated to make inferences about the population. A census was done for the doctors and lab technologists. The nurses were sampled using thumbs rule that advocates for 30% of target population. The study therefore used a total of 215 respondents which represented 36% of the target population.

Data Analysis
Data was analysed using descriptive statistics. The descriptive statistical tools help the researcher describe the data and the features of data that are of interest. Data was analysed using descriptive statistics such as frequencies and percentages and presented in form of tables, bar charts and pie charts (Taschereau, 1997). After data collection, the filled-in and returned questionnaires were edited for completeness, coded and entries made into Statistical package for social sciences (SPSS version 18). This ensured that the data are accurate, consistent with other information, uniformly entered, complete and arranged to simplify coding and tabulation. With data entry, the data collected will be captured and stored. Descriptive and inferential analysis was conducted. Descriptive analysis involved the use of frequencies in their absolute and relative forms (percentage). Inferential analysis was done to find out if there is any relationship between dependent and the independent variables of the study.
RESEARCH FINDINGS AND DISCUSSIONS

Effects of Workforce Conditions on Quality Service Delivery

The data presented indicated that 37% of the respondents are of the opinion that respect for authority as a workplace expectation to a very great extent negatively affects the delivery of quality services with 15% also concurring and indicated to a great extent while 32% indicate to a little extent and very little extent.

The findings show that the respect for authority poses a challenge to delivering of quality services as indicated by Loughlin and Barling (2001) who believe that employees become at times apathetic towards hierarchies and authority meaning that employees will at times intentionally underperform so as to show their apathy or resentment to authority.

The data also shows that a majority of the respondents (48%) are of the opinion that long term dedication to the institution can negatively affect the quality of services delivered while 34% of the respondents decline indicating that dedication does not have a negative effect. The findings contradicts that of Hastings (2008) who finds that only one in five employees anticipates tenure with the same company for six years or longer meaning that after some time the employee can become less productive.

The analysis above also shows that more than half the respondents (51%) believe the expectation of working under a standard operating procedure negatively affects their quality of service to a very great and great extent, while 33% are of the contrary opinion and think it to have a little to very little extent and 16% of the respondents think it as moderate. In regard to the labour laws impact on the delivery of services, majority viewed that it has negative influence as indicated by 50% of the respondents while 35% showed that it has little to no negative influence on the service delivered.

Major factor needing change for delivery of quality services

The data indicated that 30.4% pointing out a need to change the performance standards within the workplace in order to improve the quality of services while 29.8% indicated that relations with authority need to be changed so as to improve the quality in the health service delivered, 21.1% of the respondents indicated that they would change the flexibility of the working hours while 18.7% said changing the assessment process for promotion would improve quality of services delivered. This findings compliment those of Hastings (2008) who indicates that employees expect continuous recognition and feedback, managerial support as well as clear and comprehensive instructions.

Impact of workplace conditions on level of productivity

The results showed that 55% of respondents believe that workplace expectation have a great extent of impact on the level of employees’ productivity in the institution, while 39% of the respondents answered a moderate extent and 5% said a little extent. This coincides with Ducker (1995) that unconscious motives set by managers in the workplace add to the hazards of interpreting human behavior and, to the extent that they are present, complicates the life of the administrator. On the other hand, Drucker (1995) also adds that knowledge of the negative aspects of the conditions can lead to a more careful assessment of behavioral problems and thus improve productivity.

Role of Training on Quality of Service Delivery

Period of employment in hospital
The data collected showed that more than half of the respondents (56%) had been in employment at the hospital for more than 5 years. This increases the likelihood of the respondents attending in-service training as most organizations according to Tripath (1998) have compulsive training and development policies which help mature a staff so that organizational members are more productive, more efficient and more effective.

**Attendance of in-service training**

The researcher aimed at understanding the extent to which the hospital had prioritized training as a method of staff development. Training is said to be a key factor in the development of quality services in the service industry.

The data presented above shows that 70% of the respondents had attended in-service training while 30% had not. The respondents received this training mostly from the employer as expressed by 54% in the figure 4.4 above. The respondents also indicated having received the trainings in more than 2 years (32%), 6 months and less (26%) while 43% between one and two years ago. This indicates the hospital commitment to training and development of its nurses, doctors and lab technologists as high, only 8% of the respondents was sponsored by other sources such as friends and NGOs and 38% sponsored themselves.

**Important aspects of training**

The findings indicated that 82% and above of the respondents indicate that job skills improvement as the important aspect of training, 76% say it is improvement of teamwork, 71% said change in attitude while improvement of job cadre was indicated as not being of importance by 31%.

This means that training is regarded as of very great importance with most of the responses significantly indicating great importance and very great importance. According to Mullins (1996) the purpose of training is to improve knowledge, skills and to change attitude which the collected data coincides with.

**Rating of level of service quality**

The rating of the level of service quality at the hospital was given as average by 60% of the respondents while 39% said it is high and only 1% said it is low. This shows that the perception of the service providers is that they give standard to high services to their patients. Jeannette (2001) explains that the benefits of staff training and development can be divided into employees receiving greater job satisfaction, greater opportunity as well as personal development and the organization benefiting from a skilled and motivated workforce, less staff turnover and hence a better reputation for the organizations as a whole because of these factors, the organizations clients enjoy the good customer service provided.

The data displayed above shows that 70% of the respondents indicate a great extent of impact from training on the delivery of services at the institution, while 29% of the respondents believe it is moderate and 1% say it is little. The findings indicate that there exists a great benefit incurred by training in improving service quality in the institution that partly coincides with discussions by Cole (2003) that the ability to utilize previous learning in the service of new learning (transfer of learning) is an important factor in any learning but especially so when basic principles are being learned or basic skills acquired.

**Role of Remuneration**

**Earnings of respondents**

The findings indicated that, 46% of the respondents indicated earning between Ksh.30,000 and 45,000, while 21% of the respondents said they earned between Ksh. 15,000 and 30,000, 19%
between Ksh 45,000 and 75,000 and 12% more than Ksh 75,000. This shows that majority of the employees are fairly remunerated earning more than Ksh 30,000, however 92% indicated that the remuneration was not enough while only 8% said it was adequate. This indicates that the public health sector has challenges in retaining their employees as indicated by Shaughnessy (1998) that the level of remuneration in relation to earnings is a good indication of the value that society places on its health services, and an important factor in their ability to attract and retain competent staff.

**Extent of remuneration on quality of services delivered**

The data shows that 56% of the respondents view the extent of remuneration’s impact on the quality of services delivered as great while 42% said it was moderate. This coincides with findings by Rosness (2002) that remuneration gives employees an incentive to behave in ways that will boost or intended to create a strong incentive for employees to invest maximum effort into their work. The findings also show that financial benefits can be used to influence behavior as indicated by Hakonsen (2004).

**Impact of Job Design on Quality of Services**

**Job design as a tool to improve quality**

The results showed that 98% of the respondents indicated that job design can be used as a tool for improving service quality. Armstrong (2005) holds that job design is used to improved job satisfaction, to improved through-put, to improved quality and to reduced employee problems, e.g. grievances and absenteeism.

**Important aspects of job design**

The findings of this study point out that all the given aspects have a moderate to very great extent of importance to the quality improvement process. Orientation of new employees was indicated by 64% to have a very great extent of importance as was a detailed job description by 69% of the respondents. The composite mean of the data collected indicates that job design is highly regarded especially for providing a detailed job description and orientation of new employees on policies that are essential in smooth operations of the organization. The findings coincide with those of Barr (2003) who indicates that the performance of the organization may ultimately reflect on management’s ability to effectively manage employees and maintain smooth operations of the organization.

**Impact of overall job design on level of quality**

Majority of the respondents (51%) indicted it had a moderate extent, 44% indicated great extent of impact while 4% indicated little extent of impact. This shows that the organization can use it as a tool to enhance the quality of the services delivered in the hospital.

**Correlations Analysis of Determinant Factors**

**Correlation Model**

<table>
<thead>
<tr>
<th></th>
<th>Quality Service Delivery</th>
<th>Training</th>
<th>Remuneration</th>
<th>Job Design</th>
<th>Workplace conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Service Delivery</td>
<td>Pearson Correlation</td>
<td>1.00</td>
<td>.446</td>
<td>.603</td>
<td>.399</td>
</tr>
<tr>
<td>Training</td>
<td>Pearson</td>
<td>.101</td>
<td>1.000</td>
<td>.032</td>
<td>-.066</td>
</tr>
<tr>
<td>Remuneration</td>
<td>Pearson</td>
<td>.603</td>
<td>.032</td>
<td>1.000</td>
<td>-.366</td>
</tr>
<tr>
<td>Job Design</td>
<td>Pearson</td>
<td>.431</td>
<td>.199</td>
<td>-.366</td>
<td>1.000</td>
</tr>
<tr>
<td>Workplace Condition</td>
<td>Pearson</td>
<td>.366</td>
<td>.199</td>
<td>.198</td>
<td>.197</td>
</tr>
<tr>
<td>Quality Service Delivery</td>
<td>Sig. (2-tailed)</td>
<td>0.02</td>
<td>0.03</td>
<td>0.02</td>
<td>0.032</td>
</tr>
</tbody>
</table>
Pearson’s $r$ for Remuneration is 0.603; this number is very close to 1, deducing that there is a strong relationship between remuneration of staff and their service delivery; The Sig. (2-Tailed) value in our example is 0.02. This value is less than .05. Because of this, we can conclude that there is a statistically significant correlation remuneration of staff and service delivery, the results of the study point to remuneration and training to be of great concern amongst health workers and affecting the level of quality. Health Institutions therefore need to pay attention to the two so as to ensure their employees are enthusiastic on delivering quality services; However, we cannot make any other conclusions about this relationship, based on this number, Training of staff has an $r$ of 0.446, job design .399 while work conditions has a $r$ value of .366. This number is very not very close to 1. For this reason, this means that there is a weak relationship between your variables involved however our Pearson’s $r$ were 0.01 are significant as can be shown by Significance being less than 0.05, we could conclude that our variables were correlated although not as strong as the remuneration of the staff.

**Regression Model Summary**

<table>
<thead>
<tr>
<th>Model</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>.721*</td>
<td>.577</td>
<td>.395</td>
<td>.35719</td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Work Place Condition, Remuneration, Job Design, Training

The more variance that is accounted for by the regression model the closer the data points will fall to the fitted regression line. Theoretically, if a model could explain 100% of the variance, the fitted values would always equal the observed values and, therefore, all the data points would fall on the fitted regression line. $R$, $R^2$-squared and Adjusted $R$ is a statistical measure of how close the data are to the fitted regression line. It is also known as the coefficient of determination, or the coefficient of multiple determinations for multiple regressions. This table provides the $R$ and $R^2$ values. The $R$ value represents the simple correlation and is 0.395 (the "R" Column), which indicates a high degree of correlation. The $R^2$ value (the "R Square" column) indicates how much of the total variation in the dependent variable, service delivery, can be explained by the independent variables, In this case, 39.5% can be explained, R-squared is the “percent of variance explained” by the model. That is, R-squared is the fraction by which the variance of the errors is less than the variance of the dependent variable. Generally it is better to look at adjusted R-squared rather than R-squared and to look at the standard error of the regression rather than the standard deviation of the errors.
Model Summary ANOVA

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>5.765</td>
<td>4</td>
<td>1.441</td>
<td>11.296</td>
<td>.000a</td>
</tr>
<tr>
<td>Residual</td>
<td>26.793</td>
<td>210</td>
<td>.128</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>32.558</td>
<td>214</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a. Predictors: (Constant), Work Place Condition, Remuneration, Job Design, Training

b. Dependent Variable: Service Delivery

This indicates the statistical significance of the regression model that was run. Here, \( p < 0.0005 \), which is less than 0.05, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data). The Coefficients table provides us with the necessary information to predict price from income, as well as determine whether effect contributes statistically significantly to the model (by looking at the "Sig." column). Furthermore, we can use the values in the "B" column under the "Unstandardized Coefficients" column, as shown below:

This table indicates that the regression model predicts the dependent variable significantly well. How do we know this? Look at the "Regression" row and go to the "Sig." column. This indicates the statistical significance of the regression model that was run. Here, \( p < 0.0005 \), which is less than 0.05, and indicates that, overall, the regression model statistically significantly predicts the outcome variable (i.e., it is a good fit for the data).

**Coefficient for Regression Model**

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>Regression (Constant)</td>
<td>.693</td>
<td>.207</td>
<td>.202</td>
<td>3.340</td>
</tr>
<tr>
<td>Training</td>
<td>.091</td>
<td>.032</td>
<td>.366</td>
<td>-5.325</td>
</tr>
<tr>
<td>Remuneration</td>
<td>-.172</td>
<td>.032</td>
<td>.342</td>
<td>5.012</td>
</tr>
<tr>
<td>Job Design</td>
<td>.154</td>
<td>.031</td>
<td>.065</td>
<td>-9.844</td>
</tr>
</tbody>
</table>

a. Dependent Variable: Service Delivery

The main objective of the study was to investigate the factors affecting quality service delivery in the public health sector in Kenya and in specific the Murang’a District Hospital, and it can be revealed that holding all other factors constant remuneration of staffs could lead to an increase of service delivery by .366, while job design could lead to increase of .342, training by .202 while improving working condition would increase service delivery by 0.065

**SUMMARY**

The findings of the study indicate that workplace expectations such as the need to have a long term dedication, standard operating procedures and respect for authority in an organization affected the quality of services delivered negatively. The study also finds that the factors within the workplace environment that need to change so as to improve the quality of services include the performance standards and the relationships with authority.
The study has found that training is seen as an important aspect of the quality improvement process as it greatly improves the teamwork and attitudes of employees leading to better services. The findings show majority of the respondents having attended in-service training with most respondents receiving the training from the employer indicating the commitment of the institution to training and development of better skills in service delivery. The rating of the level of service quality at the hospital was given as average by 60% showing that the perception of the service providers is that they give standard to high services to their patients.

The study according to the third objective found that remuneration greatly impacts on the quality of service delivered in the health care sector. Remuneration is noted to be relevant to improving the quality of work and setting standards to be used by other institutions. However majority of the respondents indicated that their remuneration was not adequate.

The study has found 98% of the respondents indicating that job design can be used as a tool for improving service quality. The findings also indicated that all the given aspects of job design (detailed job description, employee participation in policies and orientation of new employees on policies) had a moderate to very great extent of importance to the quality improvement process and can greatly affect the quality of services delivered.

CONCLUSION
The study can conclude that while the identified variables could be among the various reasons why quality in service delivered varies from one health facility to the other, remuneration and training are of great concern to the level of quality and thus the health sector needs to pay attention to the two so as to ensure employees are enthusiastic on delivering quality health services. The study also concludes that the workplace in general needs to be suitable to the needs of their employees. Institutions in the health sector therefore need to take up regular reviews of job satisfaction and in participation with other key stakeholders find out areas that can be addressed so as to improve the quality of services delivered by the employees in the organization.

RECOMMENDATIONS
There is need for health institutions to come up with tailor made policies on service delivery strategies for different categories of employees based on the culture and structure of the institution. This is because the differences in employee characteristics such as education, experience, gender, training and remuneration have an impact on their work ethics and attitudes. The level of remuneration in relation to earnings in other sectors should be improved regularly as an important factor in their ability to attract and retain competent staff.

There is a need to continue facilitating training the purpose of training is to improve knowledge, skills and to change attitude. This can lead to many potential benefits for both individuals and the organization. It is therefore a key element to improve organizational performance. Training increases the level of individuals’ organizational competence. It helps to reconcile the gaps between what should happen and what is happening between desired targets as standards and actual level of work performance.

Thus training should be a continuous process and not a ‘one stop process’, but it is an ongoing or continues process. It’s effective only when it is properly planned and effectively executed analyzed training as experimental phenomena aimed at transforming the behavior of individuals. Training is mainly concerned with intentionally, produced learning occurring to cause people to have.

All employers have expectations that they want employees to meet. Understanding these expectations will enable group participants to be better prepared for employment. It is also
necessary to discuss expectations of employees to determine what is not realistic and how to deal with feelings in situations

The work environment need to be improved in order to improve the job satisfaction, to improved out-put, to improved quality and to reduce employee problems, e.g., grievances, absenteeism. Job effectiveness is the set of abilities that an employee possesses that determines one to engage in a particular behavior.

The researcher also recommends for further study in the area of quality management systems that take into account different perceptions of employees, experience of employees, qualifications and scope of responsibility and their relationship to retention of quality staff in a health institution.

REFERENCES


