



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY**  
**SCHOOL OF SOCIAL WORK**

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**FACTORS INFLUENCING PATIENTS' SERVICE DELIVERY  
IN PUBLIC HOSPITALS: A CASE IN RAS DESTA MEMORIAL  
GENERAL HOSPITAL, ADDIS ABABA**

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**BY: BASHA BELACHEW JALETA**

**MAY, 2017**

**ADDIS ABABA, ETHIOPIA**



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IN PUBLIC HOSPITALS; A CASE IN RAS DESTA MEMORIAL  
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**A THESIS SUBMITTED TO IGNOU IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS OF MASTERS OF ART IN SOCIAL WORK**

**BY**

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## DECLARATION

I hereby declare that the dissertation entitled FACTORS INFLUENCING PATIENTS' SERVICE DELIVERY IN PUBLIC HOSPITALS: A CASE IN RAS DESTA MEMORIAL GENERAL HOSPITAL, ADDIS ABABA submitted by me for the partial fulfillment of the MSW to Indira Gandhi National Open University, (IGNOU) New Delhi is my own original work and has not been submitted earlier, either to IGNOU or any other institution for the fulfillment of the requirement of any other program of study. I also declare that no chapter of this manuscript in whole or in part is lifted and incorporated in this report from any earlier work done by me or others.

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## CERTIFICATE

This is to certify that Mr. \_\_\_\_\_

Student of MSW from, Indira Gandhi National Open University, New Delhi was working under my supervision and guidance for his project work for the course **MSWP-001**.

His project work entitled

**FACTORS INFLUENCING PATIENTS' SERVICE DELIVERY IN PUBLIC HOSPITALS; A CASE IN RAS DESTA MEMORIAL GENERAL HOSPITAL, ADDIS ABABA.**

Which he is submitting, is his genuine and original work.

Addis Ababa

May, 2017.

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# TABLE OF CONTENT

page

<b>Declaration</b> -----	<b>i</b>
<b>Certificate</b> -----	<b>ii</b>
<b>Acknowledgements</b> -----	<b>iii</b>
<b>Table of content</b> -----	<b>iv</b>
<b>List of tables</b> -----	<b>x</b>
<b>List of figures</b> -----	<b>xi</b>
<b>List of charts</b> -----	<b>xii</b>
<b>List of acronyms</b> -----	<b>xiii</b>
<b>Abstract</b> -----	<b>xiv</b>
<b>1. INTRODUCTION</b> -----	<b>1</b>
<b>1.1. Back ground of the study</b> -----	<b>1</b>
<b>1.2. Statement of the Problem</b> -----	<b>6</b>
<b>1.3. Objectives of Study</b> -----	<b>9</b>
<b>1.3.1. General objectives of the study</b> -----	<b>9</b>
<b>1.3.2. The specific objectives of the study</b> -----	<b>9</b>
<b>1.4. Research questions</b> -----	<b>9</b>
<b>1.5. Significance of the study</b> -----	<b>10</b>
<b>1.6. Scope of Study</b> -----	<b>11</b>
<b>1.7. Universe of the study</b> -----	<b>11</b>
<b>1.8. Limitation of the study</b> -----	<b>12</b>
<b>1.9. Chapterization</b> -----	<b>12</b>

## **2. REVIEW OF THE RELATED LITERATURE**

<b>2.1.</b>	Introduction-----	13
<b>2.2.</b>	Overview of patients' service delivery-----	13
<b>2.3.</b>	Influence of management style on patients' service delivery-----	15
<b>2.4.</b>	Communication process and patients' service delivery-----	17
<b>2.5.</b>	Influence of implementation of ICT patients' services on service delivery-----	21
<b>2.6.</b>	Influence of training on patients' service delivery-----	25
<b>2.7.</b>	The influence of the status quo of professional nurses on patients' service delivery-----	27
<b>2.7.1.</b>	Work load-----	28
<b>2.7.2.</b>	Availability of resources-----	30
<b>2.7.3.</b>	Manager support on professional nurses' service delivery-----	31
<b>2.7.4.</b>	Performance-----	32
<b>2.8.</b>	Influence of frequency of drug supply on patients' service delivery-----	34
<b>2.9.</b>	Theoretical framework -----	36
<b>2.9.1.</b>	Unfreeze-----	36
<b>2.9.2.</b>	Change -----	37
<b>2.9.3.</b>	Refreeze-----	37
<b>2.9.4.</b>	Force field analysis -----	37
<b>2.10.</b>	Conceptual framework -----	38
<b>2.11.</b>	Summary of literature review and knowledge gap-----	41

### **3. RESEARCH DESIGN AND METHODOLOGY**

<b>3.1.</b>	Introduction-----	42
<b>3.2.</b>	Research design-----	42
<b>3.3.</b>	Description of the study area-----	42
<b>3.4.</b>	Universe of the study-----	43
<b>3.5.</b>	Sampling -----	43
<b>3.6.</b>	Tools for data collection-----	44
<b>3.6.1.</b>	Questionnaire-----	45
<b>3.6.2.</b>	Observation Guide -----	45
<b>3.6.3.</b>	Document analysis-----	45
<b>3.7.</b>	Data analysis and interpretation -----	46
<b>3.8.</b>	Ethical consideration -----	46

### **4. DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

#### **4.1. Introduction**

<b>4.1.1.</b>	Demographic back ground of the respondents-----	47
<b>4.1.1.1.</b>	Gender of the respondents-----	47
<b>4.1.1.2.</b>	Age of the Respondents -----	47
<b>4.1.1.3.</b>	Years of experience -----	49
<b>4.1.1.4.</b>	Level of education of respondents -----	50
<b>4.1.1.5.</b>	Profession of the respondents -----	51
<b>4.1.2.</b>	Influence of management on patients' service delivery-----	52
<b>4.1.2.1.</b>	Influence of management style on patients' service delivery-----	52
<b>4.1.2.2.</b>	Influence of management on service delivery-----	53



<b>4.1.2.3.</b> Influence of change of the current management style on service delivery-----	54
<b>4.1.2.4.</b> Management functional areas to be improved-----	55
<b>4.1.3.</b> Influence of implementation of ICT services on patients service delivery in Ras Desta Memorial General Hospital-----	56
<b>4.1.3.1.</b> Use of information technology-----	56
<b>4.1.3.2.</b> Current application of ICT against the best use-----	57
<b>4.1.3.3.</b> Areas in the hospital highly using ICT services-----	58
<b>4.1.3.4.</b> Areas where ICT services are supposed to be best utilized-----	59
<b>4.1.3.5.</b> ICT use and efficiency of service delivery -----	60
<b>4.1.3.6.</b> Value of the current ICT services-----	61
<b>4.1.4.</b> Training and patients' service delivery-----	62
<b>4.1.4.1.</b> Significance of training of staff in the hospital on service delivery-----	62
<b>4.1.4.2.</b> Hospitals' encouragement for training and development among the staff-----	63
<b>4.1.4.3.</b> Adequacy of the skills and training the staff has for the deliverance of service-----	64
<b>4.1.4.4.</b> Influence of training on skills development of service delivery-----	65
<b>4.1.4.5.</b> How the hospital does appreciate educational efforts put by the staff?-----	66
<b>4.1.4.6.</b> Does the hospital organize trainings for the staff?-----	67

4.1.4.7. Type of training staff prefer the hospital to offer for the enhancement of the service delivery-----	67
4.1.5. Frequency of drug supply-----	68
4.1.5.1. Sufficiency of drug supply in the hospital-----	68
4.1.5.2. Factors influencing drug supply-----	68
4.1.5.3. Improvement of drug supply and improvement of patients' service delivery -----	70
4.1.5.4. The extent to which the improvement of drug supply improves the patients' service delivery-----	71
4.1.6. Communication -----	72
4.1.7. Status quo of the professional nurses-----	74
4.1.8. Services delivery-----	76
4.1.8.1. Services delivered by the hospital and expectations-----	76
4.1.8.2. Service delivery with respect to affordability, accessibility, relevance and acceptability-----	77
<b>5.    SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS</b>	
5.1. Introduction-----	80
5.2. Summary of Findings-----	80
5.3. Conclusion-----	82
5.4. Recommendations-----	84
5.5. Further Studies-----	85
BIBLIOGRAPHY-----	86
Index - Questionnaires administered -----	93

<b>LIST OF TABLES</b>	<b>page</b>
Table 4.1: Respondents in gender-----	47
Table 4.2: Age of the respondents -----	48
Table 4.3: Years of experience of the respondents-----	49
Table 4.4 Respondents in profession-----	51
Table 4.5: Influence of management style on patients’ service delivery-----	52
Table 4.6: How changing management style will influence service delivery-----	54
Table 4.7: Uses of information technology-----	56
Table 4.8: Current use of ICT against their best use in the hospitals -----	57
Table 4.9: Areas in the hospital highly using ICT services-----	58
Table 4.10: ICT use and efficiency of service delivery-----	60
Table 4.11: Value of the current ICT services-----	61
Table 4.12: Responses on hospitals’ encouragement for training and development among the staff-----	63
Table 4.13: Adequacy of the skills and training the staff-----	64
Table 4.14: Influences of training on skills and development on service delivery-----	65
Table 4.15: Sufficiency of drug supply in the hospital-----	68
Table 4.16: Factors influencing drug supply-----	69
Table 4.17: Improvement of drug supply and improvement of patients service delivery----	70
Table 4.18: Influence of communication on the patients’ service delivery-----	72
Table 4.19: Status quo of the professional nurse and patients’ service delivery-----	74
Table 4.20: Service delivery with respect to affordability, accessibility, relevance and acceptability (quality).-----	77

## **LIST OF FIGURES**

### **Figure**

Figure 1 - The conceptual frame work.----- 39

Figure 2 - A more detailed conceptual frame work of the study ----- 40

## LIST OF CHARTS

<b>Title</b>	<b>page</b>
Chart 4.1: Result of the level of education of the respondents-----	50
Chart 4.2: Influence of management functions on patients' service deliver-----	53
Chart 4.3: Management functions to be improved-----	55
Chart 4.4: Areas to best use of ICT-----	59
Chart 4.5: Significance of training of staff in the hospital's service delivery-----	62
Chart 4.6: Hospital's appreciation on educational efforts put by the staff-----	66
Chart 4.7: Responses on how the hospital organizes trainings for the staff-----	67
Chart 4.8: Degree of improvement of drug supply and improvement of the patients'-----	71
Chart 4.9: Services delivered by the hospital and expectations-----	76

## **LIST OF ACRONYMS**

AHA - American Hospital Association

BPR – Business Process Reengineering

FMoH - Federal Ministry of Health

HIV/AIDS – Human Immunodeficiency Virus /Acquired Immune Deficiency Syndrome

HSDP – Health Strategy Development Program

ICT – Information Communication Technology

MDGs – Millennium Development Goals.

SMS 3G/GPRS/ - short message system / 3<sup>rd</sup> generation

WHO - World Health Organization

## **ABSTRACT**

This research project was conducted on 'Factors influencing patients' service delivery in Public Hospitals: a case of Ras Desta Memorial Hospital in Addis Ababa; the capital of Ethiopia. The study focused on six areas, which were management style, communication and implementation of ICT services, status quo of the professional nurses, training and frequency of drug supply.

Descriptive survey was used for generating needed information. For the purpose of the data collection, questionnaires were used. The total population under study were the 550 employees of the Ras Desta Memorial General Hospital, 85 people has been selected by the sample size by the formula  $n=N/ (1+N(e)^2)$  (Mugenda, 2003). Data was collected by administering a well-structured questionnaires for the 85 respondents but out of the 85 questionnaires administered to those 85 respondents, 81 respondents returned the questionnaires and this represented 95.3% rate of response. The data obtained from the various primary and secondary sources has been presented by charts, tables, graphs of different types and other possible ways.

Furthermore, data was analyzed which involved editing, coding, categorization, tabulation and interpretation of the data. The six variables were analyzed in accordance with patients' service delivery by making a use of the indicators affordability, accessibility, relevance and acceptability (quality). Accordingly, it's recommend that management of the hospitals should be flexible, there should be more delegation of power and authority to the midlevel management, use and acceptance of ICT services should be scaled up, decentralize the procurement process of drugs, communication channel in the hospital need to be setup so as to clearly articulate the duties and responsibilities of each staff, more professional nurses has to join the hospital in order to share the work load of the nurses.

# CHAPTER ONE

## 1. INTRODUCTION

### 1.1 . Background of the Study

This study aimed to assess factors that affect the patients' service delivery so as to provide a more systematic review of the evidence available on these factors. There is no doubt that the greatest asset of every country is its citizens. This is because their general wellbeing determines the overall progress and development of a national economy as enhanced quality of life means higher productivity. Any county that has unhealthy population bounds to suffer in the implementation of development program to improve the quality life of people (WHO, 2013). Every country need to provide quality health services and it is important to recognize that a healthy population is better disposed to achieving the productivity that is needed so as to increase and sustain continued growth of the country's economy (Andaleeb, 2015). This has necessitude many countries to use various system of health care.

Patients' service delivery involves meeting patients need and expectations. This means that, service delivery refers to the systematic arrangement of activities in service giving institutions with the aim of fulfilling the needs and expectations of service users and other stake holders with optimum use of resources. Good health services are those which deliver effective, safe, quality personal and non-personal. According to WHO, the patients' service delivery include provision of health services at all levels as per the standard which include speed of delivery, harmonization at service delivery point, effectiveness of the services, patient safety, ethics and professionalism in during provision of service (WHO, 2010).



In order to understand the degree of service delivery, one need to understand customer satisfaction because the level of service delivery and quality of service are mainly related to customer satisfaction. Customer satisfaction is a person's feeling of pleasure or disappointment resulting for and coverage of health care services because of poor economic performance and dwindling resources. However, inadequate response to their needs or expectations could result in patient dissatisfaction. High quality of patients' service delivery is achieved through the delivery of relevant, safe and optimum quality health services.

There is growing consensus that assessment of the hospitals' patient service delivery should be based in part, on patients' perceptions of overall care and satisfaction. As this definition makes clear, satisfaction is a function of perceived performance and expectations. If the performance falls short of expectations, the customer is dissatisfied. If the performance matches the expectations, the customer is satisfied. If the performance exceeds expectations, the customer is highly satisfied or delighted. Patient satisfaction is a major determinant of quality service delivery in hospitals. This means that many studies have reported that there is a positive relation between patients' satisfaction and service provided to the patients (Mahapatro, 2005). According to WHO (2012), the health and well- being of people depend on the performance of the health system and assessment of patients' satisfaction level, as part of health system responsiveness, is one of the five indicators for measuring performance of health system. The World Health report emphasizes responsiveness of health systems as a crucial component of their overall performance defining as the way the system responds to non-health aspects and whether meeting or not patient expectations. For effective service delivery to the patients, various factors need to be considered (Tuder, 2005). The service delivery to patients is influenced by various factors in different parts of the world especially in developing countries.

Some of the hindering factors include communication, employee performance, skills and training, financial resource, time lines, facilities , level of technology, remuneration, training, working environment, skills and performance of the staff and attitude of doctors (WHO, 2015).

In line with this, hospitals' service delivery in Africa faces difficult challenges such as shortage of health workers, increased caseloads for health workers due to migration of skilled health personnel and the double burden of disease and the HIV/AIDS scourge that affect both the general population and health personnel, shortage/low motivation of health workers(Enderson,2016).

Poor quality of service delivery results in loss of customers, lives, revenue, material resources, time, morale, staff, recognition, trust and respect and in individual and communities' apathy towards health services, all of which contribute to lowered effectiveness and efficiency (Mahapatro, 2010).

Previous studies have done quite a bit to address factors that influence patients' service delivery. A study carried out by Barney (1991) revealed that, the level of service delivery relies on communication takes place between the health workers and professionals. Communication is the major constraints of service delivery in the health institution, as communication with patients is vital in delivering service because when hospital staff takes the time to answer questions of concern to patients; it can alleviate many feelings of uncertainty (EFP, 2012). In addition, when the medical tests and the nature of the treatment are clearly explained, it can alleviate their sense of vulnerability (Friedman and Kelman, 2011). This component of service is valued highly as reflected in the in-depth interviews and influences patient satisfaction levels significantly (Pickton and Broderick, 2011).

Research (Payne,2006) indicates that communication challenges have a negative impact on access to treatment, participation in preventive measures, ability to obtain consent, ability for health professionals to meet their ethical obligations, quality of healthcare, including, hospital admissions, diagnostic testing, medical errors, patient follow-up, quality of mental health care and patient safety.

According to U.S. Institute of Medicine of the National Academies of 2014, communication challenges contribute to reduce quality, adverse health outcomes and health disparities.

According to Kiruja and Mukuru (2013), financial management in health institution has been a constraint and an obstacle to other functions that contribute to service delivery to patients. Financial accountability using monitoring, auditing and accounting mechanisms defined by the country legal and institutional framework is a prerequisite to ensure that allocated funds are used for the intended purposes which in turn help to provide quality service to the patients (Oliveira-Cruz, Hanson, and Mills, 2001). Executives in hospitals sometimes exaggerate revenue and misstate expenses in order to meet expectations of government bodies which hinder quality service delivery to patients (Maureen, 2005). In particular, there is a need to distinguish good costs that improves hospitals capabilities and quality service delivery from “bad costs” that increase bureaucracy hence becoming obstacles to service delivery (Sun and Shibo, 2015). Inequitable distribution of resources has led to poor management, underfunding and deteriorating infrastructure leading to fall in the quality of health institution (Media Club South Africa, 2012).

The availability and quality of human resources within an organization are critical factors that influence the capacity of hospitals to deliver services. Two factors that influence availability of human resources are skills and training of personnel (Hildebrand and Grindle, 1994).

Highly skilled physicians, nurses, administrators and ancillary staff are critical to producing high-quality service delivery to patients and effective quality improvement hence hospital growth (Argote, 2010). There is need for selective hiring of qualified staff. Successful recruitment and retention of staff is tied to empowerment of staff that must be treated as full partners in the hospital operation and given opportunities for advancement which help quality service delivery (Brown and Duguid, 2003).

The hospitals need to place great emphasis on recruiting and retaining top-level physicians and nurses, accompanied by an effort to encourage these professionals to form working teams, including case managers, pharmacists, social workers and others, to promote quality service delivery to the customers (Brown and Duguid, 2003).

As study indicates, after the recruitment is done, the way the human resource is managed has an influence over their motivation, effectiveness and retention which in turn has impact on customer service delivery. Abinet (2013) conducted a study on how remuneration of health professionals affect patients' service delivery. Accordingly, poor remunerations and low morale in the hospitals which seems to make doctors to seek better opportunities elsewhere. This partly explains why the health sector in sub-Saharan African countries have been losing personnel and why they move to the private sector and donor-supported projects, which can afford to pay and provide better remuneration and incentives(Zewditu Memorial Hospital, 2012).

To overcome factors affect the patients' service delivery, health sector reform has been implemented in Ethiopia since 2010 as part of the national effort of socio-economic civil service reform to the public sector through application of Business Process Reengineering (BPR), a tool for a comprehensive analysis and redesign processes in the service delivery.

Its purpose for health sector is to establish customer focused institutions, rapid scaling up of health services and enhancing the quality of care.

## **1.2. Statement of the Problem**

In many countries of the world especially countries found in sub Saharan tried to mitigate the constraints of patients' service delivery (WHO, 2005). As studies indicates in Ethiopia, inadequate resource like human resources, equipment, consumable supplies and some essential medicine undermines facility functioning, damages reputation, increased out-of-pocket costs to patients and brings a spiral of mistrust and alienation which in turn results poor customer service delivery(Jimma University Public Hospital,2013).

Study indicates the available and quality of human resources, the kinds of communication between the health workers and patients, the hospitals physical facilities in providing equipment, remuneration, incentive and rewards and the funds allocated to the hospitals are some of the constraints of patients' health service delivery in Ethiopia (Birhanu, 2016).

The level and type of physical resources, inadequate budgetary support and fund used by the hospitals influence the patients' service delivery in Ethiopia. The lack of enough fund to purchase medical equipment and supplies also affect the clients' service delivery in many hospitals (Black Lion Government Hospital, 2016). Communication problems between patients and health workers are far too often at the root cause of inadequate medical treatment, unnecessary errors, excess pains and even death (Amensisa, 2009).Study conducted at public hospitals in Addis Ababa including Tikur Anbassa, Saint Paul and Zewditu Memorial Hospitals during 2016 as remunerations have affected the service delivery to the customers. There have been many turnovers of health workers due to lack of incentives and rewards (Kirubel, 2016).

Many hospitals in sub Saharan African countries are unable to provide adequate quality of services to their patients' because of poor economic performance and dwindling resources. This has prompted many countries to advocate for the implementation of health sector reforms with a view to maximizing the use of available resources in improving access, efficiency and quality of health care services provided to patients (WHO, 2016).

The degree of patients' service delivery can be used as a means of assessing the quality of hospitals' function. It reflects the ability of the provider to meet the patients' needs. Satisfied patients are more likely than the unsatisfied ones to continue using the hospitals services, maintaining their relationships with specific health workers and complying with the care regimens (Mohamed Issa Ahmed, 2011).

A critical challenge for hospitals to provide service in developing countries is to find ways to make them more client-oriented. This can go a long way to bridge up the gap in the various hospitals which hindered the improvement of quality service delivery (Temesgen, 2013). Studies in developed countries have noted that hospitals with more satisfied patients generally provided higher quality of care as measured by validated quality metrics using standard methodology. There is a gap of study on investigation of diverse set of variables to identify important factors influencing patients' service delivery in hospital service (Swanson, 2005).

Identifying factors that affect the patients' service delivery can help the hospitals to achieve its objectives and goals because poor patients' service delivery problem often starts small and develops slowly. In the early stages there may be a few incidents and easily be overlooked. Thus, understanding relationship between factors that affect hospitals' service delivery and its customer satisfaction is the key to improve the health institutions ability to move through change effectively.

One of the pitfalls of hospitals occurs when managers believe their organization is constantly operating at the highest level customer service delivery or they do not assess the level of service delivery (Hook, 2013).

Ras Desta Memorial Hospital aimed to provide quality service to its patients by supplying necessary opportunities, infrastructure and funds but the service provided is not as expected (Board Institution, 2016). In spite of this, no study has been conducted on factors that affect the service provided to the patients as well factors hinder the hospital not to achieve its objectives. This initiated the researcher to conduct the study in Ras Desta Memorial General Hospital to investigate factors that affect service delivery to the patients. The Ethiopian Health Bureau is striving hard to fulfill the hospitals with the right manpower, medical equipment and other facilities to deliver quality service to the patients. The customers were not delivered the service they need as expected (Bethlehem, 2016).

Therefore, this study has assessed the Factors that Affect Patients' Service Delivery in Ras Desta Memorial General Hospital. There was much confusion about which factors really influence the service provided to the clients in the hospital. The question was, therefore, which factors affect the patients service delivery in Ras Desta Memorial General Hospital? Thus, this study has focused on assessing clearly the most significant factors that hinder the quality of patients' service delivery in Ras Desta Memorial General Hospital.

### **1.3. Objectives of the Study**

#### **1.3.1. General Objectives of the Study**

The general objective of this research was to assess factors that affect the patients' service delivery in Ras Desta Memorial General Hospital.

#### **1.3.2. The Specific Objectives of the Study**

The specific objectives of this research were as follows:

- To determine the influences of training, communication, management style, drug supply, ICT and status quo of the professional nurses on patients' service delivery in Ras Desta Memorial General Hospital.
- To investigate the relationship between training, communication, management style, drug supply, ICT and status quo of the professional nurses and the service delivered to clients in the Ras Desta Memorial Hospital.
- To determine the effects of each factors on service provided regarding quality, affordability, accessibility and relevancy to the patients in the study area.

### **1.4. Research Questions**

In the process of assessing factors which affect the service delivery to patients, the study has answered the following main research questions:

- What are the influences of training, communication, management style, drug supply, ICT and status quo of the professional nurses on patients' service delivery in Ras Desta Memorial General Hospital?



- What is the relationship between training, communication, management style, drug supply, ICT and status quo of the professional nurses and the service delivered to clients in the Ras Desta Memorial Hospital?
- What are the effects of training, communication, management style, drug supply, ICT and status quo of the professional nurses on the service provided regarding quality, affordability, accessibility and relevancy to the patients in Ras Desta Memorial Hospital?

### **1.5. Significance of the Study**

The study examined the factors affecting patients' service delivery at the Ras Desta Memorial General Hospital. The study has found out the relationship among independent and dependent variables. The researcher has been initiated to conduct this study due to poor patients' service delivery because of various factors in the Hospital. Therefore, the findings and results of this study are expected to provide the policy makers like government agencies such as the Ministry of Civil Service and Non- Governmental Organizations and Economic Planning Agencies with valuable insights and a more reliable guide to monitor the impact of the operations of the Ethiopian Civil Services and Non- Governmental Organizations in the country in general and health care service centers in particular.

In line with this, the study will benefit the hospital in identifying those factors of patients' service delivery and provide recommendation on how to mitigate the constraints of service delivery.

The research findings and results that has been reported in this study will also be able to provide the IGNOU managements in providing an improved service to its clients.

Besides, the study is to benefit and help the future researchers being a guide and also hopefully bridge some gaps on recent health worker turnover/unrest, dissatisfaction due to delayed or refusal to pay dues, poor working environment, inadequate infrastructure and lack of commitment by management to engage with employees which in turn affects patients' service delivery that the previous researchers have left. In doing so, the study focused on six areas, which were management style, communication and implementation of ICT services, status quo of the professional nurses, training and frequency of drug supply.

### **1.6. Scope of Study**

The study has content, time and geographic scope. In terms of content, the study aimed to determine the relationship between patients' service delivery and factors affect the service provided in Ras Desta Memorial General Hospital. The geographic scope was related to the number of population of Ras Desta Memorial General Hospital. The survey has been based on a research population of 550 staffs working in the organization. The study has been conducted over a six-month period.

### **1.7. Universe of the study**

Universe of the study (target population) refers to the entire group that individuals or objects from which the study seeks to generalize its findings (Cooper and Schinder, 2014). According to Kombo and Troup (2006:76) a universe of study is a group of individuals, objects or items from which the samples are taken for measurement. The respondents of the study drawn from Ras Desta Memorial General Hospital which were health professionals as well as other stake holders.

## **1.8. Limitation of the Study**

Study limitations refer to issues that were out of the researcher's control (Abebe, 2009). In this study, time was a significant limitation during data collection process and analysis since study was conducted over a short period of time. The study should have been conducted in large and diverse populations and hospitals but it was restricted to a single hospital with its administration staff, ward managers, health professionals, pharmacists, procurement officers, financial officers and ICT support staff.

## **1.9. Chapterization**

The study has been organized into five main chapters. Each chapter of the study addressed a specific theme. In the first chapter an introduction to the subject-matter of the present study was given. In this chapter an attempt has been made to describe the concept of factors affecting patients' service delivery in different hospitals. The second chapter is dealt with a review of literature regarding factors that affect patient's service delivery in different parts of the world to identify the gap of study. The third chapter has explained research design and methodology which is used in assessing factors affect patients' service delivery in Ras Desta Memorial General Hospital. The fourth chapter has given a detailed data analysis and interpretations about the factors affect patients' service delivery in the hospital. In the fifth chapter, recommendations and conclusions has been given on the issue under study and some workable suggestions for better patients' service delivery in the public hospital.

## **CHAPTER TWO**

### **2. REVIEW OF THE RELATED LITERATURE**

#### **2.1. INTRODUCTION**

This chapter contains an overview of service delivery in health care, challenges facing the health sector in developed countries, developing countries and in Ethiopia. A review of the influence of *management style, implementation of ICT services, communication skills, status quo of professional nurses, training and influence of drug supply* on public health service delivery in developed countries, developing countries and especially in Ethiopia is presented. The chapter also gives a brief review of theoretical framework, a conceptual framework and a summary of the literature review.

#### **2.2.OVERVIEW OF PATIENTS' SERVICE DELIVERY**

Ethiopian government made a Policy Framework on Health in 1994 to develop and manage health services. Ministry of Health, then, developed the Ethiopian Health Policy Framework Implementation Action Plan in 1996 and established the Health Sector Reform Secretariat in the same year under a Ministerial Reform Committee established in 1997 which was to spearhead and oversee the implementation process which were then aimed at responding to the constraints which included witnessed decline in health sector expenditure, evident inefficient utilization of resources, decision-making which was centralized, inequity of management information systems, health laws which were outdated, district level inadequate management skills, rising poverty levels, ballooning burden of disease and a population which was rapidly growing (Muga et. al, 2004).

Health is included in Vision 2030 as a social pillar in which the country's aim is to provide an efficient integrated and high quality affordable health care for all citizens with a priority being given to preventive care at the community and household levels using a decentralized national health care system strategy.

Challenges which are facing health are inadequate funding aimed at supporting planned and initiated activities, a low rate of births at health facilities despite high antenatal care coverage country wide, HIV/AIDS pandemic ravaging communities and a higher poverty levels, inadequate and or uneven distribution of healthcare personnel, which hinders delivery of quality services and poor health infrastructure, all of which are well outlined in the Vision 2030 (GoK, 2007), which is a blueprint for development in developing countries. For instance, following devolution decision making and funding to the Counties which are entrenched in the Constitution of Kenya 2010 and Vision 2030, challenges will emerge which will threaten to cripple the already overstretched devolved health system. According to the FMOH HSSP (2009/10) report, Ethiopia, whose very large proportion of the population (85%) lives in the rural areas, experiences a heavy burden of disease mainly attributed to communicable infectious diseases and nutritional deficiencies. Though potential health service coverage has reached 64% in 2004, utilization rate still remains low at 0.36 outpatient visits per capita. Shortage and high turnover of health human resource and inadequacy of essential drugs and supplies have contributed to one of the highest maternal and child mortality rates. Hence, it is important to assess those factors that mostly influence the service delivery in health sectors in general and public hospitals in particular.

### **2.3.INFLUENCE OF MANAGEMENT STYLE ON PATIENTS' SERVICE DELIVERY**

Management of health care system has previously been to some extent inefficient, incoherent and mostly driven by supply, thereby keeping patients on the outside the design, development and also delivery process (Berenson and Cassel, 2009). With history, health care organizations, mainly public, viewed customer service as an independent, non-critical function which was best left to professional judgment of physicians where necessary. But, today there is a shift to a model which is organizational in which the patients have influence on every function (Glickman et al., 2007). Organizations operating in Public Health, which continuously take up challenge of huge restructuring, encountered and are still experiencing difficulties in full and proper implementation of these services (Glickman et al., 2007). The difficulties have so far been the slow ability of the workforce to cope with rapidity in change, which ends up eroding established power patterns thereby leading to tensions and mistrust among middle and senior management (Scotti, Harmon and Behson, 2007).

Restructuring can also sometimes be disrupted and delayed due to unforeseen secondary system mishaps like breakdown in information technology resources (Glickman et al., 2007). Senior management must demonstrate commitment to service quality and middle managers should also show their commitment and ensure that they communicate principles, strategies and benefits of their services to the people for whom they have responsibility (Berenson and Cassel, 2009). When management fails to address the culture of an organization more likely its initiatives will fail. Like in most developed countries, managing public health in USA is characterized by emphasis on performance and improving quality of healthcare. In order to attain these critical indicators, public health management is fully equipped with the necessary resources and management skills (Nembhard, et al., 2009).

The hospitals personnel are more equipped with the management skills that enable them to efficiently manage resources and provide evidentiary basis for determining patient, clinician and organizational outcomes (Nembhard, et al., 2009). In other words, the health professionals are well capacitated to enable them improve the patient services health outcomes.

In USA, healthcare is managed and is intended to reduce the cost of health benefits while at the same time improving the quality of care. The need for improvement of care in the public health sector has continuously grown rapidly during the 21<sup>st</sup> century and has led to competition in the healthcare industry (Berenson and Cassel, 2009). With this completion, patient satisfaction, quality of service delivery and efficient management of resources are providing the evidence for measuring patient clinician and organizational outcomes (Scotti et al., 2007). With quality outcome as the emphasis, it has becoming critical for healthcare organizations to develop and implement a good strategy which will provide effective care that will be appealing to patients and focusing on controlling costs (Scotti et al., 2007). Healthcare finds it hard to attract and retain patient and talented employees while at the same time delivering effective and efficient care consistently.

Effective management is cited as a vital enabler of quality deliverance of service from the providers' perspective, managers, policy-makers and equally the payers. Management affects everything within the hospital environment (Mosadeghrad, 2014).

Good ideas remain useless if people have them for quality improvement, where the management is not good. Most studies have cited lack of professional managers in public healthcare organizations. Most managers are not qualified professional managers, rather are hospital physicians, nurses, doctors or are healthcare professionals (Mosadeghrad, 2014).

In fact, in most Public Hospitals, the managers have no experience and knowledge in management. According to Buong', Adhiambo, Kaseje, Mumbo, Odera and Ayugi, in their study done in 2013, the authors determined that majority of public health managers were trying to resolve problems as short term measures. Besides, there were no criteria and objectives which were in place used to appoint and select managers in healthcare facilities. National policies were considered prescriptive and did not allow for sufficient flexibility which was needed to adapt to local circumstances. Mostly, public healthcare managers were demanding more power in order to identify and recruiting the most appropriate personnel needed to provide quality services to patients (Buong' et al, 2014).

Further, managers are not in a position to control physicians as they do to other employees. For example, medical doctors expected their colleagues or co-workers to have been more responsible empowered enough to perform the job well. According to the report of FMoH of Ethiopia (2014), one of the healthcare sector challenges is Leadership and Governance in articulating the common vision of the sector as well as organization specific visions of their immediate health sector.

#### **2.4. COMMUNICATION PROCESS AND PATIENTS' SERVICE DELIVERY**

Communication is the most important aspect of the service delivery as communication with patients is vital in delivering service satisfaction because when hospital staff takes the time to answer questions of concern to patients, it can alleviate many feelings of uncertainty (EFP, 2006). In addition, when the medical tests and the nature of the treatment are clearly explained, it can alleviate their sense of vulnerability (Friedman and Kelman, 2006).



This component of service is valued highly as reflected in the in-depth interviews and influences patient satisfaction levels significantly (Pickton and Broderick, 2001).

Research (Payne,2006) indicates that communication challenges have a negative impact on: access to treatment, participation in preventive measures, ability to obtain consent, ability for health professionals to meet their ethical obligations, quality of healthcare, including, hospital admissions, diagnostic testing, medical errors, patient follow-up, quality of health care and patient safety. According to the U.S. Institute of Medicine of the National Academies (2004), communication challenges contribute to reduced quality, adverse health outcomes and health disparities. Furthermore, there is evidence that communication challenges may result to increased use of expensive diagnostic tests, increased use of emergency services and decreased use of primary healthcare services and poor or no patient follow-up when such follow-up is indicated (Irving and Dickson, 2004).

Communication problems between patients and health care workers are far too often at the root cause of inadequate medical treatment, unnecessary errors, excess pain and even death. There are lots of reasons for these communication problems. There are lots of often inexpensive and simple things that can be done about them. But far too little actually happens, with regard either to understanding these problems or applying the readily available solutions, in part because there is no single convenient place to go to gain access to information about either the causes of the problems or the tools available for dealing with them (Shafer and Emily, 2007).

There is compelling evidence that communication challenges have an adverse effect on initial access to health services. These challenges are not limited to encounters with physicians and hospital care.

Patients face significant barriers to health promotion and disease prevention programs: there is also evidence that they face significant barriers to first contact with a variety of providers (Arhin, 2000). The research indicates that there is a general pattern of lower use of many preventive and screening programs by those facing language barriers (Brown and Duguid, 2003).

Higher use has been reported for some emergency department services and for additional tests ordered to compensate for inadequate communication.

Good medical care depends upon effective communication between patients and providers. Ineffective communication can lead to improper diagnosis and delayed or improper medical treatment. Effective communication with persons who have limited English proficiency, as well as persons who are deaf or hard-of-hearing, often requires interpreters or other services. Many hospitals are actively taking steps to address these needs. However, hospitals face increasing challenges to meet the communication needs of an increasingly diverse population. To help hospitals meet these challenges, OCR is collaborating with the American Hospital Association (AHA) and its affiliates in an Effective Communication in Hospitals Initiative. OCR also is making information, resources and tools available to all healthcare organizations that assist persons with limited English proficiency and persons who are deaf or hard of hearing to help ensure the effective communication that is essential to quality health care for all persons (U.S. Department of Health & Human Services Improving the health, safety, and well-being of America) (Bruce Hugman, 2009). The care of patients now almost inevitably seems to involve many different individuals, all needing to share patient information and discuss their management.

As a consequence there is increasing interest in and use of information and communication technologies to support health services. Indeed, if information is the life blood of health care then communication systems are the heart that pumps it.

Yet, while there is significant discussion of investment, information technologies, communication systems receive much less attention. Whilst there is some significant advanced research in highly specific areas like telemedicine, the clinical adoption of even simpler services like voice- mail or electronic mail is still not common place in many health services.

Much of this would change if it were more widely realized that the biggest information repository in health care sits in the heads of the people working within it and the biggest information network is the complex web of conversations that link the actions of these individuals (Chapman and Kimberly B, 2009).

There remain enormous gaps in our broad understanding of the role of communication services in health care delivery. Laboratory medicine is perhaps even more poorly studied than many other areas, such as the interface between primary care and hospital services. Yet clinical laboratories in many ways are message-processing enterprises, receiving messages containing information requests and generating results that are sent as messages back to clinical services. While there is much current focus on improving laboratory turnaround times and internal efficiencies, little is really known about the broader communication processes within the healthcare system, of which clinical laboratories are but one link in the chain. Yet without this broader view, there is an ever-present risk that local systems within laboratories are optimized and over-engineered, but that the global performance of health services remain relatively unchanged (Enrico, 2006).

A new health grades report on patient safety and satisfaction rates in hospitals across the country finds that hospitals with the highest patient ratings for physician and nursing communications on average have had fewer problems with patient safety issues. Kelsey Brimmer (May 29, 2012), safety health grades, a provider of healthcare information for consumers, analyzed patient safety data for hospitalizations between 2008 and 2010. Researchers found that better communication among staff members led to fewer surgical inpatient deaths with treatable complications, pressure ulcers and post-operative respiratory failure and sepsis, among other issues.

## **2.5.INFLUENCE OF IMPLEMENTATION OF ICT ON PATIENTS' SERVICE DELIVERY**

Improving the quality, accessibility and efficiency of healthcare for citizens is considered as the main aim of Information Communication and Technologies for health. ICT for health is considered as the application of information and communication technologies across a range of functions that are affecting the health sector. Controlling escalation of costs and improving the healthcare of citizens is what every nations seek to achieve. In 2010 alone, the size of ICT enabled healthcare services was estimated to be about \$ 3.1 billion worldwide and out of this, 80 per cent were in developed countries (Rudowski, 2009).

Consultations which are done online by patients and doctors using websites and emails, distance referrals, emergency evacuations and advance transmission of images and data of patients from ambulances is known to reduce lead times of intervention in emergency wards of most hospitals. This level of ICT in health has not been reached in developing countries by most professional and community users.

Due to insufficient studies aimed at establishing relevance, applicability or cost effectiveness, most of these approaches are still at their relatively new stage of implementation (Berland, Elliott and Morales, 2010). The governments in these nations therefore find it complex to determine their investment priorities especially in ICT (Chandrasekhar and Ghosh, 2001). North America and Europe for example have application of ICT in healthcare service delivery in the advanced stage.

In fact, the use of technology in delivery of health services has been described in various ways including telemedicine, tele-nursing, tele-homecare and many others. The use of ICT in delivery of healthcare services is hence the whole idea. The success of the use of ICT in the healthcare services delivery has been attributed to well developed technological infrastructure.

A lot of studies have been conducted on how e-health has been achieved through the application of technologies. A significant contribution to technical solutions in social context and in relation to individual needs is therefore needed in research and practice of health-enabling and ambient-assistive technologies (Koch et al., 2009). Tele-health systems such as online and mobile tools have already opened up the possibilities for reducing hospitalization and an increase in home care (Venter et al., 2012). Studies associated with tele-nursing have indicated an increased benefit of using technology in the nursing care delivery system in USA. The benefits of using the tele-nursing technologies range from improved diagnosis and consultations to the development of career options and professional nurses (Hebda and Czar, 2013). Most importantly, tele-nursing have led to the improved patients' clinical and healthcare outcomes. Each of the benefit areas are related to the patients' safety concerns (Hebda and Czar, 2013).

Tele-nursing is becoming an attractive and exceptional area in the professionals nursing practice where practitioners are required to develop skills in using the technologies that are applied in the patient care delivery system. Expectations in health have risen due to the advancement of information and communication technologies (Dury, 2005). ICT impacts in almost every aspect of the healthcare sector. Information management and communication especially in Public Health Sector is important and can be improved by the available system (Olukunle, 2009). The emergence of electronic health, which is ICT supported health provision, has reduced the cost of healthcare thereby increasing efficiency by data management and transfer, disease management and quality transfer of knowledge (Oladosu et al., 2009). In Africa, South Africa emerges as one of the nations where e-health has found its wide applications.

The success of e-health in South Africa has been attributed to highly developed ICT infrastructure, huge investments in ICT particularly by the Public Hospitals, well trained public health personnel, well developed training and health institutions and belief in the ICT solutions to the health problems (Adesina, 2007).

Currently, technology plays a critical role in the healthcare services delivery in South Africa. However, like most developing countries, innovative approach to e Health remains significant. One of the successes of such innovations is the application of Cell-life and Mindset health models. Cell life is a system which was started by two universities in South Africa in 2003 for the therapeutic and logistics management of HIV/AIDS population. It is built on mobile devices with 3G/GPRS/SMS networks mostly on mobile phones for health solutions. It is mainly used by community health volunteers to assist their fellows on HIV positive management and also assists in organizational planning for drug supply and emergency situations in the community (Adesina and Jim, 2012).

Emphasis of e-health solution exists in Nigeria where rural communities trying by using ICT to solve various challenges of health services delivery (Ajayi and Tokon, 2011). Development of innovative solutions that require less infrastructure provision is essential in such communities to reduce cost of operation (Bello, 2004).

In Kenya, evidence that healthcare professionals have a better access to adequate and reliable knowledge in Information Communication Technology is little (Gatero, 2011). The country continues to face health threats for example ravaging HIV/AIDS pandemics, the spread of infectious diseases including malaria, soaring levels of infant and maternal mortality, very low levels of life expectancy and further deteriorating healthcare facilities (Gatero, 2011).

Notable barriers include few physical access capturing and slow or unreliable internet connectivity, very high subscription cost of information materials, inadequate awareness of what is available, lack of relevance of available information that ends up not meeting peoples' needs in terms of scope, style, or format, limited time and incentives to access information and lack of valued interpretation skills (Bii and Otike, 2003).

Public Hospitals in Kenya have not shown robust commitments or willingness to invest in information technology despite its wide application and use. Even though ICT application is gaining popularity within the private sector, the public institutions are yet to embrace the significance of ICT in health care service delivery.

According to the FMoH of Ethiopia (2014), the Ethiopian health care system is straining to deal with several issues and struggles to achieve the maximum impact on the HSDP IV/ MDGs targets and to use effectively the limited financial and human resources as well as innovative approaches.

However, the health care sector generally has challenges of shortage of health care professionals, emerging of new diseases, seamless health care services all over the country. Besides, the e-Health Systems challenges are Infrastructure (electricity, hardware and communication, application), Human Resource (IT, informatics, HIT and other professions).

## **2.6.INFLUENCE OF TRAINING ON PATIENTS' SERVICE DELIVERY**

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

In this era of fast changing scenario, solid financial foundation is not enough for any public health care organization nor is state of the art technology, automated systems, because the cutting edge now remains the quality of the human resources, which at the end of the day decides whether the public organizations would ultimately survive in the long-run (Argote and Ingram, 2010). As a service sector, health care remains an important sub set, whose growth is forecasted to be the most rapid in the changing economic scenario of the country. The past years have witnessed several problems emerge in the area of training. The focus has been on urban curative care in tertiary care settings concerning basic medical education, hence, less preparation for doctors in roles in rural primary health systems with barely no or less system for induction when these medical officers join government system in primary health care. This compounded by the fact that they do not have a basic training in management and public health yet they are expected to supervise staff under them in the cadre (Argote, 2010).



Nurses training either way in the lower level is also mostly technical in operation with a very limited component of social aspects of health care, community involvement and participation, mobilization and health education. Public and Private healthcare organization therefore need to revamp their entire organizational strategy in view of the above, in respect of procuring, retaining, developing and grooming their human resources in a manner that they are not only useful and valuable but most important human assets for the present and vital with uniqueness for the future.

Within the public hospital setting, various personnel both in the management and lower cadre of hospital employees are in one way or the other involved in the healthcare services delivery. The hospital staff includes physicians, nurses, administrators and ancillary staff. Studies indicate a positive relationship between highly skilled personnel and improved health services delivery outcomes (Argote and Ingram, 2010).

Establishing the health training framework and programs, appropriate recruitment methods and continuous training and development of the health staff remains critical for the attainment of highly skilled personnel within public hospitals that geared towards attaining the desired outcome.

The phenomenon is common in developed countries and is one of the reasons why such countries attain greater services in Public Hospitals. Hospitals need to implement human resource strategies like selective hiring, retention, monitoring performance to meet standards and retain credentials for them to offer quality services and growth (Cohen and Levinthal, 2001).

Studies in Kenya have observed a very low standard of teaching in training schools for auxiliary nurses is very low in comparison with training standards in developed countries around the world there explaining the substandard patient and community care (Argote, 2010). Lack of proper training systems and inadequate reorientation courses has led to this substandard training, especially in general hospital management as there is still evidence of reliance on conservative training programs by health training colleges which have been taken over by events and time (Argote and Ingram, 2010). This screams of a clear neglect of training in the health sector.

## **2.7. THE INFLUENCE OF THE STATUS QUO OF PROFESSIONAL NURSES ON PATIENTS' SERVICE DELIVERY**

Nurses are health care professionals who focus on the care of individuals, families and communities so they may attain, maintain, or recover optimal health and quality of life from conception to death WHO health report (2011). According to MOH Report (2011), nurses are the largest health care providers within governmental hospital. Therefore it is important to highlight factors that affect their service delivery, most importantly the organizational factors.

Organizational factors are linked to day – to – day environment where health workers carry on their duties (Awases, 2006) and the level of nursing service delivery may be affected by the following but not limited to; organizational factors such as work load, night shift work, availability of resources, education and training and manager support which ultimately affects patient's satisfaction.

### **2.7.1. Work Load**

Work load means the amount of work assigned to or expected from a nurse in a specified time period, a common measure of work load is the number of patients that a nurse oversees, indexed as the ratio of nurse to patients, it results due to the shortness in the nurse's staff working in the governmental hospitals; it could be due to absenteeism, the sick leaves, maternity leaves, annual leaves, turnover and retirements.

The shortage of staff makes the work very difficult to deliver a high standard of work (Bhaga, 2010), that what make the staff to increase their work hours during the week, leading to psychological stress and physical exhaustion staff, leading to improper performance. The study by Petterson and Arnets (1998) in South African found that, nurses' work load has steadily increased since the restructuring of health care services. There is now more pressure to treat patients more cost effectively with much briefer stays in hospitals. Increased work load can improve short term productivity, but it can increase long term-costs, as stress and illness among nurses lead to poor judgment and low productivity. McConnell (2003) suggested that, a major potential stress producer for nursing staff is work over load. Schabracq (2003) added that burnout is also a consequence of an excessive work load and the potential to reduce burn out by lessening the work load is a matter more for the employer in the health sector rather than for the employee.

Nurse supervisors are realizing that nurses' stress and high absenteeism resulting from work overload is significantly increasing the hospital's operational cost. Many different approaches to nurse staffing and scheduling are being tried in an effort to satisfy the needs of employees and to meet work load demands for patient care.

Bancsek (2007) suggested that, hospitals are service institutions that provide nursing services on a 24-hour basis with nurses being the largest group of employees. The nurse manager is responsible and accountable for the daily unit operations.

Bancsek defined staffing as a function of planning for hiring qualified human resources to meet the needs of patient care and services. Wilkins et.al, (2007) argues that nurses work load condition affect the health and wellbeing of individual nurse report that high work load, poor working relationships with other staff contribute to poor general and mental health among nurse.

Schommbie et.al. (2005) agreed that when nurses are exposed to stress full working conditions, they are likely to suffer from high levels of stress and are at an increased risk of burnout. Liebler and McConnel (2004) add that burnout is a dynamic process, related to stress and caused by a combination of high work load and low coping resources. It is characterized by feeling of emotional exhaustions in which, the workers develops depersonalizing attitudes toward service recipients and experiences feeling of reduced personal accomplishment and service delivery. The work load can generate both a cut & chronic stress which can lead to employee distress, decrease motivation and the development of dysfunctional attitudes and behaviors are work. Greens Lade and Paddock (2007) infer that increasing work load and overtime hours put a strain on personal and social relationships and reduces the capacity to cope with the emotional and physical stress encountered by nurse in their work and family roles.

The researcher agrees that if an employee is having difficulties getting work goals accomplished, it can lead to tension, in their homes as well as it influences the overall service delivery in their respective working environment.

### **2.7.2. Availability of Resources**

In any organization the professional nurses should be in the position to perceive that the resources at their disposal are adequate to meet their work demand. If there are not adequate resources, the nurse will find it difficult to get their work done and will experience dissatisfaction (Bhaga, 2010).

There must be adequate resources in terms of space, equipment and staff for any organization to function effectively. Lewy (1991) asserted that the equipment must be adequate and appropriate for specific jobs and must be fitted for individual workers. Employees must be given clear instructions on how to use the equipment. There must also be sufficient allocation of resources for the maintenance of the appliances and equipment, many hospitals in marginal financial conditions defer maintenance of equipment. Ultimately, the employees should be in the position to perceive that the resources at their disposal are adequate to meet their work demands. Gerber et al, (1998) explain that the availability of adequate equipment and appliances facilitate productivity. Failure to provide equipment, appliances and adequate protective clothing make it difficult for employees to carry out their jobs in an easy non-obstructive way there by hindering them from delivering a service from the bottom of their heart. Employers have the responsibility to provide employees with optimal conditions to carry out tasks for which they have been trained. Hospitals have a responsibility to ensure its patients safety and well-being during hospitalization, to satisfy this duty a hospital must not only select and retain competent staff, but must also provide a reasonable care in maintaining safe and adequate facilities and equipment.

According to Lewy (1991) when patient injury occur because of equipment , the issue become one of whether the patient was injured due to a defect, due to the misuse or improper maintenance of the equipment . Manager should learn to lessen potential liability by ensuring that equipment is maintained properly and to ensure that storage of the equipment follow manufacturers written guidelines.

According to Bezuidenhout (1994) working conditions refers to the interaction of an employee with the physical work environment and working conditions include physical conditions such as working tools, equipment, material and schedules.

Gerber et al. (1998) argued that, the physical working condition include the availability of facilities like equipment, appliance and protective clothing, encourage the employees to perform their work in an easier manner. These make health care workers to have the responsibility to provide a safe and healthy workplace for their employees and a safe environment for the patients and visitors.

### **2.7.3. Manager Support on Professional Nurses' Service Delivery**

Ellis & Hartley (2012) stated that management refers to activities such as planning, organizing, directing and controlling with the purpose of accomplishing specific goals and objectives within an organization. Essentially, management involves coordination and integration of resources to accomplish specific tasks. Further, management position command that are roles to which one is appointed or hired after competitive job application and interview that grants the manager power to direct others and the responsibility to ensure that certain tasks within the organization are completed effectively and efficiently. In other words, the authority to act is gained by virtue of the position one hold within the organization (Ellis & Hartley, 2012).

Wagner (2006) commented that the primary factor in professional nurses satisfaction and loyalty to workplace and the professional nurse relationship with his or her immediate supervision is that health care administrators to be concerned with their satisfaction. Curran's (2001) found that nurses management that is out of touch with the realities of patient care lead to lower nurses satisfaction and loyalty. Brunetto and Farr-Wharto (2006) found the quality of relationships including communication between managers and professional nurses not only impacts the nurses themselves but also has an impact on organizational effectiveness by affecting productivity, when management helps professional nurses feel engaged and offers them the support and resources necessary to provide quality patient care.

#### **2.7.4. Performance**

Performance means the actual conduct of activities to meet responsibilities according to standards. It is an indication of what is done and how well it is done (Awases, 2006). According to WHO health report (2006), the performance is a combination of staff being, available, competent, productive and responsive; poor performance of service providers leads to inaccessibility of care and inappropriate care, which thus contribute to reduced health outcomes as people are not using services or are mistreated due to harmful practice, it results from too few staff or from staff not providing care according to standards and not being responsive to the patients need. As Hughes et al. (2002) stated, "Most performance problems can be attributed to unclear expectations, skills deficits, resource or equipment shortages or a lack of motivations". It is clearly understandable that this performance problem directly influences the service delivery of the organization. The term "performance" is used to focus attention on the total behavior of person including his or her organization, the use of specialized knowledge, his/her attitude acquired through training, as well as organization and integration of practice (Bargagliotti, 1999).

Performance assessment is an essential requirement for the evaluation of existing health services delivery and thus is necessary for improvement in health care by focusing on what the health workers actually do (Jurnm, 1996). Al-Ahmadi (2009) studied about factors affecting service delivery of hospital nurses in Riyadh Region, Saudi Arabia, and the study's objectives were to estimate self-reported performance and determine whether differences in employee demographics, job satisfaction and organizational commitment, influenced performance. The study found that job performance was positively correlated with organizational commitment, job satisfaction, personal and professional variables and strong predictors of nurses' performance. Job performance is positively related to some personal factors, including years of experience, nationality, gender and marital status, while the level of education is negatively related to performance.

This study concluded that it fulfilled a research gap in the area of nursing performance and its relationship with work attitudes and highlighted the impact of national culture on job performance and work attitude among nurses in Saudi Arabia. Hong Lu, et al, (2004) argues that the current nursing shortage and high turnover is of great concern in many countries because of its impact upon the efficiency and effectiveness of any health-care delivery system. Recruitment and retention of nurses are persistent problems associated with job satisfaction that will highly influence the service delivery.



## **2.8.INFLUENCE OF FREQUENCY OF DRUG SUPPLY ON PATIENTS' SERVICE DELIVERY**

There is a significant impact which is played by drugs, medical supplies and equipment on the quality of patient care which further account for a considerably high proportion of health care costs. In order to avoid wasting the available limited resources, health services need to make informed choices about what to buy so that they can meet priority health needs (Granehein and Lundman, 2004).

There exists less information about essential medical supplies and equipment though most public health organizations have useful information about essential drugs.

Even with this information, selection of supplies and equipment has been given little attention with availability of a range of brands and items to choose from leading to acquisition of inappropriate and technically unsuitable items, which are incompatible with existing equipment, unavailable spare parts and consumables or unskilled staff on their use all together (Dogba and Fournier, 2009). Procurement is only one part of managing medical supplies and equipment and effective storage, stock control, care and maintenance are also critical if health services are to get the most out of what they buy (Dogba and Fournier, 2009). The government of Ethiopia in collaboration with other players has produced medical supplies and equipment manual that remains critical in addressing some of these challenges.

The manual applies to all health care levels as a reference for responsible procurement and management of medical supplies and equipment (Granehein and Lundman, 2004).

Middle income countries face real shortage of drugs and medical supplies for health care services posing a challenge in provision of health care thereby contributing to poor quality health services and a further leading to increased mortalities (Tumwine et al., 2010). It is estimated that almost 99% of all deaths due to inappropriate equipment and drugs occur in developing countries especially in rural areas. Adequate health services involving emergency care to the public could lead to drastic reduction in such deaths.

Most countries in Sub-Saharan Africa still find it complicated to access essential medical items thereby compromising provision of timely care to the patients (Tumwine et al., 2010). In Ethiopia, supply and availability of medical items and drugs is still an unknown system with devolution worsening the situation with county level hospitals being affected more by lack of adequate drugs and medical supplies (Mselle et al., 2013).

The government through its strategy of improving healthcare services delivery aims to provide basic drugs and medical supplies by strengthening public health facilities (Olsen, Ndeki and Norheim, 2005). Currently, due to decentralization following the new constitution, there is devolution of health care to the county governments that are responsible for health facilities within their jurisdictions. However, the Ministry of Health has consistently provided funds for the procurement of drugs and critical medical supplies via its Medical Stores Department (Mselle et al., 2013).

## **2.9.THEORETICAL FRAMEWORK**

This study was informed by the change theory of Kurt Lewin (Bernard, 2004). It is based around the process Unfreeze, Change and Refreeze, providing a higher level approach to the change process. With this theory, a manager or other change agents have a chance on a framework for implementing change effort however sensitive but seamless as possible.

It follows three steps:

- i. Implementing a radical change
- ii. Reduce disruption of operations structure
- iii. Permanent adoption of change

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

### **2.9.1. Unfreeze**

Unfreezing is simply a means of getting people to understand a perspective on their daily activities, reject their undesirable habits and be open to new ways of achieving the objectives. It sets the wheels of change in motion (Bernard, 2004). Therefore, unfreezing takes the employees to a level ground on which the intended change will be taking place.

### **2.9.2. Change**

With open minds, change can then start. The process is very dynamic and for effectiveness, it has to take time which involves a transition period. People take new tasks and responsibilities so as to gain efficiency, but has to be gradual and sometimes bring slowness to the organization before it can steady (Bernard, 2004).

Hence, on the level ground made during the unfreezing stage, the actual organizational tasks intended to be reviewed, transformed, or replaced will be injected. In doing so, even though there will be some reluctance in adopting the change which makes it slower, transformation starts to be seen.

### **2.9.3. Refreeze**

By making change permanent, it can then reach its full desired effect. The new organization become standard after the change has been cemented and all effort should be made to ensure that it succeeds (Bernard, 2004). Hence, in this stage, the required change will be rooted.

### **2.9.4. Force Field Analysis**

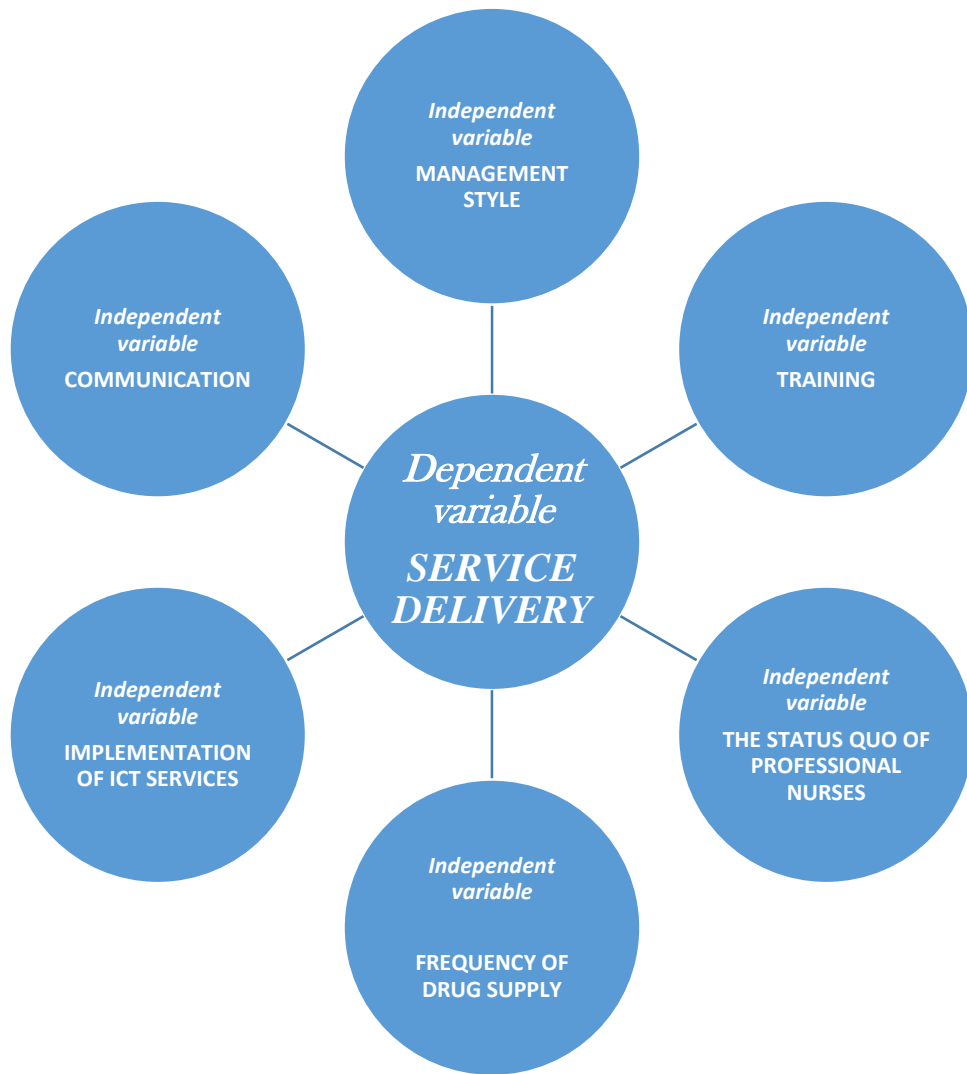
Lewin's force field analysis is a model that describes restructuring and making decision between driving and restraining forces and finally equilibrium where the forces match.

The analysis investigates where power concentrates, decision makers, those for and against change and finally ways to influence dissenting voices. In an organization, driving forces are looking for opportunity to improve while resisting (restraining) forces are pro status-quo. The goal is to achieve equilibrium.

This theory is relevant to this study as it will tend to understand the relationship between management and junior staff in terms of handling of disputes and conflict resolution. This will also determine the factors at play that usually fail to reach a consensus leading to labor unrest in these hospitals and how they can best be understood. Finally, the theory will assist the researcher to best understand how implementation of change and consider challenges that the management may face in the processes.

## **2.10. CONCEPTUAL FRAME WORK**

According to Mugenda (2003), a conceptual framework is considered as a hypothesized model for identifying concepts under study and an existing relationship. In this study, the independent variables are implementation of ICT, management issues, training, status quo of professional nurses and drug supply while the dependent variable is service delivery.

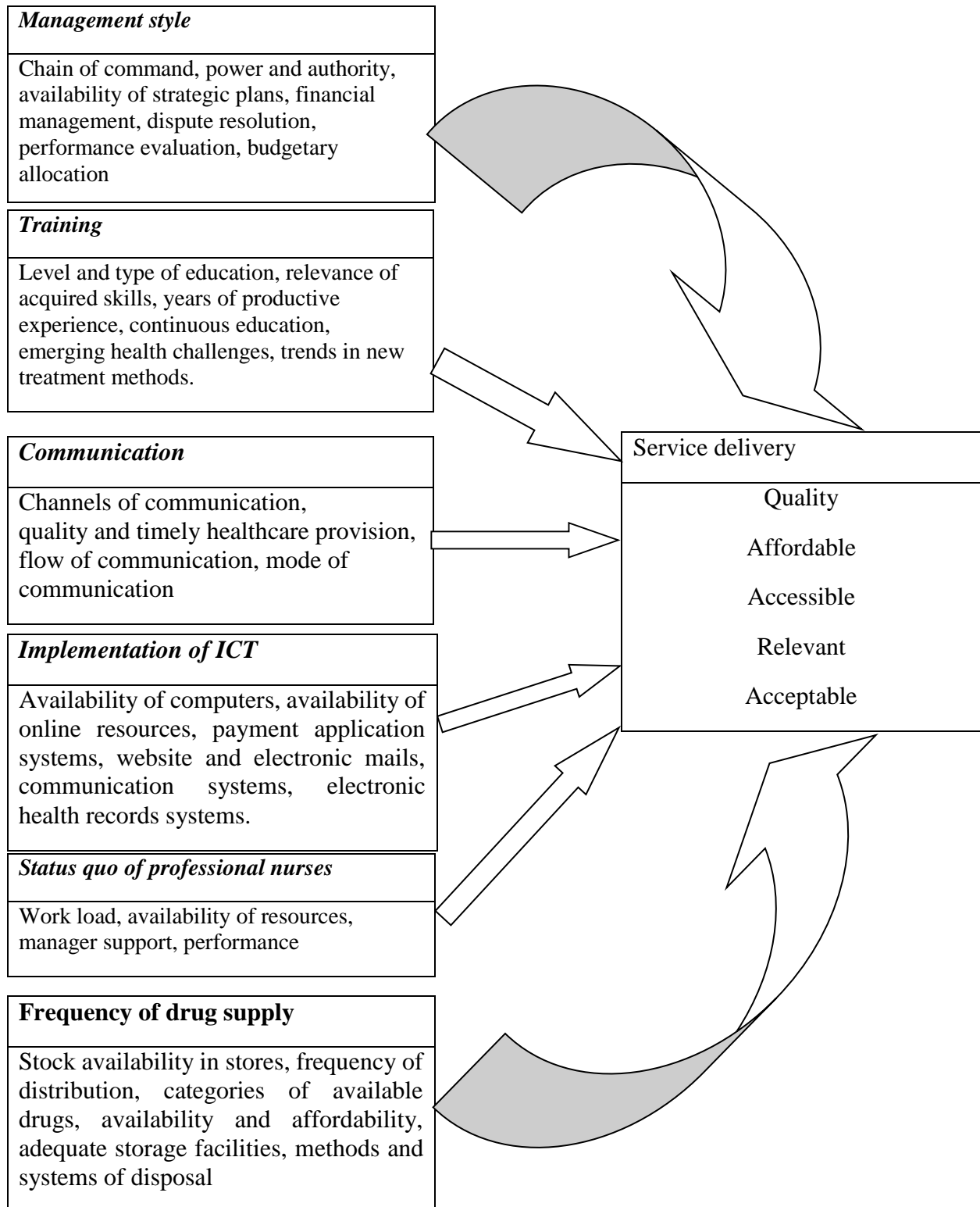


***Fig. 1:- The conceptual frame work (Btian, 2016)***

A more elaborated diagram of the conceptual frame work is shown below

**INDEPENDENT VARIABLES**

**DEPENDENT VARIABLE**



**Figure 2:- A more detailed conceptual frame work of the study (Btian, 2016)**

## **2.11. SUMMARY OF LITERATURE REVIEW AND KNOWLEDGE GAP**

The influence of *management styles, communication, implementation of ICT services, training and status quo of the professional nurses and frequency of drugs supply* in public hospitals in Ethiopia in general and in Ras Desta Memorial General Hospital in particular is not well understood. While much of the contributions of these factors to the overall healthcare services delivery had been debated, how they influence the Public Health service delivery at the local levels is still in its infancy stage of establishment. Further, it is due to these factors that the sector of public health has failed to provide expected quality services. The study remained critical in tracing the degree to which these factors influence health services delivery in Public Hospitals which are found in Addis Ababa specifically in Ras Desta Memorial General Hospital. In doing so, the study will fill the gaps of the literatures with respect to the factors that affect the service delivery in health care centers in Ethiopia predominantly in public hospital settings of the capital.



## **CHAPTER THREE**

### **3. RESEARCH DESIGN AND METHODOLOGY**

#### **3.1. Introduction**

This chapter outlines the research methodology which was employed in the study. The chapter provides a description of various techniques including research design, target population, sampling procedures and sampling methods, data collection tools and methods and ethical considerations which were observed in the study. The study focused on Ras Desta Memorial General Hospital dealing with all in and outpatient services, maternity, pediatric and specialized services.

#### **3.2. Research Design**

In this study, a descriptive survey method (Mugenda, 2003) was used as the design due to its suitability in data collection to answer the research questions. In this case, though, the tool was a well-structured questionnaire. In order to investigate the influence of management style, implementation of ICT services, training, communication, status quo of the professional nurses and frequency of drug supply on service delivery, this particular research study used a quantitative research. Data was collected from the respondents by use of a questionnaire.

#### **3.3. Description of the Study Area**

Ras Desta Memorial General Hospital is one of the state owned public hospitals in the capital of Ethiopia, Addis Ababa, located in Arada Sub City Arbegnoch Street which is the road from Arada Giorgis church to Asko just 500 meter from Yohannes Church. It is run under the health bureau of the city administration of Addis, providing comprehensive medical service for the people.

Besides, the hospital incorporates 550 staffs consisting of 246 medical staffs and social workers, 98 technical staffs and 206 administrative staffs.

The hospital provides general medical service and specialty service of eye. The hospital has 168 beds in five inpatient wards (37 in gynecological and obstetric, 39 in surgical, 33 in medical and 19 beds in pediatric, 40 in adult and neonatal ICU wards).

### **3.4. Universe of the study**

Universe of the study (target population) refers to the entire group that individuals or objects from which the study seek to generalize its findings (Cooper and schinder, 2014). According to Kombo and Troup (2006:76), a universe of study is a group of individuals, objects or items from which the samples are taken for measurement. The respondents of this study were drawn from the 550 staff of Ras Desta Memorial General Hospital which were Administration staff, Ward managers, Health professionals, Pharmacists, Procurement officers, financial officers and ICT support staff.

### **3.5. Sampling**

Sampling refers to the process by which part of the population is selected and conclusion drawn about the entire population whereas, population refers to the precisely defined body of people or objects under consideration for statistical purposes” (Collis & Hussey, 2009:77). In this study, the sample frame consisted of workers who were employed in Ras Desta Memorial General Hospital. The sample size refers to the number of people in the respondent group (Brannen, 2008:9-11). Besides, the sample size was determined by the scope of the research, budget and ease of accessibility of the respondents from within the researcher’s work sector. The population for this study consists of all employees of Ras Desta General Hospital.

The population consists of 550 supportive and professional staff, from which 85 people has been selected using the formula  $n = \frac{N}{1+N(e)^2}$ ,

Where, n was the sample size for the study, N was the study population, e was the level of precision as follows:

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

$$n = \frac{550}{1+550(0.1)^2}, \text{ taking the level of precision to be 10\%, we have;}$$

$$= 84.62 \approx 85.$$

The researcher, therefore, has used a sample size of 85. The calculated sample size was distributed proportionately by using simple random sampling procedure. The sample has been taken from the Administration staff, Ward managers, Health professionals, Pharmacists, Procurement officers, financial officer and ICT support staff.

### **3.6. Tools for Data Collection**

The study relied on two main sources of data namely, secondary and primary data. The secondary data covered a review of relevant literature on the historical development of patients' service delivery and factors that affect the service provided in hospitals in the rest of the world. Primary data was obtained from the employees through administration of questionnaire. This means that, the primary data was gathered from the administration of a structured questionnaire to subjects connected to factors that affect patients' service delivery in Ras Desta Memorial General Hospital. Observation and document analysis data collection instruments were also employed to collect the data.

In this study, a descriptive survey method (Mugenda, 2003) was used as the design due to its suitability in data collection to answer the research questions and, therefore, the tool was a well-structured questionnaire so as to investigate the influence of *management style, implementation of ICT services, status quo of the professional nurses, communication, training and frequency of drug supply* on service delivery. Besides, this particular research study has used a quantitative research where data was collected from the respondents by a use of a structured questionnaire.

### **3.6.1. Questionnaire / Interview Schedule**

A questionnaire is a data collection instrument used to gather data over a large sample or number of respondents (Kombo and Tromp, 2006). This structured questionnaire was developed following recommended guidelines by various scholars that include Kothari (2005), Sekaran and Bougie (2010) and Saunders et al, (2009). The instrument has addressed issues of demographic data and factors affecting patients' service delivery in the Ras Desta Memorial General Hospital.

### **3.6.2. Observation Guide**

Direct observation was used to obtain reliable and conceptually meaning full data in field studies and laboratory experiments. In this study, therefore, the researcher avail himself personally to the study area so as to get the first hand information about the study site, infrastructures, buildings, and other physical facilities. In doing so, direct observation would help the in bringing about a reliable study.

### **3.6.3. Document Analysis**

Document analysis is a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning around an assessment topic. Analyzing the documents incorporated coding the contents in to themes similar to how questionnaires were analyzed.

The researcher has accessed the hospitals administrative documents and got informations about number of employees, educational levels of the staffs, number of buildings, beds and other facilities.

### **3.7.Data Analysis and Interpretation**

The data obtained from the various primary and secondary sources has been presented by charts, tables, graphs of different types and other possible ways. Furthermore, data was analyzed which involved editing, coding, categorization, tabulation and interpretation of the data. The responses were then translated into absolute figures and appropriate percentages, tables and supporting descriptive statements were derived according to the relevant themes of the study.

### **3.8.Ethical Considerations**

Ethical issues that could arise during the course of the study included authorization to conduct the study, permission from authorities and acquisition of permits and informed consent of the participants. The power differences between the researcher and the participants, privacy and confidentiality of the participants and information (Kline, 2010) was also addressed. Ethical clearance was obtained from the SMU, and permission for the study was obtained from the Ras Desta Memorial Hospital before the actual data collection. The respondents were informed on the objectives of the study, benefits and requested for consent.

The data was collected in a way to ensure confidentiality of the respondent. Information which explains the study purposes, benefit and methods were indicated on the questionnaire to ensure informed consent of the respondents. To ensure efficiency of the study, the data was collected with the least burden to the respondents and justifiable budget.

## CHAPTER FOUR

### 4. DATA ANALYSIS, PRESENTATION AND INTERPRETATION

#### 4.1.INTRODUCTION

The data analysis, presentation and interpretation are presented in this chapter. Tables, pie charts and histograms has been used to clearly depict and precisely present the collected data. Besides, the study involved data collection from Ras Desta Memorial Hospital. Out of the expected 85 respondents, 81 respondents have successfully returned the questionnaire representing 95.3% of the expected respondents.

#### 4.1.1. Demographic Background of the Respondents

##### 4.1.1.1. Gender of the Respondents

The result of the gender of the respondents is shown on table 4.1below.

*Table 4.1: Respondents in gender*

Gender	Number	%
Female	51	63
Male	30	37
Total	81	100

The above Table 4.1 indicates that 81 respondents have participated in the study and among them 51(63%) were females while 30(37%) were males. This shows that the majority of respondents in this study were females. This is because most nurses and assistant administrative staffs were females.

#### 4.1.1.2.Age of the Respondents

The result of the age of the respondents is shown by the table 4.2 below.

*Table 4.2: Age of the respondents*

Age	No. of the respondents	Percentage ( % )
25 and below	8	9.87
26-30	29	35.80
31-35	17	21.00
36-40	11	13.58
41-45	7	8.64
46-50	6	7.41
51-55	2	2.47
56 and above	1	1.23
<b>Total</b>	<b>81</b>	<b>100</b>

The age of respondents were computed as per their age groups. The results are given in table 4.2 where the age group between 26-30 years of age had the highest respondents at 29 ( 35.8%) while 56 years and above had only 1 respondent (1.23%) . This shows that the hospital has a young population of workforce.

#### 4.1.1.3. Years of Experience

The study went further to find out the number of years of experience which every respondent had spent in hospitals as shown in Table 4.3.

*Table 4.3: Years of experience of the respondents*

Years of experience	Participants	Percentage ( % )
<b>0-5</b>	36	44.44
<b>6-10</b>	22	27.16
<b>11-15</b>	13	16.05
<b>16-20</b>	5	6.17
<b>21-25</b>	4	4.94
<b>Above 25</b>	1	1.23
<b>Total</b>	81	100

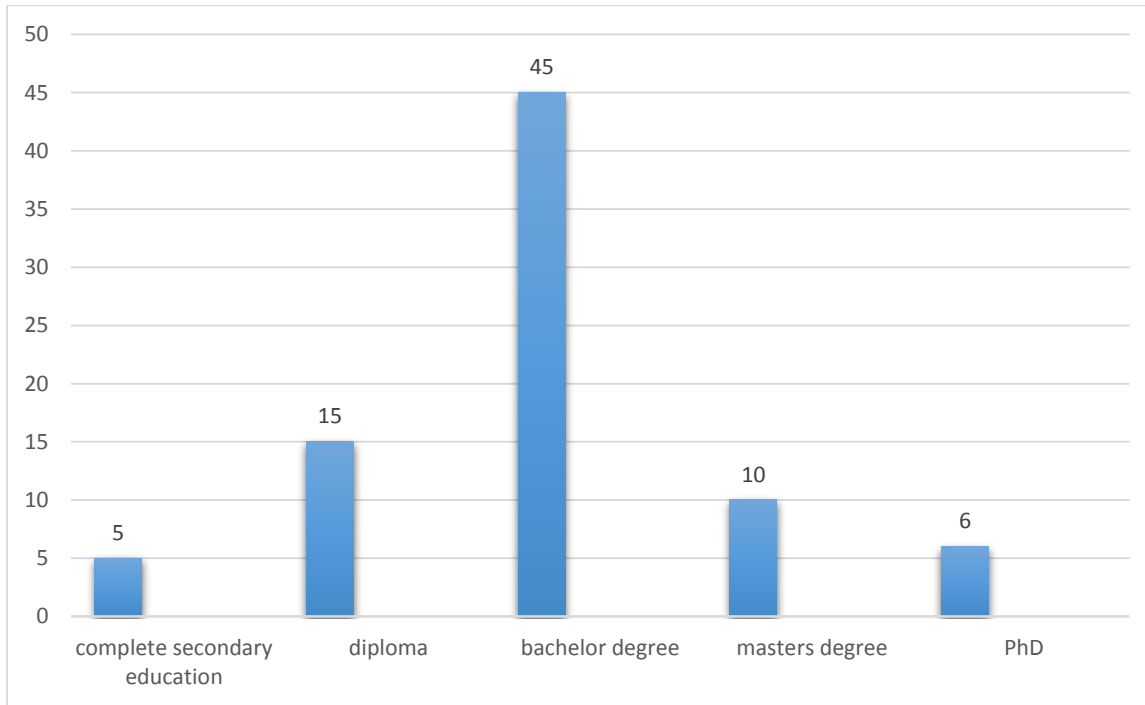
Regarding years of experience, 36 of the respondents (44.44%) have worked for less than 6 years. That means, most of those who participated in the study had worked in the hospital for a period less than 6 years while there was only one participant who had been in the field for more than 25 years. A few were in the service for 6-10 years as shown in Table 4.3.

This indicates that the hospital have employees who still have several years to serve it and deliver services to the public. On the other side, the hospital lack more experienced and more knowledgeable staff members.



#### 4.1.1.4. Level of Education of Respondents

The study further looked into the level of education of the respondents as given in the chart 4.1 below. *Chart 4.1: Result of the level of education of the respondents*



The findings show that 6(7.41%) of the respondents had PhD, 10(12.35%) of the respondents were master's degree holders, 55.56% had bachelor's degree while 18.51% were diploma holders and the rest 5(6.17%) were graduated from secondary school. Accordingly, the workforce in the hospital was majorly bachelor degree holders.

While all the master's degree holders were in senior management positions, their experience did not seem to impact on the service delivery to the level that the diploma and certificate holders felt it should be at the moment of the study.

The study also shows that there are a limited number of professionals with a PhD level, indicating that there is scarcity of medical services which require strong level of qualification were not being delivered as needed.

#### 4.1.1.5. Profession of the Respondents

The respondents' profession was displayed on the table 4.4 below.

*Table 4.4: Respondents in profession*

<b>Profession</b>	<b>Number of the respondents</b>	<b>Percentage (100%)</b>
<b>Administration &amp; ward managers</b>	<b>12</b>	<b>14.81</b>
<b>Health professionals</b>	<b>34</b>	<b>41.98</b>
<b>Pharmacists</b>	<b>6</b>	<b>7.41</b>
<b>Laboratory technicians</b>	<b>9</b>	<b>11.11</b>
<b>Finance officers</b>	<b>6</b>	<b>7.41</b>
<b>Procurement officers</b>	<b>7</b>	<b>8.64</b>
<b>ICT support staffs</b>	<b>7</b>	<b>8.64</b>
<b>Total</b>	<b>81</b>	<b>100</b>

As shown on the table 4.4, the majority of the respondents 34(41.98%) were health care professionals while administrative and ward managers were 12 which accounted for 14.81%. There were also 9 (11.11%) laboratory technicians, 6 (7.41%) finance officers, 7 (8.64%) procurement officers, 6(7.41%) pharmacists and 7(8.64%) ICT support staff considered.

#### 4.1.2. Influence of Management on Patients' Service Delivery

##### 4.1.2.1. Influence of Management System on Patients' Service Delivery

The results of effects of management system on daily service delivery are given in table 4.5 below.

*Table 4.5: Influence of management system on patients' service delivery*

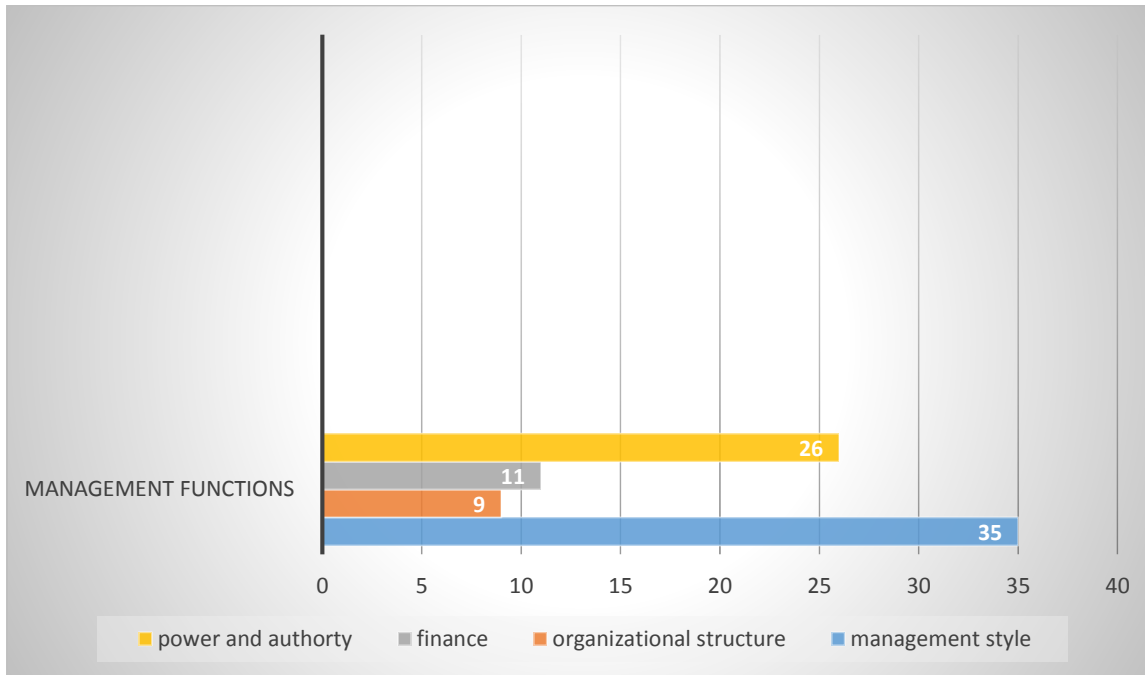
Rating	Response	Percentage (%)
Strongly disagree	2	2.47
Disagree	4	4.94
Neutral	10	12.35
Agree	29	35.80
Strongly agree	36	44.44
<b>Total</b>	<b>81</b>	<b>100</b>

When the question was posed on the influence of current management system on of daily service delivery, 36 respondents (44.44% of the respondents) strongly agreed that the management had a lot of influence on service delivery, while about 35.80 % (29 respondents) were agreed on the issue. Those who strongly agreed that the management had a greater influence on service delivery mentioned that the medical superintendent was the sole decision maker in the facility and he/she decided on what aspects of changes, improvements and services to be effected. Management was solely by the manager and there was minimal or no delegation of decision making authority to junior managers, which they also felt was hindering adequate service delivery especially in his/her absence.

#### 4.1.2.2. Influence of Management on Service Delivery

The results of influence of aspects of management on service delivery in this hospital is given in 4.2 below.

*Chart 4.2: Influence of management functional areas on patients' service delivery*



It was further noted that 35 of the respondents believed management style had the biggest influence in service delivery in the hospital while only 11 of the respondents felt that finances played a role in the outcome of service delivery. Subsequently, 26 of them believed that power and authority had an influence on the services delivered in the Public Hospital. Besides, 9 believed that it is an organizational structure. Accordingly, chart 4.2 clearly depict how functions of management influenced service delivery in Ras Desta Memorial General Hospital in that only one way (top to down) management style was implemented thereby hindering the views of the non-administrative staff from being considered.

This in turn undermines the service being delivered by the staff which frequently meet with the patients.

#### **4.1.2.3. Influence of Change of the Current Management Style on Service Delivery**

The results of the impact of change in management style on service delivery is given in Table 4.6 as follows.

***Table 4.6: How changing the current management style will influence service delivery***

<b>Rating</b>	<b>Response</b>	<b>Percentage (%)</b>
<b>Highly</b>	<b>39</b>	<b>48.15</b>
<b>Moderately</b>	<b>17</b>	<b>20.99</b>
<b>Maybe</b>	<b>21</b>	<b>25.93</b>
<b>Somehow</b>	<b>1</b>	<b>1.23</b>
<b>No impact</b>	<b>3</b>	<b>3.70</b>
<b>Total</b>	<b>81</b>	<b>100</b>

As shown on table 4.6, out of the 81 respondents, 39 (48.15%) felt that changing the current management would have a high impact on the services being offered in these facilities for the better. There by, they opined that they needed a progressive leader who is diplomatic, visionary, rational, listener and open to discussion with the rest of the team to determine how best the services could be improved to suite the standards of the system and patients.

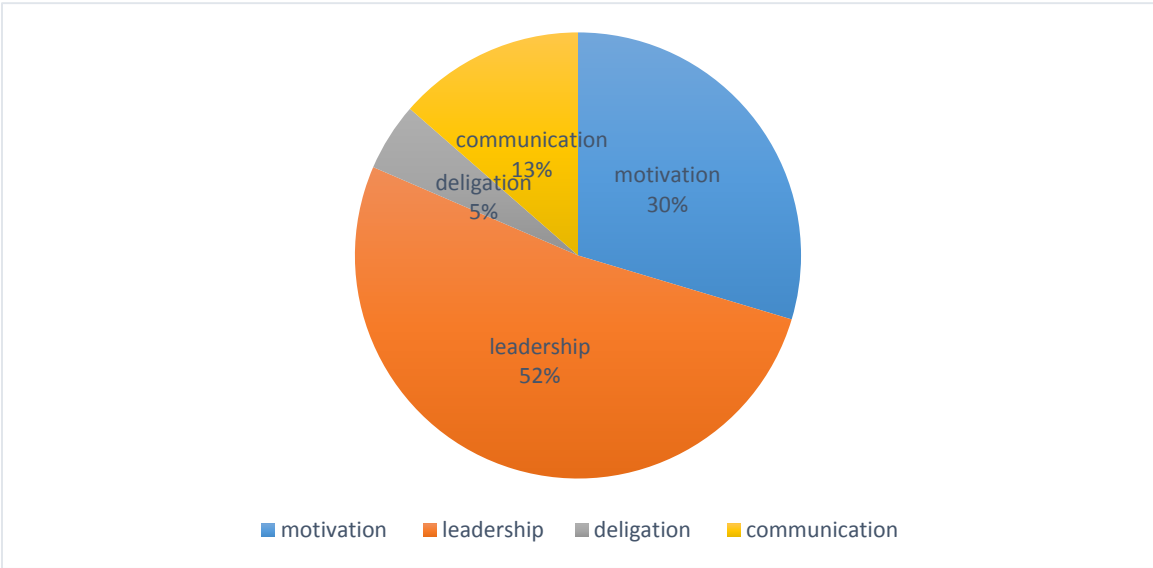
When the above question was analyzed using level of education, years of experience and age, there was a significant response in relation to level of education. 83% of the PhD holders and 90% of the participants who had master’s degree agreed that changing of the management style would have an impact on service delivery.

Participants who held degrees at 84% response rate and 60% of diploma holders also believed there would be a greater improvement of services if there was a change of management to a more progressive leader. Besides, 60% of those who have completed high school have also agreed with the aforementioned idea.

#### 4.1.2.4. Management Functional Areas to be Improved

The response of the participants on the management functions to be improved are depicted as shown on the pie chart 4.3 below.

*Chart 4.3: Management functional areas to be improved*



When asked about the functions of management they felt should be addressed to improve the services in these facilities, 30% of the respondents agreed, they need to be motivated, 52% preferred leadership, 13% felt the need for constant communication with them to enhance service delivery and only 5% had a suggestion that the management should delegate most of the services to improve service delivery.

Motivation of staff and improvement in leadership skills were the major concern among the participants, irrespective of their years of experience or education level. Respondents who needed more delegation of functions, power and decision making authority from the management were mainly participants who held master’s degree in the hospital.

#### 4.1.3. Influence of Implementation of ICT Services on Patients Service Delivery

##### 4.1.3.1. Use of Information Technology

The results of use of information technology at the hospital are given in Table 4.7 below.

*Table 4.7: Uses of information technology*

<b>Response</b>	<b>Participant</b>	<b>Percentage (%)</b>
<b>Yes</b>	<b>54</b>	<b>66.67</b>
<b>No</b>	<b>19</b>	<b>23.46</b>
<b>I am not sure</b>	<b>8</b>	<b>9.87</b>
<b>I don’t know</b>	<b>0</b>	<b>0.00</b>
<b>Total</b>	<b>81</b>	<b>100</b>

When assessing the use of ICT services in the hospital, 66.67% of the respondents noted to have used these systems to offer services at one point in time, at the hospital where they were currently working. 23.46% had never used them in the hospital while only 8(9.87%) were not sure of using ICT services to offer services as shown in table 4.7.

The hospital had computer systems and applications mainly for billing and payment services, which were used by the finance team and at the administration areas paramount.

This indicates that there was a huge gap in applying ICT in the day to day activities and services of the hospital, which, if implemented, will bring about improved services regarding duration of activities, holding medical records of patients and promoting ICT based medications.

#### **4.1.3.2.Current Application of ICT Against the Best Use**

The results of response on the current use of ICT against its best use in the hospitals is shown in table 4.8 below.

*Table 4.8: Current use of ICT against their best use in the hospitals*

<b>Responses</b>	<b>Participants</b>	<b>Percentage (%)</b>
<b>Yes</b>	<b>14</b>	<b>25.93</b>
<b>No</b>	<b>31</b>	<b>57.41</b>
<b>I am not sure</b>	<b>6</b>	<b>11.11</b>
<b>I don't know</b>	<b>3</b>	<b>5.56</b>
<b>Total</b>	<b>54</b>	<b>100</b>

The 54 respondents who were answered that they have used ICT one point in time in the hospital were also asked the extent to which ICT was used and the result is shown in Table 4.8 above. Accordingly, from those workers who had used ICT that were asked whether the current use and implementation of ICT services in these facility were at the best way to offer services to patients, 57.47% believed that it was not used in the best way while only 25.93% of the respondents felt that it served the purpose. The remaining respondents were either not sure or didn't know.

Participants who responded that the ICT services were not being used to their best level noted that there needs to be a paperless system from admission to discharge of patients and outpatient areas to improve on the efficiency of service delivery.



According to the 57.41% of the respondents (who responded NO ), all the processes need to go through a computer system, from admission, bed allocation, inquiry, payment and billing, consultation, nursing services, booking for operations, radiology services and the process of discharge. They believed that this system will improve efficiency of services being delivered to the patients.

#### **4.1.3.3.Areas in the Hospital Highly Using ICT Services**

The results on areas of the hospital where ICT services highly used is shown in the table 4.9 below.

*Table 4.9: Areas in the hospital highly using ICT services*

<b>Area</b>	<b>Response</b>	<b>Percentage (%)</b>
<b>Treatment</b>	<b>5</b>	<b>6.17</b>
<b>Management</b>	<b>12</b>	<b>14.81</b>
<b>Pharmacy</b>	<b>8</b>	<b>9.88</b>
<b>Procurement and supply</b>	<b>7</b>	<b>8.64</b>
<b>Billing and payment services</b>	<b>49</b>	<b>60.5</b>
<b>Total</b>	<b>81</b>	<b>100</b>

As depicted on the above table, the study further enquired on the departments in the hospital which were highly using ICT applications and tools. Accordingly, 49 respondents, representing 60.5% believed that billing and payment services were the most utilizers of ICT.

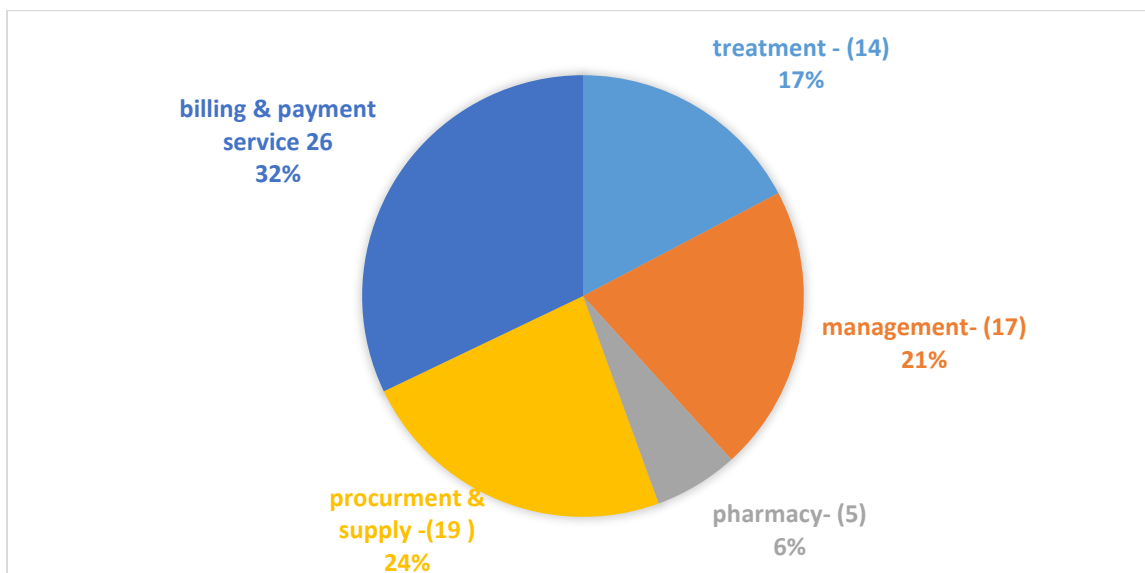
Table 4.9 also portrays that the next relatively larger users were management and pharmacy at 12 (14.81%) and 8 (9.88%) respectively while treatment accounted for the least users of ICT services in the hospital with 5 respondents (6.17%).

This shows that the uptake of ICT services in the hospital was very low, reducing efficiency and productivity of the hospital. Departments like Outpatient, Senior Management, Pharmacy and Stores still relied on paper work which further reduced the efficiency of performance.

#### 4.1.3.4.Areas Where ICT Services are Supposed to be Best Utilized

The results of response on best areas where ICT services are supposed to be utilized, according to the respondents, is given in chart 4.4 below.

*Chart 4.4: Areas where ICT services are supposed to be best utilized*



At the same time, most staff felt that these services are best if they are located at the billing department of these facilities. This idea was supported by 32% of the respondents as shown in the chart above.

Procurement and supply and management were also good departments for utilization of ICT services to improve service delivery in the hospital, with 45% of participants agreeing to that information in total.

However, Pharmacy was the most central for only 6% of the respondents of a suitable department where computer systems would revolutionize service delivery while 17% of the participants believed that treatment could as well utilize ICT services well.

This shows that the staff has not been fully sensitized on the benefits of applications which could reduce the burden on paperwork and assist with a more efficient service delivery to the patients.

#### **4.1.3.5. ICT Use and Efficiency of Service Delivery**

The response on use of ICT and efficiency of service delivery is given in Table 4.10 below.

***Table 4.10: ICT use and efficiency of service delivery***

<b>Rating</b>	<b>Responses</b>	<b>Percentage (%)</b>
<b>Strongly disagree</b>	12	14.81
<b>Disagree</b>	6	7.41
<b>Neutral</b>	21	25.93
<b>Agree</b>	16	19.75
<b>Strongly agree</b>	26	32.1
<b>Total</b>	<b>81</b>	<b>100</b>

Asked about whether they agree that the current ICT application increases efficiency of health care delivery, 32.1% of the respondents strongly agreed that it was true while only 14.81% strongly disagreed with benefits of ICT in the hospital as shown in table 4.10. Less sensitization and inadequate implementation of systems application which was more efficient in other facilities has not been appreciated in these hospitals due to their absence.

The management should put in more effort in cross training and cross exposure to expose the staff to more efficient services so that they can appreciate their use and implement for the benefit of the patients and staff due to improved performance.

#### 4.1.3.6.Value of the Current ICT Services

The results of the value of current use of ICT services in the hospital are given in Table 4.11 below.

*Table 4.11: Value of the current ICT services*

<b>Rating</b>	<b>Responses</b>	<b>Percentage (%)</b>
<b>Highly valued</b>	<b>19</b>	<b>23.46</b>
<b>Moderately valued</b>	<b>32</b>	<b>39.51</b>
<b>May be valued</b>	<b>21</b>	<b>25.93</b>
<b>Somehow valued</b>	<b>7</b>	<b>8.64</b>
<b>Not valued</b>	<b>2</b>	<b>2.47</b>
<b>Total</b>	<b>81</b>	<b>100</b>

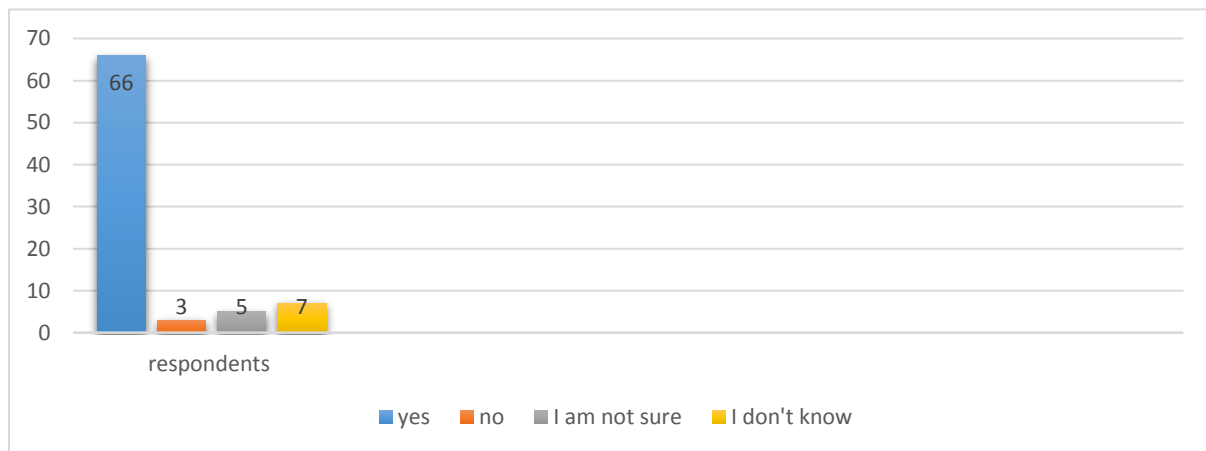
The respondents were asked whether they believed that their knowledge and use of ICT services in their daily operations in the hospital were valued. Only 2 respondents said it was not valued while 51(62.96%) believed that it was either highly valued or moderately valued as shown in Table 4.11. The results show that there was almost a similar view that with or without the ICT services, the health services being delivered to staff were still falling in the category of standard services. But majority of the respondents at least valued the ICT services for efficiency of service delivery.

#### 4.1.4. Training and Patients' Service Delivery

##### 4.1.4.2. Significance of Training of Staff in the Hospital on Service Delivery

Response on the significance of training of staff in the hospital's service delivery is depicted on the chart 4.5 below.

*Chart 4.5: Significance of training of staff in the hospital's service delivery*



Almost 82 % of the respondents believed that training played a significant role in service delivery to patients as shown in the chart 4.5. From the respondents, 7(8.64%) did not even know if training has any significance on the service they were delivering while only 3(3.70%) of the respondents have disagreed on the issue. According to the responses, therefore, training was overwhelming in that it was cutting across the age, department and years of experience and level of education. Training, hence, is an integral aspect if the hospital is to improve on its patients' health care service delivery.

#### 4.1.4.3.Hospitals' Encouragement for Training and Development Among the Staff

The responses of the respondents on this issue is illustrated on the table 4.12 below.

*Table 4.12: Responses on Hospitals' encouragement for training and development among the staff*

<b>Responses</b>	<b>Participants</b>	<b>Percentage (%)</b>
Yes	<b>10</b>	<b>12.35</b>
No	<b>31</b>	<b>38.27</b>
I am not sure	<b>22</b>	<b>27.16</b>
I don't know	<b>18</b>	<b>22.22</b>
Total	<b>81</b>	<b>100</b>

According to the table, a majority of the respondents, 31(38.27%) stated that the hospital did not encourage training and development among the staff while only 10(12.35%) of them agreed on the issue. In addition, a significant figure of respondents (49.38%) are either not sure or do not know if the hospital encourages the staff for training and development. This shows that there is a visible gap in encouraging the staff for upgrading and further training.

#### 4.1.4.4. Adequacy of the Skills and Training the Staff has for the Deliverance of Service

The responses on the extent to which the current training status of the staff is adequate is portrayed on table 4.13 below.

*Table 4.13: Adequacy of the skills and training the staff*

<b>Rating</b>	<b>Responses</b>	<b>Percentage (%)</b>
<b>Strongly disagree</b>	16	19.75
<b>Disagree</b>	10	12.35
<b>Neutral</b>	19	23.47
<b>Agree</b>	16	19.75
<b>Strongly agree</b>	20	24.69
<b>Total</b>	<b>81</b>	<b>100</b>

Majority of the respondent 19 (23.47%) were not aware of the degree to which the current training status is adequate for the service delivery of the hospital while a total of 36(44.44%) respondents were at least agreed it was adequate. But a significant figure 26 (32.1%) of the respondents did not think that the current training status in the staff was adequate. This indicated that there were a lot of efficiently trained staff, even though a substantial amount of the staff were not either efficiently trained or has got a skill gap.

Besides, the table indicates that there was a skill and knowledge gap that needs to be fulfilled through trainings in either long term or short term time period so as to successfully deliver the intended service for the patients.

#### 4.1.4.5. Influence of Training on Skills Development of Service Delivery

Results on influences (impacts) of training on skills and development for the hospital's service delivery is shown in the table 4.14 portrayed below.

*Table 4.14: Influences (impacts) of training on skills and development for the hospital's service delivery*

Responses	Respondents	Percentage (%)
<b>Very big impact</b>	<b>42</b>	<b>51.85</b>
<b>Big impact</b>	<b>23</b>	<b>28.4</b>
<b>Moderate impact</b>	<b>12</b>	<b>14.81</b>
<b>Small impact</b>	<b>4</b>	<b>4.94</b>
<b>No change</b>	<b>0</b>	<b>0.00</b>
<b>Total</b>	<b>81</b>	<b>100</b>

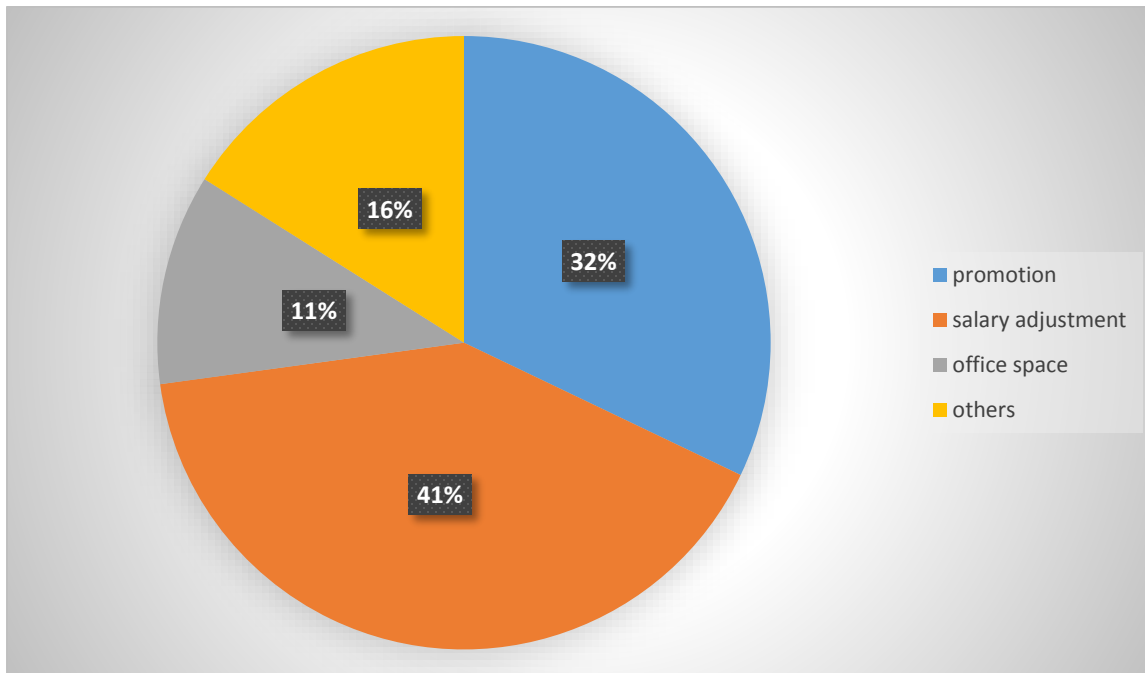
Majority (42) of the respondents believed that training had a very big impact on their skills and development, representing 51.85% while 4 (4.94%) respondents felt that training had a very small impact on development of skills needed for service delivery in the hospital as illustrated in table 4.14 above. Besides, 77 respondents (about 95%) at thought at least training has an influence on the way they deliver service. This means, it is highly understood among the staffs that training has a great influence on the skills and developments that in turn affects the service delivery of them for the patients.



#### 4.1.4.6. How the Hospital Does Appreciate Educational Efforts Put by the Staff?

The way by which the hospital appreciates its staff for educational efforts they put is represented by the pie chart 4.6 below.

*Chart 4.6: Hospital's appreciation on educational efforts put by the staff*

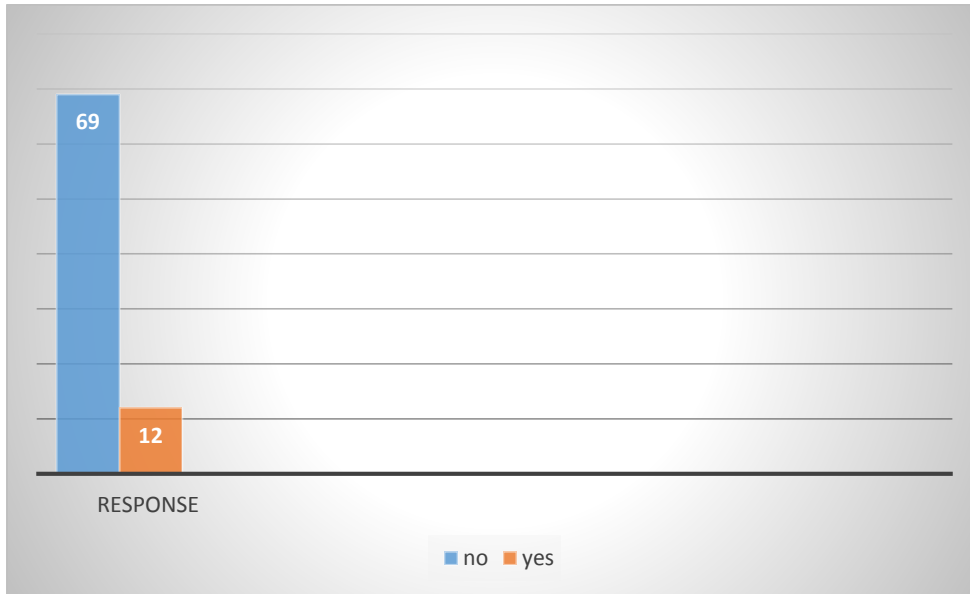


According to the pie chart above, the majority (33 respondents representing 41%) of the respondents have mentioned that salary adjustments was the major way of appreciation in the hospital while 26 (32%) of them made clear that promotion was taken as an appreciation tool. Besides, 11% (9) respondents thought that office was granted as a means of appreciation whereas 13 (16%) of the respondents put their idea as 'others' there by mentioning obtaining different management posts as appreciation means.

#### 4.1.4.7. Does the Hospital Organize Trainings for the Staff?

The respondents were also asked if the hospital organizes trainings for the staff and their responses were depicted in the chart 4.7 below.

*Chart 4.7: Responses on how the hospital organizes trainings for the staff*



As tried to illustrate on the bar graph above, the majority of the respondents (69 which accounted for 85.2%) believed that the hospital did not organize trainings while only 12 respondents which accounted for 14.8% assumed the hospital organizes training for the staff so as they improve their skill and development for the adequate patients' service delivery.

#### 4.1.4.8. Types of Training Staff Prefer the Hospital to Offer for the Enhancement of the Service Delivery

The respondents were given the opportunity to give their comments on the type of training they prefer if organized by the hospital.

The response could be categorized in two broad sets namely, long term which was mentioned by a majority of 68 (84%) respondents and short term trainings revealed by 13 (16%) of the respondents. Those who want the hospital to organize a long term training, in nutshell, needed to pursue their next level university degrees while those who required the hospital a short term trainings have stated; professional trainings on , peer to peer trainings, invited guest briefings and lectures on specific body of knowledge, ICT trainings, leadership trainings and management training.

#### **4.1.5. Frequency of Drug Supply**

##### **4.1.5.2.Sufficiency of Drug Supply in the Hospital**

The reaction of the respondents on the sufficiency of the drug supply in the hospital is represented below on table 4.15.

***Table 4.15: Sufficiency of drug supply in the hospital***

<b>Responses</b>	<b>Participants</b>	<b>Percentage (%)</b>
<b>Yes</b>	<b>7</b>	<b>8.64</b>
<b>No</b>	<b>66</b>	<b>81.48</b>
<b>I am not sure</b>	<b>5</b>	<b>6.17</b>
<b>I don't know</b>	<b>3</b>	<b>3.7</b>
<b>Total</b>	<b>81</b>	<b>100</b>

As portrayed above, the majority of the respondents (81.48%) believed that the supply of drug was not sufficient despite the fact that only 7(8.64%) of them thought there were sufficient drug supply.

Besides, a total of 8 respondents representing (9.87%) either didn't know or not sure if there were sufficient drug supply in the hospital. Hence, as the popular response indicates, drug supply was insufficient which possibly lead to service delivery dysfunction.

#### 4.1.5.3.Factors Influencing Drug Supply

The reply of the respondents on the factors influencing the drug supply in the hospital is denoted on table 4.16 below.

*Table 4.16: Factors influencing drug supply*

<b>Factors</b>	<b>Respondents</b>	<b>Percentage (%)</b>
<b>Procurement bureaucracy</b>	<b>41</b>	<b>50.62</b>
<b>Incompetent staff</b>	<b>3</b>	<b>3.7</b>
<b>Inadequate finance</b>	<b>31</b>	<b>38.27</b>
<b>I don't know</b>	<b>6</b>	<b>7.41</b>
<b>Others</b>	<b>0</b>	<b>0.00</b>
<b>Total</b>	<b>81</b>	<b>100</b>

The respondents were also asked to pin out the potential factors that influence the drug supply. Accordingly, procurement bureaucracy and inadequate finance were the major factors as they were cited by 41 (50.62%) and 31(38.27%) respondents respectively. Besides, only 3 (3.7%) of the respondents thought inefficient staffs were responsible for the scant drug supply in the hospital while 6(7.41%) did not know the factors influencing the drug supply. These highlights that the predominant factors that affect the drug supply of the hospital were procurement bureaucracy and the financial inadequacies faced by the hospital.

#### **4.1.5.4.Improvement of Drug Supply and Improvement of Patients’ Service Delivery**

The respondents were also asked to react on whether improvement of drug supply improves the service delivery of the hospital and their response was described as on the table 4.17 below.

*Table 4.17: Improvement of drug supply and improvement of patients’ service delivery*

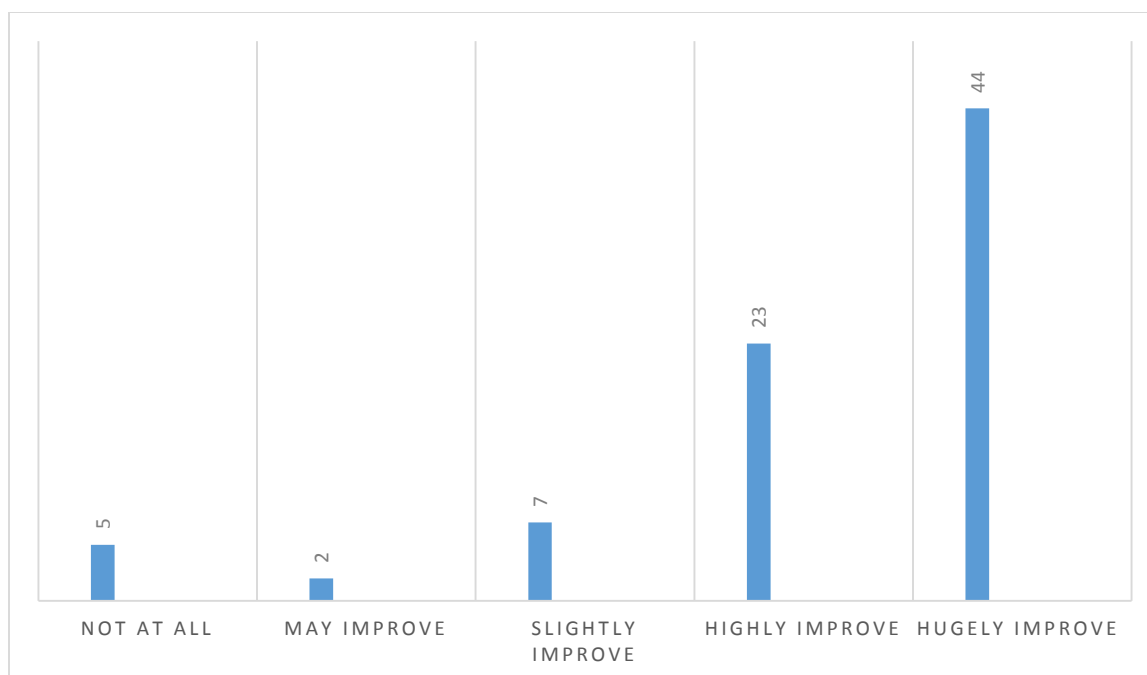
<b>Rating</b>	<b>Responses</b>	<b>Percentage (%)</b>
<b>Strongly disagree</b>	<b>5</b>	<b>6.17</b>
<b>Disagree</b>	<b>2</b>	<b>2.47</b>
<b>Neutral</b>	<b>7</b>	<b>8.64</b>
<b>Agree</b>	<b>23</b>	<b>28.40</b>
<b>Strongly agree</b>	<b>44</b>	<b>54.32</b>
<b>Total</b>	<b>81</b>	<b>100</b>

The respondents were able to react on improvement of drug supply and improvement of patients’ service delivery. Consequently, 67 respondents at least agreed that improvement of drug supply brings about improvement of service delivery. In addition, only 7 (8.64%) of the respondents either strongly disagreed or disagreed that improvement of drug supply respondents improves patients’ service delivery and another 7 (8.64%) respondents put themselves at a neutral position. Thus, most of the staff thought that improving drug supply will bring about improvement of patients’ service delivery.

#### 4.1.5.5. The Extent to Which the Improvement of Drug Supply Improves the Patients' Service Delivery

The responses of the participants on the extent to which the improvement of drug supply improves the patients' service delivery is particularized as represented on chart 4.8.

*Chart 4.8: Degree of improvement of drug supply and improvement of the patients' service delivery*



Regarding the extent to which drug supply improves patients' service delivery, 44 (54.32%) of them stated that it hugely improves, 23(28.4%) of them cited that highly improves and 7(8.64%) said it slightly improves the service delivery. In contrary to this, only 5(6.17%) of them it did not improve at all, while 2(2.47%) said it may improve

#### 4.1.6. Influence of Communication on patients' service delivery

The researcher has tried to assess the influence of communication on the patients' service delivery.

In doing so the result is depicted as shown on table 4.18 below.

*Table 4.18: Influence of communication on the patients' service delivery*

Questions	Responses			
	Yes	No	N/A	Total
<b>Does management communicate employee's duties and control responsibilities in an effective manner?</b>	<b>13</b>	<b>56</b>	<b>12</b>	<b>81</b>
<b>Percentage (%)</b>	<b>16.05</b>	<b>69.14</b>	<b>14.81</b>	<b>100</b>
<b>Are communication channels established for people to report suspected improprieties?</b>	<b>24</b>	<b>51</b>	<b>6</b>	<b>81</b>
<b>Percentage (%)</b>	<b>29.63</b>	<b>62.96</b>	<b>7.41</b>	<b>100</b>
<b>Does communication channels flow across the hospital to enable people discharge their duties effectively?</b>	<b>29</b>	<b>45</b>	<b>7</b>	<b>81</b>
<b>Percentage (%)</b>	<b>35.8</b>	<b>55.56</b>	<b>8.64</b>	<b>100</b>
<b>Does management take timely and appropriate follow up action on communication received from patients or other sources?</b>	<b>12</b>	<b>61</b>	<b>8</b>	<b>81</b>
<b>Percentage (%)</b>	<b>14.81</b>	<b>75.31</b>	<b>9.88</b>	<b>100</b>
<b>Is the hospital subject to monitoring and compliance requirements imposed by external bodies?</b>	<b>29</b>	<b>49</b>	<b>3</b>	<b>81</b>
<b>Percentage (%)</b>	<b>35.8</b>	<b>60.5</b>	<b>3.7</b>	<b>100</b>

As shown on the table above, a majority 56(69.14%) of the respondents didn't agree that management communicates the staff in an effective manner though 13 respondents representing 16.05% believed the management did its job in communicating the staff responsibly while 12(14.81%) failed to decide. This sign posts that, the management has a visible gap in articulating the duties and responsibilities of the staff in an effective manner leading them to ineffectiveness and wastage.

Besides, regarding the establishment of communication channels for reporting cases, only 24(29.63%) of the respondents thought it has been established, while a majority 51(62.96%) of them urged this kind of communication channel were not in its place. In addition to this, 6(7.41%) of them failed to decide. Moreover, the communication channel flowing across the hospital was not achieved in the way it was intended as 55.56% of the respondents did not supported it while 35.80% of them believed that the communication channel was great. Generally, this indicates that there was either lack of communication channel or dysfunctional communication flow between the management and the staff, thereby creating unsynchronized work force resulting in poor performance in delivering service.

Moreover, respondents were asked their view whether management takes timely and appropriate actions regarding communications received from customers, about 75% of the participants have answered that there was no timely and appropriate action on communication, while about 15% of them thought communication was timely and appropriate in receiving and dealing with patients ideas. This implicates that there is a privation of timely and appropriate action on communicating with patients as well as other parties which strongly hindered flow of communication resulting in poor feedback, which were a back bone of improved service delivery.



Besides, as portrayed in the table, about 60.50% of the respondents didn't agree that the hospital is subjected to monitoring and compliance requirement imposed by the government, while only 35.80% respondents thought in opposite way.

Even though monitoring must be taken as an important integral part of the hospital as it enables them to know where they are and where to go, the fact in Ras Desta Memorial Hospital is different as the majority of the respondents believed that way.

#### 4.1.7. Status quo of the Professional Nurses

The result obtained from the respondents on how the status quo of the professional nurse affect the service delivery is portrayed on the table 4.19 below.

*Table 4.19: Status quo of the professional nurse and patients' service delivery*

Questions	Responses			
	Yes	No	N/A	Total
<b>Does work load of the professional nurses affect service delivery?</b>	<b>55</b>	<b>23</b>	<b>3</b>	<b>81</b>
<b>Percentage (%)</b>	<b>67.9</b>	<b>28.4</b>	<b>3.7</b>	<b>100</b>
<b>Does availability of resources used by the professional nurses affect the service delivery?</b>	<b>49</b>	<b>27</b>	<b>5</b>	<b>81</b>
<b>Percentage (%)</b>	<b>60.5</b>	<b>33.33</b>	<b>6.17</b>	<b>100</b>
<b>Does manager support to professional nurses affect the service delivery?</b>	<b>65</b>	<b>11</b>	<b>5</b>	<b>81</b>
<b>Percentage (%)</b>	<b>80.25</b>	<b>13.58</b>	<b>6.17</b>	<b>100</b>
<b>Does the performance of the professional nurses affect the service delivery?</b>	<b>34</b>	<b>47</b>	<b>0</b>	<b>81</b>
<b>Percentage (%)</b>	<b>41.98</b>	<b>58.02</b>	<b>0.0</b>	<b>100</b>

As shown on the table above, a majority 55(67.90%) of the respondents agreed that work load of the nurses affect service delivery while the rest either disagree or didn't decide.

Thus, the work load ran by those professional nurses were a great deal in affecting the delivery of service in the hospital.

Besides, regarding the influence of the availability of resources used by the nurses, 49(60.5%) of the respondents replied saying it has affected the service being delivered, while only 27(33.33%) of them urged the current availability of the resources at their disposal were not affecting the service being delivered.

This designates that, health care materials and resources which are at the immediate use of the nurses were not in the right place which hinders the service delivered not to be as intended. Likewise, the respondents were also asked to give their responses on whether the management support to the professional nurse affect the service being delivered in the hospital. Accordingly, only 11 of the respondents which represent 13.58%, have revealed that the support they were getting from the management has not affected the delivering of service to the customer. On the other hand, majority of the respondents (65) which accounts for 80.25% were in favor of the idea that management support affected the delivery of service in the hospital. Hence, this implicates there is a gap between the management and the professional nurses which, then, hinder them not to work in harmony resulting in poor service delivery.

Concerning the influence of the performance of the nurses on the service being delivered, a slightly higher rate of the respondents 47(58.02%) believed it has got no influence on the current service, while all the rest 34(41.98%) thought performance is still an important factor that has affected the

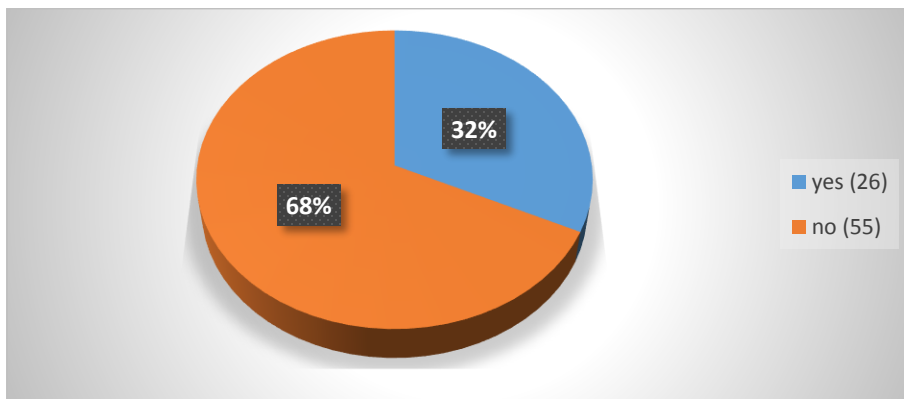
service being delivered in the hospital. This indicates even though a relatively higher staff considered that they are efficient in their performance, still there are significant amount of nurses who need professional improvement so as to achieve the desired service delivery.

#### **4.1.8. Services Delivery**

##### **4.1.8.2. Services Delivered by the Hospital and Expectations**

Result on the question whether the services being delivered are meeting the expected standards is depicted just on the chart 4.9 below.

*Chart 4.9: Services delivered by the hospital and expectations.*



As tried to illustrate, the responses on if services delivered by the hospital are meeting expectations, a majority of 55(68%) answered ‘NO’ while only 26 (32%) answered ‘YES’ indicating that most staff believed services currently being delivered are not meeting their expectations.

### 4.1.8.3. Service Delivery with Respect to Affordability, Accessibility, Relevance and Acceptability

The result on service delivery with respect to affordability, accessibility, relevance and acceptability is depicted on the table 4.20 below.

*Table 4.20: Service delivery with respect to affordability, accessibility, relevance and acceptability (quality).*

<b>Does the service delivery meet your expectations on the following?</b>	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Total</b>
<b>Affordability</b>	17	24	10	19	11	81
<b>Percentage (%)</b>	21	29.63	12.35	23.46	13.58	100
<b>Accessibility</b>	40	23	7	9	2	81
<b>Percentage (%)</b>	49.38	28.40	8.64	11.11	2.47	100
<b>Relevance</b>	24	28	5	15	9	81
<b>Percentage (%)</b>	29.62	34.57	6.17	18.52	11.11	100
<b>Acceptability (quality)</b>	34	29	2	12	4	81
<b>Percentage (%)</b>	41.98	35.80	2.47	14.81	4.94	100

Finally, the respondents were asked whether the service delivery met their expectation with respect to affordability, accessibility, relevance and acceptability. In doing so, the above table (table 4:20) presents the responses of the participants about their perception of service delivery in relation to the aforementioned indicators.

### **Affordability**

Accordingly, a total of 41(50.62%) at least disagreed that their expectations were met in delivering service regarding affordability while a 19(23.46%) of them agreed and another 11 (13.58%) strongly agreed on the issue. Besides, 10 respondents were unable to decide whether the service delivered met expectations regarding affordability. This shows that the services being delivered, to some extent, were not affordable and therefore needs to be improved so as to give the best possible affordable service.

### **Accessibility**

Regarding accessibility of services, 40 (49.38%) have strongly disagreed, 23(28.40%) have disagreed, and only 11(13.58%) have at least agreed that the service being delivered was accessible. Besides, 7(8.64%) of the respondents were not be able to decide whether the service being given was accessible or not. Hence, as the majority of the participants indicated, there were a high degree of inaccessibility of the service being delivered in the hospital.

### **Relevancy**

On the other side, a majority of the respondents at least disagreed in such a way that 24(29.62%) of them strongly disagreed and 28 (34.57%) of them disagreed on the fact that service has been delivered in relevant way in the hospital, while 24 respondents, representing 29.63%, have at least agreed that relevant service is being given in the hospital. Whereas, only 5(6.17%) of the respondents were unable to decide on the issue. These indicates that service were not delivered in a relevant way in the hospital which there for needs to be improved.

## **Acceptability**

Regarding quality of the service being delivered, a majority of the respondents, 34(41.98%) participants, strongly disagreed that the service being delivered is quality. In the same way, 29(35.80%) of them disagreed on the issue. Those figures accounted for almost 77% of the total respondents and there for these highly indicated there is a quality issue that must be improved in the hospital.

## **CHAPTER FIVE**

### **5. SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS**

#### **5.1. Introduction**

This chapter contains a summary of the findings of the study, conclusion and recommendation of the study as well as further studies as per the view of the researcher.

#### **5.2. Summary of Findings**

It was known that majority of the respondents were female (63%) and the rest (37%) were male. Most of the respondents were in the range of 26-30 years of age and 44% were with work experience of 0 – 5 years. Besides, a majority (55.56%) of participants were bachelor degree holders. Moreover, 41.98% of the respondents were health professionals.

It was found out that management has more influence on the daily operation of the hospital, a view given by 44.44% of the respondents. The managers of the hospitals were however not giving more responsibilities via direct delegation to their junior staff thereby dragging provision of certain services as reported by 80.25% of the respondents. Most (48.15%) of the respondents felt that with a change of management, there would be a more efficient way of service delivery to the patients. Besides, a majority of 52% respondents preferred leadership as management functional area to be improved for a better service delivery.

ICT systems and equipment were not commonly used at most of the point of service delivery apart from billing and payment services, 66.67% of the respondents reported not having used them in the hospital. In addition, 57.41% of those who have used ICT in the hospital mentioned that it was not in its best use in the hospital.

Those in the billing and payment were the highest users of ICT (60.50%) while wards (treatment) were rarely in touch with it (6.17%) and most of the respondents concurred that the use of ICT facility was still below average that will be needed to efficiently manage and offer quality services to the patients. Majority of the respondents, 26% believed that if implemented, the systems would improve service delivery to the patients leading to better efficiency. Moreover, a majority of 62.96% at least valued the use of ICT for an improved service delivery.

A higher rate of the respondents (82%) believed that training has a significant role in patients' service delivery, even though the hospital is criticized by a majority of 38.27% was not encouraging the staff for training. On the other side, about 44% of the participant believed that the current skills and training of the staff was adequate while about 32% of them thought the opposite. In addition, a majority (about 95%) of the participants believed that training has an influence on the quality of patients' service delivery though the hospital fails to organize trainings for the staff, reported by 85.20%. Furthermore, 84% of the participants preferred if the hospital organizes a long term trainings.

Frequency of drug supply was not reliable in all these facilities according to majority of the respondents(81.48%), which was being attributed to procurement bureaucracy and inadequate finances according to majority (50.62%) and (38.27%) of the respondents respectively.

Majority (82.71%) of the respondents also said that improving supply and delivery of drugs will lead to better service delivery to the patients and good patient outcomes.

A majority (69.14%) believed that management didn't communicate with the staff in effective manner. 62.96% of them thought that no channel of communication has been established.



Besides, about 75% of the respondents urged that there was no timely and proper action on communication to receive and deal with patients' idea.

The work load of the professional nurses was assumed to be higher and affected the service delivered by 67.90% of the respondents. Besides, 60.50% of them reported that availability of resources used by the nurses affected the service they gave. In addition, 80.25% believed that management support affected service delivery and regarding performance, 58.02% of the participants supposed that there was no influence attached to it.

### **5.3. Conclusions**

The discussion of results is outlined below. There were six factors that investigated in the study which were found to have a greater influence on service delivery in public hospital. These were management style, implementation of ICT services, training and communication, status quo of the professional nurses and frequency of drug supply. Out of 85 respondents, data was collected from 81 respondents, since 4 respondents either did not return the questionnaires or did not respond to the questions completely. This presented a response rate of 95%. The findings on the first variable of the study on management style and various aspects of management indicated that, management style and other aspects of management attributed to poor service delivery, demotivation and demoralization of the staff, long chain of command and failure by the system to recognize hard working staff for either promotion or financial reward.

Services are below the expected standards due to fixed management systems and styles, inadequate decentralization of authority and delegation of activities.

The findings are in agreement with those reported by Scotti, Harmon and Behson in 2007 which indicated that management difficulties included difficulty of the workforce to cope with rapid changes. In this perspective, most problems which could arise are easily detected and managed before they ended up disrupting service delivery by labor unrest and demotivation of employees.

The findings on the second variable of the study on implementation of ICT services also indicated that there was inadequate supply, installation, utilization and use of information technology and where it was implemented; it was mainly used in billing and payment services.

Record keeping of patient files in the wards and medical items supply to the departments from the central store still relies on paperwork and the same from the ward to the stores. The finding of the third variable of the study on training indicated that the hospital rarely organized for further training of the staff and where the staff put in more effort and advanced their skills they were rarely recognized either financially or by promotions and this has led to reduction in the standard of care offered to the patients in the hospital.

The study findings on the fourth variable showed that most of the respondents (61%) agreed that inadequate supply of drugs was due to procurement bureaucracy and inadequate finances. Drug supply was not adequate due to bureaucracy in the procurement process from the central government to the hospital. This delay has led to poor service delivery to patients who need the drugs for their treatment, thereby patient outcome tend not to be as per the expected standards.

The study findings on the fifth variable showed that communication channel was not set for effective communication between the management and the staff. Besides, the management failed to articulate duties and responsibilities efficiently which were supposed to boom the quality of the service delivery.

The findings on the sixth variable implied that the status quo of the professional nurses, namely, work load, availability of resources used by them, management support and their performance has affected the service delivered. It was found that high work load on the nurses, lack of kits used by them as well as lack of management support were among the highest factors which affected the service delivered.

#### **5.4 Recommendations**

The following recommendations were made from the study for consideration by the management in order to ensure that services offered in Public Hospitals in Addis Ababa to meet the needs of the patients' quality health care.

1. It is recommended that the management of the hospitals should be flexible and create a free working environment where staff would freely air their views on services being offered.
2. It is also recommended that there should be more delegation of power and authority to the midlevel management staff who are in close contact with patients.
3. It is also recommended that the use and acceptance of ICT services should be scaled up and an awareness of its benefits should be communicated to the staff so that they can adopt the technology.
4. It is recommended that there is a need to decentralize the procurement process of drugs in order to reduce delay of services and ensure fast supply of drugs for adequate service delivery.
5. It is recommended that communication channel in the hospital need to be setup so as to clearly articulate the duties and responsibilities of each staff. Moreover, the communication system needs to ensure there is to and fro flow of idea both between staff and management as well as client and the society of the hospital.

6. It is recommended that more professional nurses has to join the hospital in order to share the work load of the nurses and importantly availing resources which are frequently used by the nurses is crucial. Furthermore, management has to provide supports in whatever they are looking for.

### **5.5. Further Studies**

A further study should be conducted in order to investigate the patents' service delivery and impact of devolution and management of hospitals found in the city in particular as well as those in the country in general under the administration of the federal government. This will help in understanding the operation of these hospitals under new management system, staff views and patient outcomes.

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## APPENDIX

### QUESTIONNAIRES ADMINISTERED

I am currently a student at IGNUO department of social work, carrying out a research on “Factors influencing service delivery in Public Hospitals: a case of Ras Desta Hospital”. This is a partial fulfillment of my Masters in social work.

Kindly respond to the questions as accurately as possible, to make this research a success. This data will strictly be used for academic purposes. Your cooperation will be highly appreciated.

Please note:

1. Please tick where appropriate.
2. Do not write your name on the questionnaire.
3. All the responses will be treated strictly in confidence.

TOPIC: Factors influencing service delivery in Public Hospitals: a case of Ras Desta Hospital

#### Section 1. Back ground information

1.1. Tick your gender as appropriate

Male  Female

1.2. Age in complete years

25& below  26-30  31-35  36-40   
41-45  46-50  51- 55  above 56

1.3. Profession

Administration & ward managers  health professionals  ICT support staff   
Procurement and Supplies  Pharmacy  Finance  Laboratory

1.4. Hospital service duration in years

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

1.5.Level of education

Primary [ ]      Secondary [ ]      College Certificate [ ]      College Diploma [ ]

Bachelor Degree [ ]      Master’s Degree [ ]      PhD [ ]

**Section 2: Management styles**

To investigate how management style influences quality of healthcare service delivery in Ras Desta hospital.

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

Strongly Disagree	Disagree	Neural	Agree	Strongly agree

2.2. What aspects of management do you think has the most influence on the services?

Management style [ ]      Organization structure [ ]

Finance [ ]      Power and authority [ ]

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

Highly	Moderately	Maybe	Some how	No
5	4	3	2	1

2.4. What aspects of the management do you feel should improve to ensure quality service delivery to the patient?

Motivation [ ]      Communication [ ]      Leadership [ ]      Delegation [ ]

2.5 Others, specify.....

2.6. What is your view on the current management style within this hospital in relation to quality of service delivery?

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**Section 3: ICT**

To investigate how implementation of ICT services influence service delivery in Ras Desta hospital.

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

Yes	No	I am not sure	I don't know

3.2. If yes, do you think the manner in which ICT is applied currently is the best for the health care services delivery?

Yes	No	I am not sure	I don't know

3.3. In which areas in the hospital is ICT most applied?

Treatment [ ]                      Management [ ]                      Pharmacy [ ]  
 Procurement and supply [ ]                      Billing and payment services [ ]

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

Treatment [ ]                      Management [ ]                      Pharmacy [ ]  
 Procurement and supply [ ]                      Billing and payment services [ ]

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

Strongly Disagree	Disagree	Neural	Agree	Strongly agree

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

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

**Section 4: Training**

To investigate how training influences service delivery in Ras Desta hospital

4.1. Do you believe training play a significant role in delivery of health services in Public Hospitals?

Yes [ ] No [ ] I am not sure [ ] I don't Know [ ]

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

Yes [ ] No [ ] I am not sure [ ] I don't Know [ ]

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

Strongly Disagree	Disagree	Neural	Agree	Strongly agree

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

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

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

Promotion [ ] Salary adjustment [ ] Office Space [ ] others, specify [ ]

4.6. Does the hospital organize trainings for the staff?

Yes [ ] No [ ]

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

.....

.....

.....

**Section 5: Frequency of drug supply**

To investigate how frequency of drug supply influence service delivery in Ras Desta hospital

5.1. Is drug supply sufficient in your hospital?

Yes [ ] No [ ] I am not sure [ ] I don't Know [ ]

5.2. What factors do you believe influences the supply of drugs?

Procurement bureaucracy [ ] Incompetent staff [ ]

Inadequate finance [ ] I don't know [ ] others, specify [ ]

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

Strongly Disagree	Disagree	Neural	Agree	Strongly agree
5	4	3	2	1

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

Not at all	May be slightly	Slightly	High impact	Huge impact
1	2	3	4	5

**Section 6: communication**

To investigate how communication influences service delivery in Ras Desta hospital. Please indicate your response to each of the following statements regarding effective communication channels in the facility. Please indicate with an X in the appropriate answer box and give remarks if necessary



	<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>remark</b>
<b>6.1</b>	Does management communicate employee's duties and control responsibilities in an effective manner?				
<b>6.2</b>	Are communication channels established for people to report suspected improprieties?				
<b>6.3</b>	Does communication channels flow across the facility to enable people discharge their duties effectively?				
<b>6.4</b>	Does management take timely and appropriate follow up action on communication received from patients or other sources?				
<b>6.5</b>	Is the facility subject to monitoring and compliance requirements imposed by external bodies?				

### **Section 7: status quo of the nurses**

To investigate how status quo of the professional nurses influences service delivery in Ras Desta hospital.

	<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>remark</b>
<b>6.1</b>	Does Work load of the professional nurses affect service delivery?				
<b>6.2</b>	Does Availability of resources used by the professional nurses affect the service delivery?				
<b>6.3</b>	Does Manager Support to professional nurses affect the service delivery?				
<b>6.4</b>	Does the Performance of the professional nurses affect the service delivery?				



**PROFORMA FOR SUBMISSION OF MSW PROJECT PROPOSAL FOR APPROVAL  
FROM ACADEMIC COUNSELLOR AT STUDY CENTER**

Enrolment number \_\_\_\_\_

Date of submission \_\_\_\_\_

Name of the study center \_\_\_\_\_

Name of the guide \_\_\_\_\_

Title of the project \_\_\_\_\_

Signature of the student \_\_\_\_\_

Approval/not approved \_\_\_\_\_

Signature \_\_\_\_\_

Name and address of the student \_\_\_\_\_

Name and address of guide \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

## Table of content

page

1. Introduction-----	1
2. Background of the study-----	1
3. Statement of the problem-----	6
4. Significance of the study-----	9
5. Research questions-----	10
6. Objectives of the study-----	10
7. Scope of the study-----	11
8. Research design and methodology-----	11
9. Universe of the study-----	12
10. Sampling-----	12
9.1. Tools of data collection-----	13
9.1.1. Questionnaire-----	14
9.1.2. observation guide-----	14
9.1.3. Document analysis-----	14
11. Data analysis and presentation-----	15
12. Ethical consideration-----	15
13. Chapterization-----	16
Bibliography-----	17

**INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
SCHOOL OF SOCIAL WORK**

**A PROJECT PROPOSAL ON FACTORS INFLUENCING PATIENTS'  
SERVICE DELIVERY IN PUBLIC HOSPITALS: A CASE OF  
RAS DESTA MEMORIAL GENERAL HOSPITAL, ADDIS ABABA,**

**BY- BASHA BELACHEW JALETA  
ADVISOR –MOSISA KEJELA**

**ENROLMENT NUMBER- \_\_\_\_\_**

**MAY, 2017**

**ADDIS ABABA, ETHIOPIA**

# INTRODUCTION

## 1. BACKGROUND OF THE STUDY

This study aims to assess factors that affect the patients' service delivery so as to provide a more systematic review of the evidence available on these factors. There is no doubt that the greatest asset of every country is its citizens. This is because their general wellbeing determines the overall progress and development of a national economy as enhanced quality of life means higher productivity. Any county that has unhealthy population bounds to suffer in the implementation of development program to improve the quality life of people (WHO, 2013). Every country need to provide quality health services and it is important to recognize that a healthy population is better disposed to achieving the productivity that is needed so as to increase and sustain continued growth of the country's economy (Andaleeb, 2015). This has necessitude many countries to use various system of health care.

Patients' service delivery involves meeting patients need and expectations. This means that, service delivery refers to the systematic arrangement of activities in service giving institutions with the aim of fulfilling the needs and expectations of service users and other stake holders with optimum use of resources. Good health services are those which deliver effective, safe, quality personal and non-personal. According to WHO, the patients service delivery include provision of health services at all levels as per the standard which include speed of delivery, harmonization at service delivery point, effectiveness of the services, patient safety, ethics and professionalism in during provision of service (WHO, 2000).

In order to understand the degree of service delivery one need to understand customer satisfaction because the level of service delivery and quality of service are mainly related to customer satisfaction. Customer satisfaction is a person's feeling of pleasure or disappointment resulting for and coverage of health care services because of poor economic performance and dwindling resources. However, inadequate response to their needs or expectations could result in patient dissatisfaction. High quality of patients' service delivery is achieved through the delivery of relevant, safe and optimum quality health services.

There is growing consensus that assessment of the hospitals patient service delivery should be based in part, on patients' perceptions of overall care and satisfaction. As this definition makes clear, satisfaction is a function of perceived performance and expectations. If the performance falls short of expectations, the customer is dissatisfied. If the performance matches the expectations, the customer is satisfied. If the performance exceeds expectations, the customer is highly satisfied or delighted. Patient satisfaction is a major determinant of quality service delivery in hospitals. This means that many studies have reported that there is a positive relation between patients' satisfaction and service provided to the patients (Mahapatro, 2005). According to WHO, the health and well- being of people depend on the performance of the health system and assessment of patients' satisfaction level, as part of health system responsiveness, is one of the five indicators for measuring performance of health system. The world health report emphasizes responsiveness of health systems as a crucial component of their overall performance defining as they way the system responds to non-health aspects and whether meeting or not patient expectations.

For effective service delivery to the patients, various factors need to be considered (Tuder, 2005). The service delivery to patients is influenced by various factors in different parts of the world especially in developing countries. Some of the hindering factors include communication, employee performance, skills and training, financial resource, time lines, facilities, level of technology, remuneration, training, working environment, skills and performance of the staff and attitude of doctors (WHO, 2017). In line with this, hospitals' service delivery in Africa faces difficult challenges such as shortage of health workers, increased caseloads for health workers due to migration of skilled health personnel and the double burden of disease and the HIV/AIDS scourge that affect both the general population and health personnel, Shortage/low motivation of health workers (Enderson, 2016).

Poor quality of service delivery 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.

Previous studies have done quite a bit to address factors that influence patients' service delivery. A study carried out by Barney (1991) revealed that, the level of service delivery relies on communication that takes place between the health workers and professionals. Communication is the major constraint of service delivery in the health institution, as communication with patients is vital in delivering service because when hospital staff takes the time to answer questions of concern to patients; it can alleviate many feelings of uncertainty (EFP, 2012). In addition, when the medical tests and the nature of the treatment are clearly explained, it can alleviate their sense of vulnerability (Friedman and Kelman, 2011).



This component of service is valued highly as reflected in the in-depth interviews and influences patient satisfaction levels significantly (Pickton and Broderick, 2011).

Research (Payne,2006) indicates that communication challenges have a negative impact on access to treatment, participation in preventive measures, ability to obtain consent, ability for health professionals to meet their ethical obligations, quality of healthcare, including, hospital admissions, diagnostic testing, medical errors, patient follow-up, quality of mental health care and patient safety.

According to the Institute of Medicine of the National Academies (U.S.), communication challenges contribute to reduce quality, adverse health outcomes and health disparities (2014).

According to Kiruja and Mukuru (2013), financial management in health institution has been a constraint and an obstacle to other functions that contribute to service delivery to patients. Financial accountability using monitoring, auditing and accounting mechanisms defined by the country legal and institutional framework is a prerequisite to ensure that allocated funds are used for the intended purposes which in turn help to provide quality service to he patients (Oliveira-Cruz, Hanson, and Mills, 2001). Executives in hospitals will sometimes exaggerate revenue and misstate expenses in order to meet expectations of government bodies which hinder quality service delivery to patients (Maureen, 2005). In particular, there is a need to distinguish good costs that improves hospitals capabilities and quality service delivery from “bad costs” that increase bureaucracy hence becoming obstacles to service delivery (Sun and Shibo, 2015).

Inequitable distribution of resources has led to poor management, underfunding and deteriorating infrastructure leading to fall in the quality of health institution (Media Club South Africa, 2012).

The availability and quality of human resources within an organization are critical factors that influence the capacity of hospitals to deliver services.

Two factors that influence availability of human resources are skills and training of personnel (Hildebrand and Grindle, 1994). Highly skilled physicians, nurses, administrators, and ancillary staff are critical to producing high-quality service delivery to patients and effective quality improvement hence hospital growth (Argote, 2000).

There is need for selective hiring of qualified staff. Successful recruitment and retention of staff is tied to empowerment of staff that must be treated as full partners in the hospital operation and given opportunities for advancement which help quality service delivery (Brown and Duguid, 2003).

The hospitals need to place great emphasis on recruiting and retaining top-level physicians and nurses, accompanied by an effort to encourage these professionals to form working teams, including case managers, pharmacists, social workers, and others, to promote quality service delivery to the customers (Brown and Duguid, 2003).

As study indicates, after the recruitment is done, the way the human resource is managed has an influence over their motivation, effectiveness and retention which in turn has impact on customer service delivery.

Abinet (2013) conducted a study on how remuneration of health professionals affect patients' service delivery. Accordingly, poor remunerations and low morale in the hospitals which seems to make doctors to seek better opportunities elsewhere. This partly explains why the health sector in sub-Saharan African countries have been losing personnel and why they move to the private sector and donor-supported projects, which can afford to pay and provide better remuneration and incentives(Zewditu Memorial Hospital, 2012).

To overcome factors affect the patients service delivery, health sector reform has been implemented in Ethiopia since 2010 as part of the national effort of socio-economic civil service reform to the public sector through application of Business Process Reengineering (BPR), a tool for a comprehensive analysis and redesign processes in the service delivery. Its purpose for health sector is to establish customer focused institutions, rapid scaling up of health services and enhancing the quality of care.

## **2. STATEMENT OF THE PROBLEM**

In many countries of the world especially countries found in sub Saharan tried to mitigate the constraints of patients' service delivery (WHO, 2005). As studies indicates in Ethiopia, inadequate resource like human resources, equipment, consumable supplies and some essential medicine undermines facility functioning, damages reputation, increased out-of-pocket costs to patients and brings a spiral of mistrust and alienation which in turn results poor customers service delivery(Jimma University public hospital,2013). Study indicates the available and quality of human recourses, the kinds of communication between the health workers and patients, the hospitals physical facilities in providing equipments, remuneration, incentive and rewards and the funds allocated to the hospitals are some of the constraints of patients' health service delivery in Ethiopia (Birhanu, 2016).

The level and type of physical resources, inadequate budgetary support and fund used by the hospitals influence the patients' service delivery in Ethiopia. The lack of enough fund to purchase medical equipment and supplies also affect the clients' service delivery in many hospitals (Black Lion government hospital, 2016).

Communication problems between patients and health workers are far too often at the root cause of inadequate medical treatment, unnecessary errors, excess pain, and even death (Amensisa, 2009).

Study conducted at public hospitals in Addis Ababa including Tikur Anbassa, Saint Paul and Zewditu Memorial Hospitals during 2016 as remunerations highly affect the service delivery to the customers. There have been many turnovers of health workers due to lack of incentives and rewards (Kirubel, 2016).

Many hospitals in sub Saharan African countries are unable to provide adequate quality of services to their patients because of poor economic performance and dwindling resources.

This has prompted many countries to advocate for the implementation of health sector reforms with a view to maximizing the use of available resources in improving access, efficiency and quality of health care services provided to patients (WHO, 2016).

The degree of patient service delivery can be used as a means of assessing the quality of hospitals' function. It reflects the ability of the provider to meet the patients' needs. Satisfied patients are more likely than the unsatisfied ones to continue using the hospitals services, maintaining their relationships with specific health workers and complying with the care regimens (Mohamed Issa Ahmed, 2011). A critical challenge for hospitals to provide service in developing countries is to find ways to make them more client-oriented. This can go a long way to bridge up the gap in the various hospitals which hindered the improvement of quality service delivery (Temesgen, 2013).

Studies in developed countries have noted that hospitals with more satisfied patients generally provided higher quality of care as measured by validated quality metrics using standard methodology. There is a gap of study on investigation of diverse set of variables to identify important factors influencing patient service delivery in hospital service (Swanson, 2005).

Identifying factors that affect the patients' service delivery can help the hospitals to achieve its objectives and goals because poor patients' service delivery problem often starts small and develops slowly. In the early stages there may be a few incidents and easily be overlooked. Thus, understanding relationship between factors that affect hospitals' service delivery and its customer satisfaction is the key to improve the health institutions ability to move through change effectively. One of the pitfalls of hospitals occurs when managers believe their organization is constantly operating at the highest level customer service delivery or they do not assess the level of service delivery (Hook, 2013)).

Ras Desta Hospital aimed to provide quality service to its patients by supplying necessary opportunities, infrastructure and funds but the service provided is not as expected (Board institution, 2016). In spite of this, no study has been conducted on factors that affect the service provided to the patients as well factors hinder the hospital not to achieve its objectives.

This initiates the researcher to conduct the study in Ras Desta General Hospital to investigate factors that affect service delivery to the patients. The Ethiopian health bureau is striving hard to fulfill the hospitals with the right manpower, medical equipments and other facilities to deliver quality service to the patients. The customers are not delivered the service they need as expected (Bethalem, 2016). Therefore, this study will assess the factors affect patients service delivery in Ras Desta General Hospital.

There is still much confusion about which factors really influence the service provided to the clients in the hospital. The question therefore becomes, which factors affect the patients service delivery in Ras Desta General Hospital?

Thus, this study will focus on assessing clearly the pertinent and most significant factors that hinder the quality of patients' service delivery in Ras Desta General Hospital.

### **3. SIGNIFICANCE OF THE STUDY**

The study examines the factors affecting patients' service delivery at the Ras Desta General Hospital. The study aimed to find out relationship among independent and dependent variables. The researcher initiated to conduct a study due to poor patients service delivery because of various factors in the Hospital.

The finding and results of this study will provide the policy makers like government agencies such as the Ministry of civil service and non- governmental organizations and Economic Planning with valuable insights and a more reliable guide to monitor the impact of the operations of the Ethiopia civil service and non- governmental organizations in the country.

In line with this, the research findings and results that will be reported in this study will provide the IGNOU managements in providing service to its clients. Secondly, the study will benefit the hospital in identifying the factors of patients' service delivery and provide recommendation how to mitigate the constraints of service delivery.

Finally, the study is to benefit and help the future researchers as their guide and also hopefully bridge some gaps that the previous researchers left as far as factors affecting service delivery to patients both in the government hospitals and private hospitals.

#### **4. RESEARCH QUESTIONS**

In the process of assessing factors which affect the service delivery to patients, the study will answer the following main research questions:

- What are the influences of training, communication, management style, drug supply, ICT, and status quo of the professional nurses on patients' service delivery in Ras Desta Memorial General Hospital?
- What is the relationship between training, communication, management style, drug supply, ICT, and status quo of the professional nurses and the service delivered to clients in the Ras Desta Memorial Hospital?
- What are the effects of training, communication, management style, drug supply, ICT, and status quo of the professional nurses on the service provided regarding quality, affordability, accessibility and relevancy to the patients in Ras Desta Memorial Hospital?

#### **5. OBJECTIVES OF STUDY**

##### **5.1. General Objectives of the Study**

The general objective of this research will be to assess factors that affect the patients' service delivery in Ras Desta Memorial General Hospital.

##### **5.2. The Specific Objectives of the Study**

The specific objectives of this research are as follows:

- To determine the influences of training, communication, management style, drug supply, ICT and status quo of the professional nurses on patients' service delivery in Ras Desta Memorial General Hospital.

- To investigate the relationship between training, communication, management style, drug supply, ICT and status quo of the professional nurses and the service delivered to clients in the Ras Desta Memorial Hospital.
- To determine the effects of each factors on service provided regarding quality, affordability, accessibility and relevancy to the patients in the study area.

## **6. SCOPE OF STUDY**

The study has content, time and geographic scope. In terms of content, the study seeks to determine the relationship between patients' service delivery and factors affect the service provided in Ras Desta General Hospital. The geographic scope is related to the number of population of Ras Desta General Hospital. The survey will be based on a research population of 550 staff working in the organization. The study will be conducted over a six-month period. While the reasons for conducting will be discussed next, the sample size and composition will be discussed in detail.

## **7. RESEARCH DESIGN AND METHODOLOGY**

In this study, a descriptive survey method (Mugenda, 2003) will be used as the design due to its suitability in data collection to answer the research questions. In this case, though, the tool is a well-structured questionnaire. In order to investigate the influence of management style, implementation of ICT services, training, communication, status quo of the professional nurses and frequency of drug supply on service delivery, this particular research study used a quantitative research. Data will be collected from the respondents by use of a questionnaire.



## **8. UNIVERSE OF THE STUDY**

Ras Desta Memorial General Hospital is one of the state owned public hospitals in the capital of Ethiopia, Addis Ababa, located in Arada Sub City Arbeynoch Street which is the road from Arada Giorgis church to Asko just 500 meter from Yohannes Church. It is run under the health bureau of the city administration of Addis, providing comprehensive medical service for the people of the city. Besides, the hospital incorporates 550 staffs consisting of 246 medical staffs and social workers, 98 technical staffs and 206 administrative staffs. The hospital provides general medical service and specialty service of eye. The hospital has 168 beds in five inpatient wards (37 in gynecological and obstetric, 39 in surgical, 33 in medical and 19 beds in pediatric, adult and neonatal ICU wards).

## **9. SAMPLING**

Sampling refers to the process by which part of the population is selected and conclusion drawn about the entire population whereas, population refers to the precisely defined body of people or objects under consideration for statistical purposes” (Collis & Hussey, 2009:77). In this study, the sample frame consisted of workers who are employed in Ras Desta Memorial General Hospital. The sample size refers to the number of people in the respondent group (Brannen, 2008:9-11).

Besides, the sample size is determined by the scope of the research, budget and ease of accessibility of the respondents from within the researcher’s work sector. The population for this study consists of all employees of Ras Desta General Hospital.

The population consists of 550 supportive and professional staff, from which 85 people has been selected using the formula  $n = \frac{N}{1+N(e)^2}$ ,

Where, n was the sample size for the study, N is the study population, e is the level of precision as follows

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

$$n = \frac{550}{1+550(0.1)^2}, \text{ taking the level of precision to be 10\%, we have;}$$

$$= 84.62 \approx 85.$$

The researcher, therefore, will use a sample size of 85. The calculated sample size will be distributed proportionately by using simple random sampling procedure. The Sample will be taken from the Administration staff, Ward managers, Health professionals, Pharmacists, Procurement officers, financial officer and ICT support staff.

### **9.1. Tools for Data Collection**

The study will rely on two main sources of data namely, secondary and primary data. The secondary data cover a review of relevant literature on the historical development of patients' service delivery and factors that affect the service provided in hospitals in the rest of the world. Primary data is obtained from the employees through administration of questionnaire. This means that, the primary data will be gathered from the administration of a structured questionnaire to subjects connected to factors that affect patients' service delivery in Ras Desta Memorial General Hospital. Observation and document analysis data collection instruments are also employed to collect the data.

In this study, a descriptive survey method (Mugenda and Mugenda, 2003) is used as the design due to its suitability in data collection to answer the research questions and, therefore, the tool is a well-structured questionnaire so as to investigate the influence of *management style, implementation of ICT services, status quo of the professional nurses, communication, training* and *frequency of drug supply* on service delivery. Besides, this particular research study will use a quantitative research where data will be collected from the respondents by a use of a structured questionnaire.

### **9.1.1. Questionnaire / Interview schedule**

A questionnaire is a data collection instrument used to gather data over a large sample or number of respondents (Kombo and Tromp, 2006). This structured questionnaire will be developed following recommended guidelines by various scholars that include Kothari (2005), Sekaran and Bougie (2010) and Saunders et al, (2009). The instrument will address issues of demographic data and factors affecting patients' service delivery in the Ras Desta Memorial General Hospital.

### **9.1.2. Observation Guide**

Direct observation is used to obtain reliable and conceptually meaning full data in field studies and laboratory experiments. In this study, therefore, the researcher avail himself personally to the study area so as to get the first hand information about the study site, infrastructures, buildings and other physical facilities. In doing so, direct observation would help the in bringing about a reliable study.

### **9.1.3. Document Analysis**

Document analysis is a form of qualitative research in which documents are interpreted by the researcher to give voice and meaning around an assessment topic. Analyzing the documents incorporated coding the contents in to themes similar to how questionnaires were analyzed.

The researcher will access the hospitals administrative documents and got informations about number of employees, educational levels of the staffs, number of buildings, beds and other facilities.

## **10. DATA ANALYSIS AND INTERPRETATION**

The data obtained from the various primary and secondary sources will be presented by charts, tables, graphs of different types and other possible ways. Furthermore, data will be analyzed which involved editing, coding, categorization, tabulation and interpretation of the data.

The responses will be then translated into absolute figures and appropriate percentages, tables and supporting descriptive statements are derived according to the relevant themes of the study.

## **11. Ethical Consideration**

Ethical issues that could arise during the course of the study include authorization to conduct the study, permission from authorities and acquisition of permits and informed consent of the participants. The power differences between the researcher and the participants, privacy and confidentiality of the participants and information (Kline, 2010) is also addressed. Ethical clearance is obtained from the SMU and permission for the study is obtained from the Ras Desta Memorial General Hospital before the actual data collection. The respondents are informed on the objectives of the study, benefits and requested for consent.

The data will be collected in a way to ensure confidentiality of the respondent. Information which explains the study purposes, benefit, methods will be indicated on the questionnaire to ensure informed consent of the respondents. To ensure efficiency of the study, the data will be collected with the least burden to the respondents and justifiable budget.

## **12. CHAPTERIZATION**

The study will be organized into five main chapters. Each chapter of the study addresses a specific theme.

The first chapter shall be an introduction to the subject-matter of the present study. In this chapter an attempt shall be made to describe the concept of factors affecting patients' service delivery in different hospitals.

Second chapter shall deal with a review of literature regarding factors that affect patients' service delivery in different parts of the world to identify the gap of study.

The third chapter shall explain research design and methodology used in assessing factors affect patients' service delivery in Ras Desta General Hospital.

The fourth chapter shall be on data analysis and interpretations about the factors affect patients' service delivery in the hospital.

The fifth chapter shall give the recommendation and conclusion of the present study and some workable suggestions for better employee performance.

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