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Response Time and Project Completion Time of Healthcare Sector Projects in Uasin Gishu County, Kenya

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Abstract

Purpose: Delayed completion of healthcare projects limits the ability of hospitals to meet population demand. This study determined the influence of response time on project completion time of healthcare sector projects in Uasin Gishu County, Kenya.

Methodology: The study used a correlational research design. A census of all 152 personnel involved in managing healthcare projects in public hospitals in the county was carried out, and 114 (75%) returned completed questionnaires. Data collection was carried out using a structured five-point Likert scale questionnaire, which was pre-tested and proved reliable (Cronbach's alpha for the response time was 0.76 and for project completion time 0.70). Data were analysed using descriptive statistics, Pearson's correlation and simple linear regression in SPSS version 26.

Findings: Respondents rated response time as moderately effective (mean = 3.34, SD = 0.74), while project completion time received a moderate rating (mean = 3.08, SD = 0.68). Prompt detection of project problems recorded the lowest mean score (mean = 3.01), suggesting that early identification of project-related challenges requires improvement. Correlation analysis established a moderate positive and statistically significant relationship between response time and project completion time ($r = 0.48$, $p < .001$). Similarly, regression analysis revealed that response time had a positive and statistically significant effect on project completion time ($\beta = 0.48$, $t = 5.79$, $p < .001$). The regression model explained approximately 23% of the variation in project completion time ($R^2 = 0.23$), indicating that response time was an important predictor, although other factors accounted for the remaining variation. Consequently, the null hypothesis was rejected, demonstrating that response time had a statistically significant effect on project completion time.

Unique Contribution to Theory, Practice and Policy: The results support systems theory and contingency theory, since earlier detection and faster resolution of problems were associated with better schedule performance. Project teams should strengthen early problem detection and establish response routines that escalate problems within specified time frames, while the County Government should set response-time standards and include them in the monitoring and evaluation of healthcare projects.

Keywords: *Response Time, Project Completion Time, Healthcare Projects, Project Delays, Uasin Gishu County*

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INTRODUCTION

Time to completion is considered to be one of the important measures for project performance as it represents how well an organisation manages its resources, activities and processes. Poor time management has been a source of missed deadlines in many projects highlighting the importance of knowing what contributes to the time needed to complete projects (Shah et al., 2022). Projects completed on time are more efficient in the organization and help it achieve strategic goals without delay (Espinoza & Presbitero, 2022). Time overruns also increase labour and other input cost and make risk management more complex in the activities which are interdependent. By using an effective scheduling and monitoring system, potential delays can be identified at an early stage, and remedial measures can be taken (Rasul et al., 2021).

Importantly, in hospitals, timely completion holds greater significance as the hospital context is dynamic and resource limited, where delays in health programmes, clinical system, and infrastructure can impact services delivery (Mittal et al., 2020). Healthcare delays and inefficiencies lower the quality of healthcare services and further the risk for patients' outcomes (Malematja et al., 2025). The time-consuming projects also require more resources in institutions with limited resources and increasing patient numbers (Melby & Håland, 2021).

Evidence from several regions shows that healthcare projects tend to be delayed. Delays associated with scope changes and regulatory approvals are commonly encountered in healthcare projects around the world (Harit & Judson, 2023), and in the Americas close to 60 per cent of large public investment projects were delayed by at least one year (Espinoza & Presbitero, 2022). Financial, contractual and procedural issues are major causes of schedule overrun in Sub-Saharan Africa, while financial matters, contractual issues, and poor feasibility studies also cause the projects to be extended in the hospital environment (Kusongwa et al., 2025). The hospital projects have been identified as key to achieving the UHC goals in Kenya, but there is a significant proportion of projects in the public sector that do not adhere to planned timelines (Wanzala et al., 2025). The involvement of several government agencies, contractors and development partners also lengthens the decision chain and slows implementation (Seboru, 2015).

In this study, the term response time means the timeliness of the project team's response to problems as they appear, the speed with which the project team initiates a response, the speed with which the project team mobilizes response teams and resources and the speed with which the project team resolves identified problems. It is based on structured methods designed to recognize and resolve new issues or surprises in a timely manner, before they result in delays (Kerzner, 2003). If teams are able to identify issues early and take action without lengthy approval workflows, they can adapt their plans, reassess their resources and correct their deviations, keeping activities on schedule (Harit & Judson, 2023).

Statement of the Problem

The completion of projects is still a great challenge in the healthcare sector in Uasin Gishu County. After spending KES 1.4 billion on upgrading Ziwa Hospital to Level V, the upgrade remained incomplete ten years later (Kolongei, 2025). In September 2025, the Cabinet Secretary for Health confronted a contractor who had been paid in full but had not started work on some critical facilities at the hospital (The Star, 2025). Other flagship facilities such as Kesses, Turbo and Moiben Level 4 hospitals have also made slow progress despite ongoing funding (County Government of Uasin Gishu, 2024). The above cases indicate that funding

and policy frameworks are not sufficient to ensure timely delivery, and that there is a lack of timely detection, escalation and resolution of problems during delivery. Research on timely completion in Kenya has focused on projects in the construction industry and other public sector projects (Nyamamba & Omwenga, 2022; Ochola & Malenya, 2020). There is little evidence on whether the speed with which project teams respond to emerging problems affects the time taken to complete healthcare projects in Uasin Gishu County. This study addressed that gap.

Research Objective and Hypothesis

The objective of the study was to determine the influence of response time on project completion time of healthcare sector projects in Uasin Gishu County, Kenya.

The study tested the following null hypothesis:

H_0: Response time has no significant influence on project completion time of healthcare sector projects in Uasin Gishu County, Kenya.

LITERATURE REVIEW

Theoretical Review

The theories that were applied in the study were systems theory and contingency theory. In the light of this system thinking, based on the work of Ludwig von Bertalanffy, an organisation can be considered as a system whose components are interrelated and interdependent in the sense that they collectively act towards a shared objective (Drack & Pouvreau, 2015). When applied to projects, completion of the project will rely on how quickly this information about developing problems can flow through the system and result in action. The theory therefore identifies why activities can be dependent on each other and that the longer it takes to identify a problem or start a response, the longer it will take to complete the activity. It is limited in that it assumes that all members of a system are working together harmoniously; in reality, project environments have conflicting interests that can delay responses.

The contingency theory (Fiedler, 1964) states that there is no one best way to manage and that effective decisions must be made in response to the situation at hand. In the context of projects, this means that teams need to adapt to new circumstances and unforeseen events in a timely manner, not just following a rigid plan. The theory backs up the belief that more rapid problem identification, response and resolution will help projects stay on schedule. The drawback to it is that it offers no specific answers on what to do in any given situation so it can result in some decision making inconsistencies.

Empirical Review

Karunakaran (2020) studied the factors causing delays and measures to mitigate risks in the construction industry in Malaysia. He found that delays have a degrading effect on project performance, while good risk management practices enhance project performance and help mitigate the negative impacts of delays on time and cost. The context on the other hand was construction, and the study did not examine the speed at which response occurs in healthcare projects.

Mittal et al. (2020) conducted interviews with project managers, architects, site engineers, service consultants and administrative heads responsible for the construction of hospitals in India, and came up with six critical factors that delayed the construction. They found that if

delay factors could be identified for each sector, it would be possible for projects to be delivered on time. The qualitative design, however, did not quantify the effect on completion time of the speed of response to such factors.

Nyamamba and Omwenga (2022) surveyed 60 project department workers of 10 construction investment companies in Nairobi County, Kenya. They concluded that timely completion was related to timely project planning and supervision, both of which involve prompt reaction to delay factors. Results are only applicable to investment companies in one county, and may not be representative of public healthcare projects. Ochola and Malenya (2020) studied National Government Constituency Development Fund (NG-CDF) education projects in the Bondo Constituency and determined that project risk management (identifying and controlling emerging risks) had a significant influence on timely completion. Their study did not look at response speed per se.

Wepari et al. (2024) surveyed construction professionals in Ghana (330 of 644 questionnaires returned) and showed that delays result in cost overruns, disputes, damaged relationships and loss of reputation. They proposed mitigation measures such as prompt payment and clear contract provisions, but did not test how the speed of response to delays affects completion time. During crises, project management in rescue agencies is reviewed and discussed by Harake (2025), who claims that a good response relies on the proactiveness of risk assessment and the existence of standard operating procedures and efficient resource mobilization. The review was conceptual and failed to examine the impact of response-time on task completion.

The reviewed studies concentrated primarily on the fields of construction, education, and crisis-management, and were largely conceptual, qualitative or descriptive in nature. None quantified the influence of response time on project completion time of healthcare projects in a Kenyan county. This study attempted to fill this gap by using primary data collected through surveys and inferential analysis.

METHODOLOGY

The study employed the correlational research design because it did not manipulate the variables and it was used to study the existence, strength and direction of the relationship between variables. This design was appropriate for the goal of determining if, and how strongly, response time is related to project completion time. The hypothesis was tested using correlation and regression analyses.

All staff involved in handling healthcare projects in public hospitals in Uasin Gishu County were the target population. The sampling frame comprised 152 individuals, comprising 15 county health officers, 12 hospital administrators, 10 project managers and coordinators, 22 engineers and architects, 14 monitoring and evaluation officers, 12 finance officers, 15 procurement officers, 28 contractors and site supervisors, and 24 project support staff (from lists maintained by the County Department of Health and Sanitation, County Public Works Department, and the management of public health facilities). Because the frame was small, a census was used, which eliminates sampling error and is appropriate for populations of fewer than 200 units (Jamieson Gilmore et al., 2022). All 152 personnel were issued with questionnaires.

Structured self-administered questionnaires (Ranganathan & Caduff, 2023) were used to gather data. Response time was assessed using four indicators related to the prompt identification of

problems, prompt initiation of response, mobilization of response teams and resources, and resolution of identified problems. Four items related to adherence to project timelines, frequency of delays, percentage of projects completed on time and contribution of rapid response efforts to timely project completion were used to measure project completion time. The items were rated in terms of five points, ranging from strongly disagree (1) to strongly agree (5).

Before the main study, the questionnaire was pilot tested among 13 project management employees at Burnt Forest Sub-County Hospital, consistent with the guideline that a pilot should involve about 10% of the study sample (In, 2017). The initial response time items had sub-optimal reliability scores, and were subsequently modified and administered during a second pilot. Reliability was evaluated using Cronbach's alpha, with 0.70 as the minimum acceptable value (Tavakol & Dennick, 2011; Bujang et al., 2018). After revision, the alpha values were 0.76 for response time and 0.70 for project completion time. Content validity was obtained by examining the items by the researcher and supervisors to determine if they reflect the key aspects of the constructs.

A letter of introduction was obtained from Jomo Kenyatta University of Agriculture and Technology while a research permit was sought from the National Commission for Science, Technology and Innovation (NACOSTI). The researcher visited the study sites, explained the purpose of the study to the respondents and sought their consent to participate. Questionnaires were distributed through the drop and pick method, and were filled in and retrieved within five working days. Respondents were anonymous and responses were voluntary.

The analyses of the data were performed using SPSS version 26. Respondents' ratings for each item and construct were summarized using means and standard deviations. The direction and strength of the relationship between the response time and the project completion time was determined through Pearson's correlation coefficient while the null hypothesis was tested using simple linear regression analysis at the 0.05 level of significance. The model was specified as $Y = \beta_0 + \beta_1 X_1 + \varepsilon$, where Y is project completion time, X_1 is response time, β_0 is the constant, β_1 is the regression coefficient and ε is the error term.

RESULTS AND DISCUSSION

Response Rate and Respondent Profile

A total of 152 questionnaires were issued and 114 questionnaires were returned (75% response rate). This exceeds the 50% that Mugenda and Mugenda (2003) consider adequate for analysis. Of the respondents, 24.5% held doctorates, 32.5% master's degrees and 43.0% bachelor's degrees. Almost all (96.5%) had worked in their current roles for six or more years, and respondents had taken part in an average of eight healthcare projects in the county. The respondents were therefore in an ideal position to evaluate the speed of problem-solving in projects and the correlation between the speed of problem-solving and the completion time of the projects.

Descriptive Results

Table 1 presents respondents' ratings of response time.

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Table 1: Response Time

Statement	Mean	SD
Rapid response teams promptly detect project-related problems	3.01	0.7216
Rapid response teams promptly initiate responses to problems after they are detected	3.47	0.7574
A short time is taken to mobilize response teams and resources	3.33	0.7108
Minimal time is taken to resolve identified problems	3.56	0.7348
Aggregate	**3.34**	**0.7361**

The average was moderate (3.34 on a scale of 1-5 with a standard deviation of 0.74) and the small standard deviation suggests there was a relatively consistent perception of the effectiveness of the response team to address project problems. The weakest stage was prompt detection with the lowest mean (3.01). Initiation of responses (3.47) and resolution of problems (3.56) were rated higher, so once a problem has been identified, teams are relatively effective in addressing it. If problems are not identified early, they can escalate into significant delays (Karunakaran, 2020).

Table 2 presents ratings of project completion time.

Table 2: Project Completion Time

Statement	Mean	SD
Healthcare project timelines in the county are adhered to	3.06	0.6224
The frequency of healthcare project delays is minimal	2.93	0.6645
The percentage of healthcare projects completed on time is high	2.86	0.6619
Rapid response efforts have improved timely completion of projects	3.45	0.6759
Aggregate	**3.08**	**0.6833**

The aggregate mean of 3.08 (SD = 0.68) suggests moderate agreement on the timely completion of healthcare projects. Delay remains a concern in the county; the percentages of projects completing on schedule (2.86) and of minimal delays (2.93) were not as high as expected. The highest rated item (3.45) indicates that respondents believed rapid response efforts had contributed to timely completion, although these efforts had not been sufficient to eliminate delays.

Correlation Analysis

Table 3: Correlation between Response Time and Project Completion Time

Variable	Pearson's r	Sig. (2-tailed)	N
Response time	0.48	< .001	114

Project completion time had a moderate, positive and statistically significant relationship with response time ($r = 0.48$, $p < .001$, $r^2 \approx .23$), meaning that response time accounted for approximately one quarter of the variance in project completion time. Projects with quick problem identification, quick response, rapid team and resource mobilization, and quick problem resolution tend to demonstrate good project completion performance. This is in line with Nyamamba and Omwenga (2022), who found that timely planning and supervision, which involve prompt reaction to delay factors, were linked to timely completion of construction

projects. Correlation, however, shows association and not causation; hence simple linear regression was used to test the hypothesis.

Regression Analysis and Hypothesis Test

Table 4: Simple Linear Regression of Project Completion Time on Response Time

Predictor	B	Std. error	β	t	Sig.
Response time	0.214	0.061	0.241	3.51	0.04

The regression results indicate that response time had a positive and statistically significant relationship with project completion time ($B = 0.214$, $SE = 0.061$, $\beta = 0.241$, $t = 3.51$, $p = 0.04$). The unstandardised regression coefficient ($B = 0.214$) indicates that a one-unit increase in response time was associated with a 0.214-unit increase in project completion time, holding the interpretation to the measurement scales used in the study. This suggests that longer response times were associated with longer project completion periods.

The standard error of 0.061 indicates the degree of precision of the estimated regression coefficient. The relatively small standard error suggests that the coefficient was estimated with reasonable precision. Furthermore, the standardised beta coefficient ($\beta = 0.241$) indicates that a one-standard-deviation increase in response time was associated with a 0.241-standard-deviation increase in project completion time. This demonstrates a positive relationship between the two variables.

The t-statistic of 3.51 indicates that the estimated regression coefficient was statistically different from zero. Similarly, the p-value of 0.04 is below the conventional significance level of 0.05, indicating that the relationship between response time and project completion time was statistically significant. Therefore, the null hypothesis that response time has no significant effect on project completion time was rejected. The findings provide evidence that response time is a significant predictor of project completion time.

Discussion

The finding that faster response to project problems is associated with better completion performance is consistent with previous evidence. Mittal et al. (2020) observed that if the factors responsible for the delay in the sectors can be identified then the project can be delivered on time and Karunakaran (2020) found that the performance of a project can be enhanced by addressing the risk responsively. The outcome also reflects the tenets of systems theory – the faster information about a problem arrives at decision points and the sooner appropriate action is taken, the more likely disruption to dependent activities is limited. The finding also supports contingency theory, as teams that can make quick adjustments to unforeseen circumstances are better able to keep the schedule.

The effect was moderate, with response time explaining about 23% of the variation in project completion time, which is weaker than the strong effect of risk response reported by Karunakaran (2020). The disparity could be due to contextual variations between Malaysian construction companies and public healthcare projects in Kenya, in which delays may be caused by procurement issues, approval delays and issues with contractors. The most actionable finding is the low rating for early detection of problems. Later stages of the response process were rated more favorable, so the greatest gains in reducing delays are likely to come from improving the speed with which problems are first identified.

CONCLUSION AND RECOMMENDATIONS

Conclusion

The study shows a positive and statistically significant role of response time in the project completion time in healthcare sector projects in Uasin Gishu County. Early identification of issues, speed of response, speed of team/ resource mobilisation and timely problem resolution are linked to completion performance. The least successful part of the response process was early detection of issues.

Recommendations

Recommendations for Practice

It is important to set up a monitoring system for projects before implementation – including regular site and progress checks – to identify issues early on and prevent them from getting out of control. Project teams should establish escalation steps, assign each problem to a named person or team, and follow up corrective action until the problem is resolved within a set timeframe. Teams should also be given sufficient delegated authority so they can respond without cumbersome decision-making processes (Harit & Judson, 2023).

Recommendations for Policy

The County Government of Uasin Gishu should create a formal mechanism for the identification, reporting, escalation and resolution of healthcare project problems through the County Assembly and relevant County departments that sets a standard time for each step of the process. It should also include response-time and completion-time indicators in monitoring and evaluation of healthcare projects, including planned versus actual completion time measures, as well as the number of delays.

Recommendations for Further Research

The study was conducted using respondents' perceptions at one time, in one county, and had a 25% non-response rate. Longitudinal studies using objective schedule records from beginning to end of a project to record the actual response time and actual delay for each project, and replication of the study in other counties and sectors, could be used in future studies.

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