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CAUSES AND EFFECTS OF THE BETTER HEALTH QUALITY IN PRIVATE HOSPITALS AGAINST PUBLIC HOSPITALS IN KAJIADO COUNTY

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Abstract

Purpose: To assess the causes and effects of the better health quality in private hospitals against public hospitals in Kajiado County.

Methodology: The study utilized a descriptive research design.

Findings: Results indicated that a positive and significant correlation exists between infrastructure, remuneration, leadership and governance, human resource skills, training and level of health services. This implies that a positive change in infrastructure, remuneration, leadership and governance, human resource skills and training is associated with a positive change in level of health service delivery.

Unique contribution to theory, practice and policy: The study highlighted the key areas of concern that lead to differences in the provision of health services between the public and private hospitals. The study made recommendations on effective and sustainable health service delivery and its management methods. Undeniably such recommendations could inform policy formulations in the various counties in the country in general because they are originated through valid research data. The findings in this study should contribute to body of knowledge that could be referred to as relevant material in reference to health provisions requirements of Vision 2030 and the realization of the MDGs.

Keywords: *Infrastructure, Remuneration, Leadership and Governance, Human Resource Skills, Training, Health Service Delivery*

INTRODUCTION

Background

Success in delivery of better health services has been seen as a worldwide and global challenge. Health-related goals such as improving on the quality of services delivered are highly regarded globally, nationally, and locally. As one example, four of the eight Millennium Development Goals (MDGs) include outcomes specifically related to health. MDGs 4, 5, and 6 are being monitored with specific indicators related to health status for children, women, and communicable diseases (Xu *et al.*, 2007). For middle-income countries, where progress toward the MDGs is already well advanced, other health-related priorities are also prioritized. They include controlling the burden of non-communicable diseases, assuring health care for aging populations, and providing financial protection (Chawla *et al.*, 2007).

However, it appears there are little improvements as far as Africa is concerned with a long way towards achieving the standards of quality in developed countries. In Kenya, Health services are provided through a network of over 4,700 health facilities countrywide, with the public-sector system accounting for about 51 percent of these facilities. The public health sector consists of the national referral hospitals, provincial general hospitals, district hospitals, health centers, and dispensaries (Republic of Kenya, 2011).

There are many definitions of quality used both in relation to health care and health systems, and in other spheres of activity. Quality of service delivery, which is one aspect of capacity, is measured by the following characteristics of facilities: training and supervision of staff, availability of service delivery protocols and client education materials, availability and use of health information records, the service delivery environment, and facility systems for maintaining equipment and supplies.

Ensuring that patients receive high quality care therefore relies on a complex set of interconnected roles, responsibilities and relationships between professionals, provider organizations, commissioners, system and professional regulators and other national bodies including the Department of Health. The provision of poor quality health care delivery especially in Kenya has often been attributed to inadequate knowledge and skills compounded by broader system failures and low staff numbers (WHO, 2006).

The need to tackle inadequate Human Resources for Health (HRH), as an essential part of strengthening health systems was emphasized in the 2006 World Health Report (WHO, 2006). Traditionally, the focus in low-income settings among those expected to lead such units has been on macro-level issues related to workforce training, recruitment, retention, skill mix and distribution, yet it is increasingly recognized that leadership, supervision, information dissemination and communication are major mediators and moderators of effectiveness of health care (International Journal on Management Review, 2004).

There are few studies that had been done focusing on factors contributing to poor health service delivery in public health sector against the private sector. This study therefore sought to investigate factors affecting provision of health service in public health sector against the private sector in Kenya with specific reference to Public and Private health facilities in Kajiado County.

Statement of the Problem

Public hospitals in Kenya are in dire need of funding to rehabilitate, re-design, equip and staff them to ensure effective and efficient service delivery to Kenyans (Maureen, 2005). Most of the public hospitals in Kenya especially rural areas are in a sad state that has incapacitated them from offering efficient services to patients and to alleviate the deplorable conditions. Poor services is one of the main reasons why elimination of killer diseases common in Kenya such as Tuberculosis (TB), Malaria, Diarrhoeal diseases, malnutrition, immunizable diseases and maternal / infant mortality, has made little progress and this is compounded by limited information on the factors that ail the delivery of service quality in the public health sector in Kenya.

For some time now the residents of Kajiado County have experienced differences in service delivery they receive from both public and private hospitals. This has seen many people prefer going to the private hospitals. Some of the reasons that make the private hospitals perform good than the public ones in Kajiado County are; better infrastructure, good remunerations, well trained employees and population growth experienced in the whole County of Kajiado. Some of the effects of good private hospital's performance against public hospitals in Kajiado County are; its very uneconomical to have the services of the private hospitals, many unlicensed and unqualified doctors take advantage over the innocent residents and many fake medicines finding their way in the county market.

Objectives of the Study

- To find out the effect of better infrastructure in promoting better health services delivery in public hospitals against private hospitals.
- To establish whether remuneration has an impact on difference in quality service delivery in the public hospitals against private hospitals.
- To investigate the effects of leadership and governance in the provisions of health services in public hospitals against private hospitals.
- To find out the effect of human resource skills and training in provision of quality health services in public hospitals against private hospitals.

THEORETICAL REVIEW

Grossman (1972) developed a theoretical model based on the neoclassical framework to explain disparities in the provision of health care services. This model assumed the existence of certainty in demand for quality healthcare. In his theoretical formulation, demand for quality healthcare is considered to have consumption elements (utility is derived from feeling healthy) and investment elements (sound health enables an individual to participate in economic activities and earn income).

In this model, the consumer maximizes an inter-temporal utility under conditions of certainty. Health care services enter the utility function indirectly through health capital. The budget constraint in the model is the discounted lifetime full income. A consumer will therefore demand for quality health care, hence increase health stock as long as marginal cost of investment in health is lower than the marginal rate of return.

Consumption will continue until equilibrium (where the marginal cost of the investment is equal to the marginal rate of return) point is attained. In this model, when the health stock declines beyond a certain positive minimum, death results. The assumption of certainty is a major shortfall since it is hard to calculate the marginal rate of return (in terms of extra healthy days) against marginal cost (in terms of extra expenditure on health care).

With such certainty, rational individual would evaluate the extra resources to be spent to obtain extra healthy days against the extra resources to be gained as a result of the extra healthy days and choose when it is economical to die. Christianson (1976) noted that demand decisions for quality delivery of health services are made in stages. After realizing that there is a medical problem an individual's first decision is whether to seek care or not. If the option chosen is to seek care, then an individual has to decide on where to seek the care. The final decision is the number of visits to make to a particular or a number of facilities.

METHODOLOGY OF THE STUDY

The research design was descriptive survey design. The population was 132 health institutions. The sample size was 50. The data collection instrument was a questionnaire. The data analysis method was quantitative in nature. Descriptive and inferential statistics were used. The particular descriptive statistics used were means scores and percentages. The particular inferential statistics were correlation analysis. The software for analysis was SPSS Version 20.

RESULTS OF THE STUDY

Response Rate

A total of 42 questionnaires were properly filled and returned from the manufacturing firm's employees. This represented an overall successful response rate of 84% as shown on Table1.

Table 1: Response Rate

Response	Frequency	Percent
Successful	42	84%
Unsuccessful	8	16%
Total	50	100%

Demographic Characteristics

The respondents were asked to describe their basic characteristics such as their gender and level of education. Results revealed that among the respondents 70 percent were male where as 30 percent of the respondents were female. The results also indicated that 40 percent of the respondents had diploma, while 40 percent had Bachelors degree and 20 percent of the respondents were postgraduate degree holders.

Descriptive Statistics

Infrastructure and Health Services Delivery

In order to find out the effect of better infrastructure in promoting better health services delivery in public hospitals against private hospitals, respondents were asked to rate the factors on a scale

of 1 to 5; (1; strongly disagree, 2; disagree, 3; neutral, 4; agree, 5; strongly agree). The means of the effect of better infrastructure in promoting better health services delivery in public hospitals against private hospitals were ranked in order to establish their order of importance. The highest rank (for instance Rank 4) in Table 2 below implies that respondents were neutral in the assertion that better infrastructure had effect in promoting better health services delivery in public hospitals against private hospitals while the lowest of the ranks (for instance Rank 1) implied that the respondents agreed that better infrastructure had effect in promoting better health services delivery in public hospitals against private hospitals. Specifically, the results indicate that the most effective infrastructural factor in promoting better health services delivery in public hospitals against private hospitals was; that public hospitals have more bed space (mean = 2.2), while the least effective infrastructural factor in promoting better health services delivery in public hospitals against private hospitals was that public hospitals have more ambulances.

Table 2: Infrastructure and Health Services Delivery

Statement	Mean	Rank
The public hospitals have more bed space	2.2	1
The public hospitals are more accessible by road	2	2
The public hospitals are more equipped	2	3
The public hospitals have more ambulances	1.9	4

Remuneration and Quality Service Delivery

In order to establish whether remuneration has an impact on difference in quality service delivery in the public hospitals against private hospitals, respondents were asked to rate the factors on a scale of 1 to 5; (1; strongly disagree, 2; disagree, 3; neutral, 4; agree, 5; strongly agree). The means of the effect of remuneration on difference in quality service delivery in the public hospitals against private hospitals were ranked in order to establish their order of importance. The highest rank (for instance Rank 4) in the Table 3 below implies that respondents were neutral in the assertion that better remuneration has an impact on difference in quality service delivery in the public hospitals against private hospitals while the lowest of the ranks (for instance Rank 1) implied that the respondents agreed that remuneration has an impact on difference in quality service delivery in the public hospitals against private hospitals. Specifically, the results indicate that the most effective remuneration factors in promoting quality service delivery in the public hospitals against private hospitals were; that the staff in public hospitals has higher per diems and that the staff in public hospitals has easier access to interest free loans (mean = 2), while the least effective remuneration factors in promoting quality service delivery in the public hospitals against private hospitals were that the staff in public hospitals earn higher salaries and that the staff in public hospitals has higher bonuses (mean = 1.8).

Table 3: Remuneration and Quality Service Delivery

Statement	Mean	Rank
The staff in public hospitals has higher per diems	2	1
The staff in public hospitals has easier access to interest free loans	2	2
The staff in public hospitals earn higher salaries	1.8	3
The staff in public hospitals has higher bonuses	1.8	4

Leadership and Governance and Provisions of Health Services

In order to investigate the effects of leadership and governance in the provisions of health services in public hospitals against private hospitals, respondents were asked to rate the factors on a scale of 1 to 5; (1; strongly disagree, 2; disagree, 3; neutral, 4; agree, 5; strongly agree). The means of the effect of leadership and governance in the provisions of health services in public hospitals against private hospitals were ranked in order to establish their order of importance. The highest rank (for instance Rank 4) in the Table 4 below implies that respondents were neutral in the assertion that better leadership and governance had effect on the provisions of health services in public hospitals against private hospitals while the lowest of the ranks (for instance Rank 1) implied that the respondents agreed that better leadership and governance had effect on the provisions of health services in public hospitals against private hospitals. Specifically, the results indicate that the most effective leadership and governance factor in provisions of health services in the public hospitals against private hospitals was; that the boards of public hospitals are adequate and have proper skills (mean = 2.2), while the least effective leadership and governance factor in provisions of health services in the public hospitals against private hospitals was that public hospitals have good management (mean = 1.3).

Table 4: Leadership and Governance and Provisions of Health Services

Statement	Mean	Rank
The boards of public hospitals are adequate and have proper skills	2.2	1
Political leadership has prioritized health in public hospital	2	2
The public hospital's leaders communicate well with employees	1.8	3
The public hospitals have good management	1.3	4

Human Resource Skills and Training and Provisions of Health Services

In order to the find out effects of human resource skills and training in provision of quality health services in public hospitals against private hospitals, respondents were asked to rate the factors on a scale of 1 to 5; (1; strongly disagree, 2; disagree, 3; neutral, 4; agree, 5; strongly agree). The means of the effect of human resource skills and training in provision of quality health services in public hospitals against private hospitals were ranked in order to establish their order of importance. The highest rank (for instance Rank 4) in the Table 5 below implies that respondents were neutral in the assertion that better human resource skills and training had effect on provision of quality health services in public hospitals against private hospitals while the lowest of the ranks (for instance Rank 1) implied that the respondents agreed that better human resource

skills and training had effect on provision of quality health services in public hospitals against private hospitals. Specifically, the results indicate that the most effective human resource skills and training factor in provision of quality health services in public hospitals against private hospitals was; that the staff in public hospitals is frequently sponsored for health courses (mean = 2.2), while the least effective human resource skills and training factor in provision of quality health services in public hospitals against private hospitals was that staff in public hospitals have the proper skills (mean = 1.3).

Table 5: Human Resource Skills and Training and Provisions of Health Services

Statement	Mean	Rank
The staff in public hospitals is frequently sponsored for health courses	2.2	1
The staff in public hospitals frequently goes for seminars	2	2
The staff in public hospitals has adequate academic and professional background	1.8	3
The staff in public hospitals have the proper skills	1.3	4

Inferential Statistics

This section presents the correlation analysis

Bivariate Correlation

Table 6 displays the results of correlation test analysis between the dependent variable (level of health service delivery) and independent variables and also correlation among the independent variables themselves. Results on Table 6 show that level of health service delivery is positively correlated with all the independent variables. This reveals that any positive change in better infrastructure, remuneration, leadership and governance and human resource skills and training will lead to increased level of health service delivery.

One of the objective of the study was to find out the effect of better infrastructure in promoting better health services delivery in public hospitals against private hospitals. Correlation results indicate that a positive and significant correlation exists between infrastructure and level of health services. This was revealed by a correlation coefficient of 0.526 ($p < 0.05$). This implies that a positive change in infrastructure is associated with a positive change in level of health service delivery. The opposite is also true, a negative change in infrastructure leads to a negative change in level of health service delivery.

The study sought to find out whether remuneration has an impact on difference in quality service delivery in the public hospitals against private hospitals. Correlation results indicate that a positive and significant correlation exists between remuneration and level of health services. This was revealed by a correlation coefficient of 0.800 ($p < 0.05$). This implies that a positive change in remuneration is associated with a positive change in level of health service delivery. The opposite is also true, a negative change in remuneration leads to a negative change in level of health service delivery.

The study sought to investigate the effects of leadership and governance in the provisions of health services in public hospitals against private hospitals. Correlation results indicate that a positive and significant correlation exists between leadership and governance and level of health services. This was revealed by a correlation coefficient of 0.568 ($p < 0.05$). This implies that a

positive change in leadership and governance is associated with a positive change in level of health service delivery. The opposite is also true, a negative change in leadership and governance to a negative change in level of health service delivery.

Another objective of the study was to investigate the effect of human resource skills and training in provision of quality health services in public hospitals against private hospitals. Correlation results indicate that a positive and significant correlation exists between human resource skills and training and level of health services. This was revealed by a correlation coefficient of 0.643 ($p < 0.05$). This implies that a positive change in human resource skills and training is associated with a positive change in level of health service delivery. The opposite is also true, a negative change in human resource skills and training lead to a negative change in level of health service delivery.

Table 6: Bivariate Correlation

Statement		Level of health service	Infrastructure	Remuneration	Leadership and governance	Human resource skills
Level of health service	Pearson Correlation	1				
	Sig. (2-tailed)	.				
Infrastructure	Pearson Correlation	0.526**	1			
	Sig. (2-tailed)	0.000				
Remuneration	Pearson Correlation	0.800**	0.534**	1		
	Sig. (2-tailed)	0.000	0.000			
Leadership and governance	Pearson Correlation	0.568**	0.25	.400**	1	
	Sig. (2-tailed)	0.000	0.111	0.009		
Human resource skills	Pearson Correlation	0.643**	0.403**	0.703**	0.725**	1
	Sig. (2-tailed)	0.000	0.008	0.000	0.000	

** Correlation is significant at the 0.01 level (2-tailed).

CONCLUSIONS

In line with the above findings the study concluded that infrastructure play a very crucial role in health delivery services and more specifically, it was concluded that any positive change in better infrastructure will lead to improved health delivery services. Secondly, the study concluded that remuneration has an impact difference in quality service delivery in the public hospitals against private hospitals. Remuneration factors, as evidenced in the study are therefore factors to consider when seeking to improve the quality service delivery in the public hospitals. The study also concludes that leadership and governance should be a priority factor in the provisions of health services in public hospitals. In addition, the study also concluded that human resource skills and training in provision of quality health services in public hospitals.

RECOMMENDATIONS

Based on the study findings the study recommends that in order to tackle the problem of poor health services delivery offered in public hospitals against private hospitals in Kajiado County then the following strategies should be pursued by the players in the sector. First, the public hospitals should improve its infrastructure. They should also improve the way they pay remunerate their staff. The quality of leadership and governance of the public hospitals should also be given a high priority in the provision of health service. The public hospitals should also focus more on training its staff in order to make them more academically and professionally competent.

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