

DETERMINANTS OF QUALITY SERVICE DELIVERY IN AN ORGANIZATION

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ABSTRACT

The study sought to investigate the determinants of quality service delivery in an organization performance using a case study of Coast General Hospital. In order to achieve the purpose of this study, three specific research objectives were addressed, these were: to determine the how customer related factors influence quality of service delivery, to determine how employee related factors influence quality of service delivery and to identify how institutional related factors influence quality of service delivery. The data for this study was collected from primary and secondary sources. Questionnaire was the main research instrument. The study ran in two stages: the pilot stage, followed by the main study. The questionnaire was tested for reliability of test scores by the use of a single administration of a test. The data was analyzed using descriptive and inferential statistics, mean, regression and with the assistance of statistical package for social sciences. The results from the statistical analysis were presented using tables. The conclusion was then drawn based on the findings in order to answer the research objectives.

Key Words: *determinants, quality service delivery, organization*

Introduction

In the 21st century, the twin issues of service quality and reliability have become increasingly important. Customer expectations serve as standards against which service experiences are compared. Service quality is then based on customers' perceptions of the service performance, not on some predetermined objective criteria. Failure to meet customers' needs and expectations results in dissatisfaction with the service. On the other hand, customers are satisfied when their needs and expectations are met (Thujo, 2008). According to Meldrum (2005), internal marketing involves regarding staff members as customers. In applying a customer focus internally, the needs, wants, and desires of employees are identified.

There has been a worldwide call for provision of quality service and those countries not focusing on quality shunned. The delivery of health service is complex and often demanding health professionals face high levels of responsibility, high expectation from patients, communities and employer organizations and sometimes competing clinical and organizational challenges to be managed (WHO 2006a)

Kibera and Chege (2007) noted that the quest for ensuring consumer satisfaction has been widely held as the key to corporate success because customers are often unable to judge the quality of a service before buying it and, therefore, the reputation of the producer or a seller influences the market quite substantially.

Vanderwal et al (2009) noted that worldwide trend towards service quality was initiated in the 1980s when marketers realized that a quality product was not, in itself, guaranteed to maintaining competitive advantage. Customer service became a distinct and important aspect of the product or service offering. This, together with the information revolution, has resulted in a demanding and discerning customers. Quality customer service is, therefore, imperative in acquiring and sustaining a competitive advantage. In the developing world, public sector bodies have not been immune from the revolution that has swept through much of the commercial service sector over the recent years. In the private sector, customer satisfaction and loyalty was secured through high quality product services. This provides value for money and is seen as essential for survival, let alone success (Galloway 2006). The most distinctive feature of public service is that profit is not the motive. Service quality is now so firmly embedded in the public consciousness that private sector quality concepts are being incorporated into public sector (Galloway 2006). In UK for instance, such devices as league tables in education, and charters in health, have become the norm. Here in Kenya you would find a lot of reforms taking place in public sectors.

The customer judges process quality during the service and output quality after the service is performed, Thuo (2007). Kogan et al (2005) noted that in healthcare, there lacks a common definition of quality due to the diverse professional grouping and the inherent characteristics of health care service. Furthermore, the expectations of the customer are paramount, not values of the provider. However, to understand the expectations of customer is not an easy task. Often, customers either do not really know what they wanted or tell you directly what they wanted. Understanding how these customers' expectations are being met by existing management quality activities presents an even more difficult problem. Hence, quality orientations are often created in conjunction with, or as result of strategic service planning and benchmarking (Lim and Tang 2006).

The efficiency of public service delivery by government agencies mainly makes citizens of a nation to have faith in them. Better service delivery builds customer loyalty. Delighted customers take less time being dealt with as opposed to dissatisfied one as they cause less stress hence job satisfaction, Frances et al (2004). There have been many factors which is associated with better service delivery in the health sector. For instance, resource constrains, management perception of consumer expectations and the organization's service quality specifications. There are also a set of gaps between how executives perceive the quality of service they provide and the tasks associated with delivering those services to customers. Customer's perception of service quality depends upon the size and direction of the gap between the service and what the customer expects to receive and what he or she perceives to have been received. The magnitude of this gap

is determined by four interrelated variables: the difference between actual consumer expectations and management perceptions of those expectations; the difference between management perception of expectations and the translation of those perceptions into service quality specification; between service quality specification and service delivery; and between both service quality specification and service delivery, and external communication to customers. These gaps can be a major hurdle in attempting to deliver a service which consumers would perceive as being of high quality (Parasurama et al 1991).

In Kenya, in order to improve service provision in public hospitals, government has service charter that aim at improving service delivery by providing information about the services available. They have also developed benchmarks for delivery of services so that customers are aware of what to expect from the services (WHO 2006a). Despite this initiative there have always been voices of dissent in the media that citizens of Kenya are mismanaged in GOK facilities. Furthermore, the existing literature on studies on factors influencing service quality in Kenya has focused in sectors such as hospitality industry and Non-governmental organizations (Naomi, 2007 and Musili, 2008), hence the focus of this research. Most of the present findings in Kenya are investigative research done by media houses and do not conform to the convention of conducting an academic research. The target group of the study is Coast General Hospital which offers a variety of services to the public. Coast General Hospital is located on the coast of the Indian Ocean in the city of Mombasa, southeastern Kenya. It was founded in 1908 as the Native Civil Hospital in the Makadara area of Mombasa Island. Then it had eight wards manned by white and Asian doctors and a multinational staff of nurses and subordinate staff. Today Coast General Hospital is the second largest public hospital in Kenya after Kenyatta National Hospital with a 700 bed capacity. It presently has 672 beds comprising 546 beds and 126 cots. It is a teaching and referral hospital whose service area comprises the 7 districts in Coast Province. The facility caters for a primary area population of over 1,000,000 people and a secondary population of about 2.7 million.

Literature Review

Theoretical Review

The servqual model was adopted for the study as it gives an idea of how service delivery gaps can be filled to ensure that quality service is delivered to clients. Various theories have been formulated to explain on quality and what organizations need to do in order to enhance the quality of services. These theories play an important role in the study of determinants of quality service delivery. It is important for an organization to maintain the customers as it is considerably more expensive to recruit a new customer than it is to retain an existing one, and therefore many organizations are actively seeking to improve service they provide to their customers as part of their strategy to develop long term customer relationship with focus on

service quality, an organization seeks to build customer loyalty through satisfaction, which will in turn bring reduced costs and improve customer retention. Excellent service could well lead to a reduction in costs and an increase in production. If sales improve so will the profitability of the organization. For this reason, many companies have seen that any money they have spent in increasing the level of service is an investment in the business, and can often be measured against an increase in market share and the performance of the business (Watkins, 2007).

Concept of Service Quality

Parasuraman (1999) pointed out that service quality is a concept that has aroused considerable interest and debate in the research literature because of difficulties in both defining it and measuring it with no overall consensus emerging (Wisniewski 2001). There are a number of different definitions as to what is meant by service quality. One that is commonly used defines service quality as the extent to which a service meets customers' needs or expectations (Wisniewski 2001). Service quality can thus be defined as the difference between customers' expectations of service and perceived service. If expectations are greater than performance and the perceived quality is less than satisfactory and hence customer dissatisfaction occurs (Wisniewski 2001). Zeithaml and Bitner further defined service quality as the delivery of excellent service. Quality of health care is the proper performance of intervention that are known to be safe, that are affordable and that have the ability to produce an impact on mortality, morbidity, disability and malnutrition (WHO 2006). Traditionally the client had been viewed as a patient but not a customer. It is the customer's perspective of understanding that needs the focus of quality in health care and the need for a customer focus; client satisfaction is of fundamental importance as a measure of the quality of care because it provides information on health care provided and success at meeting client values and expectation (Thuo, 2007).

Influence of Institutional Related Factors on Quality of Service Delivery

The institutional related factors will be measured by the organizational barriers, availability of resources, communication between departments, management style, availability of training and development.

Institutional barriers

Institutional barriers to delivering quality customer service were suggested across several studies. First, inadequate communication between departments is one reason for not delivering high-quality customer service (Connellan and Zemke, 2003; Harris, 2000). Second, if employees are not rewarded for quality service or quality efforts their actions will not be repeated, whereas actions that are rewarded will be repeated and thirdly the organization may provide inadequate training for employees in developing people skills (Connellan and Zemke, 2003).

Style of management

One of the greatest problems faced by service organizations is the fact that the host of quality problems can be driven by human factors that are not easy to identify and correct as a problematic production process. Deming (1982; 1986) consistently stated that lack of top management support and poor supervision will doom any quality effort. Drucker (1999) stated that “increasingly ‘employees’ have to be managed as ‘partners’ – and it is the definition of a partnership that all partners are equal”. He continued that, increasingly, “the management of people is a ‘marketing job’”. In marketing, one begins with the questions: ‘what does the other party want?’. He concluded, “One does not manage people. The task is to lead people. And the goal is to make productive the specific strengths and knowledge of each individual” (Drucker 1999). Customer service and quality improvement programmes will only succeed when there is total management commitment (Kotler 1989). In 1994, the Ministry of Health produced the Kenya Health Policy Framework, which provided reform initiatives in Kenya. It dealt with decentralizations of the functions of the MOH headquarters to provincial, district, health centers and the community levels. One of the main aims of decentralizations was to improve equity and increase participation and decision making process to the districts and community (KHPF 1994).

Communication between departments

Communications means to provide required information to the concerned persons. Saleemi (1997) indicated that, the efficiency and success of an organization depends mainly on its communication system. He defined communication as a process of passing information and undertaking from one person to another. It is a process by which meaning is conveyed through mutually understood language and symbol. It is essentially a bridge of understanding between people. Allan (1992), defined communication as the sum of all the things one person does which he wanted to create understanding in the mind of another. It involved a systematic and continuous process of telling, listening and understanding. The objective of communication was to secure action or reaction. A good two-way communication is required so that the management can keep employees informed of the policies and plans affecting them. A good communication is also required when care provider is treating his or her client.

Resource Availability

The growing demand for health care, rising costs, constrained resources and evidence of variation in clinical practice had increased interest in measuring and improving the quality of health care in many countries of the world (Campbell 1993). Although notable health gains had been made in developing countries by improving preventive and curative care, most developing countries are still unable to provide sustainable and affordable quality health care for majority of the population. Health care intervention was often short-lived because national governments cannot afford to maintain the recurrent cost of such interventions. Reconciling short term ‘quick fixes’ with building long term local capabilities for delivering health care, and the financial

mechanisms to sustain them, is a goal that has eluded most developing countries, particularly the poorest ones (Rateigh 1995).

In a study done in Kenya on quality services, it was found that availability of drugs was a significant determinant of demand for medical care (Mwabu 1993). In a study done in Tanzania it was found that the quality of care was low, drugs and equipment were in short supply, patient waiting times were too long and medical consultation short (Mondea 1994). According to WHO there was widespread self referral by patients to district, provincial and national hospitals. This was because of better staffing, equipment and availability of drugs. Self-referral leads to congestion at the referral facilities, which may compromise quality (WHO 2000). In Cameroon, group discussions were undertaken to examine the quality of public health services (World Bank, 1986). Respondents complained of poor quality services in the public hospitals, which were reflected by long waiting time in government health facilities, shortage of drugs, poor attitude and hastiness of physicians. Hospitals with latest equipments and technology in their medical care have shown great improvement in its service delivery and increased customer satisfaction.

Provision of training and development

Training is the process of increasing the knowledge and skills of an employee for doing a particular job .It is an organized activity designed to create a change in the thinking and behaviors of people and to enable them to do their job in a more efficient manner .In industry it implies technical knowledge, manipulative skills and problem solving ability (Gupta 1997). Beach (1975) defined training as the organized procedure by which people learn knowledge and skill for a defensive purpose. He argued that the objective of training is to achieve a change in the behavior of those trained .Training is a vehicle for organization changes because it educates customers.

According to Bentley (1991) training ensures that the organization has the people with the correct mix of attribute, through providing appropriate learning opportunities and enabling them to perform to the highest levels of quality and service. Gupta (1997) viewed training as a selection of the best person for a job, and the first step in staffing. The selected people should be trained and developed to build up an effective workforce. Cole (1996) contends the scope of training and development activities as in most other activities in an organization depends on the policy and strategies of the organization.

Boot (1999) suggested that training should be used in many areas. Training can help employees develop a positive attitude about themselves and seek opportunities to serve customers. Training has the potential to teach employees how to communicate effectively with customers become more positive and powerful representatives of their business listen more attentively to customer needs, develop a professional appearance. Training should not only lead to skill improvement, but should also change the way employees think and view their jobs (Lim and Darling, 1997).

Training must tell employees why it benefits them to have good service and what they are trying to accomplish as a team

Employee Factors Affecting Quality Service Delivery

The importance of employee variables in successful service organizations cannot be underestimated. Numerous studies have shown that the employees of an organization must be seen as a valuable resource for a company to successfully compete in the marketplace. There is ample evidence that satisfied employees make for satisfied customers. For example, Schneider and Bowen (1985) have shown that both a climate for service and a climate for employees' well-being are highly correlated with overall customer perceptions of service quality. They concur that both the service climate and human resource management experiences that employees have within their organization are reflected in how customers experience the service. Bowen and Lawler (1992) contend that motivated, empowered employees who have a clear vision of the importance of service quality to the firm will provide superior service. This superior service should result in greater customer satisfaction.

Employee attitudes

Attitude' is difficult to define , but broadly refers to the professional perspective of a service provider about her or his responsibilities, linked with personal feelings and approaches ,which translate into relationship with client .The internationally well respected three delays framework: "seeking, reaching and receiving care" Thaddeus(1994) demonstrates the complexity of issue associated with delays in woman accessing professional care. The attitude of health service providers is a component of the third delay (receiving care) and influencing factor for the first (seeking care) Studies demonstrate that patients – provide relationships greatly influence service use D'Ambruso, Abbey and Hussein (2005).

The reasons behind service provider attitudes are complex and multi-faceted. A health system is influenced by the context of societal culture and values, which in Nepal is structured around strong caste, ethnic and gender hierarchies and dynamics, producing considerable social discrimination as an accepted part of normal life (World Bank 2006). Discriminatory behavior among health service providers towards lower caste and ethnic minority groups is recognized, and known to influence health-seeking behavior (World Bank 2001) clients report patronage among service providers, who provide better care for family and friends. (organization development centre 2004) not only does this result in under-use of services but also wide inequalities across ethnic and caste groups, with higher castes accounting for a much larger proportion of health service users. The social attitudes in Nepal have resulted in a culture of ke game-a belief that if destiny is predetermined, challenging the status quo is unproductive, leading to apathy and even cynicism (Abbatt 1999).

In addition to cultural influences, other factors also shape the health system, such as inadequate financial resources and geographical challenges. In a world bank study carried in Nepal 2006, and which sought to address service delivery loopholes, the study to strengthen service delivery, thereby gaining valuable insights into how health system functioning impacted on staff morale and attitudes to their work. As a result, service providers felt overworked and overwhelmed by responsibility for situations in which they had received inadequate training and experience. They indicated that they were transferred at short notice with no explanations- often as a result of patronage (some postings are considered 'hardship' while others are viewed as reward) – with little considered of the facility's needs .Promotion was generally not based on merit, but on length of service of connections .Thus effort was not rewarded and service providers felt insecure and unsure of how long they or their manager would remain in post.

Booth (1999) noted that customers want attitude, knowledge standard and initiative when receiving customer service. Booth (1999); Cagle (1998) and Everson (1999) stated that communication skill are also critical in delivering customer service Hyland (2000) suggested doing what the Multi- Channel Management is in the process of listing the most important customer service representatives and customers' asking them what they think is important in confidence is good people skill and the ability to position information in a way that is acceptable and exciting to the customer and also important in customer service.

The best customer service representatives solve problems with care and speed (Greenberg and Silder 1998). Other qualities include : security (calm and clear headed , even under demanding situations), helpfulness (agreeable ,and good natured) , and problem –solving ability (smart enough to meet customer needs) .People who succeed in customer service are motivated to please and be helpful (Greenberg and Sidler, 1998). Zemke and Wood (1998) also noted ten common mistakes employees make with their customers .First employees take the customer for granted, second, employees use jargon, expecting the customer to understand their language .the customer may perceive this behavior as being rude and unwilling to help.

Third, employees speak so fast that the customer has to ask him or her to repeat what was said. Forth, employees given short, slashed answer to the customer questions. Fifth employees do not appear like they care about the customer's complaint. Sixth, employees are not proactive when a problem arises. Seventh, employees are preoccupied with other tasks. Eighth, employees interrupt the customer or no longer listen, believing they know what the customer is asking or saying .Ninth, employees make judgment about the service need of a customer based upon his or her appearance, language, skills, or company's reputation. Tenth, employees argue with the customer.

Harris (2000) mentioned additional barriers to excellent customer service. These include laziness, poor time management, attitude, moodiness, inability to handle stress, insufficient authority , and service customer on "auto pilot" .With any of these trait or behaviors listed above,

it will be more difficult for employees to deliver quality customer service .Customer perception of superior service quality has been found to increased customer satisfactions(Oh and Park,et al 1997) : market share and profitable (Capon, Farley and Hoenig ,1990; Philips ,Chang & Buzzell, 1983) .In turn ,customer satisfaction leads to increased customer loyalty ,retention and positive economic outcomes for the organization (Fornell et al 1996).Understanding customer service is one of the utmost priorities for many companies. Service is valuable resource and, if customers do not receive the service they expect, they will go elsewhere (Graham 1994).

Horovitz (1990) define service as being measured in terms of freedom from inconvenience and added value of product, that is, in terms of basic service feature and the customer's experience with the service. Purdy (2001) gave a few reasons that indicate the important of focusing on customer service. First he stated that a recent national survey found that poor service was the reason almost half of all consumers stopped doing business with a company during the past year, Second, companies that hire consumer service representatives without strong service capabilities are risk of losing valuable lifetime customer service representative without strong service capabilities are at risk of losing valuable lifetime customer. Third, 70% of customer will buy products from companies that have excellent customer-service reputations.

According to Zemke and Woods (1998) good rapport between customer and employees enable the organization to retain the customer base. It was also noted that some managers view customer service as separate from their department. These managers believe that customer service is supposed to take care of customer complaints, problems and questions, and they often overlook customer service being the responsibility of the whole organization, each department contributing in its own way. Greenberg (1996) mentioned that customer service representatives have the potential to clear up situations and deal with them on their own without having to call on managers or supervisors. Such efficiency greatly facilitates the service process leading to satisfied and loyal customers.

Influence of Client Related Factors on Quality Service Delivery

Clients play a role in determining the quality of service delivery. Clients influence quality delivery in the following ways.

Ignorance

Ignorance is a state of being uninformed (lack of knowledge).When customers lack knowledge of the services they require, it becomes difficult for the service provider to offer them quality service as they may give the wrong specification.

Poor communication skills

An organization cannot address the client/community focus dimension without taking into account any barriers to effective communications between the health care provider and consumer. There is a significant body of research, including an impressive amount in the Canadian context, as identified by Sarah Bowen's work that identifies communication challenges as having significant quality and risk management implications by: Limiting access, Inhibiting participation in preventive health care, Interfering with the ability to provide informed consent, Driving up hospital admissions and unnecessary diagnostic testing and Causing medical errors, and hence undermining patient safety. Moreover, the literature demonstrates that providing services in a client's first language: Improves access to health services, particularly health promotion and disease prevention activities and improves the accuracy of health assessment, enables interpersonal interaction thus enhancing the therapeutic relationship which leads to more positive clinical outcomes, leads to better understanding of and adherence to the prescribed treatment plan, Improves client satisfaction, Improves quality of care; and reduces incidence of risk management issues in service delivery.

Rudeness

Rude clients tend to disobey instructions and respond to situations in a way likely to discourage the service provider from offering quality service. If instructions are not followed to the later, the benefits being offered by the service provider will not be reaped. There is need to educate clients at the entry point on the role they have on enhancing quality service delivery.

Poor referrals

A referral is a recommendation to consult the (professional) person or group to whom one has been referred. At times, clients seek help from people such as friends who may give them the wrong direction as to where to seek for services.

Research Methodology

Research Design

According to Fraenkel and Wallen, (2004) research design is a basic plan which guides the data collection and analysis phases of the research project. In the opinion of Mugenda and Mugenda, (1999) research design is the arrangement for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. It is the conceptual structure within which research is conducted; it constitutes the blue print for data collection, measurement and analysis of data. It is the framework, which specifies the type of information to be collected, the sources of the data, and data collection procedure. While

carrying out the study, the researcher employed an explanatory design. An explanatory study analyzes the cause - effect relationship between two or more variables (Ordho, 2003). Explanatory design was chosen because explanation was needed to explain and not only describe the topic of study. It was also chosen so as to find out the relationships between the factors determining quality service delivery. In this case a single institution, Coast General Hospital was used for the study. This was based on the assumption that public institutions have similar systems therefore the findings can be generalized for other public institutions.

Target Population

Oso and Onen (2005), defines target population as the total number of subjects or the total environment of interests to the researcher. The study population consisted of 334 clients and 212 staffs. The target population of the study comprised of the clients seeking services from Coast Hospital and the employees. The customers seeking services were chosen because they are the recipients of the service and they were in a position to comment on services they receive. The employees were also in a position to express their feeling about the service they provide.

Sampling Frame

The researcher was convinced that the target population was not uniform because of mixed gender and even the personnel in different departments within the same institution may not always think similarly over a given issue. As such the target population could not be regarded as homogeneous. Stratified random sampling technique was therefore used to ensure that the target population will be divided into different homogeneous strata and that each stratum was represented in the sample in a proportion equivalent to its size in the accessible population. This ensured that each sub-group characteristic was represented in the sample thus raising the external validity of the study. The major departments of the hospital that formed the strata are as shown in table below. Simple random sampling was used to select staff from each department using the official duty roster in the hospital. Each staff in the department was assigned a number and the number written in a piece of paper. Those papers were mixed in a tin and the required number of samples picked. In each stratum the proportion of male to female was considered, the researcher used 30% sample from each of the stratum to represent the total population.

Sampling Technique

Oso and Onen (2006) describe a sample as a part of the target population that has been procedurally selected to represent the sample size for the study. The researcher will use stratified simple random sampling technique because the services provided by the various departments are different which means their needs also vary, hence the necessity to capture their feelings and opinions. Stratified sampling technique is a technique that identifies sub groups in the population

and their proportions and select from each sub group to form a sample. It groups a population into separate homogeneous subsets that share similar characteristics so as to ensure equitable representation of the population in the sample. It aims at proportionate representation with a few of accounting for the difference in sub-group characteristics. The clients were selected since they were the ones seeking services from the hospital and therefore they were in a position to comment on service they receive from the health workers.

Data Collection Instruments

A set of 167 questionnaires were distributed to employees and customers in order to define the strategies used in navigating the quality service delivery in Coast General Hospital. Each scale of the questionnaires was designed to measure one of the independent variables listed in the conceptual framework model.

Data Collection Procedure

The data collection procedure included getting consent from hospital administration. The researcher then distributed the questionnaires to employees along with cover letters explaining the purpose of the research.

Pilot Test

The questionnaire was tested for reliability using Cronbach coefficient alpha to determine the internal consistency of the items. This is a method of estimating reliability of test scores by the use of a single administration of a test. Cronbach coefficient alpha provides good measures of reliability because holding other factors stable, the more similar the test content and conditions of administration are, the greater the internal consistency reliability (Mugenda and Mugenda, 1999). In the study, the items were considered reliable if they yielded a reliability coefficient of 0.70 and above). The reliability was established through the pilot-test whereby some items were either added or dropped to enable modification of the instrument. After the modification, the instruments were again pilot-tested in Coast General Hospital. The purpose of piloting the instruments was to establish the clarity of meaning and comprehensibility of each item in the research questionnaire, and also to establish the time that was needed to complete and get the necessary information.

Data Processing and Analysis

The computer program, SPSS, was useful in analyzing the data collected. The data was organized, presented, analyzed and interpreted using descriptive and inferential statistics. Descriptive statistics used included frequencies, percentages, tables, means and charts. The

regression analysis was used to test and verify the variables. Another method that was used is cross tabulation process, an essential technique in tabulating frequencies and occurrences of some variables.

Research Results

The responses to these research objectives are provided through the analysis of the collected data. Consequently, the following findings were made:

Regarding the extent to which customer related factors influence the quality of service delivery, the study established that there was a significant statistical relationship between customer related factors and quality service. In particular, the study established that awareness of service provided, ability to communicate, customer attitude, and service seeking habit were central to the quality of service provided.

The finding that there was a significant relationship between customer related factors and the quality of service delivery concur with the finding of Schneider and Bowen (2005) that a climate, for service and customers satisfaction highly correlate with overall customer perception of service quality. Indeed as observed by Zeithml (2000), customer perception is one of the most meaningful constraints for explaining customers' future behavioral intentions.

It is worth to note that service quality as perceived by the customer defines the extent of discrepancy between customer expectations or desires of their perceptions. When customers perceive quality in a hospital setting as low, they develop several negative behavior such as dissatisfaction, poor referrals, etc which may impact negatively on the direct and indirect costs of the hospital.

Regarding the institutional factors affecting the quality of service delivery, the study identified availability of resources as the main institutional factor affecting the quality of service delivery. The study also identified staff training and development as well as staff level as other key institutional factors affecting the quality of service delivery.

The findings that quality service delivery depends on institutional factors are consistent with others (Campbell 1993). The growing demand for health care, rising costs, constrained resources and evidence of deviation in clinical practice has indeed increased interest in measuring and improving the quality of health care in many countries.

The finding that training and development influences the quality of service delivery confirms the views of (Bentley 1991), that training ensures that the organization has people with the correct mix of attribute, through providing appropriate learning opportunities and enabling them to perform to the highest levels of quality and service. These views are further supported by (Gupta 1997) who viewed training as a selection of the best person for a job, and the first step in

staffing. Thus the selected people should be trained and developed to build an effective work force.

Indeed training is the process of increasing the knowledge and skills of an employee for doing a particular job. The findings in this study therefore confirm the views of (Boot 1999) that training should be used in many areas such as the observed; training can help employees develop a positive attitude about them and seek opportunities to serve customers. These views are shared by Lim and Darling (1997) that training should not only lead to skill improvement, but also change the way employees think and view their jobs. As observed by HMIS (2001) in the health sector, trained and experienced human resource is critical for effective and efficient delivery of health services.

Regarding the employee related factors affecting the quality service delivery, the study established that motivation affects quality service delivery, lack of motivation in employees was hampering the quality of service delivery in Coast General Hospital. This was further compounded by knowledge and skills, and coordination of hospital activities.

Conclusions and Recommendations

Based on the above findings it can therefore be concluded that there was a significant statistical relationship between customer's related factors and the quality service delivery. As shown from findings, factors affecting service delivery were identified: awareness of services provided; main customer factor; the ability to communicate; other factors identified included: Client attitude, service seeking habit and use of alternative treatment. A range of institutional factors affecting service delivery at Coast General Hospital were identified such as: availability of resources was identified as the main institutional factors affecting service delivery, closely followed by training and development. Others pointed to number of staff and staff remuneration as key to service delivery. The employee related factors affecting the quality of service delivery at Coast General Hospital were identified; motivation was the main employee factor affecting the quality of service delivery, other factors identified included: knowledge and skills, coordination of activities and number of staff.

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