



**FACTORS AFFECTING QUALITY OF HEALTH SERVICES IN UGANDA:
A CASE STUDY OF MASAFU GENERAL HOSPITAL, BUSIA DISTRICT**

BY

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DECLARATION

I, Gillian Ajambo Wanyama, hereby declare that this dissertation is my original work and has never been submitted for any academic award in any institution or University. Due acknowledgement has been made for the work of others in this report through quotation and references.

Signed _____

Gillian, Ajambo Wanyama

Date_____

APPROVAL

This dissertation has been submitted for examination with my approval as the supervisors attached to Gillian Ajambo Wanyama

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Date: _____

DEDICATION

This work is dedicated to my Dad, Mum, Daughter, Brothers, sisters and Francis.

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I would like to express my thanks and gratitude to various people who contributed to the completion of this work. It is not possible to name all those who supported me but I am greatly indebted to everyone. I wish to express my sincere gratitude to my supervisors Dr Wilber Turyasingura and Dr. Sebastian Bigabwenkya support, guidance and constructive criticism and for their untold commitment to supervise this research.

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LIST OF ABBREVIATIONS AND ACRONY

ANOVA	:	Analysis of Variance
CVI	:	Content Validity Index
PMCT	:	Preventions of Mother to Child Transmission

ABSTRACT

The general objective of the study is to examine the factors that affect quality of health services in Masafu general Hospital. Specifically the study examined the influence of work environment, customer care, and teamwork on quality health services in Masafu hospital. The study used a cross-sectional design using a quantitative and qualitative approach on a population hospital staff and patients.

Data was collected using questionnaires and an interview guide. The study found a high significant relationship between work environment and quality of health services ($r = 0.779^{**}$, $p = 0.000$, $\beta = 0.359$ and $t = 3.309$). Customer care had a high positive significant relationship with quality of health services offered by the hospitals ($r = 0.781^{**}$ and $p = 0.000$, $\beta = 0.385$, $t = 3.542$). Teamwork had a high positive significant relationship with quality of health services offered by the hospitals ($r = 0.647^{**}$, $p = 0.000$, $\beta = 0.257$ and $t = 2.903$).

The study concluded that the quality of health services depends on the level to which the management of the hospital provides the employees with a conducive work environment, good customer care and teamwork. To enhance the quality of health care services in public hospitals, the MoH in liaison with the district health team and management of hospital should always allocate adequate budgets for the provision of protective foot, hand and face masks to all health personnel in hospitals. This should be complemented by continuous and strict observance of professional codes of conduct through generation of records and reports on observance the professional standards. The study also recommends teambuilding session and enhancement of team rewarding through attractive financial and none financial incentives.

CHAPTER ONE

INTRODUCTION

1.1 Introduction

The study examines the factors affecting quality of health services in Masafu General Hospital. The factors under are working environment, customer care and teamwork looked at as independent variables while the quality of health services is the dependent variable. This chapter describes the background to the study, the statement of the problem, the general objectives of the study, the specific objectives, research questions research hypothesis, scope of the study, significance of the study, justification and the conceptual from work.

1.2 Historical background

There is great concern about quality of health service in hospitals across the world. Varying deficiencies in quality of health service have been evident in both developed and developing countries especially in Africa. The quality of health services is still low in terms of doctor-patient ratio, supply of drugs, medical tools and equipments for diagnosis services and access to health service in terms of long distance moved by patients to the hospitals. Quality of health service determines the level of utilization of the hospital facility through patient's treatment.

Governments in both developed and developing counties have become interested in the need to improve quality of health service including Uganda as well. There is also a very minimal participation of the community in health service because of limited resources. The funding for health service in African countries is mostly dependent on donor funds from

developed countries. Over 50% of health sector funds are got from developed countries. The national budgets for health sectors are quite low ranging from 15% to 20% of the national budget in many African countries. In Uganda the health sector is 9% Of the national annual budget allocation (MOH, HSSP 2001). The level of facilities in terms of infrastructure for health units, supply of medical equipment for diagnosis services x-ray, ultrasound among others is inadequate. Staffing levels in many health facilities are low while a very long distance is moved by patients to the nearest health centers to access health services required.

The Health Sector Strategic Plan (HSSP 1, 2001) was another initiative geared towards the improvement of quality health service in Uganda as a nation. There is aim of achieving the Millennium Development goals of which poor health is envisaged as a leading cause of poverty in Uganda (HSSP 1, 2001 and HSSP 11 2005/2006-2009/2010). This is also reflected in the poverty Eradication Action Plan (PEAP 2004-2005). As a result the health sector in Uganda still has a challenge of achieving the global health objective of ensuring high quality health service which can indicate high recovery rate after treatment. Thus there is need to to monitor and evaluate the quality of health service delivery for quality assurance and put in place supportive actions through supervision health services in health centers.

Masafu General Hospital being the case study is no exception in the deficiencies in the quality of health services as noted above. The hospital serves a collection area with an estimated population of more than 2 million people with only 42 health providers. The number of doctors serving that estimated population of more than 300,000 people in the

hospital is 10 and nursing staff of 23. Masafu General Hospital was initially called Health centre IV started in 1978. HC IV was to provide health services such as drugs, access to other health services to the community. There is a great concern about quality of health service facility access the world. Varying deficiencies in quality of health service have been evident in both developed and developing countries especially Africa. Masafu General Hospital is in its 3rd year of operation at this level following initial expansion of infrastructure with support from JICA. It was commissioned on 12th may 2008 by the Hon. Minister of health Dr. Stephen Malinga as a 100 bed capacity hospital. A respected and team will be appointed by the district council as hospital management committee.

1.2.1 Theoretical Background

The study borrowed from the Herzberg's motivation –hygiene theory to analyze the factors affecting quality of health service in Masafu General Hospital. The theory assumes that Human beings operate at two levels, the physical and psychological level. The psychological level which includes the inmate motivation aspect of man influenced by a number of factors among which include achievement, recognition, work itself, responsibility, advancement and growth. This theory further considers the hygiene factors that physical to human being include: institutional policy and supervision, relationship with supervisors, working condition, relationship with subordinates, status in society and security of the job and person property(Cole 2000).At the psychological level , motivation to improve performance is linked to a feeling of self fulfillment ,achievement and recognition. These feeling can be influenced by providing quality services. The quality of service involves customer care to clients, teamwork and conducive working environment to ensure that staff are motivated to satisfy patients needs. At a large socio-cultural level, motivation factors can include Relationships between co-workers, clients, support from

community leaders and perception of community members with respect to services (Marjolein, Pham, Leve Martineau 2003)

1.2.2 Conceptual Background

Team work refers to individuals working together to accomplish more than they could do alone, but in more exciting, liberating, enabling, satisfying and enjoyable ways. Team work is also work performed by a group that contributes towards a mutual goal. In business and healthcare settings, teamwork is commonly seen as two or more professionals combining their skills to contribute towards the attainment of mutual goals (Katzenbach and Smith, 1993). This study conceptualised team work to include team building and team rewarding.

Work environment refers to the physical surroundings required for human activity or industrial processes. Working environment is a setting in which people work. This comprises not merely the physical environment and workplace hazards, but also the social, cultural and psychological setting that may help to induce harmony among workers, or the opposite - tension, friction, distrust and animosity which can interfere with well-being and aggravate risks of injury (Lowe, 2006). Working conditions also refers to the working environment and aspects of an employee's terms and conditions of employment. This covers such matters as: the organization of work and work activities; training, skills and employability; health, safety and well-being; and working time and work-life balance. The physical aspects of a workplace environment can have a direct impact on the productivity, health and safety, comfort, concentration, job satisfaction and morale of the people within it. Important factors in the work environment that should be considered include building design and age, workplace layout, workstation set-up, furniture and equipment design and

quality, space, temperature, ventilation, lighting, noise, vibration, radiation, air quality. Ergonomics is the study of the relationship between people, the equipment they use and the physical environment in which they work. Applying ergonomic principles to the design, modification and maintenance of workplace environments, has a benefit on people's work performance and short- and long-term health and safety (ibid). Three indicators of protective gear, working hours and safe workplace were considered as the work environment in this study.

Finally customer care is a function of how well an organization is able to constantly and consistently exceed the need of the customers. Customer care involves putting systems in place to maximize the customers' satisfaction with your business (Keller, 2003). This study considered competencies and compliance to professional procedures as indicators of customer care provided by the health personnel.

1.2.3 Contextual Background

Masafu General Hospital is a district referral facility offering a range of services and these include in – patient admission, maternal and child health service, dental care services, eye services prevention of mother to child Transmission(PMTCT), provisions of ARVs also provide major and minor surgical services including community based activities such as out reaches, home visiting among others. The hospital has necessary equipment to offer X-ray Ultra sound but lack of skilled personnel is so far failing them in this area. There is need to undertake operation research activities. Therefore, there is need for Information Computer Technology (ICT) equipments especially computers and internet that will aid in the proper management of patient and other records. There is a request for urgent intervention to address under staffing, shortage of essential medical supplies, inadequate

funding in general and insufficient staff accommodation, hospital furniture transport and specific infrastructure that is still lacking.

1.3. Statement of the problem

The provision of quality health service is vital and matter of great concern to the community and the district as whole. The perception of the community towards quality health services is aligned on the availability of affordable health services in hospitals. Masafu General Hospital handles complicated medical cases referred from other health centres such as Busia HC IV, Lumino Catholic Mission HC 11, Namungodi HC 11, across the board in Kenya among others. While efforts have been made to ensure supply of drugs and some medical equipment to use in the hospital, employment of skilled medical and non medical workers as well as improved remuneration to encourage health worker as an incentive to work, therefore quality of health service in the hospital causes a great concern to the beneficiary community. The community is concerned about the long waiting period by the patient before access to health services, unfriendly interpersonal relations between health workers and patients and the shortage of drugs in the hospital (Medicines and Health Services Delivery Monitoring Unit, 2011). Bukenya (2013) reports that when the government supported Masafu-Busia to introduce antiretroviral therapy it trained only one staff which did support large-scale service provision. The study also found that Masafu hospitals had no dedicated space for conducting counseling, which is crucial in addressing the psychosocial needs of people leaving with HIV/AIDS. Since work environment, customer care and teamwork at work are crucial factors in Masafu General Hospital and influence the quality of health services thus this study intends to examine the extent to

which these factors affect quality of health service in the hospital. The findings of this research intend to give insight into what influences the quality of health services.

1.4 General objective

The general objective of the study is to examine the factors that affect quality of health services in Masafu general Hospital.

1.5 Specific objectives

- i. To examine the influence of working environment to the quality of health services in Masafu General Hospital.
- ii. To establish the relationship between customer care and quality of health service in Masafu General Hospital.
- iii. To examine the extent to which teamwork affects quality health services in the hospital.

1.6 Research questions

- i. What is the influence of working environment to quality of health service in Masafu General Hospital?
- ii. What is the relationship between customer care and quality of health service of Masafu General Hospital?
- iii. How does teamwork affect quality of health service in Masafu General Hospital?

1.7 Research Hypothesis

- i. Working environment significantly influences the quality of health service in government hospitals
- ii. Customer care significantly influence the quality of health service in government hospitals
- iii. Teamwork significantly influences the quality of health service in government hospitals

1.8 Conceptual framework

The model below is a schematic representation of the relationship between working environment, customer care, team work and quality of health care services for understanding the relationship between the variables under study.

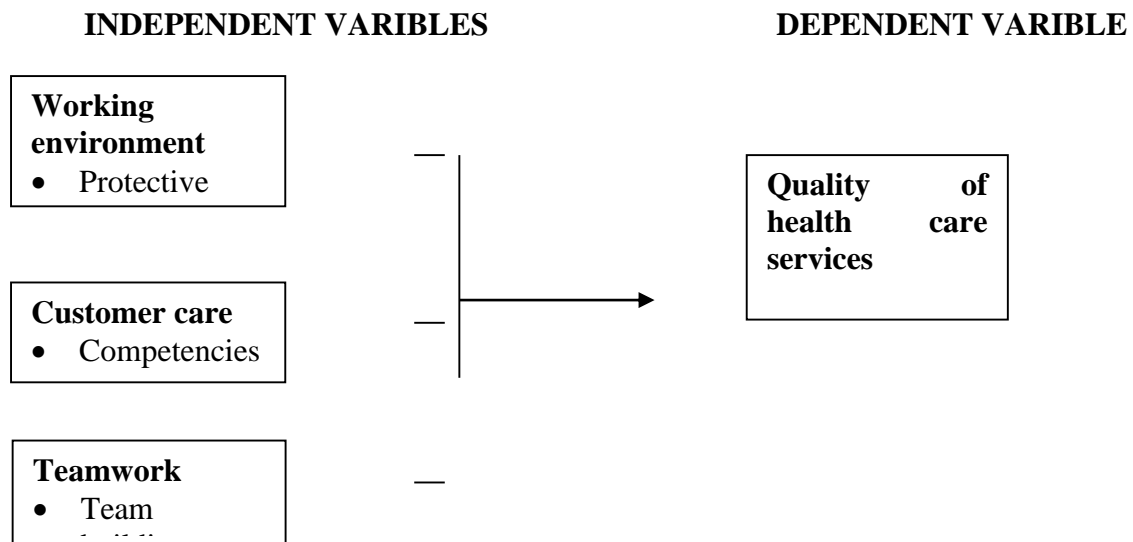


Figure: 1 Conceptual framework

Source; Adopted from the writings of Graham S.L (2006) Babara R.L (1991)

The conceptual framework above illustrates the factors that are likely to affect quality of health service in a Hospital. Factors affecting are conceptualized as independent variable

which are working environment, customer care and teamwork and quality health services as the dependent variable. Working environment in the conceptual framework below is used to refer to the aspects of provision of protective gear to health workers such as gloves protecting them from transmitted diseases of their patients, working hours which should be convenient for better quality of service to the patient, safety work place and ways to reduce work stress to encourage health workers to provide effective services. Customer care included two indicators of competence and observance of professional procedures in handling patients. Teamwork includes two indicators of team building and team rewards.

1.9 Scope of the study

The study was carried out in Masafu General Hospital located in Masafu town found in Busia district municipality about eight kilometers from Busia town which is found in the eastern region of the country. It is a government hospital which is dealing in serving the community with health based services such as drugs, diagnosis and treatment among others.

The study focuses on the factors affecting quality health service in Masafu General Hospital. It is to enable the research known how working environment, customer care and teamwork affect quality health service in the hospital. The research will concentrate on outpatient department selected because it's the reception where patients and health workers contact contains units such as antenatal clinic, outpatient clinic eye clinic, family planning, dental clinic, pharmacy and casualty among others. Maternity ward and children's ward are selected since they render services that have got great bearing components of quality health services assurance. The study covered the period of 2011-2012, to cover the representative sample within the hospital and data was collected in this period.

1.10 Justification

Due to the need to improve on the quality health service in Masafu General Hospital thus being the right time to carry out the study. I also choose this hospital because the information will be easily accessible.

1.11 Significance

The research intends to examine the extent to which staff motivation, customer care and team work affect the quality of health services in Masafu General Hospital.

To health management department, the information of the study will help those lay strategies on how to improve on health service issues that will be involved in the study.

To policy matters the study may be helpful as it avails information on factors effecting health service quality in the hospital basing on factors considered in the study.

The research findings will be helpful to generate need for further research in other factors that would be affecting health service quality in Masafu General Hospital and other health facilities in the country. The information may guide in designing policies that are vital in improving health service delivery in the hospital for the benefit of the community at large.

To scholars, the study may be helpful in providing additional literature in related study.

To the researcher the study will benefit her acquire research skills which can be used for further research in other areas and consultancy. Lastly still, the study will help the researcher in the fulfillment of the requirements for the award of a Masters in Business Administration of Uganda Management Institute

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter covers literature reviewed in relation to working environment, customer care, teamwork and quality of health services as illustrated in the conceptual framework. The chapter also presents the theoretical review, conceptual review, actual review of the study and finally the summary of the literature review. The independent variable which includes working environment and dependant variables customer care and teamwork discussed in relation to existing literature in line to the study.

2.2 Theoretical

Frederick Herzberg Motivator–Hygiene Theory (also referred to as Herzberg's Two-factor theory). Published in 1968, Herzberg's Motivator–Hygiene Theory holds that the content of a person's job is the primary source of motivation. In other words, he argued against the commonly held belief that money and other compensation is the most effective form of motivation to an employee. Instead, Herzberg posed that high levels of what he dubbed hygiene factors (pay, job security, status, working conditions, fringe benefits, job policies, and relations with co-workers) could only reduce employee dissatisfaction (not create satisfaction). Motivation factors (level of challenge, the work itself, responsibility, recognition, advancement, intrinsic interest, autonomy, and opportunities for creativity) however, could stimulate satisfaction within the employee, provided that minimum levels of the hygiene factors were reached. For an organization to take full advantage of Herzberg's theory, they must design jobs in such a way that motivators are built in, and

thus are intrinsically rewarding. While the Motivation–Hygiene Theory was the first to focus on job content, it has been strongly supported through empirical studies conceptual.

2.3 Quality of Health service

Quality in the health context is referred to as a degree to which health service for individuals and populations the increase of desired health outcomes and are consistent with the current professional knowledge, Institute of Medicine 1990 as cited by Molongline et al 2003. The institute of medicine (1990) as cited by Jamison et al (2006); further define quality of health care using same elements namely; patient safety, effectiveness (scientifically proven appropriate and patient centeredness;(respect & responsiveness timeliness (minima). Delays in getting access to care) equity care provided consistently across gender ethnic groups location & socio-economic classes.

Quality and safety according to Lundquist and Axelsson (2007) are priority goals in health care delivery in fact many Indian hospitals are trying improve the quality systems and measure the hospital performance (Manjunath, Metri and Ramachandran, 2007, Chow – Chua and Goh, 2002). The organisation is expected to maintain quality and standards up to the satisfaction of patients (Lindberg, and Rosenqvist, 2005, Seago, et al. 2006, Kizer, 2001). It is necessary to assess the quality from time to time with standard scale.(Tomes and Chee Peng Ng, 1995, Newman, Maylor and Chansarkar, 2001, Yavas and Shemwell, 2001, Al- Assaf, 1996). Every employee in the organisation should know the impact of error in healthcare delivery. Patient safety and security are the main components in service delivery (McFadden, Stock, and Gowen III, 2006, Dixon, Pickand and Robson, 2002, Lindberg, and Rosenqvist, 2005).

2.4 Working environment and quality of health service

There is a growing recognition that work-environment factors affect health system performance (Lowe, 2006). Basically, the work environment factors affect the quality of work life, individual quality of work life outcomes, and organizational outcomes. The study mainly focuses on various factors such as work hours, schedules, time off, professional development and training, job quality, workload, job satisfaction, work team or unit, quality of supervision and management, organizational change, work-life balance, health and well-being, career plans and basic demographic and employment characteristics affect the work environment and work life of healthcare providers particularly nursing staff (Teresa et al, 1996, Flynn, 2007, Dugdill and Springett, 1994). The Canadian Council on Health Services Accreditation now includes quality of work life as one of the four areas it assesses during the accreditation process. As a result, all accredited organizations are expected to take steps to measure, report, and act on quality of work-life indicators. Employee input on the quality of their work lives has been a weak link in this process. Indeed, much needs to be done to develop effective surveys and other consultation mechanisms. Quality of work environment and quality of work life of nursing staff support “building quality work places and Strengthening People”. It is notable that quality of work life was the theme of the 2005 Health Boards of Alberta conference. The Health Sciences Association of 15 Alberta (HSAA) is one of a growing number of health system stakeholders that recognize work-life and work-environment issues as key ingredients in future sustainability.

Absenteeism is a commonly used as workplace indicator (Lund et al., 2005). Lower absenteeism rates are assumed to indicate a healthy employee population and work environment. Absenteeism is also a major cost, in the form of lost productivity associated

with unhealthy work environments. Some of the main issues for management arising from nurse absence are provision of counseling/ occupational health, quality of care; impact on continuity of care; productivity; organisational costs; effect on remaining staff; times spent organizing cover; time spent by remaining staff monitoring temporary staff; attendance control policies and practice; measuring and monitoring absence; and building in absence rates in staffing level. A study reports that the absenteeism rate reduces while the length of services increases. At the same time, there is a growing recognition that low absenteeism can mask another problem: presenteeism. This refers to employees coming to work when they are ill or injured instead of taking time off to care for themselves. This behaviour could be due to heavy workloads, or it could be an unintended consequence of attendance management programs or the fear of loss of pay.

A study conducted at in the UK reports that a survey of London National Health Service staff showed that when health workers were asked for suggestions to improve their working lives, 'better pay' ranked only fourth on their 'wish list', behind 'more staff, 'better working conditions' and better facilities'(Zurn, Dolea and Stilwell 2005). However, there is growing recognition that organisational and environmental factors (job design, patient flow, management style, ward structure, noise/heat levels) must also be addressed in order to stop the increasing spiral of workplace violence. European Communities, 2004 Quality of the working environment and productivity Research findings and case studies stated that workers, for example training; equipment, for example personal and collective protective equipment; working environment, for example ventilation; product, for example reducing the weight of products that are manually lifted organization, for example safer work methods.

In the Ugandan context, the Human Resource problems result from mal-distribution and poor utilization of the people available in the service, inadequate motivation as evidenced by a series of complaints over low salaries and health worker allowances, and general dissatisfaction of health workforce (Matsiko 2005). The inability of health systems to recruit and retain sufficient numbers of health professionals – especially skilled workers is one of the biggest challenges for the health sector (MoH 2009a). On the other hand, the inadequacy of service providers is due to slow and lengthy recruitment processes, delays encountered in accessing the pay-roll, and high absenteeism. The high absenteeism may be due to lack of accommodation on site but also low morale because of poor remuneration and poor HR management.

A healthy workplace is most important for a dedicated staff. Most people prefer to work honestly and sincerely and try to give their best to the organization (Joanne Profetto-McGrath et al, 2003). Unfortunately, the situation that exists in many hospitals continues to suppress the honest feelings of the staff. Research demonstrates that nurses are attracted to and retained at their place of employment when opportunities exist that allow them to advance professionally, to gain autonomy and participate in decision-making, while being fairly compensated. Factors in the workplace can be critical in both encouraging retention and in reducing turnover of nurses (Lanser 2004, Micael 2004, Levin, 2004, Emily 2004, Otani and Kurz 2004, Donna , 2001, Lundh and Brown, 1999, Pierce and Coglan, 2006).

Unhealthy work environments lead to absenteeism, ineffectiveness in healthcare delivery, stress, and discord among healthcare colleagues. Often, characteristics of unhealthy work

environments are subtle but can be seen in the way individuals interact on a day-to-day basis with each other. For more than a decade, evidence of unhealthy work environments, such as abusive behaviors have been reported (Hudson, Vincent and Lopez, 2004). However, there continue to be places in which abusive and disrespectful interactions between colleagues are the norm. Whether the interactions between, or even patients and families to nurse, the disrespectful and non-collaborative behaviours make for an unhealthy work environment and create negative and unsafe conditions (Wanda and Blake, 2004).

The human resource policy reveals that medical doctors, dentists, pharmacists as well as diagnostic personnel are extremely unequally distributed throughout the country, serving only a fraction of the population (MoH 2006 p.2). The policy further indicates that the greater majority of Ugandans rely on associate health professionals for clinical, nursing, midwifery, diagnostic, therapeutic and rehabilitative health services. This creates a lot of work pressure on the associate health professionals. The policy further reveals that there is a heavy urban/rural imbalance, with an extremely heavy bias towards the central region. Attrition from the districts is high among medical doctors, dentists and pharmacists although staffing levels for several other cadres have been rising in the public sector (MoH 2006 p.3)

As earlier indicated, this study is to be focused on a few identified factors affecting quality of health service in Masafu General Hospital. Working condition can be defined as reason for a course of action. The purpose of providing health service is to have life saving innovations targeting the population at greatest risk of infectious diseases. The above can be a reality when the staff providing the services is well trained and encouraged to work.

Effective health system depends on professionals and staff with the necessary education and training skills (http://www.who.infectious-diseases.Report/2010/health_text.html). Asserts that unlike other industrial sectors, the health sector is highly labour intensive 65%-75% of the overall costs of service delivery. With such a high labor component, it is imperative that health care organization attract, motivate and retain skilled staff if they are to deliver quality service.

The working environment in Masafu General Hospital is not quite conducive to the workers. The dilapidated structures, understaffing and shortage of medical equipment to use in the units affect the morale of health workers. It is important to align the interest of health workers with needs of the organization as Robertson (1992) rightly observes. According to Robertson et al (1992) what a manager needs to do is to align the performance of employees with the needs of the organization.

Over the past two decades, there has been a growing belief that the experience of stress at work has undesirable effects, both on the health and safety of workers and on the health and effectiveness of their organizations (Cox, Cox and Griffiths, 2005). Dewe (1987) found that the nursing staff have enclosed atmosphere, time pressures, excessive noise or undue quiet, sudden swings from intense to mundane tasks, no second chance, unpleasant sights and sounds, and standing for long hours” which contribute to nurse *work stress*. He concluded that nursing is, by its very nature, a “stressful” profession (Cox, et al., 2005). Job-related stress is one of the commonly cited symptoms of poor quality work. Today a fast life style is the norm (Wet-Hwang and Ann E Rogers, 2006).

People expect quick results and want to accomplish things very quickly. Employees in the organisation have to meet many challenges, and demands of modern customers which lead to high levels of tension. Also, many other organisational factors such as shortage staff, lack of resources, poor policies, lack relationship etc., add to the stressed of the employees (Janne Dunham-Taylor and Joseph Z.Pinczuk, 2004). Nursing is acknowledged to be stressful work, and there is a need to understand the nature of that problem and to better manage it. Both, anxiety on tangible hazards of nursing, and exposure to the psycho-social hazards associated with that work can give rise to the experience of stress. In turn, that experience can detrimentally influence job satisfaction, psychological well-being and physical health (Tom Cox, Sue Cox and Dr. Amanda Griffiths).

Scotto et.al., (2009) in a statistical analysis of the survey using 200 questionnaires highlights that patient satisfaction was essentially due to hospital cleanliness, information about endoscopic procedures, endoscopy room comfortableness, caring of medical staff and complete explanation of endoscopic diagnosis.

2.5 Customer care and quality of health service

Customer care was defined as care and information given to the patients when seeking medical service. Eaton (2003) defined customer care as communication skills “caring” and information provision including fully explaining the procedures, effective listening and communication skills were seen as critical in ensuring customer satisfaction. Brauely (2000) looked at customer care as interpersonal relationship in a way that patients prefer medical personnel who give a warm welcome acts friendly polite and shows respect and treats a patient as human beings. The medical personnal who ensure patients confidentiality

and communicate very well in the language they understand, positively affects health service.

Rafeh (1993) further reported that effective listening and communication establishes trust and credibility through demonstrations of respect confidentiality, courtesy responsiveness and empathy. Bruce (1990) was of the opinion that customer care focused on how well health providers treat clients. The above observation was confirmed by Brown (1995) that waiting women delay are explained to the cause which reversed the patients negative perception and attitude of the Health Centre. The example from Bolivia reveals that customer care received by the patient positively affects their attitude of seeking health service.

The Irish Department of health and Health children (2001) has a customer care policy which aimed at delivering quality services with courtesy, sensitivity and minimum delay, fastening a climate of mutual respect between the services health provider and the patients Murray (1999) pointed out that patients value prompt attention because it can alley fears and concerns that come with waiting for diagnosis or treatment. In Tororo, the immunization coverage was low because mothers were made to wait longer and give up which affected their future involvement in immunization activities Gidundu (2003).

Donaldson (1999) reported that customer care to patients referred to waiting time by the patient and greater patient participation with medical personnel. Pannenberg (2005) pointed out that cleanness of health centre waiting time and personnel are key in influencing the received quality of health service. Brawley (2000) reported that a study

conducted in Tanzania cited low patient satisfaction of quality health care because there is lack of customer care to the patient and poor attitudes from the health worker. However, Khan (1997) was of the opinion that in India the family views on the health services did favorably influenced utilization of services. Therefore this study sought to establish how customer care affects the quality of health services in Masafu General Hospital.

Wandhuwa (2002) reported that explanation of procedures by medical personnel and decision making participation by the patient effected the quality of health services. Ensures (2004) shared the same view in his study carried out in Malawi where the receptiveness of the health workers information improved women's knowledge of the need for antennal care which increased the use of health services.

Chirmulary (1997) further reported that in Gujarat, India the government health services were not popular because of the longer waiting period and the arrogant attitude and behavior of all the staff and non availability of medicine. However, Agyepong (1999) revealed that the appointment of relatively lies interpersonal relationships positively affected the quality of health services.

Mrayyan (2006) concludes by observing that in this complex situation, the quality of nursing care has a great impact on patient satisfaction with regard to the health service and the care received and a high level of job satisfaction of the nursing staff results in a higher quality of health care, which in turn determines higher levels of patient satisfaction. Scotto et.al., (2009) however found that regarding nurse behavior no significant differences were found between room types. In the diagnosed patient's case, the four most important service

quality factors were reliability; integrity; functionality and comfort. Also, the diagnosed patients' perceptions were generally slightly lower than screened patients. In general, screened patients' perceptions were positive. However, diagnosed patients' perceptions were poor leading to a negative gap for every factor. Patients were most dissatisfied with care; comfort; responsiveness; and privacy.

Silvestro (2005) previously highlighted that privacy's importance has been recognized in previous studies. Scotto et. al. (2009) study on cancer patients noted that medical and nursing staff caring was found to have the highest scores of satisfaction in our endoscopy survey. However, caring has an odds ratio equal to 1.3 with satisfaction, which is also not statistically significant, perhaps because it is confounded by other variables in the multiple logistical regression model. The survey found that the internal hospital and endoscopy room cleanliness was significantly and independently associated with patient satisfaction.

Some local studies such as Levin et al (2003) on Uganda, Malawi, Ghana Compares costs of maternal health services in three Anglophone countries found that in all three countries the (6) mission facilities generally score higher on process indicators and client satisfaction than did the (6) public facilities. Lindelöw et al (2003) Baseline survey on Ugandan health sector to validate data and check for discrepancies in reporting found that Satisfaction was found to be higher in private non-profit facilities (many of which are faith-inspired) than in public facilities in areas such as friendly service, information about ailment, prompt attention, and information about charges.

Furthermore, a recent study by Babikako et al (2011) cross-sectional evaluation study (2007-2008) of satisfaction of adult TB patients attending public and private (Christian) hospitals for TB treatment in Kampala found that patients at public hospitals experienced significantly lower levels of satisfaction with technical quality of TB care, responsiveness to patient preferences and patients' understanding of potential problems of TB medicines. Differences in satisfaction suggest differences in public/private delivery with private healthcare possibly more patient-centered.

Similarly, Tucker (2002) evaluates the health care service quality with a competence perspective and noted that if the service provider's competence is perceived high then levels of satisfaction also increase. Thus the competencies of the nursing personnel offering the service strongly influences patients' service quality assessments. Senarath et al., (2013) study on patient satisfaction with nursing care revealed that the majority of patients were satisfied with the nurses' competency and the way nurses interacted with them. The study suggested that the quality could be improved by provision of such information to patients by the health care team. The hospital management should take measures to improve physical facilities and instructions displayed in the wards and hospital.

Similarly, Tucker (2002) further points out that the staff demeanour has a significant impact on customer satisfaction as the manner in which staff interacts with the patient and staff sensitivity to the patient's personal experience seems to be important. In support of the relationship between staffing issues and patient satisfaction, Boshoff and Gray (2004) found that satisfaction with nursing staff, fees and meals were found to exert positive influence on cumulative patient satisfaction of which the strongest was satisfaction with

nursing staff. A related study by Gonzalez et al. (2005) equally highlights the positive relationship between patient satisfaction and healthcare during hospital stay all attributed to the availability of nursing staff and exercising of their professional values and code of conduct.

2.6 Teamwork and quality of health service

Katzenbach and Smith (1993) regards a team a group of people with complementary skills who are committed to a common purpose, performance goals and approach for which they hold goals and approach for which they hold themselves mutually accountable. They further state that teams are basic units' performance for most organizations. They held together the skills experiences and in sight of several people further still Katzenbach and Smith (1993) say that teamwork represents a set of values which encourage behaviors such as listening and responding co-operatively to reviews expressed by other while providing supporting to those the team who need it as well as recognizing the interests and achievements of team members.

According to Chris (1997) team work is one of the central means of involving employees in countries improvement activities which raise levels of customer satisfaction. He further argues that teamwork is related to employee empowerment on elements of having a sense of personal efficiency at work as sense of individual in achievements of value organization goal.

Weker (1991) on his part notes that the concept of team based patient care was first introduced by health care consultants in 1980s as a way of enhancing the quality of patient care, improving patient satisfaction and reduction of costs. Therefore organizations which

encourage team work, have a competitive advantage in service delivery. Team building according to Armstrong (1994) should be in support of business objective which reflect the values of the organization. He further observed that high performance teams invest much time and effort exploring shaping and agreeing on purposes that belongs to them both collectively and individually. They are characterized with a deep sense of commitment to their growth and success.

Furthermore, developing health workers performance helps the organisation to achieve benchmarking and best practices, enhance the clinical practice to improve quality, improve the accountability, identify the staffing standards, and identifying the gaps in quality which will inform research, education, and training, needed in measuring nursing sensitive care. Since nursing staff are integral parts of the healthcare delivery system they contribute to the quality health care delivery Michael (Pfeil 2003). In most situations the nursing staff's contribution is part of the whole process of patient care and it (the patient's recovery) cannot be claimed as sole outcome of the nursing staff's efforts. It becomes difficult in measuring the nursing staff performance (Jack Needleman et.al 2007).

Cohen and Ledford (1994) observed that team building can lead to increase organizational productivity high job satisfaction and more effectiveness in the organization and that performance and effectiveness are influence by knowledge abilities and attitude, work styles, personality interest, value principles an employees competence which play essential roles in quality of work. Naharandi and Aranda (1994) observed that team building helps to improve quality and productivity in service, reduction in operating cost greater flexibility

encourages division of labour, faster response to client demand or needs, increased job satisfaction and commitment to work by the employee. Team work makes complicated tasks simplified thereby causing reduced work defects and over all organization at effectiveness. French and Bell (1999) argue that team building provides such powerful positive results because it is an intervention in harmony with the nature of the organization's social system. Further still, they say that under a system. Further still they under system of division of labor, parts of the organizational tasks are assigned to teams and team assignment are sub divided and assigned to individuals. In most cases individual member of the team are inter dependently related to each other and must coordinate and integrate individual efforts in order to achieve successful task accomplishments. This is practically what where health providers work interdependently to offer services.

Both the working environment and job performance depend on effective systems and positive relationships within work units. Work units, or teams, are the basic building blocks of organizations (Lawrence S Levin, 2004). Many studies highlight team work and its importance in the organization. Team work will bring better results than individual work. It has been observed that health staffs work alone in many situations where team work could be possible (Peg Thomas 2002). Apart from this the working relationships, and rules, policies and processes also influence how work gets done at the unit level (Dixon, Pickand and Robson, 2002, Erickson, Hamilton, Jones and Ditomassi, 2003). The possible work teams of nurses could be members such as Infection control committee, Waste Disposal Management committee, Medical Audit committee, Quality Assurance and Quality control team, and other committees. In addition to the above, creating positive change to move a

leadership team forward in a learning environment would improve the team relations (Shill, 2003).

Wageman (1997) observed that teams are becoming the management practices of choice for organizations, which wish to become flexible and fully utilize employees intellectual and creative capacities, team work is practically essential in health service which is labour intensive and where co- ordination and concerted effort is needed to provide health services. (Hornsery, 1986) that the team building is a force for co- ordination and communication and of particular use to the health workers. All that it takes to provide health service to patient involves teamwork as various cadres of health workers jointly attend to patients. As noted earlier there is a lot of joint effort in provision of health services in Masafu General Hospital where staff of different skills team up to provide health care each of them playing their part according to skills and assignment.

In recent years, there has been significant interest in application of continuous quality improvement and total quality management as well as patient focused care organization worldwide as noted by Dann and Homsey (1986) the health sector has substantially embraced the concept of team building with a belief that these concepts and programmers will lead to an improvement in quality of health services. Two studies equally found that the use of nursing teams has been attributed to providing the highest level of nursing satisfaction and quality patient care (McGill Hall and Doran, 2004), and an improvement in staff satisfaction, recruitment and retention of staff, reduction in sick leave, improved team spirit and a cleaner ward environment (Duong et al., 2010).

Fasoli (2010) however proposes the use of nursing teams as an important vehicles to deliver nursing services, because of the association with quality of patient care and impacts on nursing satisfaction levels and innovations need to be understood in the context of the history of nursing models. Some reported models have utilised a mix of nursing skill including functional nursing and team nursing, while others have required an all-RN workforce, such as primary nursing and total patient allocation. However, registered nurse rich teams have their critics for failing to bring promised patient benefits and for being expensive, and in addition difficult to staff at a time of widespread nursing shortages (Duong et al., 2010). In team work, the members rather than the manager take responsibility for their work, monitor their own performance and alter their performance strategies as needed to solve problems and adopt changing conditions. This is evident in health sectors where skills mix of health workers jointly contributing to provision of health services.

2.7 Summary of literature review

The review of the existing literature shows limited empirical evidence on the extent of which working conditions of protective gear, working hours and safe workplace have influenced health service delivery by general government hospitals in Uganda. Similarly, the existing body of knowledge on the relationship between customer care and quality of health service delivery in government general hospitals is highly limited. Moreover, there is no conclusive agreement on the effects of teamwork considerations of team building and team rewards on quality of health service delivery.. This study strived to cover this void by providing empirical evidence on the influence of working environment, customer care and teamwork on the quality of health service delivery on a government general hospital.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter describes the methodology that was used in the study. It covers the research design, study area and location, study population, sample size and selection, sample techniques procedure, data collection method, data collection instruments, data analysis techniques, measurements of variables validity, reliability and ethical concerns.

3.2 Research design

The researcher used a cross sectional survey using a quantitative and qualitative approach because the data on factors affecting quality of health care was to be collected at that point in times (Amin 2005). The quantitative approach was used to enable easy quantification of the study findings while the qualitative approach was used to obtain qualitative data on the study variables. The two approaches were used to enable the researcher to have deeper analysis using the inductive and deductive approaches thus giving a more concrete and realistic findings of Amin (2005).

3.3 Study population

Masafu General Hospital is a district referral facility with catchment's population of more than 300,000 people. The facility also serves a large number of patients from the neighboring districts such as Bugiri, Namayingo and across the border from Kenya Masafu Hospital employees a total of 50 health personnel with a bed capacity of 100 patients. On that basis the study population constituted 150 respondents working as medical officers, clinical officers, nurses and patients.

3.4 Sample size and Design

In this study, a total of 108 respondents were selected based on Krejcie and Morgan (1970) statistical table to determine the sample size as shown in table 1 below.

Table 1: sample size and selection

	Category of staff	Population size	sample size	Sampling technique
1	Medical officers	6	6	Purposive sampling
2	Nurses	38	26	Simple random
3	Clinical Officers	6	6	Purposive
4	Patients	100	70	Convenient
	Total	150	108	

Source: Adopted from Masafu General Hospital staff list(2011)

3.4.1 Sampling techniques and procedures

In this study, purposive sampling was used to select the medical officers for their specialized supervisory/managerial experiences in the delivery of health services in the hospital. Simple random sampling was used for nurses and clinical officers. The convenient sampling was used for the patients based on any patient available in the hospital at the time of data collection.

3.5 Data collection methods

The study used a survey approach where interviewing and a questionnaire survey were adopted as presented below.

3.5.1 Interviewing

Interviewing is a data collection method which involves asking of questions and gaining of responses from the interviewee using an interview schedule to obtain qualitative data. It is widely used as it enabled the asking of details through probing and clarifications (Mugenga and Mugenga, 1999). In this method the researcher interviewed medical superintendent and one senior nurse face to face obtain in depth information.

3.5.2 Structured questionnaires

The questionnaire survey was used because they provide specific responses which are easy to analyze from generated large number of individuals. Structured questionnaires are time saving, gives group of responses for comparison purposes because the respondent just have to tick one right alternative , less expensive may not involve the researchers to be at the study area(Amin, 2005). The questionnaire for the health personnel were administered by themselves while patients it was researcher administered. With this method of data was able to generate a wide range of data but some questionnaires were not answered.

3.6 Data collection instrument

3.6.1. Questionnaire

Two sets of close ended questionnaire one for health personnel and patients scored on a 5-point Likert scale 5- Strongly Agree; 4- Agree; 3- Not Sure; 2- Disagree; 1- Strongly Disagree was used in collecting the primary data on each study variable. The questionnaire was divided into sections of major sections of demographic data, work environment, customer care, and team work (see appendix I). The patients specifically answered questions quality of health care services offered by the hospital (see appendix II).

3.6.2 Interview Guide

The interview schedule contained unstructured questionnaire related to work environment, customer care, teamwork and quality of health care services from which the study sought to gain qualitative data to complement the quantitative data (see appendix III).

3.7 Testing for validity and reliability instruments

To ensure quality of the data, the study used tested for the validity and reliability of the study instrument as explained below.

3.7.1 Testing for validity of instruments

Validity tests the relevance of the instrument in measuring what it is supposed to measure (Amin, 2005). Content variability Index (CVI) was used for accessing variability of the instruments where test item need to reflect the knowledge actually required for the area of study and also requires more rigorous statistical test. In this case a pilot was conducted on groups of respondents in the hospital excluding population selected for the study such that instruments used such as questionnaire are clear and can extract the right information as required. The results of the CVI are presented in table 2 below.

Table 2: Validity results

Variable	Total No of items	No. of valid items	CVI
Work environment	15	12	0.80
Customer care	10	8	0.80
Teamwork	11	9	0.82
Quality of health care services	08	6	0.75

Source: Expert Judgment

Table 2 shows that on the work environment yielded CVI of 0.80, customer care yielded a CVI of 0.80, teamwork yielded a CVI of 0.82 while quality of health care services yielded a CVI of 0.75. Since all variables yielded a CVI above 0.70 accepted for social sciences, it was inferred that the instrument was relevant in measuring factors affecting the quality of health care service in the hospitals.

3.7.2 Testing for Reliability instruments

Reliability refers to the consistency or dependability of the measuring instruments. The researcher pre-tested to determine the consistency in understanding the instruments used for data collection. The reliability of instruments in relation to the consistence of respondents' answers to all items in respect to the variables tested in the research. This test is to establish internal consistence of data going to be collected such that confidence is appreciated to produce effective results. The reliability of the instruments was tested using Cranach's alpha to measure internal consistence of variables and the findings are presented in table 3 below.

Table 3: Reliability Results

Variable	Total No of items	Cronbach's alpha
Work environment	15	0.763
Customer service	10	0.829
Teamwork	11	0.875
Quality of health services	08	0.760

Source: Primary data

Table 3 above shows that on the work environment yield Cronbach's alpha value of 0.763, customer service yielded alpha value of 0.829, teamwork yielded alpha value of 0.875

while quality of health services yielded alpha value of 0.760. Since all variables yielded a Cronbach alpha value higher than 0.70 accepted for social sciences, it was concluded that the instrument was consistent in measuring what it was supposed to measure.

3.8 Procedure of data collection

After successful defense and receiving the Uganda Management Institute clearance, the researcher sought permission to conduct the study from the management of Masafu general hospital to carry out the study. Data was collected through asking direct questions to the respondent through the structured questionnaires with the help of research assistant, who distributed them to the respondents. The researcher also conducted interviews personally to Medical superintendent and hospital administrator as key informants.

3.9 Data analysis

The researcher used both quantitative and qualitative approaches to analyze the data which enabled the researcher to obtain relevant data for the study.

3.9.1 Quantitative data analysis

Quantitative data was presented in form of descriptive statistics using frequency and percentages for each of the variables used in the study to help quantify the distribution of perceptions of factors affecting the quality of healthcare services by the respondents. Pearson's coefficient (r) and significance (p) tested at the 95 and 99% confidence limits were used to test if there was any significant relationship between the independent and dependent variable. A positive Pearson's correlation coefficient (r) indicates a direct positive relationship between the variables while a negative correlation indicate an inverse, negative relationship between the two variables.

The regression analysis was used to test the extent to which the independent variables predicted the variance in the dependent variable using ANOVA statistics of adjusted R^2 values, beta, t values and significance values (Amin, 2005). Specifically the adjusted R^2 value gave a statistical indicator of the percentage to which the independent variable predicted the variance in the dependent variable.

3.10.2 Qualitative data analysis

The useful qualitative information gained through the interviews was arranged in major themes relate working environment, customer care, teamwork and how they affect the quality of health services. These were then presented using the verbatim (narratives) as presented by the interviewee. The analysis then involved indentifying the implications, conclusions and inferences of qualitative information. Effort was also directed to cross-examine the qualitative data with the quantitative findings on their level of agreement or disagreement.

3.9 Measurements of variables

Variables were measured by operationally defining concepts for example; the questions was designed to ask respondents about working environment, customer care and teamwork and show influence on the quality of health services in the hospital. These were then channeled into observable and measurable elements to social economic tenure features like age, gender, educational levels and experiences were measured to nominal ordinal intervals and ratio scale depending on variables. The ordinal scale was used for group elements category and ranking done according to Mugenda and Mugenda (1999).

3.10 Ethical considerations

This handles the information given by the respondents as strictly confidential and guarding the privacy which is one of the primary responsibility of the researcher. For this study the researcher exercised confidentiality of the information given by the respondents. For this study consent was sought from the hospital to grant permission to carry on the study and also consent was sought from respondents before administering the structured questionnaires. A copy of the final report was issued to the management of the hospital for discussion and adoption of recommendations.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS

4.1 Introduction

The study examined the factors that affect quality of health services in Masafu general Hospital. This chapter presents the response rate, background information and presentation and analysis of the study findings objective by objective based on the information obtained from the field. The data analysis at descriptive level involved the use of frequencies, percentages and mean at the univariate stage of analysis. The results were presented in tables in a summarized form. The frequencies demonstrated the number of occurrences of respondents on an item and the percentages represented the proportion of the responses on an item in relation to all the respondents in the sampled population. The mean as a measure of central tendency was also preferred to be used to give the average of the responses which would easily give the distribution of the responses. Correlation analyses were used to test the strength of the relationship while the regression analysis of ANOVA was use to test the study hypotheses.

4.2. Response rate

A total of 108 questionnaires were distributed following a sample size of 102 presented in table 1 chapter three but 4 useable questionnaires were returned giving a response rate of 94.4%. According to Amin (2005) a response rate of 40% is representative enough and accepted from a survey. This therefore, suggested that the results were substantial and were representative of the survey population of the health workers and patients in the study area.

4.3. Background information findings

This section gives the background information about the respondents in relation to the highest level of education, job title and time in the professional practice of the health workers based on the information provided on the questionnaire by the respondents to justify the authenticity of the responses gained from the study. The findings are presented and analyzed using frequency and percentages as shown in tables 4 below.

Table 4: Characteristics of the respondents

Item	Description	Frequency	Percent
Education level of the staff	Certificate	19	52.8
	Diploma	13	36.1
	Degree	4	11.1
	Total	36	100.0
		Frequency	Percent
The time of professional service	Less than a Year	2	5.6
	1-3 Years	2	5.6
	4-8 Years	8	22.2
	9-13 Years	15	41.7
	14 Years +	9	25.0
	Total	36	100.0
		Frequency	Percent
The job title of the respondents	Nurse	25	25
	Medical officer	4	4
	Clinical Officer	7	7
	Patient	66	65
	Total	102	100.0

Source: Primary data

Table 4 above shows that out of the 36 health personnel accessed in the study 19(52.8%) had attained a certificate as their highest level of education, 13(36.1%) had attained a diploma while 4(11.1%) had attained the a degree level of education. this was so as delivery

of health service was done predominantly by nurses with a certificate being the minimum level of education as required by the national standards.

In relation to professional service, table 4 shows that majority of 15(41.7%) of the health workers had worked for 9-13 years while 9(25%) had worked over 14 years while the least number of respondents 2(2.6%) had work for less than a year and 1-3 years each. These findings suggested that most respondents had worked with the health facility for a reasonable time and had gained reasonable experience on the factors affecting the quality of health care.

In relation to job title, table 4 above shows that majority 66(65%) of the respondents were patients while 25(25%) were nurses, 7(7%) were clinical officers, while 4(4%) were medical officers. This finding suggested that data was collected from all job categories in the hospital and patients who received the services offered by the personnel making the data representative of what was actually on ground.

4.4. The relationship between working environment and the quality of health services in Masafu General Hospital

Work environment according to Armstrong (2009) refers to the physical surroundings required for human activity or industrial processes and comprises not merely the physical environment and workplace hazards, but also the social, cultural and psychological setting that may help to induce harmony among workers, or the opposite - tension, friction, distrust and animosity which can interfere with well-being and aggravate risks of injury. The first objective of the study was to examine the relationship between working environment on

the quality of health services in Masafu General Hospital. Working environment as indicated in the conceptual framework in figure 1 consisted of three indicators of provision of working gear, safe workplace and working hours measured using 15 items scored on five point Likert scale of (5) = strongly agree-SA, (4) = agree- A, (3) = not sure-NS, (2) = disagree-DA, (1) = strongly disagree-SA, and the findings are displayed in table 5-7 using frequency and percentages, mean and standard deviation.

Table 5: Descriptive results for protective gear

	SDA		DA		A		SA		MEAN	S.D
	Freq	%	Freq	%	Freq	%	Freq	%		
1. You are provided with adequate gloves to use on each patient	14	38.9	9	25.0	11	30.6	2	5.6	2.39	1.420
2. You are provided with the appropriate uniforms for your cadre	4	11.1	6	16.7	16	44.4	10	27.8	3.61	1.358
3. You are provided with the necessary boot or foot ware while on duty	18	50.0	10	27.8	8	22.2			1.94	1.194
4. You are provided with the necessary face masks while on duty	2	5.6	3	8.3	17	47.2	14	38.9	4.06	1.120

Source: Primary data

Table 5 above shows that a total of 63.9% (38.9% for strongly disagree+25% for disagree) disagreed (mean = 2.39) that they were provided with adequate gloves to use on each patient suggesting that 6 in every 10 staff did not always used a glove on each patient as required by the health standards. This finding revealed inadequate supply of gloves required to change while treating each patient whenever necessary.

In an interview with one interviewee put it that:

Similarly, a total of 77.8% of the health personnel disagreed (mean =1.9) that they were provided with the necessary boot or foot ware while on duty a finding which revealed that about 8 in every 10 health personnel in the hospital did not put on the required foot protective gear which exposes them to foot inquires and infections while on duty.

The study therefore inferred that although there was effort to provide adequate face masks and working uniforms, the hospital were constrained with provision of the necessary gloves and foot ware. The inadequate provision of gloves and foot ware required for protection work gear put patients at risk of infections from other patients while the health staff are exposed to foot infections or injuries which comprise the quality of health care services by the hospital.

In an interview with one of the Nursing officer she put it:

“Although there has been efforts to supply footwear like gumboots, they have remained inadequate with mostly staff in maternity adequately. This is the same problem with gloves scarcity with makes us to use one glove on more than one patient. The experiences is that the there are delayed suppliers from the national medical stores for these protective gear”.

However the superintendent disagrees with the above position and put it:

It depends on the type of gloves and period one was referring to as one time had no supply but surgical gloves are in plenty. However for disposable gloves are always inadequate on the supplier NMS always miss them and even with repeated reminders they are not supplied yet we cannot procure them on the local suppliers. For boots, not every staff is supposed to be in gumboots. The policy is that cleaners, maternity and theatre staff must be in gumboots without compromise and these are provided. At one time government undertook to issue nurses with shoes and measurements were taken but it has taken them long to supply them and we have not been given notice of when they will supply them. As a remedy, the hospital management has also tried to buy and supplement the gumboots from funds given by infection control.

The interview findings seem to agree at one point that although protective gear was to be provided by the government, the constraints associates with suppliers constrained the delivery of the required

protective gear. Supplementary suppliers were equally not sufficient to meet the demand thereby exposing some staff to health hazards.

Table 6: Descriptive results for working hours

Working hours	SDA		DA		A		SA		Mean	S.D
	Freq	%	Freq	%	Freq	%	Freq	%		
1. You are allocated different work shifts which are convenient for you	4	11.1	2	5.6	12	33.3	18	50.0	4.06	1.330
2. You are given some two days off whenever you work for five days	14	38.9	10	27.8	10	27.8	2	5.6	2.33	1.394
3. You work for a maximum of 8hours a day	4	11.1	6	16.7	22	61.1	4	11.1	3.44	1.229
4. Your maximum workload is 5 days a week	12	33	18	50	2	5.6	4	11.1	2.11	1.214

Source: Primary data

In relation to working hours, table 6 shows that majority of 66.7% of the health workers in the Masafu hospital disagreed (mean = 2.33) that they were given some two days off whenever they worked for five days. This finding suggested that about 7 in every 10 health worker did not receive the mandatory days off suggesting that they could be overloaded. Indeed as shown in item 83% of the health personnel disagreed (mean = 2.11) that their maximum workload was 5days a week.

Asked to describe the status of working hours in the hospital, the nursing officers put it:

The hospital and the health sector generally in the district is short of medical personnel and hence shortage of staff are made to stay. The problem is escalated when to one has to stand in for another staff who could be having a problem and cannot report on duty. The reality is that you an off duty when you cannot avoid.

Her views seem to agree with the one of the hospital superintendent who put it:

Technical staffing is only 28% and as coping mechanism we persuade staff to step in for other yet others do not have days off total. For example theatre staff are always on standby. In relation to working hours, officially we are supposed to work for 8 hours but we run 12 hours shifts without compensation. This ultimately compromises the quality of service delivery due to use of overstretched staff.

Based on the study findings above on working hours, the study observed that although the most health personnel were allocate different working shifts and worked for 8 hours a day. The hospital

personnel experienced a high workload leading to working with days off and working for over five days which strains the quality of health services due to excessive workload.

Table 7: Descriptive results for safe workplace

	SDA		DA		A		SA		MEAN	S.D
	Freq	%	Freq	%	Freq	%	Freq	%		
1. All equipments are placed in the right place to prevent injuries while on duty	4	11.1	8	22.2	16	44.4	8	22.2	3.44	1.362
2. All hazardous waste is disposed off in the right place to prevent staff from workplace hazards	6	16.7	2	5.6	11	30.6	17	47.2	3.86	1.496
3. The hospital walk ways are free from slipping to prevent staff from falling	2	5.6	10	27.8	16	44.4	8	22.2	3.50	1.276
4. Your work place is free from noise	4	11.1	2	5.6	17	47.2	13	36.1	3.92	1.273
5. Your work environment is free from respiratory infections	2	5.6	3	8.3	23	63.9	8	22.2	3.89	1.036
6. The hospital provides staff with clean sanitation facilities to prevent infection while on duty	9	25.0	23	63.9	4	11.1			1.97	.845
7. Staff security is provided by the hospital management	16	44.4	16	44.4	4	11.1			1.78	.929

On the safety of the workplace, table 7 shows that the cleanliness of sanitation facilities was wanting as 88.9% of the health personnel were dissatisfied (mean = 1.97) with the cleanliness of health facilities. This finding suggested that although the hospital environment was safe from equipment inquires, hazardous waste, noise and respiratory infections, the unclean sanitation facilities compromised the attainment of a quality health services that management of the hospital needed to take action to prevent ward related infection from sanitation facilities.

4.4.1. Correlation results between working environment and quality of health

services

To test if there was relationship between working environment and quality of health services in Masafu Hospital a correlation analysis was conducted using Pearson's correlation(r) coefficient and significance (p) at the two tailed levels.

Table 8: Correlation Matrix between working environment and quality of health

services

Variable		Work Environment	Quality of Health Services
Work Environment	Pearson Correlation	1	
	Sig. (2-tailed)		
Quality of Health Services	Pearson Correlation	.779**	1
	Sig. (2-tailed)	.000	
**, Correlation is significant at the 0.01 level (2-tailed).			

Source: Primary data

Table 8 above shows Pearson's correlation coefficient $r = 0.779^{**}$ and $p = 0.000$ between work environment and quality of health services suggesting that there was a high positive significant relationship between work environment and the quality of health services offered by Masafu General Hospital. The implication is that the quality of health services offered by hospital significantly depends on the provisions of a conducive work environment for the health personnel through provisions of adequate protective gear, safe workplace and working hours. Thus the inadequate and inappropriate provision of protective gear, unsafe workplace coupled with excessive workload will have a resultant adverse effect of deteriorating the quality of health services in the hospital.

4.5. The relationship between customer care and the quality of health services in Masafu General Hospital

Customer care is a function of how well an organization is able to constantly and consistently exceed the need of the customers. Customer care depends on the level of competencies of the personnel delivering the service and observance professional standards in the delivery of health services (Paranisuman et al., 1985). The second objective of the study was to establish the relationship between customer care and the quality of health services in Masafu General Hospital. Customer care as indicated in the conceptual framework in figure 1 consisted of two indicators of provision of competencies and observance of health cadre specific professional standards and procedures measured using 10 items scored on five point Likert scale of (5) = strongly agree-SA, (4) = agree- A, (3) = not sure-NS, (2) = disagree-DA, (1) = strongly disagree-SA, and the findings are displayed in tables 9-10 using frequency and percentages, mean and standard deviation.

Table 9: Descriptive results for competences/skills health professionals

	SDA		DA		A		SA		Mean	S.D
	Freq	%	Freq	%	Freq	%	Freq	%		
1. You possess the required skills to perform your duties effectively	4	11.1	2	5.6	17	47.2	13	36.1	3.92	1.27

2. You possess the required knowledge to perform your duties effectively	4	11.1	5	14	12	33.3	13	36.1	3.62	1.27
3. You can ably diagnose patients' problems at your level	2	5.6	2	5.6	19	52.8	13	36.1	4.08	1.05
4. You are competent in administering prescriptions on patients at your level			4	11.1	23	63.9	9	25.0	1.97	.85
5. You can adequately counsel patients			18	50.0	16	44.4	2	5.6	2.61	1.07
6. You are competent in writing required reports	2	5.6	6	16.7	6	16.7	22	61.1	3.81	1.35

Source: Primary data

Table 9 above shows that majority of 83.3 of the health workers agreed (mean = 1.27) that they possessed the required skills to perform their duties effectively while 88.9% also agreed (mean = 4.08) that they could ably diagnose patients' problems at their level. This finding suggested that majority of the health personnel in the hospital possessed the required skills, knowledge and competencies required to perform their duties especially in patient diagnosis and administration of prescribed treatment and writing of reports which enhances the quality of health care services in the hospital.

However the half (50%) of the respondents disagreed that they could adequately counsel patients a finding which suggested that the respondents the health personnel had not adequately been trained in patient counselling which may constrain patient satisfaction with counselling services offered by the health personnel in the hospital.

Table 10: Descriptive results for compliance to professional producers

	SDA		DA		A		SA		Mean	S.D
	Freq	%	Freq	%	Freq	%	Freq	%		

1. You always observe the required professional standards in receiving patients	4	11.1	4	11.1	15	41.7	13	36.1	3.97	1.16
2. You always observe the professional standards in patients diagnosis	2	5.6	4	11.1	17	47.2	13	36.1	3.96	1.15
3. You always observe the professional procedures for patients treatments	2	5.6	4	11.1	17	47.2	13	36.1	3.39	.93
4. You are always observe the professional standards without compromise while performing your duties					11	30.6	25	69.4	4.11	1.35

Source: Primary data

Table 10 above shows that majority of 77.8% of the health personnel in the hospital agreed (mean = 3.97) always observed the required professional standards in receiving patients while 77.8% again agreed (mean = 3.97) indicated that always observes the professional standards in patients diagnosis. These finding revealed a high level of observance of professional standards in the performance of duties a practice which enhances the quality of health care services in the health facilities.

In an interview, the nursing officer noted:

“Although the staff may be competent with the technical skills, some staff are not competent in counselling and report writing”.

Her view seem to agree with the those of the superintendent who put it:

“We have a problem of multiple roles which require multi-skills which the heads of departments may not have especially in using computers to make reports. The high caseload makes some roles to be delegated to staff who may not be competent in performing those roles”

4.5.1. Correlation results between customer care and quality of health services

To test if there was relationship between customer care and quality of health services in Masafu Hospital a correlation analysis was conducted using Pearson's correlation(r) coefficient and significance (p) at the two tailed levels.

Table 11: Correlation Matrix between customer care and quality of health services

		Customer Care	Quality of Health Services
Customer Care	Pearson Correlation	1	.781**
	Sig. (2-tailed)		.000
Quality of Health Services	Pearson Correlation	.781**	1
	Sig. (2-tailed)	.000	
**. Correlation is significant at the 0.01 level (2-tailed).			

Source: Primary data

Table 11 above shows Pearson's correlation coefficient $r = 0.781^{**}$ and $p = 0.000$ between customer care and quality of health services suggesting that there was a high positive significant relationship between customer care and the quality of health services offered by Masafu general hospital. The implication was that the quality of health services offered by hospital significantly depends on the provisions of a good level of customer care through exercise of a reasonable level of competence/skills and observance of professional standards procedures by the health personnel in hospitals. A low level of exercise of skill and competencies in the delivery of health services and a low level of compliance to professional standard procedures adversely affects the quality of health service delivery.

4.6. The relationship between teamwork and the quality of health services in Masafu General Hospital

Team work refers to individuals working together to accomplish more than they could do alone, but in more exciting, liberating, enabling, satisfying and enjoyable ways. Team work is also work performed by a group that contributes towards a mutual goal. In business and healthcare settings, teamwork is commonly seen as two or more professionals combining their skills to contribute towards the attainment of mutual goals through exercise of a reasonable degree of competency and compliance to health professional standard procedures (Katzenbuch and Smith, 1993).

The third objective of the study was to establish the relationship between teamwork and the quality of health services in Masafu General Hospital. Teamwork as indicated in the conceptual framework in figure 1 consisted of two indicators of team building and team rewarding measured using 11 items scored on five point Likert scale of (5) = strongly agree-SA, (4) = agree- A, (3) = not sure-NS, (2) = disagree-DA, (1) = strongly disagree-SA, and the findings are displayed in table 12-13 using frequency and percentages, mean and standard deviation.

Table 12: Descriptive results for teambuilding

	SDA		DA		A		SA		MEAN	S.D
	Freq	%	Freq	%	Freq	%	Freq	%		
1. The hospital management always encourage staff to work in groups/teams in the delivery of health services in the hospital	2	5.6	6	16.7	7	19.4	21	58.3	4.08	1.34
2. Your work team has been trained or orientated to gain skills on how to ensure that members agree on how to achieve the tasks at hand and ensuring progress	13	36.1	14	38.9	9	25.0			2.14	1.18
3. Your work team have established strategies that ensure that all team members participate in the ward or unit tasks	17	47.2	10	27.8	9	25.0			2.03	1.23
4. The staff in the unit regularly engage in indentifying problems that prevent the unit from working as group	19	52.8	9	25.0	8	22.2			1.92	1.20
5. The staff in your unit regularly share group leaderships roles	16	44.4	10	27.8	8	22.2	2	5.6	2.17	1.36
6. The staff in your unit regularly look for innovative ways of how to improve health service delivery in the unit	12	33.3	14	38.9	10	27.8			2.22	1.20
7. The staff in the unit regular go for social events off the normal duty	17	47.2	11	30.6	6	16.7	2	5.6	2.03	1.30

Source: Primary data

Table 12 above shows that the 77.7% of the staff agreed (mean = 4.08) that team work was encouraged in the hospital. However, 75% disagreed (mean = 2.14) that their work team had been trained or orientated to gain skills on how to ensure that members agree on how to achieve the tasks at hand and ensuring progress. Similarly, a total of 74.8% staff disagreed (mean = 2.03) that work team had established strategies that ensure that all team members participate in the ward or unit tasks while 77.8% disagreed that the staff in the unit regularly engaged in indentifying problems that prevent the unit from working as group.

The inference of the findings was that although teamwork was encouraged, there was less efforts to engage in team building efforts to use social retreats to enable the work teams attain the desired level of team performance by indentifying team performance problems, team leadership skills, team innovations. The inadequate team building efforts therefore hampered the team performance which adversely affects the quality of health service delivery by the health facility.

Asked to describe the efforts to use teamwork in the hospital, the nursing officer put it:

“Staff are always working in team for example in maternity, these must work in teams. This applies to all wards”

The hospital superintendent however gives a detailed view and put it:

We use team building in the hospital involves using a work environment and we have developed job descriptions and individual performance plans which are the basis for performance appraisal. Outside the specific roles, behavioral outputs have been developed for different improvement teams. For example we have a work improvement group team (WIT) who review the outputs of each department including laboratory outputs. We also have the quality improvement team

consisting of ward incharges and chaired by the chairman of the hospital management committee which looks at cleanliness, 5S (sort, set, share, standardize and sustain). This team perform their roles by auditing the processes and award marks from which they determine the winning team.

The third team is the hospital management team which meets quarterly to review the overall performance of the hospital.

Table 13: Descriptive results for team reward

	SDA		DA		A		SA		Mean	S.D
	Freq	%	Freq	%	Freq	%	Freq	%		
1. The ward or unit is given financial incentives as a team for its outstanding performance	15	41.7	11	30.6	8	22.2	2	5.6	2.19	1.35
2. The ward or unit receives non-financial recognition as a team for its outstanding performance	15	41.7	12	33.3	9	25.0			2.08	1.20
3. The reward you get in your team reflects your contribution to the team	16	44.4	9	25.0	11	30.6			2.17	1.30
4. I am satisfied with the financial rewards I obtain from my team	14	38.9	12	33.3	8	22.2	2	5.6	2.22	1.33

Source: Primary data

On team rewards, table 13 above shows that a total of 72.3% of the staff disagreed (mean = 2.19) that wards or units were given financial incentives as a team for outstanding performance, 75% disagreed (mean = 2.08) that the ward or unit received non-financial recognition as a team for outstanding performance. These findings revealed failure to provide team rewards in a effort to deliver the much required health services by the health staff which diminishes the team moral and also adversely affects the patient satisfaction. It was necessary that the responsible persons institute team rewards for enhanced delivery of health services in public health facilities.

Asked to describe the team rewarding practices, the nursing officer put it”

We use end of year party where we give a goat, Envelops are of about 30k are given + certificate. This is based on parameters such as accuracy, commitment to work, cleanliness of the wards. For private wing we look at the best performing department which brings high income. Private patients contribution is allocated on basis of % where dept retains 60% and the 40% is goes to the pool for none income generating areas.

The hospital superintendent equally observed:

Performance expectations and the associated rewards have been communicated to enable the different team to appreciate them and work towards attaining them. The audit committee chaired by the chair of the hospital management committee on evaluation of the best perfuming team awards 2500/- instantly. Quarterly and annual awards of a he goat are also decided by the hospital management.

4.6.1. Correlation results between teamwork and quality of health services

To test if there was relationship between teamwork and quality of health services in Masafu Hospital a correlation analysis was conducted using Pearson's correlation(r) coefficient and significance (p) at the two tailed levels.

Table 14: Correlation Matrix between teamwork and quality of health services

		Teamwork	Quality of Health Services
Teamwork	Pearson Correlation	1	.647**
	Sig. (2-tailed)		.000
	N	36	36
Quality of Health Services	Pearson Correlation	.647**	1
	Sig. (2-tailed)	.000	
	N	36	66
**.			Correlation is significant at the 0.01 level (2-tailed).

Source: Primary data

Table 14 above shows Pearson's correlation coefficient $r = 0.647^{**}$ and $p = 0.000$ between teamwork and quality of health services suggesting that there was a high positive

significant relationship between teamwork and the quality of health services offered by Masafu general hospital. The implication was that the quality of health services offered by hospital significantly depends on the efforts to use teamwork through effective team building and team rewarding. A low level of team building and use of inappropriate team rewards adversely affect the quality of health services in the public hospitals.

4.7. Multiple regressions results and hypotheses testing

Aldrich (2005) asserts that a multiple regression analysis helps understand how the typical value of the dependent variables changes when any one of the independent variables is varied, while the other independent variables are held fixed. It also helps establish which among the independent variable was a more significant predictor of the variance in the dependent variable. ANOVA statistics were used to examine the extent to which work environment, customer care and teamwork influenced the quality of health service delivery and also test the hypotheses of:

- i. Working environment significantly influences the quality of health service in government hospitals
- ii. Customer care significantly influence the quality of health service in government hospitals
- iii. Teamwork significantly influences the quality of health service in government hospitals

Table 15: Model Summary: working environment, customer care, teamwork and quality of health services

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.889 ^a	.790	.771	.33488	.790	40.218	3	32	.000

a. Predictors: (Constant), Teamwork , Work Environment , Customer Care

$P \leq 0.05$

Source: Primary data

Table 15 above shows a coefficient of determination (R-square) of 0.790 at a significant level of 0.000 suggesting that the quality of health services explained by work environment, customer care and teamwork was seventy nine percent (79%) at a standardized error of estimate of .33488. The correlation coefficient ($R=.889^a$ or 90%) indicated the strength of the association between work environment, customer care, teamwork and quality of health services taking into considerations all interactions among the study variables. The adjusted R^2 of 0.771 or approximately 80% was the variance in the quality of health services explained by work environment, customer care and teamwork putting into consideration all the variables and the sample size of the study. The remaining balance of 20% is explained by other factors other than those covered in this study.

The study further examined the ANOVA and the results are presented in table 16 below.

Table 16: ANOVA results for work environment, customer care, teamwork and quality of health service delivery

ANOVA^b

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.531	3	4.510	40.218	.000 ^a
	Residual	3.589	32	.112		
	Total	17.119	35			
a. Predictors: (Constant), Teamwork , Work Environment , Customer Care						
b. Dependent Variable: Quality of Health Services						

Source: Primary data

The ANOVA results indicate an overall significance of regression results with F value of 40.218 which was significant at a confidence level of 0.000 suggesting that work environment, customer care, teamwork were high significant predictors of the variance in the quality of health services.

After establishment of the significance of the model summary and ANOVA, at 99 and 95% confidence levels, the study proceeded to present the summary of the coefficients.

Table 17: Summary of regression results

Coefficients ^a						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	-.143	.294		-.486	.631
	Work Environment	.433	.119	.410	3.651	.001
	Customer Care	.350	.116	.352	3.018	.005
	Teamwork	.262	.081	.303	3.238	.003
a. Dependent Variable: Quality of Health Services						

Source: Primary data

Guided by the study results in table 1 above, the predetermined research hypotheses have been interested objective by objective below.

Research hypothesis 1: Working environment significantly influences the quality of health service in government hospitals

According to table 17 above, the study observed that working environment yielded a beta (β) value of 0.410 and t value of 3.651 with a significance of 0.001 suggesting that enhancing the work environment will result into enhanced quality of health services. This finding supports the hypothesis that working environment significantly influences the quality of health service in government hospitals.

Research hypothesis 2: Customer care significantly influences the quality of health service in government hospitals

According to table 17 above, the study observed that customer care yielded a beta (β) value of 0.350 and t value of 3.018 with a significance of 0.005. This finding suggested that enhanced customer care among health staff in hospital will result into enhanced quality of health services. This finding supports the hypothesis that customer care significantly influences the quality of health service in government hospitals.

Research hypothesis 3: Teamwork significantly influences the quality of health service in government hospitals

According to table 17 above, the study observed that teamwork yielded a beta (β) value of 0.303 and t value of 3.238 with a significance of 0.003 suggesting that promotion of teamwork through team building and team rewarding among health staff in hospitals will result into enhanced quality of health services. This finding supports the hypothesis that teamwork significantly influences the quality of health service in government hospitals.

Furthermore, the study ANOVA results suggested that work environment ($\beta= 0.410$, $t= 3.651$ and $sign = 0.001$) was a more significant predictor of the variance in the quality of health services followed by ($\beta= 0.350$, $t= 3.018$ and $sig= 0.005$). The implication was that

enhanced provision of conducive work environment and customer care coupled with team work in government hospital will significantly enhance the quality of health services.

CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS OF THE STUDY

5.1. Introduction

The study examined the factors affecting the quality of health services in Masafu general Hospital. This chapter presents a summary, discussion, conclusions and recommendations of the study. The first section presents a summary of the study findings, followed by discussion, conclusion, recommendations, limitations and contributions of the study in objective by objective format.

5.2. Summary of the study findings

This sub section presents a summary of the study findings on the relationship between working environment, customer care, teamwork and quality of health services based on the study findings in chapter four.

5.2.1. The relationship between working environment and the quality of health services

The study found that there was reasonable effort to provide protective ware for health personnel other than the boots or foot ware. There was effort to provide a safe working place although the staff sanitations facilities were not clean. The working hours were perceived to be convenient for most staff. There was a high significant relationship between work environment and quality of health services ($r = 0.779^{**}$, $p = 0.000$, $\beta = 0.410$, $t = 3.651$). The study confirmed the hypothesis that working environment significantly influenced the quality of health services in public hospitals of Uganda.

5.2.2. The relationship between customer care and the quality of health services

The study found out that most health workers possess the required skills to perform their job although some acknowledged not possessing the required skills in counseling. There was also a high observance of the professional standards procedures. Customer care had a high positive significant relationship with quality of health services offered by the hospitals ($r = 0.781^{**}$ and $p = 0.000$, $\beta = 0.350$, $t = 3.018$). The study confirmed the hypothesis that customer care significantly influenced the quality of health services in public hospitals of Uganda.

5.2.3. The relationship between teamwork and the quality of health services

The study found out that although the management of the hospital called for the use of team forms of work, there was little effort to undertake team building and consider team rewarding. There was also a high observance of the professional standards procedures. Teamwork had a high positive significant relationship with quality of health services offered by the hospitals ($r = 0.647^{**}$, $p = 0.000$, $\beta = 0.303$, $t = 3.238$). The study confirmed the hypothesis that teamwork significantly influenced the quality of health services in public hospitals of Uganda.

5.3. Discussion of the study findings

This sub section presents a discussion of the study findings on the relationship between working environment, customer care, teamwork and quality of health services in relation to what other scholars have observed.

5.3.1. The relationship between working environment and the quality of health services

The study found that the work environment had a high positive significant relationship with the quality of health care service in the hospital. The implications was that adequate protective gear, appropriate work schedules and provisions of a health work environment were important for patients satisfaction with the health services. this study finding and observation relate to a great extent to Scotto et.al., (2009) finding that patient satisfaction with hospitals in UK was associated with cleanliness, information, room comfortableness while in the health facility. Similarly, Gabbay and Bukchin (2009) observed that daily staffing should meet daily workload while Zurn, et al. (2005) found that better pay ranked only fourth on their 'wish list', behind 'more staff, 'better working conditions' and better facilities thereby concluding that Unhealthy work environments lead to absenteeism, ineffectiveness in healthcare delivery, stress, and discord among healthcare colleagues. This study therefore inferred that the inadequate management of the workplace protective gear, work schedules and workplace safety adversely affects the quality of health care services in government hospitals.

5.3.2. The relationship between customer care and the quality of health services

The study found a high positive significant relationship between customer care and the quality of health services offered by the public hospital. This position is supported by Wandhuwa (2002) reported that medical personnel and decision making participation by the patient effected the quality of health services while the receptiveness of the health workers information improved women's knowledge of the need for antennal care increased the use of health services.

The implication was that the delivery of a quality health services depends on the competencies and observance of professional standards by the health workers. This position is support by Scotto et.al. (2009) who observed that patients were most dissatisfied with care and responsiveness offered by the nurses while

Lindelöw et al (2003) found a higher patient satisfaction in private non-profit facilities than in public facilities in areas such as friendly service, information about ailment, prompt attention, and information about charges. In agreement with the above, Babikako et al (2011) found that patients at public hospitals experienced significantly lower levels of satisfaction with technical quality of TB care, responsiveness to patient preferences and patients' understanding of potential problems of TB medicines. Differences in satisfaction suggest differences in public/private delivery with private healthcare possibly more patient-centered.

Senarath et al., (2013) concludes this section by agreeing that study patients' satisfaction was highly associated with nurses' competency and the way nurses interacted with them. This study therefore inferred that patient satisfaction was highly related to level of customer care offered by the health personnel through exhibiting a competences and compliance to professional standards.

5.3.3. The relationship between teamwork and the quality of health services

The study found out that although the management of the hospital called for the use of team forms of work, there was little efforts to undertake team building and consider team rewarding but there was a high observance of the professional standards procedures.

Teamwork had a high positive significant relationship with quality of health services offered by the hospitals suggesting that teamwork significantly influenced the quality of health services in public hospitals of Uganda. The relationship between teamwork and quality of health care is supported by Fasoli (2010) who noted that the use of health teams as an important vehicles to deliver health services, because of the association with quality of patient care and impacts.

5.4. Conclusions of the study

5.4.1. The relationship between working environment and the quality of health services

The study concluded that the quality of health services depends on the level to which the management of the hospital provides the employees with the necessary workplace protective gear, safe and clean work place and a location of conducive working time aspects of work scheduling and workload. The inadequate provision of such vital requirements in the working environment adversely affects the quality of health care services in public hospitals.

5.4.2. The relationship between customer care and the quality of health services

The study concluded that quality of health care services offered in government hospitals depends on the customer care provided by the health personnel through exercise of a reasonable degree of competence and compliance to professional standards and procedures. The inadequate exhibition of the desired competencies and non compliance to professional standards and procedures adversely affects the quality of health care service in public hospitals.

5.4.3. The relationship between teamwork and the quality of health services

The study concluded that the quality of health care services offered in government hospitals depends on the efforts to use team work through team building and team rewards by the hospital management. The inappropriate use of teamwork adversely affects the quality of health care offered in public hospitals.

5.5. Recommendations of the study

5.5.1. Working environment and the quality of health services

To enhance the quality of health care services in public hospitals, the MoH in liaison with the district health team and management of hospital should always allocate adequate budgets for the provision of protective foot, hand and face masks to all health personnel in hospitals. This should be complemented with provisions of an appropriate workload and schedule of work in consideration of the staff's status. The use of human resource planning and work scheduling tools such as Workload Indicators for Staffing Needs (WISN) developed by WHO could be adopted.

5.5.2. Customer care and the quality of health services

To enhance the quality of health care services in public hospitals, the study recommends the management of health facilities should practice continuous professional develop and medical education to improve on the competencies of the health personnel in line with the dynamics of skills requirements among health cadres. This should be complemented by continuous training in customer care, counseling, ICT and report writing.

5.5.3. Teamwork and the quality of health services

To enhance the quality of health care services in health facilities, the study recommends that the management of health units should regularly engage staff in team building sessions

through use of orientation training in team work, team processes, team leadership, team problem solving. The use of social events off the normal duty is recommended for enhanced teamwork and delivery of health services. The above should be complemented with the use of team reward mechanism through giving of financial rewards from internally generated funds and non-financial rewards to teams not individuals.

5.6. Limitations of the study

The study sample on one hospital was fairly small to enable a broader generalization of the study results. Similarly, the study relied on primary data without use of secondary data to effectively triangulate and enhance the data quality. Use of secondary data gained from the hospital reports and any incidental source would have enhanced the quality and objectivity of the study findings.

5.7. Contributions of the study

The study has help generate managerial contributions to enhance the quality of health care services in public hospital necessitating the provision of adequate protective gear, continuous professional development to enhance staff competencies required to deliver the necessary to offer a good customer care and use of team building and team rewards necessary for effective teamwork.

5.8. Recommendations for further studies

The study found out that work environment, customer care and teamwork factors all predicted 80% of the variance in the quality of health services in the public hospital under study while other variables predicted the remaining 20% is explained by other factors other

than those covered in this study. Other studies need to investigate the relationship between organisational culture and the quality of health care services in government hospital while considering the selected hospitals and triangulation of data using both primary and secondary data.

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APPENDIX I

A questionnaire to be administered to sampled patients/attendants for interview in Masafu general hospital. This questionnaire presented to obtain information from the respondents regarding the factors affecting quality of health service in the hospital

You have been selected as a respondent

All information provided will be held with at most confidentiality and only used for purpose of this study. You are kindly requested to give responses to the question provided below.

SECTION A

Tick appropriately

1. Age

- a) 16 – 29 b) 30 – 39 c) 40 - 49 d) 50 - 59 e) 60 &above

2. Sex

a) Male

b) Female

3. Marital status

- a) Married b) single c) widow d) widower e) Divorce

4. Highest academic level

- a) O Level b) A Level c) Diploma d) Degree e) Other

SECTION B

Please evaluate the statement given by ticking appropriately in the following options

1. Strongly Disagree 2. Disagree 3. Not Sure 4. Agree 5. Strongly Agree

Working environment					
<i>Provisions of working gear</i>					
1. You are provided with adequate gloves to use on each patient					
2. You are provided with the appropriate uniforms for your cadre					
3. You are provided with the necessary boot or foot ware while on duty					
4. You are provided with the necessary face masks while on duty					
<i>Working hours</i>					
5. You are allocated different work shifts which are convenient for you					

6. You are given some two days off whenever you work for five days					
7. You work for a maximum of 8hours a day					
8. Your maximum workload is 5 days a week					
<i>Safe working place</i>					
9. All equipments are placed in the right place to prevent injuries while on duty					
10. All hazardous waste is disposed off in the right place to prevent staff from workplace hazards					
11. The hospital walk ways are free from slipping to prevent staff from falling					
12. Your work place is free from noise					
13. Your work environment is free from respiratory infections					
14. The hospital provides staff with clean sanitation facilities to prevent infection while on duty					
15. Staff security is provided by the hospital management					
Customer care					
<i>Competencies/skills</i>					
5. You possess the required skills to perform your duties effectively					
6. You possess the required knowledge to perform your duties effectively					
7. You can ably diagnose patients' problems at your level					
8. You are competent in administering prescriptions on patients at your level					
9. You can adequately counsel patients					
10. You are competent in writing required reports					
<i>Compliance to professional standards and procedures</i>					
11. You always observe the required professional standards in receiving patients					
12. You always observe the professional standards in patients diagnosis					
13. You always observe the professional procedures for patients treatments					
14. You are always observe the professional standards without compromise while performing your duties					
Teamwork					
<i>Team building</i>					
8. The hospital management always encourage staff to work in groups/teams in the delivery of health services in the hospital					
9. Your work team has been trained or orientated to gain skills on how to ensure that members agree on how to achieve the tasks at hand and ensuring progress					
10. Your work team have established strategies that ensure that all team members participate in the ward or unit tasks					

11. The staff in the unit regularly engage in indentifying problems that prevent the unit from working as group					
12. The staff in your unit regularly share group leaderships roles					
13. The staff in your unit regularly look for innovative ways of how to improve health service delivery in the unit					
14. The staff in the unit regular go for social events off the normal duty					
<i>Team rewarding</i>					
15. The ward or unit is given financial incentives as a team for its outstanding performance					
16. The ward or unit receives non-financial recognition as a team for its outstanding performance					
17. The reward you get in your team reflects your contribution to the team					
18. You are satisfied with the financial rewards you obtain from your team					

APPENDIX II

Quality of health services (to be filled by patients)

Indicate the extent to which you are with following observations on five point Likert scale

of 1. Strongly Disagree 2. Disagree 3. Not Sure 4. Agree 5. Strongly Agree

Patient response on quality of health service	1	2	3	4	5
<i>Health care delivery</i>					
1. The health personnel gave you sufficient time					
2. You easily accessed drugs when you visited the hospital					
3. You accessed good quality of drugs when you visited the hospital					
<i>Patient satisfaction</i>					
4. You are satisfied with the care exhibited by hospital staff in the hospital					
5. You are satisfied with the respect exhibited by hospital staff in the hospital					
6. You are satisfied with the care courtesy by hospital staff in the hospital					
7. You are satisfied with the friendliness exhibited by hospital staff in the hospital					
8. You are satisfied with the ability exhibited by hospital staff in the hospital in handling your health problem					

APPENDIX III

INTERVIEW GUIDE (Hospital Superintendent and Nursing Officer)

1. What is the status of working environment in the hospital in relation to protective gear, working hours and safe workplace?
2. Comments on the customer among the medical workers in relation to competencies and compliance to professional procedures
3. What the teamwork consideration undertaken in Masafu Hospital

Thank you for your time and response.

