

Influence of Administrative Function on Quality Healthcare Delivery at Vihiga County Hospital, Kenya

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Abstract: The public health system in Kenya continues to suffer criticism in inadequacy of expectations both in service quality and patient's satisfaction. It is essential for health facilities to evaluate the administrative aspect on the quality of service being delivered. This study sought to assess the selected administrative functions influence on service quality in healthcare delivery in Vihiga County Hospital, Kenya. The specific objective of the study was to evaluate the effect of administrative financial function on service quality in healthcare delivery. Descriptive cross sectional survey approach was used to carry out the study and targeted staffs and patients. The sample size for study was 384 respondents. A sample of 139 of entire staff and 245 patients were selected randomly from each department. Self-administered questionnaires and interviews were used to collect the data. Descriptive statistical tools were used to describe the data. A Pearson correlation test at 95% confidence gave the significance of the relationship between study variables. The study found out that administrative financial function had significant effect on quality healthcare delivery with a Pearson value of 0.538, P=0.00. Financial resources were inadequate in some departments and the rigidity of budgeting made it difficult to cater for emergency needs. This resulted to poor staffing and facilities planning functions which had profound effect on quality healthcare. It is recommended that the hospital administration should partner with development partners through National and County governments so as to have adequate funds delivery.

Keywords: Administrative function, financial function, Quality Healthcare, Kenya.

I. INTRODUCTION

Like many institutions in public service sector, organizations tasked with quality healthcare delivery are currently facing undulating challenges. The managers, in healthcare are constantly seeking for new ways to satisfy ever increasing size and number of stakeholder parties with quality health care delivery so that they can meet patients' need. Technical knowledge and competence of health care professionals have been associated with quality health care delivery (Eggleston et al., 2010). However, modern times have witnessed health facilities developing some complexity where the quality of health care does not rely on physician, but also on managerial and administrative function so as to respond to the values and preferences of patients. According to Mukherjea (2010) improving health status of citizens in a county has got significant and long lasting impacts on political stability and socio-economic status. This has countries across the world employing different administration function factors in the management of public health sector.

Administration is an element of management procedure involved with the establishment and execution of routines. In administration, performance is usually set and communicated and at the same times the procedures of activities is controlled and confirmed against plans and targets. There are clearly defined functions of administration which throw more light on it with planning, organization, direction, coordination, staffing, communicating, financing and evaluation (Brinkerhoff et al., 2015).

In Kenya, there are over four thousand seven hundred (4,700) networks of health facilities which are spread country wide. These health facilities provide health services to the public and they constitute over half of health facilities in the republic. There is hierarchical structure in the health sector which is integrated of health services from the district level at lower level up to national level at the apex (Gakinya, 2017). Various factors have forced the Kenya health sectors to undergo key transformations. Some of these factors include regulations from county government, technological innovations, change in pattern of delivery of services, quality of service movement, health wages and the need to improve the quality of health care. Lemedeket (2014) claimed that the entire health sector cannot embrace any good reforms without proper management structures.

In 1994, the Kenya Government permitted the Kenya Health Policy Framework (KHPF) as a scheme for managing and developing health services. It connotes the strategies which are considered long term imperative in the health sector of the country. Operationalization of KHPF was initiated by Kenya Health Policy Framework Implementation Action Plan (KHPFIACP) by the Ministry of Health. In 1996, there was establishment of Health Sector Reform Secretariat (HSRS) through a Ministerial Reform Committee spearheaded management of implementing the policy framework (Otieno & Macharia, 2014). A streamlining program in the MOH was introduced to aid in supervising the process of implementation. The above policy initiatives were directed to the constraint in health sector such as low expenditure witnessed in health sector, inefficient management and utilization of resources in health sector. Other constraints were centralization of decision making organs, obsolete health laws, prejudices information management in the sectors, increase in poverty level, sharp increase in population, increase in burden of disease and insufficient management skills especially at district level.

Some of public hospitals in the republic have witnessed high staff turnover as well as low and weak staff morale which have made them too difficult to afford 24-hours coverage as a result of inefficiency that are manifested in administrative roles. This inefficiency has resulted to patient care problems and operation cost increasing tremendously (Machogu, Wanjala & Abuko, 2017). Some patient utilizing public health facility have been forced to seek for alternative providers and in the process painting public health facilities negative which curtails future prospective client thus affecting hospital growth (Wanjau, Muiruri & Ayodo, 2012).

There is dearth of empirical evidences when explaining the quality of health plan, therefore, researchers ought to rely on common sense, theories and informed judgment. Using this methodology, a first class health care is distinguished by brilliance in the following areas: physician choice and development; quality planning for facilities; effective communication technology system; positioning of financial function for suitable capitation; and patient participation (Abdusamadovich, 2013).

A. Statement of the Problem:

According to Health Policy Project (2015), Vihiga County hospital was rated third last in term of board management and work plans in the health facility management. The county health service delivery has attracted sharp criticism especially in the management of referrals, emergencies and in-patients (Wavomba and Sikolia, 2015; CFSP, 2014). Health workers in the county hospital are not providing the required intervention which has seen increase in mortality and morbidity, re-admission of patients and more than half of patients in outpatient dying from malaria. It is noted that, long queues of patients characterizes laboratory, pharmacy, Voluntary Counseling and Testing and Antenatal departmental (Nzinga et al., 2013). There have been cases of overcrowding especially in in-patient section where wards have exceeded their bed capacity in certain period of the years. This has resulted to sharing of bed which is not acceptable as some of the patient were found to develop new diseases such as pneumonia (Kiplagat, 2016). Report by Christian Outreach Centre-Kenya indicated there is lack of priority in financial allocation resulting to misalignment of financial resources and lack of effective communication and information technology system (Luoma et al., 2015). This has resulted to poor planning of facilities resulting to lack of facilities befitting their status especially in maternal health care. According to WHO (2015), administrative functions were one of the reasons that were cited for below par healthcare service delivery. One of the recommendations for quality health care delivery was holistic administrative roles and function to coordinate provision of services in health facilities. With few empirical studies focusing on administration function such as financial, this study examined selected administration functions on quality healthcare delivery in Vihiga County Hospital.

B. Specific Objective :

The main objective of this study was to examine the administration of financial function effect on quality in healthcare delivery of Vihiga County Hospital.

II. LITERATURE REVIEW

A. Theoretical Perspective: Complexity Theory:

The complexity theory is rooted in natural sciences field. The theory engrossed components from systems theory, chaos theory, information theory and cybernetics. In 1950s, there was evolution that occurred from Newtonian models which focused on dynamics which are not linear. Complex thinking systems were later applied in the management as shown by Mick and Wyttenbach (2003). With study of social situations by various different disciplines in social sciences in order for development as well as policy analysis (Swanson & Bhadwal, 2009).

Health sector witnessed a lot of attention in start of the millennium resulting for calls to adoption the use of complex concepts in the management of the sector (Virtanen & Stenvall, 2017). The focus was concentrated on the complexity in the administration and management of health care service delivery (Damschroder et al., 2009). The complexity theory took while for it to manifest in the conventional of the health services delivery works. WHO recently circulated a published working paper delving on complexity and system thinking within the boundaries of health services delivery (de Savigny & Adam, 2009). The aim of this circulation was to strengthen health system worldwide. This delayed adoption was as a result of conceptual mix-up in relation to the meaning of the word ‘complexity’ as well as scattered adoption of the theory in health service delivery (Rickles, 2008).

Financial hurdles to the utilization of maternal mortality and healthcare services both augur well with description of complex problem according to Zimmerman’s and Glouberman (2012) as they are interlinked and multiple factors. There is an exemption of fee policy targeting pregnant women so that they can access maternal services. Initially, this is seen as simple intervention aiming to improve antenatal involvement. However, there is introduction of minimal costs which are termed as merely administrative cost which are anticipated to enhance hospital funds so as to ensure there is smooth running of the process thereby reduce delays especially logistics. The aim of this cost according to health facility administration is to decrease pregnancy complication which crop up during pregnancy and delivery and hence lower morbidity and mortality rate in the community. Nevertheless, this introduction of administrative cost may lead to indifference in accessibility to maternal child healthcare especially in rural areas where poverty rate is high. The lead to low utilization of these healthcare services that targets pregnant women.

Therefore, the actual adoption and acceptance of health policy ultimately relies on various factors that are involved in health sector. They are probably to acclimatize or adapt to the policy depending on the setting of their locality. The aftermath of the policy is also influenced by current contextual factors as well as determinants such as health system exposure and coverage, quality of health care and poverty levels.

B. Conceptual Framework:

The conceptual framework shows the relationship between independent and dependent variables. The independent variable is administrative financial function which was measured by source of funds, adequacy of fund and allocation of funds. Quality healthcare delivery which was dependent variable was measured using reliability, accessibility and responsiveness of service; this is as shown in Figure 1.

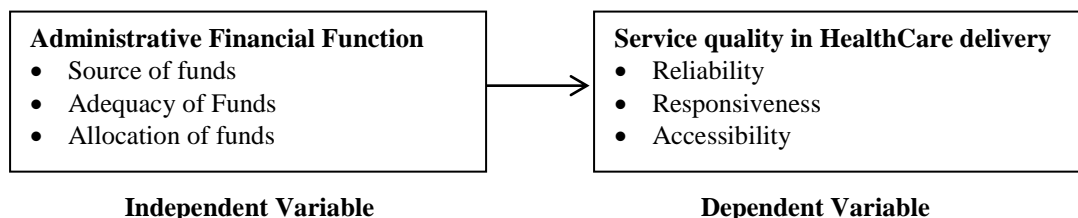


Figure 1: Conceptual Framework showing relationship between administrative financial function and service quality in healthcare delivery

C. Administrative Financial Function:

The state of hospital facilities is a measure of financial management roles and input service quality. One of the core functions of administration is the management of finance under their control. In healthcare, funds are needed to buy inventories such as medicine and drugs, medical equipment, routine maintenance and repairs within hospitals, paying of causal laborers as well as fuelling of hospital ambulances and acquisition of office consumables. The purpose of administration is not limited to the control of expenditure but also on various ways to come up with income generating

activities. This would ensure that health facilities have sufficient funds so as to improve the quality of services offered to their clients (Sun & Shibo, 2015). Delaying in procurement processes and payment to suppliers may jeopardize the quality of services. Likewise, delay or inadequate remuneration of casual laborers would result to demotivated workforce leading to low quality service delivery in their supporting role.

An excellent health care decreases the cost of acquiring quality healthcare by replacing improved process and procedure and creating the need of quality service. If done properly, capitation which if done at group level is considered as incentive for quality improvement as it rewards prevention, improvement in the care processes, offering effective solution to medical problem of patient and doing things right at first instance. Incorporation of medical prepayment especially per capita enables the provision of full care process from home care to admission of patients in hospitals. This is useful in covering section of care that is facilitated by pay-for-service basis. It promotes links among physician, service provider and hospitals. Financial expenditure and sourcing is an administrative role that if well executed, there will be sufficient money which it will be invested in areas of priority (Drechsler et al., 2015).

Financial resources allocated to health sector flow through various channels. In Kenya, the devolution of health services to county government meant that some health facilities are under national government while some are under county governments. According to Blas and Limbambala (2011), there is tendency for these facilities to be funded through same but different channels. The county hospitals receive their allocation indirectly from national government while national hospitals receive their allocation directly from national government. To make sure those funds allocated to health sectors are used as required for intended purpose, there is need for financial accountability to be implemented using auditing, accounting and monitoring mechanisms as defined by institutional and country legal framework.

D. Service Quality in Healthcare Sector:

Local and international studies have focused on health sector service quality and how it can be measured. In the UK hospitals, Roland et al. (2012) examined the service quality of National Hospital. On the other hand, Budiwan (2016) assessed client patient's satisfaction in comparison to their expectation in Singapore hospitals. Akdere et al. (2018) evaluated quality difference between Turkey's private and public hospitals. Their findings indicated that private hospital offered services which patients were more satisfied as compared to quality of service in public hospitals. Yesilada and Direktor (2010) indicated that the gap between public and private hospital in term of service quality is insignificant in Cyprus. Kondasani and Panda (2015) investigated customer perceived service quality, satisfaction and loyalty in Indian private healthcare. In Ujjain, Amjeriya and Malviya (2012) revealed a significant and positive impact of healthcare services on patient satisfaction.

Ihaamie (2010) conducted a study in 300 health facilities in Malaysia. Respondents were expected to allocate 100 points to different 5 service quality dimensions of tangibles, reliability, empathy, credibility and responsiveness. The results were reliability (20.63), tangibles (21.10), responsiveness (20.51), empathy (18.11) and credibility (20.05). He concluded that service quality had impacted on customer satisfaction as shown by the dimension scored obtained from the findings. However, tangible was found to be the significant determinant while empathy was found to be the least.

In Kenya, Wanjau, Muiruri and Ayodo (2012) indicated that service quality in Kenya is influenced by employee capacity, technology adoption, communication and financial resources. The study found out that employee capacity had the highest association with healthcare quality while financial resources had least influence. Yegon (2011) in assessing quality of services in referral hospitals, he found out that satisfaction of patient is a factor of health system dimension such as management of various resources at their disposal. These include human resources, finances and physical resource in the health facilities. Barake (2015) found out that increase in customer focus, leadership, continuous improvement and employee involvement would results to increase in quality of service in Avenue Hospital located in Kisumu County. Akacho (2013) found out that financial resources and availability of facilities influenced provision of quality healthcare in Uasin Gishu County Hospital.

From the existing literature in relation to service quality in the health sector, a cursory examination reveals that healthcare facilities pay much attention on the services quality because they have a belief it contributes to patient client satisfaction. Hence, the studies affirm a positive correlation exists between patient satisfaction and quality of services (Saravanan and Rao, 2012; Wicks and Roethlein, 2010). As Yegon (2011) indicated that satisfaction of patient is a factor of management of various resources in the health facilities. According to Akacho (2013) and Wanjau et al. (2012) were able to identify factors that influence service quality in Kenya. Some of the factors identified were communication, financial resources, employee capacity, technology adoption and availability of medical facilities. In their studies, they did not factor in

administration function in these factors which according to Yegon (2011) they plays vital role in quality healthcare delivery. Therefore, this study examined selected administration functions on quality healthcare delivery in Vihiga County Hospital which included staffing, financial, communication and facilities planning.

III. METHODOLOGY

This study employed mixed method approach which combined both qualitative and quantitative approaches in data collection as well as analyses. Descriptive cross sectional survey design was employed as it enabled the study to collect both qualitative and quantitative data from the respondents. The target populations were patients treated in the hospital and 139 staff of Vihiga County Hospital working under various departments. The staffs were the main population unit while the patients provided complementary information on healthcare delivery. All 139 staffs were considered in this study through census sampling. For patients, they were stratified according to the department where they sought services and they were selected using systematic random sampling where each second respondent was selected to form sample population

Two set of questionnaires were administered to patients and staff to collect primary data while interview guides were conducted to collected data from heads of department. The pilot study was conducted in Bungoma County Hospital and this enabled the research to test the reliability and validity of the research instruments. Respondents in the pilot sample were asked to comment on the clarity and time taken to fill one instrument. The instrument was then adjusted on the basis of the findings of the pilot test and the final version was developed thereafter. Data collected using was subjected to quantitative and qualitative analysis procedure. Descriptive statistics such as percentages and frequencies and inferential statistics such as Pearson correlation was applied to analyze specific objective of the study and therefore test the significance of the relationship between the administrative financial functions and the quality of health delivery to patients in Vihiga hospital. They were presented in form tables and figures. Content analysis was applied to data which are qualitative in nature especially those collected from open ended statement in questionnaire and interview schedules. They were presented in terms of the themes using verbatim and narrations.

IV. FINDINGS

A. Quality Healthcare Delivery:

The hospital staffs were asked to state the extent of quality healthcare delivery in Vihiga County Hospital from very low extent, low extent, moderate extent, high extent and very high extent. The results are as shown in Table 1

Table 1: Pertinent results on Operational Cost

Quality in Health Care delivery	VLE	LE	ME	HE	VHE	Mean
I attend to patients in time without delays as soon as they stepped to the hospital.	2.5% (3)	3.4% (4)	19.3% (23)	54.6% (65)	20.2% (24)	3.2
I give necessary services within stipulated time lines	0.8% (1)	1.7% (2)	19.3% (23)	51.3% (61)	26.9% (32)	3.4
The hospital medication and care is effective for patients to seek services from other health facilities	4.2% (5)	5.9% (7)	10.1% (12)	53.8% (64)	26.1% (31)	3.3
The services at the hospital are accurately at all times	3.4% (4)	4.2% (5)	18.5% (22)	47.1% (56)	26.9% (32)	3.3
The hospital staff are willing to help the patients	0% (0)	0.8% (1)	11.8% (14)	52.9% (63)	34.5% (41)	3.5
The hospital staff are accessible to the patients	0% (0)	0.8% (1)	9.2% (11)	48.7% (58)	41.2% (49)	3.6

From Table 1, majority of the staff indicated that they attended to patients in time without delays as soon as they stepped to the hospital at high extent as indicated by 54.6% (65) while 20.2% (24) at very great extent with a mean of 3.2. It was also revealed that staff gave necessary services within stipulated time lines at very high extent as indicated by more than half of the respondents (51.3%) with a mean of 3.4. In regard to the hospital medication and care is effective for patients to seek services from other health facilities, 53.8% (64) rated it at high extent and 26.1% (31) at very high extent with a mean of 3.3. The results also revealed that the services at the hospital are accurately at all times at high extent as shown by 47.1% (56) of the respondents while 26.9% (32) rated it at very high extent with a mean of 3.3. The hospital staffs are willing to help the patients at high extent as indicated by 52.9 % (63) and additional 34.5% (41) indicated at very high extent with a mean of 3.5. Lastly, the hospital staff are accessible to the patients at high extent as indicated by 48.7% (58) and 41.2% (49) of the staff indicated that they are accessible at very high extent with a mean of 3.6.

B. Level Patient Satisfaction on Healthcare Delivery:

When asked to rate their level of satisfaction on the quality of healthcare, more than half of the patient respondents (50.91%) indicated it was moderate with more than a quarter of them considering it low. Only 11.45% of the patients had satisfaction level above average. Some of the areas which patients directed their dissatisfaction were the lack of medicines, drugs and other requirements which forces them to buy outside the health facilities. Those patients who visited the health facilities alone had hard time going outside the facilities to look for these items and this demoralized from visiting the facility again. Other area identified was the long queue which the researcher observed while carrying out data collection exercise. The queues were long in outpatient department, MCH and laboratory. According to the patients, there was only one staff in pharmacy serving over 20 patients at ago. This made the patients to question service charter of the hospital which stipulated the maximum number of time expected to acquire for a particular service within the hospital. The delay in service delivery was also attributed to lack of sufficient staff and facilities as revealed during interview with head of various departments.

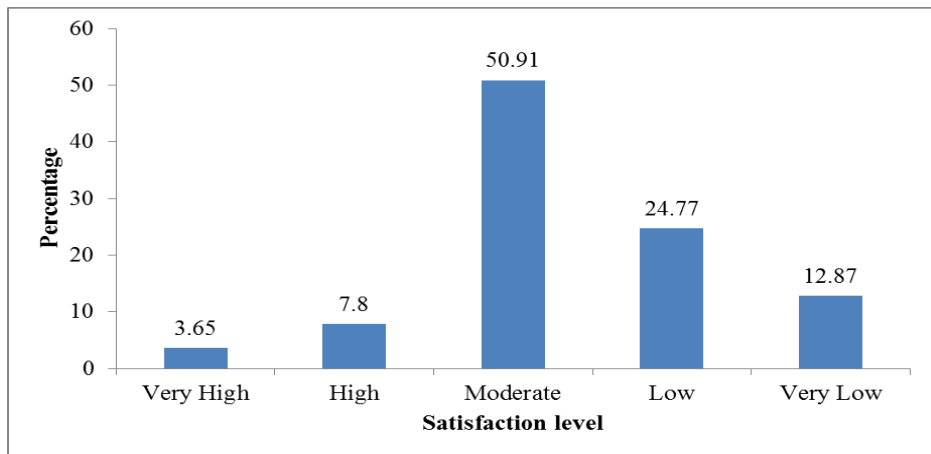


Figure 2: Patients Level of Satisfaction on Quality of Healthcare

Source: Field Data (2017)

Figure 2 shows satisfaction level of the quality healthcare delivery. The figure reveals that the quality healthcare delivery was at moderate extent (Mean=2.65) with only less than a quarter of the respondents indicating above moderate while 37.64 indicating as it as below moderate. This indicates that there are some rooms for improvement for quality healthcare to be high as expected from the patients and other stakeholders in health sector.

C. Quality Level of Health Services Provided:

The study sought to know the quality level of health services provided in the hospital. The results are as shown in Figure 3.

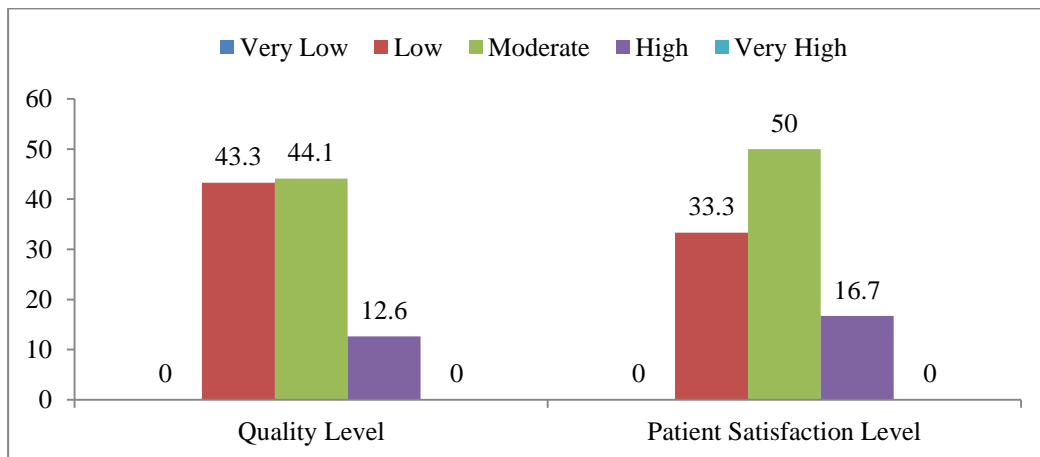


Figure 3: Level of Quality Health Care

Source: Field Data (2017)

From the findings small majority (44.1%) of the respondents indicated that there was moderate quality level of health services provided in the hospital while (43.1%) of the respondents indicated that there was low quality level of health services provided in the hospital. This implies that management in hospital needed to allocate sufficient finances, adopt effective communication channels, facility planning as well as increase employee's capacity to improve the quality level of health services provided in the hospital for effective and efficient service quality.

The study also sought to investigate the patient's satisfaction level to the care provided in the hospital. From the findings half of the respondents indicated that there was moderate patient's satisfaction level to the care provided in the hospital while 33.3% of the respondents indicated that there was low patient's satisfaction level from the medical care provided in the hospital. This implies that management in public health sector should ensure that patient's satisfaction level improved through effective and efficient medical care provided in the hospital and increase patient loyalty. Demirel, Yoldas and Divanoglu (2009) indicated that patient's dissatisfaction forces the patient to look for an alternative provider and spread negative word of mouth which would affective the corporate image of the hospital.

D. Descriptive Results: Administration Financial Function:

The hospital staffs were required to state their level of agreement on four statements related to administration financial function. The results are as shown in Table 2

Table 2: Descriptive Results: Administration Financial Function

Financial function effect on service quality in healthcare delivery	SD	D	N	A	SA	Mean
The available funding sources for the hospital are adequate to finance for requirements for Quality in healthcare delivery	0.84% (1)	22.69% (27)	24.37% (29)	44.54% (53)	7.56% (9)	3.352
The available funding for county hospital are adequate to facilitate timely medication for some patients in hospitals	0.84% (1)	20.17% (24)	21.01% (25)	43.7% (52)	14.29% (17)	3.504
The adequacy of funds in county hospitals is responsible for effectiveness of the treatment of patients	0.0% (0)	21.85% (26)	29.41% (35)	46.22% (55)	2.52% (3)	3.294
Prompt funding for medical supplies is responsible for efficient patient management	6.72% (8)	9.24% (11)	35.29% (42)	34.45% (41)	14.29% (17)	3.403

From Table 2, 44.54 % (53) of the sampled patients agreed that the available funding sources for the hospital are adequate to finance for requirements for quality in healthcare delivery while 7.56 % (9) strongly agree. With a mean of 3.35 and standard deviation of .94, there is high deviation from the mean (unsure). In relation to the available funding for county hospitals are adequate to facilitate timely medication for some patients in hospitals, 43.7 % (52) agreed and further 14.29 % (17) strongly agreed. With a mean of 3.50 and standard deviation of 1.00, majority of the respondents confirmed that administration financial function has enabled timely medication although the deviation was high.

Less than half of the respondents confirmed that the adequacy of funds in county hospitals is responsible for effectiveness of the treatment of patients of which 46.22 % (55) agreed and additional 2.52 % (3) strongly agreed. A mean of 3.29 reveals that minority of the respondent confirmed that the adequacy of funds in county hospitals is responsible for effectiveness of the treatment of patients while large standard deviation of .837 indicates the deviation from the mean is large. Similarly, less than half of the respondents confirmed that the promptness in funding for medical supplies is responsible for efficient patient management of which 34.45 % (41) agreed and additional 14.29 % (17) strongly agreed. With a mean of 3.40 and standard deviation of 1.06, few of the hospital staff respondents confirmed that prompt funding for medical supplies is responsible for efficient patient management although the spread from the mean (unsure) was high.

The interview also revealed that less than half of the respondents indicated that the level of financial allocation was satisfactory while the rest indicated that it was somehow satisfactory implying that some functions in their department were not adequately allocated which hindered their effectiveness of quality service delivery. One of the respondents revealed that what they requested during budgetary formulation is not what is allocated to them during disbursement thereby making them to work below their capacity. This was summarized in this statement from one of the staff respondents

The issue of finance is derailing a lot of health services and this affects the quality of services. It is very bad to tell a patient there are no services or drugs due to inability of health facility to procure them on time. We carry the blame as the citizen thinks we are involving in monkey business but the inability of administration to deal effectively with its financial function is to be blamed (interview, Staff, 2016).

This was found to affect reliability of health services delivery. This was related to lack of sufficient for purchase of quality medicines and drugs, construction of modern wards for in patients and provision of support facilities to patients such as medical equipment, wheel chairs and other diagnostic equipment which are need for quality service improvement.

E. Correlation between Administration of Financial Function and Quality in Healthcare Delivery:

The Pearson correlation analysis was used to examine the relationship between administration of financial function and quality in healthcare delivery of Vihiga County Hospital. In examining the effect of administration of financial function on quality in healthcare delivery of Vihiga County Hospitals shown in Table 3, the study established a coefficient of correlation (r) as 0.538**, P<0.01 at 99.0% confidence level. This shows that there exist a moderate and significant positive relationship between administration of financial function and quality in healthcare delivery of Vihiga County Hospital. This imply that the quality in healthcare delivery of Vihiga County Hospital increase with increase in administration of financial function and decrease in administration of financial function lead to decrease in quality in healthcare delivery.

Table 3: Correlation between Administration of Financial Function and Quality HealthCare Delivery

N=119		Quality HealthCare Delivery
Administration of financial function	Pearson Correlation	.538**
	Sig. (2-tailed)	.000

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

The results further revealed that enhancement in administration financial management function such as proper budget as per the requirement of each department, flexibility in the in budgetary allocation and diversifying their source of revenue would result to improvement in quality healthcare delivery. Proper administration of financial aspects influences responsiveness, reliability and assurance of service quality of healthcare.

V. DISCUSSIONS

The results revealed that majority of the respondents were of the opinion that administration financial function which entails monitoring, auditing, evaluation and accounting have effect on the quality service delivery as it ensured that fund allocation are utilized for purposes intended. It was revealed that financial mismanagement has compromised the quality of services in most public health institutions as the administration lack the capacity to carry out financial functions effectively. One of factors identified with administrative financial function was bureaucracy in most public sectors in financial management. These results to delay in the disbursement of funds thereby hinders in provision of quality healthcare services not only to the patients but also to other stakeholders within the health sector.

The hospital work on fixed budgets in their department and this limit their ability to cater for financial emergency. Using fixed funds especially in budgetary allocation make difficult for department to respond to new priority and new demands. One of the respondents revealed that, this kind of financial administration functions make it difficult for quality service delivery especially high inflation and fluctuation of foreign exchange. This is contrary Smee (2002) found that fixed budgets offered few incentives to maximize the effectiveness, quality, or quantity of care offered by hospitals.

It was revealed that better administration financial function would result to adequate funds through various channels thereby having the capacity to acquire better trained and specialized medical practitioners to deal with special cases in the health facilities. According to Oyekale (2017) most health sector in developing countries lack financial capacity that is need to have effective control such as oversight functions, tracking and reporting on allocation, utilization and disbursement of funds.

Inferential results indicated that administrative financial function has significant relationship with quality healthcare delivery. This implies that administrative financial function is significant predictor of quality healthcare delivery. Ejughemre (2015) found out that diversification of hospital funding in Nigeria has resulted to accessibility to services and quality of primary healthcare in Nigeria. Oketch (2012) indicated that there are valiant mechanisms for financing public health care in Kenya. These include but not limited to establishment of prepayment schemes, establishing a specific tax levies, issuance of health bonds, enhancing revenue collection as well as establishing mechanisms that would protect poor and other vulnerable from access quality care. In Kenya, Musyok et al. (2016) indicated that financial resources influenced the provision of service quality in public health sector in Kenya to a great extent. Low funding for Community

Health Workers programme in the country has adversely affected the delivery of health services especially at the grass-roots (Maureen, 2005). Fixed budgets offered few incentives to maximize the effectiveness, quality, or quantity of care offered by hospitals (Smees, 2002).

VI. CONCLUSION AND RECOMMENDATION

Administration staffing functions was found to have effect on the quality of healthcare delivery of Vihiga County Hospital. An improvement in staffing function of administration would result to increase in the quality healthcare delivered to the patients. Vihiga County Hospital was found to have few of experienced and skilled staffs who were handy in delivering effective treatment to the patients. However, some key areas lacked specialized staff and this affected quality service delivery. The hospital administration was found to have the functions of ensuring that staffs have the required skills to attend to patients as well as operate various facilities within the hospitals. The study concluded that administration plays significant role in ensuring parity in staff levels to workload in each department which has not been achieved in Vihiga County Hospital as the staff were overburdened and overwhelmed with the number of patients.

The findings revealed that funds management and allocation affected the quality of healthcare delivery; therefore there is need for hospital administration to come up with various funding strategies that would ensure there is sufficient fund in public hospital. There is also need for effective and proper management of funds to ensure sufficient and equitable distribution of fund in all departments in the hospitals. This can be done by coming with parallel health service programme at extra cost and the proceeding can be used to fund other services which require a lot of funding. Further, the National government should have a dedicated funds allocate to level five and above hospital to supplement county government allocations. Policies regulating the use of resources in the hospitals should also be implemented to avoid misuse of funds by those in authority and hence making it hard to access enough equipment's for the provision of health services.

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