

**PERFORMANCE MANAGEMENT PRACTICES AND HEALTH SERVICE
DELIVERY IN PRIVATE HEALTH HOSPITALS: A CASE OF LWALA HOSPITAL
IN KALAKI DISTRICT**

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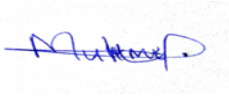


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DECLARATION

I, MULEME IBRAHIM, do declare that, this research report is my original work and has never been presented to any other University or any Institution of Higher Learning for any award of Diploma or Degree.

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APPROVAL

This research report entitled performance management practices and health services delivery in a private health sector a case study of lwala hospital in kalaki district has been carried out under my supervision and is now ready for submission to the Department of Business and Administration for approval in Partial Fulfilment of the Requirement for the award of a Master's Degree in Business Administration of Uganda Christian University.

Signature 

Name: Mr. OMACHE HENRY

DEDICATION

I dedicate this research proposal to my mother Mrs. Zam Babirye Kaggwa and my mentor Mr. Matovu Ibrahim former head master Kawempe Muslim Secondary school and Kibuli Secondary

ACKNOWLEDGEMENT

I'm thankful to God who has given me life enabled me to finish this research dissertation successfully. Thanks to my supervisor Mr. Omache Henry for the guidance and positive feedback. I also appreciate Lwala Hospital management for granting me permission to carry out my research. Finally, I thank my family and classmates for the support rendered to me.

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LIST OF ABBREVIATIONS

CVI-Content Validity Index

MBO-Move to management by objective

MBR-Management by Results

MoH- Ministry of Health

QIA's-Quality Improvement Activities

SAQs-self-administered questionnaires

SPSS-Statistical Package for Social Scientists

U.S-United States

UNMHCP-Uganda National Minimum Health Care Package

ABSTRACT

The study examined the effect of performance management practices on health service delivery in Lwala Hospital. The objectives of the study included; to examine the effect of performance target setting; performance evaluation on health service delivery. The study adopted a cross-sectional design with a mixed approach. The study population was 80 respondents from which a sample size of 63 was selected. Simple random and purposive sampling techniques were employed in selecting the respondents. The data collected in this study was analysed quantitatively with the help of SPSS and qualitative analysis was done thematically. The study findings indicated that; performance target setting is significantly correlated to health service delivery at Lwala Hospital by 41.1% at $p= 0.003$. performance monitoring is significantly correlated to health service delivery at Lwala Hospital by 27.5% at $p= 0.056$ and performance evaluation is significantly correlated to health service delivery at Lwala Hospital by 41.2% at $p= 0.003$. The study recommends that; the management of the hospital should put more emphasis towards ensuring that the hospital staff actively participate in setting their own goals. There is need for more efforts to be directed towards ensuring that the supervisors regularly monitor the performance of the staff in the hospital. The management of Lwala Hospital should put more emphasis on ensuring routine evaluation of the performance of the hospital staff.

CHAPTER ONE

GENERAL INTRODUCTION

1.0. Introduction

The study was set out to examine the effect of performance management practices on health service delivery in Lwala Hospital. The independent variable is performance management practices and the dependent variable is health service delivery. This chapter of the study entails the background to the study, statement of the problem, research objectives, research hypothesis, scope of the study, significance of the study, definition of key terms and conceptual framework.

1.1 Background to the study

the background of the study is set to cover the historical perspective, theoretical perspective and conceptual perspective as follows;

1.1.1 Historical Perspective

The desire for health care services has continued to raise globally and health care provision has become one of the Sustainable Development Goals. States are playing a significant role in ensuring the discharge of social services to its citizens. The history of healthcare quality prior to 1960 is a fragmented collection of unrelated events rather than a streamlined organized effort. In order to appreciate how these events have evolved as the foundation for healthcare quality improvement, broad categories have been developed to identify global innovations in Europe, Asia and United States (U.S.). Much of the history is so embedded in day-to-day medical-surgical practice and Quality Improvement Activities (QIA's) that it is taken for granted (Gladwell, 2006). In the US for instance by the early 1700s, emphasis was put on training and apprenticeship and the first

medical school was established at the University of Pennsylvania to help promote quality health care.

The origin of performance management practices is derived from the company/organization's effort to apply the analysis of cost-benefit and organization output budgeting for programs and activities during the period of 1960s and towards the move to management by objective (MBO) movement in the periods of 1970 and it spread to different countries like Beirut, Australia, New Zealand and Canada (Busingye, 2018). Although it should be noted that many managers regarded these exercises as experimental and could perform them as one-off activities to manage the performance of employees and receive better results in terms of client satisfaction and quality work (Hanine, 2003). Performance management practices were actively implemented in the 1980s mainly by private and public organizations around the world and many people stopped viewing it as a concept of the academia. This resulted into several performance management practices adopted by organizational management in different organizations from the time (Hanine, 2003) According to (Nambi, 2018), performance management practices in Uganda are said to be comparatively new in the health sector. Within the concept of health care upon which this study was anchored, for nearly two decades, Uganda has been executing health sector reforms. The developments comprised of; the introduction of the results-oriented management in the public sector and the reorganization of the management of health care workers from central to local governments, (Lutwamao, Roos, & Dolamo, 2013).

1.1.2 Theoretical Perspective

The study was guided by the Theory of Target Setting and Task Performance by Locke & Latham (1990). According to Locke and Latham (2002) the primary objective of setting targets is that specific targets lead can easily lead to high performance than when people strive to simply give their best. The theory suggests that to stimulate high motivation and performance, target must be

specific and difficult. The specific target affects motivation by encouraging people to contribute more inputs to their jobs and helps people to focus their inputs in the right direction and the difficult targets are hard but not impossible. Regardless of if the targets are difficult or specific, when managers set these targets; their subordinates must accept the targets or agree to work towards attaining them (Jones and George 2006). Such targets have a positive effect on performance of individuals groups, organizational units as well as the entire organization (Baum and Locke, 2004). Through giving direction and setting standards against which monitoring of progress can be done, difficult targets can easily guide staff and refine their performance (Baum, Locke and Smith, 2001). However, the theory has criticisms given that employees focus so intently on their target that they may ignore other aspects of their job (PSU, 2012). Target setting theory focuses on how targets relate to job performance but does not take into account the “why” and does not account for why setting target is linked to performance.

The study will also adopt Management by Objective Theory by Peter Drucker (1954). Management by Objective also known as Management by Results (MBR) was propounded by Peter Drucker in his 1954 book “the practice of Management”. It is defined as a process or system designed for supervisory managers in which a manager and his or her subordinate sit down and jointly set specific objectives to be accomplished within a set time frame and for which the subordinate is then held directly responsible (Thomson 1998). The theory is a performance management approach in which a balance is sought between objectives of employees and the objectives of an organization. The theory is based on the thinking that various hierarchies within companies need to be integrated. The essence of Peter Drucker’s principle: Management by Objectives is to determine joint objectives and to provide feedback on the results. Setting challenging but attainable objectives promote motivation and empowerment of employees. By

increasing commitment, managers are given the opportunity to focus on new ideas and innovation that contribute to development and objectives of organization.

1.1.3 Conceptual Perspective

Performance management is defined as a strategic and integrated approach to delivering sustained success to organizations by enhancing performance of the staff and by developing the capacities of individuals and their teams to ascertain their immense contribution (Ndanyi 2019). It is a pivotal unit of human capital management that facilitates the effective and efficient utilizations of an organisation's valued resources (Ndanyi 2019).

Performance target setting; According to Armstrong (2006) at the beginning of each year, strategic and functional leaders meet with the boss to discuss and set target for the coming year. The resolutions are cascaded through the organization and employees and their leaders ensure that they set programmes, department, team and individual objectives that align with and contribute towards the achievement of corporate and business target. The cascaded target helps leaders and employees adjust their target, priorities and plans, but individual target setting begins any time. The process reflects collaboration and discussion between the employee and supervisor to ensure that targets are aligned, meaningful, challenging and measurable. Employee target are updated as necessary to reflect changes in priorities and new opportunities (Muduwa, 2021).

Performance evaluation; In order to solve this puzzle, organizations are highly encouraged to evaluate their previous performance and align it to their future objectives. The process of this evaluation does not end with the good performance of an organization. The process needs to trickle down to individual levels according to the findings by Van Soelen, (2013).

Performance monitoring; This refers to checking on the set goals, whether they are being achieved or not as they have been agreed upon on the start of the planning year (Namirimu, 2018). She

further alludes that performance monitoring entirely deals with supervising activities in progress to observe whether they are being achieved as expected on obtaining the stated objectives and the set targets for that period.

World Health Organization (2013) defines health service delivery to include: timely disease diagnosis, timely treatment of patients, access to the health unit, availability of drugs and medicines, availability of surgical services, availability of health infrastructure, availability of staff and availability of blood transfusion services in a hospital facility. For purposes of this study, health service delivery was conceptualized in terms of quality of health care services, efficiency/reduced patient complaints, accessibility to health services and timeliness.

Quality of service is the degree to which a provided activity promotes customer satisfaction (Ferguson and Huston, 2008).

Service is an economic activity in which an immaterial exchange of value occurs (Besley, Timothy and Ghatac, 2006) Timeliness means providing a service at an appropriate or opportune moment in time (Aktas, Rabia and Kargin, 2011).

1.1.4 Contextual Perspective

The concept of performance management is relatively new in the Ugandan health sector and lacks documented proof of practice. A number of health sector reforms have been implemented in Uganda to improve access and strengthen the health care sector including the decentralization of responsibility for delivery of health services and management of health care workers from the central Ministry of Health (MoH) to the local governments as well as the introduction of the Uganda National Minimum Health Care Package (UNMHCP) and the restructuring of the Ministry of Health (Peters, Lucas, Bishai, Peterson, Rahman, Okui, Ekirapa-Kiracho, and Pariyo, 2009).

While some components of the health sector reforms have shown favourable results such as the increase in immunization coverage and subsequent decrease in infant mortality rates, diminutive emphasis has been put on the management of healthcare workers (Muriisa, 2008). Human resource management challenges have been reported in Uganda including weak performance management of health care worker both in government and private hospitals. Several performance management reforms have been adopted in Uganda and mainly these have been focused on health service delivery facilities in the last decade and among these include result-oriented management framework, performance rewards, digital check in and checkout system, performance contracts for all heads of units/divisions and balanced score card framework, little or no significant output has been registered (Transformation Paper: MoPS Uganda, 2011 as cited in Malowa, 2019).

However, despite these performance management initiatives aimed at improving service delivery, the health sector service delivery is not up to the required standard. According to the Ministry of Health Annual Sector Performance Reports for Financial Years 2013/2014 to 2016/2017, Lwala hospital remains among the poor performing health facilities despite the fact that its staffing levels are beyond average that is 75.4%.

1.2. Problem statement

Ideally, there seems to be a general belief that performance management coupled with proper target setting, monitoring and evaluation play a significant role in improving quality and uptake of health services (Verguet, et al., 2015).

Indeed, as empowered by the hospital management, Lwala hospital has always set targets to be achieved annually by all the staff, the hospital also monitors performance through annual performance appraisal exercises conducted by the department to ensure that the set targets are

being achieved and this has been accompanied by rewarding the most outstanding health practitioners in the district (Annual report, 2021).

However, the level of service delivery is still low at the hospital for instance, according to the Annual Performance Reports 2019/2020 to 2021/2022, the hospital remains among those offering unsatisfactory services with the staff underachieving their set target despite the fact that its staffing levels are beyond average that is 75.4%. The reports further revealed that the hospital has been performing below 70% of the national health targets which among others included deliveries, OPD capita, HIV testing in children born to HIV positive women. This state of affairs is a matter of concern to a number of stakeholders yet little research has been conducted. It is therefore necessary that this study is carried out to help come up with recommendations to help improve the situation at the hospital.

1.3. Objectives of the study

1.3.1. General Objective

To examine the effect of performance management practices on health sector service delivery in Lwala Hospital.

1.3.2. Specific Objectives

- i. To examine the effect of performance target setting on health sector service delivery in Lwala Hospital.
- ii. To establish the effect of performance monitoring on health sector service delivery in Lwala Hospital.
- iii. To establish the effect of performance evaluation on health sector service delivery in Lwala Hospital.

1.4. Research Questions

- i. What is the effect of performance target setting on health sector service delivery in Lwala

Hospital?

ii. What is the effect of performance monitoring on health sector service delivery in Lwala

Hospital?

iii. What is the effect of performance evaluation on health sector service delivery in Lwala

Hospital?

1.5. Scope of the study

1.5.1. Content Scope

The study was limited to examining the effect of performance management practices on the health sector service delivery in Lwala Hospital in Uganda. The independent variable is performance management practices with dimensions of target setting, performance monitoring and performance evaluation. On the other hand, the dependent variable is health sector service delivery measured by quality of health care services, accountability and efficiency, accessibility to health services and customer satisfaction.

1.5.2. Geographical scope

The study was centered on Lwala Hospital in Eastern Uganda. The hospital is located in Otuboi sub-county, in Kalaki District, off of the Soroti–Dokolo–Lira Road, approximately 56km, northwest of Soroti Regional Referral Hospital, in the city of Soroti. Lwala Hospital is located about 72 km, by road, southeast of Lira Regional Referral Hospital, in the city of Lira and 346.1km from Kampala capital city of Uganda.

1.5.3. Time scope

The time period considered by this study was 2018 to 2022. This is sufficient time to evaluate the performance management practices in Lwala Hospital and health services delivery. This thus

became the basis for exploring whether health services delivery is related to performance management practices.

1.6. Significance of the Study

The findings of the study are likely to bring a positive impact in embracing the performance management initiatives in service delivery in health sector, form the basis of developing relevant and contextual variations in the adoption of performance management initiatives in various private institutions and counter the challenges of implementation of performance management initiatives in the country by identifying salient hindrances amongst key stakeholders including resistance to change and other structural setbacks thereby offering alternative routes to effective implementation of performance management initiatives. The institutions are likely to highly benefit from this research in carrying out their functions and implementation performance management initiatives:

The Government of Uganda and Institution Administration: The findings may assist the relevant Government ministries in Uganda especially the Ministry of Health to come up with relevant and contextual policy guidelines on how to embrace performance management to enhance productivity, quality service delivery and competitiveness of the health sector.

The management of private institutions: The findings of the study shall benefit the management of institutions in establishing specific strategies and policies relating to the implementation of performance management initiative in Uganda, which is expected to help achieve high profitability and better performance. The study may go a long way in helping health workers, Health Management Committees in identifying their weaknesses so as to adjust appropriately where necessary by developing the right strategies aimed at improving health service delivery. The institutions may also benefit in achieving their vision and mission and realization of the national targets of health as espoused in the vision 2040.

Employees: The findings of the study would assist employees in understanding and embracing the performance management practices, as it will help in identifying their individual potential. This can assist them in pursuing personal development through relevant self-development initiatives.

Researchers and scholars: The study is going to generate literature that can be used to form basis for future research in performance management which is a primary concern for researchers. Scholars in health institutions management may appreciate the findings of this study to evaluate performance management vis-a-vis other result-based approaches in service delivery. The outcomes would assist future scholars in the health sector of the economy to appreciate the dynamic and turbulent economic environment, and the importance of provision of relevant health and skills training through standardized service delivery systems.

1.7. Study justification

Performance management practices in health sector service delivery is one of the major interventions in helping to improve health services with aim of contributing to the Sustainable Development Targets. However, the justification for this study is a need to examine the effect Performance management practices has on the health sector service delivery in Lwala Hospital and the rest of the country. For instance, the information gathered was used by the Directors of private health facilities to improve on services in the health sector.

1.8. Definition of key terms

Service Delivery is an immediate output of the inputs into the health system, such as the health workforce, procurement and supplies, and financing.

Public sector is economic and administrative life that deals with provision of a range of government services including infrastructure, public transportation, public education, health care, police and military services among others whether at national, regional or local level.

Performance Monitoring is the process of observing employees' performance on a continuous basis to ensure that the performance is in line with the set targets.

Performance Management Practices refers to performance planning, performance monitoring and evaluation; reward and recognition of performance.

Performance Agreement is an understanding between an employee and his or her supervisor clearly spelling out the performance targets that need to be achieved in a specified period of time.

Performance Measurement is the process by which an organization establishes the parameters within which programmes are reaching the desired results.

Performance Target is the measure of the intended level of performance to be achieved within a specified period.

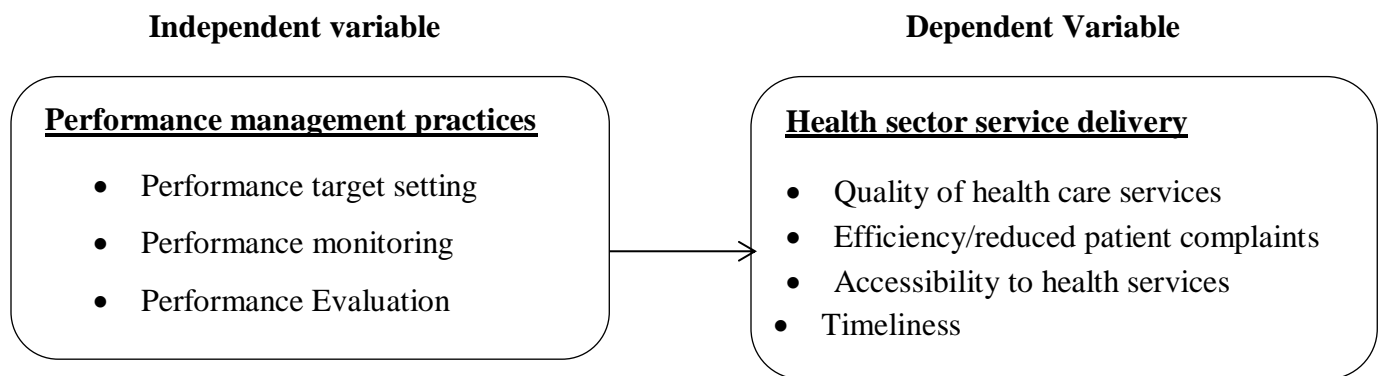
Public Service: means service in any civil capacity of the Government, the emoluments for which are payable directly from the Consolidated fund or directly out of monies provided by Parliament. The public service comprises of all persons duly appointed by the appropriate Service Commission or other relevant Appointing Authority to hold or act in any office in the public service.

Monitoring is the regular checking of progress against planned, continuing function that aims primarily to provide management and main stakeholders in ongoing intervention with early indications of progress, or lack thereof in the achievement of results.

Performance Evaluation is the assessment of performance of an employee in line with set objectives, activities, outputs and targets of a job over a given time period.

1.9. Conceptual framework

The Conceptual Framework is derived from Armstrong, 2001; US Office of Personnel Management 2011, Federal Employee View Point Survey Results, Office of Personnel Management, Final Report 2015.) The Integrated Performance Management Framework for the Uganda Public Service, July 2007.



Source: Armstrong, 2001 and modified by the researcher.

FIG. 1 Conceptual Framework

The conceptual framework in **Figure 1** indicates key variables and depicts the relationship between them. Performance Management practices is the Independent Variable and Health sector service delivery is the Dependent Variable. Health Service delivery is influenced by Performance Management Practices including performance target setting, performance monitoring as well as

performance evaluation of performance. However, there are moderating variables like Policies / Regulations/Circulars issued from time to time by the Ministry of Health.

1.10. Conclusion

In conclusion, this section presents the background, problem statement, purpose of the study, objectives of the study, research questions, the conceptual framework, the significance of the study and the justification of the study including its scope and also provided operational definitions of terms and concepts in respect to the proposed study. The next chapter reviewed related literature on the theories and the effects of performance management practices on service delivery in the health sector.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents review of relevant literature from available sources. It gives an overview of performance management practices in the private hospitals, and offers a critical analysis of how performance was introduced and operationalized, challenges to the implementation process and how other agencies around the world have tackled this particular process. The chapter presents empirical review and concludes with a concise summary of all literature

2.1 Empirical Literature Review

2.1.1. Performance Target Setting and Health Service Delivery

Performance targets are an important component of management control systems by serving as a standard against which performance is often evaluated in service at the end of a specified period. Thereby, targets largely determine bonuses, career prospects and promotion decisions to motivate service delivery efforts and retain employees (Mauya, 2015). Targets are a specific type of performance measurement, an incentive scheme and a quantitative expression of an objective to be met in future. Performance targets form an important component of management control systems by serving as a standard against which performance is often evaluated in service at the end of a specified period (Knies, Boselie, Gould-Williams & Vandenabeele, 2015). World Health organization describes targets as an incentive mechanism where an objective to be met in the future is established. Service delivery is the part of a health system where patients receive the treatment and supplies, they are entitled to. Performance target setting is an important component of performance management. Setting appropriate individual standards and targets is extremely important for effective performance of individuals and teams. Setting performance targets has been

a mechanism used in industrial psychology to motivate managers and workers to achieve specific organizational targets

Performance Target setting is an important mechanism for accountability. Targets play an important role in highlighting key policy targets and helping to motivate an organization to achieve the targets as they represent what the organization aspires to achieve. Targets are founded on the notion that when targets are explicitly defined more organized and efficient efforts will be made to meet the targets. That they can help organizations and practitioners focus on a manageable number of achievable targets and lead to system improvement (Muduwa, 2021).

Communicating to employees on what is expected in terms of performance and results through target setting is important. According to Landgon (1999, p. 54), “objectives are still useful for the communication of performance intent”. This argument is reinforced by Xavier, (2002, p. 33), who posits that clarifying expectations and the roles and responsibilities of employees through “clear communications and feedback can improve manager and employee effectiveness”. Additionally, Mills, (2002, p. 41) pointed out that “people who see the connection between their personal targets and the larger targets of the organization will have a greater impact on the achievement of those targets than people who see no such connection”

Mackie (2008) argues that target setting in public institution gives the government ammunition to prove to the public that public resources are being spent prudently. Setting targets ensure that there is focus in an organization and at the broader public service level; target setting may help in aligning different organizations which would ordinarily be reluctant to cooperate more especially in the health sector (Mackie, 2008).

Kinanga and Partoip (2013) in a study on linkage between employee productivity and participation in target setting found that most employees associated improved performance with performance target setting. These findings were similar to earlier findings by Kobia and Mohammed (2006).

Kogeiet *al.*, 2013 concluded that involving stakeholders in setting of targets would be crucial in ensuring greater transparency and accountability (Nzuve and Njeru, 2013). However, both the studies do not address health service delivery in a private hospital setting more especially in Lwala hospital.

In the public sector, performance target setting starts with the establishment of a Results Framework where each Ministry, Department or Local Government specifies its mission, objectives, key outputs and outcomes and performance indicators. The Results Framework however is subject to periodic review in line with changes in the national and institutional development priorities. All Ministries, Departments, and Local Governments develop Annual Performance Plans at the beginning of every financial year clearly indicating their targets for the financial year. The performance targets should be in line with the priorities in the National Development Plan, the sector plan, and the policy statement (Uganda Public Service standing Orders, 2010).

Just like any other public sector, performance target setting in the health sector is conducted at the beginning of every financial year during a performance planning session that reflects the record of the individual performance outputs, indicators and targets that contribute to the achievement of the sector's overall targets (MOPS 2007). The targets which are jointly discussed between the supervisor and the supervisee should be in line with the national health sector priorities. The targets should be stated in measurable terms such as volume, time, units, cost, clients handled, reports and meetings among others (Ministry of Public Service guidelines for managers and staff, 2007). With relation to the Lwala hospital, once the individual performance plan is developed by the employee, it is then discussed and agreed upon with the immediate supervisor (MOPS 2007). It is of ultimate importance for staff to know what is expected of them prior to drawing out their work plans. The target is the benchmark or standard expected to be derived from the performance plan (Armstrong

& Baron, 1998). It is important to state targets that are measurable in terms such as volume, time, units, cost, and clients handled, reports, etc. (Armstrong & Baron, 1998). Another important aspect of performance measurement in the health service is that if results are not measured, it is difficult to tell success from failure. Service provision or delivery is an immediate output of the inputs into the health system, such as the health workforce, procurement and supplies, and financing. It is therefore believed that once resources are allocated, targets set, monitored, the health sector should be able to achieve.

2.1.2. Performance monitoring and health sector service delivery

Performance monitoring is overseeing activities being done to ensure that they are being done the right way and that they are on course in meeting the objectives and performance targets for organisational effectiveness (Namirimu, 2018). Monitoring is an activity that involves continuous and systematic checking and observing a program or project. Performance management is concerned with encouraging behavior that leads to attainment of the organizational objectives. It creates shared understanding on how to improve performance by agreeing what needs to be done and how achievement will be measured (Armstrong, 2006). Additionally, (Buytendijk, 2009) contend that a good performance management system should focus on outcomes and not outputs. In public organizations, performance management is seen as a form of political communication (Lin and Lee, 2011). In other words, performance management is a management tool that aims at aligning targets of the principal and the agent in a manner that creates a shared vision.

The diversity of research that explores performance monitoring suggests that monitoring may be defined differently depending on whom one asks. According to Stanton (2009), monitoring is not usually defined, but rather presented as a list of techniques. For example, DeTienne (1993) listed telephone call accounting, keystroke or computer time accounting, cards and beepers to monitor

locations, computer file monitoring, screen sharing capabilities, telephone call observation, and video camera observation. The emphasis here is that monitoring includes surveillance, tracking, observation, and recording functions.

According to Armstrong (2006), performance measurement is the process of establishing achievements and gaps in order to provide feedback. Dooren (2006) argues that performance measurement in public sector should lead to data that feeds in to public policy. She further states that a quality performance measure should be able to measure what it is supposed to measure. Performance contracts are based on employing performance indicators that are meant to measure performance. In coming up with indicators, care should be taken to ensure that they are effective. Letsoalo (2007) argue that performance monitoring enhance performance both for the individual and the organization. Mackie (2008) avers that performance monitoring will only succeed if there is ownership at all a level. Performance monitoring does not always lead to positive consequences (Kariuki, 2011).

Any performance measurement should be enhanced by regular monitoring, review and analysis of key performance indicators (Gibb, 2002). In order to have an effective management system, performance should be monitored continuously.

Other than the identification of performance gaps and having them addressed, performance monitoring leads to identification, evaluation and development of training needs in order to improve the capacity to perform. This helps employees to keep with the challenges and changes at the work place and encourage good performance (US office of personnel management, 2011).

The way in which performance is evaluated may also influence in the future the effort put into reaching performance again. If a civil servant believes he/she has reached an outcome that equals performance but the performance appraisal is poorly done in the public institution, he/she will

decide not to put so much effort in work in the future because has no recognition of his/her merits. This recognition may come under the shape of financial rewards or not. In addition, if a civil servant believes that it is not enough to put only effort in order to reach performance, but he observes that factors such as loyalty or camaraderie are being rewarded over efforts that lead to improved performance, efforts may be compromised (Tomovic, 2001).

2.1.3. Performance Evaluation and Health Service Delivery

Performance evaluation has been described refers to the process of identifying, observing, measuring, and developing employee performance in organization” (Carrol&Scheider, 2012). Performance evaluation is significant to existing human resource systems and especially with regard to organizational strategy. A study carried out in UK by Amber Qureshi (2013) on impact of performance management: an analytical investigation of the business model of McDonalds on the organizational performance, found out that Performance evaluation sessions conducted each year in McDonalds motivates the employee to work harder and harder. Further, performance evaluation processes lead to training and development to the employees as well as the reward management. These factors also drive the average worker to work more and more efficiently in McDonalds. Based on the research study conducted by Omboi et al (2011) appraisal systems within an organization is a stand-alone perquisite that ensures the proper selection, training and employee motivation. Wright, Gardner and Moynihan (2013) ran research whose results support the notion that businesses which manage employees by using more progressive HR practices can expect to see higher operational performance as a result. When employees are managed with progressive performance evaluation, they become more committed to their organization. Performance evaluation can and should be linked to performance improvement process and can also be used to identify training needs and potential, agree future objectives, support a career development and solve existing problems (Brown & Benson, 2013).

Edvardson(2005 as cited in Wambua, 2017) allude that comparing expectations and service health service delivery is normally viewed as a set of activities done by an organization aimed at generating value of which includes specific activities to stake holders as well as other organizational activities that are part of the creation and value-addition processes like leadership and management skills, structural operationalization of structures, customer based relationships and not services offered only.

In his study, Nyamboga (2016) analyzed the significance of performance evaluation. The study found that performance evaluation greatly influenced employee performance at the bank. Fletcher (2010) states that Performance evaluation has widened as a concept and as a set of practices and in the form of performance management has become part of a more strategic approach to integrating HR activities and business policies.

Kirai and Kisang (2016) sought to establish the effects of performance evaluation on employee motivation at Equity Bank in Kenya. The key finding was that objectivity of performance evaluation and feedback positively influenced service delivery in the bank. This study considered motivation but however, in this specific study, health service delivery was considered and in the context of private health facilities more so Lwala Hospital in Kalaki.

Mullin (2010) allude that a good performance evaluation system depends on the attitudes of the employees towards the evaluation tool in the public sector, the aspect of accountability for their operations and the service delivery indicators used to measure the "Es" of effectiveness, economy and efficiency.

2.4. Summary of Literature Review

Mackie (2008) argues that target setting in public institution gives the government ammunition to prove to the public that public resources are being spent prudently. However, this study was not specific on how target setting influenced health service delivery and hence a contextual gap.

Amber Qureshi (2013) found out that Performance evaluation sessions conducted each year in McDonalds motivates the employee to work harder and harder. However, this study focused on employee motivation and no mention was made on health service delivery and hence this gap was bridged by looking at health service delivery in Lwala Hospital. Further, Nyamboga (2016) found that performance evaluation greatly influenced employee performance at the bank. However, the focus of Nyamboga (2016) study was on bank and these have a different work environment from hospitals and hence this contextual gap was filled by focusing on Lwala Hospital.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents the methodology that was employed by the researcher in the study. It presents the research design, study population, sample size and selection, sampling techniques, research methods, study instruments, measurement of variables, reliability and validity, data analysis, ethical considerations, limitations and conclusion.

3.2 Research design

A cross-sectional research design with both quantitative and qualitative research approaches were adopted. A cross-sectional design involves producing a ‘snapshot’ of a population or analyses of particular situations, events or phenomena at a particular point time (Creswell, 2013; Cohen, Manion, & Morrison, 2007; Thompson & Panacek, 2007). With a cross-sectional design, data relating to the study variables (performance management practices and health service delivery) was obtained from Lwala Hospital a single point in time. This research design was used because it is time saving, cheap to administer and there is a stronger likelihood of participation as observations in the selected group are recorded at a single point in time (Creswell, 2013; Cohen et al., 2007; Thompson & Panacek, 2007; Amin, 2005). Besides, this design is suitable for collecting both quantitative and qualitative data. The quantitative approach was adopted because the proposed study drew statistical inferences. The qualitative approach supplemented the quantitative approach by providing detailed information in form of statements from interviews for in-depth analysis (Fassinger & Morrow, 2013).

3.3 Study population

The population of this study was 63 respondents (29 employees, 5 Top Management staff and 29 clients) (Staff Register and outpatient register, 2019). Due to time and cost constraints, the researcher carried out the study on part of the target population, which is more accessible.

Table 3.1: Study Population, Sample Size, and Sampling Technique

No	Category	Study Population	Sample Size	Sampling Technique
1	Top Management Staff	5	5	Purposive sampling
2	Health workers	35	29	Simple random sampling
3	Outpatient clients	40	29	Simple random sampling
	Total	80	63	

Source: staff register, 2022

3.4 Study Sample

The sample size of the respondents in the study was 63 out of the study population of 80 determined basing on the table for determining sample sizes from a given population (Krejci & Morgan, 1970). All the top management staff were purposively selected for in-depth information.

3.5 Sampling Techniques

The sampling techniques used were simple random sampling and purposive sampling;

3.5.1 Simple Random Sampling

The sampling technique allows respondents an equal chance of being selected for a given sample. Erlandson (2014) asserts simple random sampling allows the selection of a good sample of respondents for a study. The technique was used as it was free from errors, population was equally represented and it required least knowledge of the population participating in the study. The technique was used to select health workers and support staff.

3.5.2 Purposive sampling

Purposive sampling relied on the judgment of the researcher when choosing who to ask to participate in the study. Purposive sampling was used because it allowed the researcher to exercise personal judgement in choosing a “representative” sample to suit the needs of the study, or to specifically approach individuals with certain characteristics relevant for the study (McClave et al., 2005). The advantage with purposive sampling was that it was time and cost-effective to perform and generates a range of responses which are particularly relevant in qualitative research (Rahi, 2017; McClave et al., 2005). Purposive sampling was used to select the top management staff who participated in the study in order to obtain in-depth information for qualitative analysis.

3.6 Sources of data

Primary sources: According to Kothari (2004), primary data are those which are collected afresh and for the first time, and thus happen to be original in character. It is original in nature and directly related to the study problem and current data. Primary data are the data which the researcher collects through various methods like interviews, surveys and questionnaires.

Secondary Sources: Kothari (2004) on the other hand defines secondary data are those which have already been collected by someone else and which have already been passed through the statistical process. They are publications written by authors who were not direct observers or participants in the events described, but are merely reporting on the work that someone else did. The most popular secondary source is a textbook. Secondary data are the data collected by a party not related to the research study but collected these data for some other purpose and at different time in the past. If the researcher uses these data, then these become secondary data for the current users. These may be available in written, typed or in electronic forms.

3.7 Data Collection Methods

The study utilized both qualitative and quantitative data collection methods. Primary data was obtained using questionnaires as well as interviews. Secondary data was sourced from reading literature.

3.7.1 Questionnaire Survey

The study used a quantitative survey involving established hospital staff as respondents. Thus, the data collection method adopted was the survey, which involved the use of self-administered questionnaires (SAQs). The method enabled the researcher to cover the respondents quickly and at reasonable cost (Bordens & Abbott, 2011). The SAQ based method was also very suitable for the sampled respondents (academic staff) because they could easily respond to the questions because of their proficiency in the English Language which was used in the questionnaire survey.

3.6.2 Interviews

An interview survey also called a face-to-face research method is a research method that was utilised when a specific target population was involved. The purpose of conducting a personal interview survey was to explore the responses of the people to gather more and deeper information. Personal interview surveys were used to probe the answers of the respondents. The method was chosen because people were more likely to readily answer live questions about the subject. The method also eliminated biasness while collecting the data. Open-ended questions were used through interviews due to the fact that the respondents may find it more convenient to give in-depth response (Sincero, 2012). This tool was administered to the key informants and these mainly included the five members of the top management team of Lwala Hospital.

3.7 Validity and Reliability of the data collection instruments

Validity and reliability were two judgmental criteria for assessing the quality of a research work.

They were both very important within quantitative and qualitative research.

3.7.1 Validity of the instruments

The study established content related validity through consultations with the researcher's supervisors and peers. The test of content validity was established through inter judge with two research consultants. Each judge would rate the items on a two-point rating scale of Relevant (R) and Irrelevant (IR). The computation of CVI (Content Validity Index) would be done by summing up the judges' ratings on either side of the scale and dividing by two to get the average as follows;

$$\text{CVI} = \frac{\text{Agreed items by both judges as suitable}}{\text{Total number of items being judged}}$$

$$\text{CVI} = 28/31 = 0.84$$

Going by the CVI value of 84%, the study tool was declared valid since this is higher than the recommended 0.7 as per George and Mallery (2003).

3.7.2 Reliability of the instruments

The reliability of the instruments was tested using the test re-test method of reliability and Cronbach alpha tests to determine the reliability index. Effectiveness of performance management and health service delivery was measured using (Alexander *et al.*, 1995) measure whose reliability and validity has been tested and found satisfactory in previous studies. The Alpha Cronbach Coefficient was Alpha = 0.81 (Appendix II) showing that construct validity. The reliability coefficient Alpha is supposed to be above 0.5 to show that there is reliability. The closer to one the CVI the more valid the instrument will be if it is used.

3.8 Research procedure

An introductory letter was obtained from the university introducing the researcher to the management of the hospital. Before collecting data from the respondents, they were assured of the confidentiality and guaranteed that data collected was used for academic purposes. Appointments were made with the selected respondents to allow them fix their own convenient time of participating in the study. While administering the interviews, the researcher wrote down the major points. Thereafter, data was coded, analysed, and the report written.

3.9 Analysis of Qualitative data

Qualitative data obtained through interview was analysed using content analysis method which according to Leedy & Ormrod (2001) involves “a detailed and systematic examination of the contents of a particular body of materials for the purpose of identifying patterns, themes, or biases.” With content analysis, the researcher achieved the highest objective analysis possible by reviewing all forms of human communication with respondents during the interview sessions with specific focus on exploring verbal, visual, behavioural patterns, themes, or biases.

The initial step involved sorting and arranging data into two themes (namely; performance management practices and health service delivery) depending on the content. The researcher read through the entire data in order to get a general understanding of the data collected. Data was then arranged according to the sub-themes for each of the study variables. The arrangement of the data was in a manner that the data for the sub-themes and the main themes on each of the variables were aligned to the research objectives from which lessons learnt on performance management practices and health service delivery were deduced for reporting in a narrative form. The data was analysed and organized based on patterns, repetitions and commonalities into themes and sub themes according to the study variables. While analysing qualitative data, conclusions were made

on how different variables are related. Data was presented in form of notes, word-for-word transcripts, single words, brief phrases and full paragraphs (Powell & Renner, 2003) or using the verbatim (narratives) as explained by the interviewee. Quotations from respondents were used in this study so as to strengthen the interpretation. Qualitative data was used to reinforce data obtained using the questionnaires in order to derive conclusion and recommendations about the study variables.

3.10 Analysis of Quantitative data

The data collected by use of questionnaire was arranged, coded, edited for consistency and later entered using Statistical Package for Social Scientists (SPSS) version 23. This helped the researcher to summarize coded data and assist in quick interpretation of results. Descriptive statistics such as; frequency tables, percentages, mean and standard deviations helped the researcher to analyze, interpret and transform data acquired into meaningful information. Correlation analysis was used to find the relationship between performance management practices and health service delivery. In order to examine the effect of the independent variable (performance management practices) on the dependent variable (health service delivery), regression analysis was out using (SPSS) version 23. Inferential statistics were also applied to show the degree and direction of the two variables under study.

3.11 Measurement of the Variables

Measurement is defined as the process of transforming abstractly conceived concepts into numerical qualities, Amin (2005). The researcher in this study used a five (5) point Likert scale of 5-strongly agree, 4-agree, 3-uncertain, 2-disagree, 1-strongly disagree as outlined by Kothari (2004) different items were formulated to collect data on demographic characteristics and variables under investigation.

3.12 Ethical Considerations

In this study, the researcher upheld the ethical principles of privacy, informed consent, anonymity, confidentiality, and avoid plagiarism. Informed consent was upheld by obtaining the consent of the respondents, who are participants in this case, before involving them in the study. Indeed, informed consent was the basis of the implicit contractual relationship between the researcher and the participants in Lwala Hospital as most of the facts about the study was brought to the attention of the participants for the purpose of helping them make decisions relating to participation in the study. Consistent with Greener (2008), participants were informed about the purpose of the study, benefits of undertaking the study, their role in the research study, potential benefits and risks of the study to participants, expected duration of the study, and how the required confidentiality was ensured, and how participants could withdraw their consent at any time. Participants were also informed what would happen to the data that was collected from them, and how the researcher kept and dispose of the data collected from the participants, all of which were important in determining their decision to participate in the study. Respondents were not in any way coerced to participate in the study but rather by their free will.

Seeking informed consent from participants guaranteed that they were well informed of the facts related to the study (or aims, objectives, and consequences of their participation) that would be likely to influence their decision to participate in the study (Diener & Crandall, 1978).

Privacy of the research participants was upheld by ensuring that no personal data was collected from them. The researcher informed the participants of their right to privacy. For instance, to refusing to answer the questionnaire or to be interviewed, to obtain permission to participate in the study, to limit the time needed for participation in the study (Cohen et al., 2007). Besides, the responses obtained from participants were treated as confidential and used purely for academic

purpose. To ensure anonymity of the participants, all the participants in the research study remained anonymous and were identified throughout the study only by their social demographic characteristics. The researchers typically gathered and reported data in ways that kept the respondents' identity anonymous or confidential. Confidentiality was observed by restricting access of the data which identified participants and sought approval of the participants before disclosing any information relating to them (Cohen et al., 2007). Plagiarism such as appropriation of another person's ideas, processes, results, or words without giving appropriate credit was avoided in this study as it was both illegal and unethical.

CHAPTER FOUR

PRESNTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter consists of the presentation, analysis and interpretation of findings on performance management practices and health service delivery in Lwala Hospital. Data is presented in form of tables. The presentation in chapter have been done in line with the study specific objectives which include; to examine the effect of performance target setting, performance monitoring and performance evaluation on health sector service delivery. Both correlation and regression analysis were conducted ascertain the significance of the relationship between study variables.

4.1 Response Rate

The response rate was determined to ascertain if the questionnaires filled and returned were adequate enough to guide the analysis of findings. The findings on this are presented in table 4.1 below;

Table 4.1: Response Rate

Tool	Number Administered	Response	Percentage
Questionnaires	58	49	84%
Interviews	05	04	80%
Total	63	53	84%

Source: field data (2023)

Table 4.1 indicate that a total of 58 questionnaires were administered to the respondents and out of this, only 49 questionnaires were returned fully filled which formed a response rate of 84%. Out of the 05 planned interviews, only the researcher managed to contact only 04 interviewees were

conducted which formed a response rate of 80%. The overall response rate of the study was 84% which is above 84% as proposed by Arora and Arora (2003).

4.2 Respondents' Demographic Data

The study considered the bio-data of the respondents in terms of gender, age group, experience and education level. Findings on these variables are presented as follows;

4.2.1 Gender of the respondents

The study considered the gender of the respondents and data collected on this variable is presented in table 4.2 below;

Table 4.2: Gender of the respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
Male	29	59.2	59.2	59.2
Valid Female	20	40.8	40.8	100.0
Total	49	100.0	100.0	

Source: Field data (2023)

Table 4.2 above indicates that majority of the respondents 29(59.2%) were male and 20(40.8%) were female. The findings mean that majority of the respondents were male. This implies that more male participants were involved in the study but however, gender balance was considered and views were collected by from both genders.

4.2.2 Age of the respondents

The study considered the age of the respondents in terms of their age bracket. Data collected on this variable is presented in table 4.3 below;

Age bracket of the respondents

	Frequency	Percent	Valid Percent	Cumulative Percent
20 years and below	7	14.3	14.3	14.3
21-30 years	16	32.7	32.7	46.9
Valid 31-40 years	9	18.4	18.4	65.3
Above 41 years	17	34.7	34.7	100.0
Total	49	100.0	100.0	

Source: field data (2023)

Table 4.3 above indicate that 17(34.7%) of the respondents were above 41 years, 16(32.7%) were between 21-30 years, 18(18.4%) were 31-40 years and 7(14.3%) were 20 years and below. The findings mean that majority of the respondents were aged between 21-30 years and 41 years and above and this implies that these were 21-30 years implying that this category of respondents is mature enough and understand the importance of extending good health services to the people. It is also evident that people above the ae of 41 years tend to have many complications and often seek medical services from health facilities.

4.4.3 Education Level

The study considered the education level of the respondents in terms of whether one had a certificate, diploma, degree or master's degree. Data collected on this variable is presented in table 4.4 below;

Table 4.4: Education Level

	Frequency	Percent	Valid Percent	Cumulative Percent
Certificate	7	14.3	14.3	14.3
Diploma	17	34.7	34.7	49.0
Valid Bachelor's Degree	15	30.6	30.6	79.6
Master's Degree	10	20.4	20.4	100.0
Total	49	100.0	100.0	

Source: field data (2023)

Considering the education level of the respondents, table 4.4 above shows that 15(34.7%) were diploma holders, 15(30.6%) were bachelor degree holders, 10(20.4%) were masters degree holders and only 7(14.3%) had certificates. The findings mean that majority of the respondents had acquired some level of education and therefore understood the concept under this study thereby giving valid responses.

Legend

Description	Mean range	Scale	Interpretation
Strongly Agree	4.10-5.00	5	Very high/very satisfactory
Agree	3.10-4.10	4	High/satisfactory
Uncertain	2.10-3.10	3	Moderate/Moderate
Disagree	1.10-2.10	2	Low/Unsatisfactory
Strongly Disagree	0.00-1.10	1	Very low/Very unsatisfactory

4.3 Performance Management and Health Service delivery

4.3.1 Descriptive Findings on Performance Target Setting

This section was to examine the effect of performance target setting on health service delivery in Lwala Hospital. The data collected on this objective is presented in the table 4.5 below;

Table 4.5: Descriptive Findings on Performance Target Setting

Statement	1	2	3	4	5	Mean	SD	Comment
Targets for employees are periodically set by the hospital	12(24.5%)	13(26.5%)	3(6.1%)	12(24.5%)	9(18.4%)	2.86	1.500	Moderate
Employees are always encouraged to participate in setting performance targets	9(18.4%)	8(16.3%)	7(14.3%)	15(30.6%)	10(20.4%)	3.18	1.424	High
Employees are encouraged to set individual targets in relation to those of the hospital	13(26.5%)	7(14.3%)	5(10.2%)	11(22.4%)	13(26.5%)	3.08	1.592	Moderate
Supervisors are supportive in helping employees achieve the set performance targets	5(10.2%)	10(20.4%)	4(8.2%)	21(42.9%)	9(18.4%)	3.39	1.288	High
Targets are clearly communicated to staff	12(24.5%)	6(12.2%)	3(6.1%)	19(38.8%)	9(18.4%)	3.14	1.500	High
The set targets are always clear easily achievable	11(22.4%)	1(2.0%)	5(10.2%)	25(51.0%)	7(14.4%)	3.33	1.390	High
The hospital provides resources to ease achievement of set performance targets	6(12.2%)	16(32.7%)	6(12.2%)	10(20.4%)	11(22.4%)	3.09	1.397	Moderate
Performance targets are used by the hospital as a benchmark for proper accountability in health service delivery	13(26.5%)	7(14.3%)	10(20.4%)	15(30.6%)	4(8.2%)	2.80	1.354	Moderate
Overall Mean						3.108	1.431	High

Source: field data (2023)

On whether targets for employees are periodically set by the hospital, findings as presented in the table above reveal that 12(24.5%) and 9(18.4%) of the respondents agreed with the assertion, 13(26.5%) and 12(24.5%) disagreed with the assertion and only 3(6.1%) were uncertain. The calculated mean ($\mu=2.86$, Std. Deviation =1.500) implies the respondents were disagreeing with the statement. This implies that the hospital does not take the initiative to set employee targets and this can create laxity among the staff which may affect their levels of commitment towards their work.

An interviewee stated that;

“We always give the employees targets that they have to achieve so as to score their performance. By so doing, we have been able to come up with a list of those we should continue working with and those who should leave.”

On inquiring whether employees are always encouraged to participate in setting performance targets, results in the table above reveal that 15(30.6%) and 10(20.4%) agreed with the statement, 8(16.3%) and 9(18.4%) disagreed while 7(14.3%) were uncertain about the statement. The calculated mean ($\mu=3.18$, Std. Deviation =1.424) implies the respondents were agreeing with the statement. This implies the hospital gives an opportunity to the staff to participate in setting the performance targets and this means that the employees are always aware of their responsibilities.

Considering whether employees are encouraged to set individual targets in relation to those of the hospital, results presented in the table above show that 13(26.5%) and 11(22.4%) agreed with the statement, 7(14.3%) and 13(26.5%) disagreed while 5(10.2%) were not sure about the statement. The calculated mean ($\mu=3.08$, Std. Deviation =1.592) implies that employees are encouraged to set individual targets in relation to those of the hospital.

“All the staff are always called for a meeting and asked to set their own goals and so management bases on this to assess their general performance.”

Findings in the table above show that Supervisors are supportive in helping employees achieve the set performance targets as indicated by a mean 21(42.9%) and 9(18.4%) of the respondents who agreed with the statement, 10(20.4%) and 5(10.2%) disagreed while 4(8.2%) were not sure about the statement. The calculated mean ($\mu=3.39$, Std. Deviation =1.288) implies that by supervisors being supportive to the employees helps to give them morale to work hard and achieve their goals.

On inquiring whether targets are clearly communicated to staff, results in the table above show that 19(38.8%) and 9(18.4%) of the respondents were agreeing with the statement, 6(12.2%) and 12(24.5%) were disagreeing while 3(6.1%) were not sure about the statement. The calculated mean ($\mu=3.14$, Std. Deviation =1.1500) implies that setting clear targets for staff is crucial in creating awareness about what they are expected to do.

“Since the staff are clearly involved in goal setting, it is clear that they know what they are supposed to be doing and in fact management just re-emphasizes and reminds them of these goals.”

On whether the set targets are always clear easily achievable, findings in the table above reveal that 25(51.0%) and 7(14. %) agreed with the statement, 11(22.4%) and 1(2.0%) disagreed with the statement while 5(10.2%) were not sure about the statement. The mean score of 3.33 indicates a high level of agreement while the standard deviation of 1.390 indicates a high variation in responses. The findings mean that the set targets are always clear easily achievable.

On whether the hospital provides resources to ease achievement of set performance targets, results in the table above show that 10(20.4%) and 11(22.4%) of the respondents agreed with the statement, 16(32.7%) and 6(12.2%) disagreed with the statement while 6(12.2%) were not sure about the statement. The mean score of 3.08 means that the hospital provides resources to ease achievement of set performance targets while the standard deviation of 1.397 indicates a high variation in responses. The findings imply that providing resources to the staff helps to ease their achievement of goals.

“We give to all our staff everything they need to achieve the goals set for them straight away from ensuring a conducive work environment to the necessary equipment.”

On whether performance targets are used by the hospital as a benchmark for proper accountability in health service delivery, results in the table above reveal that 15(30.6%) and 4(8.2%) agreed with the assertion, 7(14.3%) and 13(26.5%) disagreed with the statement while 10(20.4%) were not sure about the statement. The mean score of 2.80 indicates that performance targets are not used by the hospital as a benchmark for proper accountability in health service delivery. The standard deviation of 1.354 indicates a high variation among the responses.

Table 4.6 Model summary on performance target setting

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	.414 ^a	.171	.153	.76391	.171	9.702	1	47	.003

a. Predictors: (Constant), performance target setting

Source: field data (2023)

To determine the effect of performance target setting on health service delivery, a simple regression analysis was undertaken (Table 4.6). The results revealed that performance target setting is significantly correlated to health service delivery at Lwala Hospital by 41.1% at $p=0.003$. In terms of the effect, performance target setting accounts for 17.1% (R Square) of the variations in health service delivery. This implies that performance target setting is significant determinant of health service delivery in Lwala Hospital.

4.3.2 Descriptive Findings on Performance monitoring

This section was to examine the effect of performance monitoring on health service delivery in Lwala Hospital. The data collected on this objective is presented in the table 4.7 below;

Table 4.7: Descriptive Findings on Performance Monitoring

	1	2	3	4	5	Mean	SD	comment
Supervisors regularly monitor employee performance against set targets	7 (14.3%)	13(26.5%)	4(8.2%)	11(22.4%)	14(28.6%)	3.24	1.479	High
There is a framework/tool for measuring individual performance in the hospital	5(10.2%)	5(10.2%)	9(18.4%)	20(40.8%)	10(20.4%)	3.51	1.227	High
Supervisors provides feedback on how employee are performing in relation to the set targets.	13(26.5%)	7(14.3%)	10(20.4%)	15(30.6%)	4(8.2%)	2.80	1.354	Mode rate
Employees in the hospital are encouraged to provide their opinion or suggestions on how their performance can be improved	16(32.7%)	6(12.2%)	3(6.1%)	16(32.7%)	8(16.3%)	2.88	1.563	Mode rate
Supervisors conducts quarterly and annual reviews to discuss of health workers performance	13(26.5%)	7(14.3%)	5(10.2%)	15(30.6%)	9(18.4%)	3.00	1.514	mode rate
Performance monitoring is conducted annually	8(16.3%)	18(36.7%)	5(10.2%)	10(20.4%)	8(16.3%)	2.84	1.375	Mode rate
Overall mean						3.045	1.419	Mode rate

Source: field data (2023)

On whether Supervisors regularly monitor employee performance against set targets, findings presented in the table above reveal that 11(22.4%) and 14(28.6%) of the respondents agreed with the statement, 13(26.5%) and 7(14.3%) disagreed while 4(8.2%) were not sure. The calculated mean ($\mu=3.24$, Std. Deviation =1.479) implies the regular monitoring of employee performance against targets assists to make timely reminders to the employees to work upon accomplishing their set targets.

“We always come around to check on our staff and see how they are working and this helps us to help those who need any special assistance to work”

On whether there is a framework /tool for measuring individual performance in the hospital, results presented in the table above reveal that 20(40.8%) and 10(20.4%) of the respondents agreed with the statement, 5(10.2%) and 5(10.2%) disagreed with the statement while 9(18.4%) were not sure about the statement. The mean ($\mu=3.51$, Std. Deviation =1.227) implies that the hospital has a framework /tool for measuring individual performance in the hospital.

On finding out whether Supervisors provides feedback on how employee are performing in relation to the set targets, findings from the table above indicate that 15(30.6%) and 4(8.2%) of the respondents agreed, 7(14.3%) and 13(26.5%) disagreed with the statement while 10(20.4%) were undecided. The mean score of 2.08 indicates a disagreement with the statement and the standard deviation of 1.354 indicates a high variation in responses. This means that Supervisors provides feedback on how employee are performing in relation to the set targets.

“We always give feedback to our staff regarding their performance here in the hospital because it is one of the sure ways of encouraging them to work more harder.”

On whether employees in the hospital are encouraged to provide their opinion or suggestions on how their performance can be improved, findings in the table above reveal that 16(32.7%) and 8(16.3%) agreed with the statement, 6(12.2%) and 16(32.7%) disagreed with the statement while 3(6.1%) were not sure. The mean score of 2.88 indicates disagreement with the statement and the standard deviation of 1.63 indicates a high variation in responses. The findings mean that employees in the hospital are not encouraged to provide their opinion or suggestions on how their performance can be improved.

On whether supervisors conduct quarterly and annual reviews to discuss health workers performance, results presented in the table above reveal that 15(30.6%) and 9(18.4%) of the respondents agreed with the statement, 7(14.3%) and 13(26.5%) disagreed with the statement while 5(10.2%) were not sure about the statement. The findings are supported by a mean score of 3.00 which signifies agreement with the statement and the standard deviation of 1.514 indicates a high variation in responses. The findings mean that Supervisors conduct quarterly and annual reviews to discuss health workers performance

Findings in the table above show that 10(20.4%) and 8(16.3%) of the respondents agreed that performance monitoring is conducted annually, 18(36.7%) and 8(16.3%) disagreed with the statement while 5(10.2%) were not sure about the statement. The mean score of 2.4 indicates disagreement among the respondents and the standard deviation of 1.375 indicates a high variation in responses. The findings mean that Performance monitoring is not conducted annually and this can pose a threat to the general performance of the hospital.

Table 4.8 Model summary on performance monitoring

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	.275 ^a	.076	.056	.80666	.076	3.852	1	47	.056

a. Predictors: (Constant), performance monitoring
Source: field data (2023)

To determine the effect of performance monitoring on health service delivery, a simple regression analysis was undertaken (Table 4.8). The results revealed that performance monitoring is significantly correlated to health service delivery at Lwala Hospital by 27.5% at $p= 0.056$. In terms of the effect, performance monitoring accounts for 7.6% (R Square) of the variations in health service delivery. This implies that performance monitoring is significant determinant of health service delivery in Lwala Hospital.

4.3.3 Descriptive Findings on Performance Evaluation

This section was to examine the effect of performance evaluation on health service delivery in Lwala Hospital. The data collected on this objective is presented in the table 4.9 below;

Table 4.9: Descriptive Findings on Performance Evaluation

S / N	Statement	1	2	3	4	5	Mean	SD	Comments
1	Performance evaluation is emphasized by the hospital	9(18.4%)	7(14.3%)	10(20.4%)	18(36.7%)	5(10.2%)	3.06	1.298	mode rate
2	All employees in the hospital are very much aware of this exercise before it is carried out	9(18.4%)	5(10.2%)	5(10.2%)	17(34.7%)	13(26.5%)	3.41	1.457	High
3	Performance evaluation has received the degree of concern it deserves by the department staff	10(20.4%)	9(18.4%)	3(6.1%)	13(26.5%)	14(28.6%)	3.24	1.548	High
4	The hospital uses performance evaluation information to consider rewards for employees	16(32.7%)	2(4.1%)	7(14.3%)	16(32.7%)	8(16.3%)	2.96	1.541	Mode rate
5	Performance evaluation information has been important in considering employees for promotion in the hospital	8(16.3%)	8(16.3%)	4(8.2%)	21(42.9%)	8(16.3%)	3.27	1.366	High

6	Performance evaluation has been essential in identifying training and development gaps among employees in the hospital	12(24.5%)	11(22.4%)	2(4.1%)	17(34.7%)	7(14.3%)	2.92	1.470	Mode rate
7	There has been an improvement in employee commitment due to performance evaluation exercise	4(8.2%)	7(14.3%)	6(12.2%)	23(46.9%)	9(18.4%)	3.53	1.192	High
8	Performance evaluation has helped in improving health service delivery in the hospital	13(26.5%)	7(14.3%)	10(20.4%)	15(30.6%)	4(8.2%)	2.80	1.354	Mode rate
	Overall mean						3.145	1.403	High

Source; field data (2023)

On whether Performance evaluation is emphasized by the hospital, results presented in the table above reveal that 18(36.7%) and 5(10.2%) agreed with the statement, 7(14.3%) and 9(18.4%) disagreed with the statement while 10(20.4%) were not sure about the statement. The findings are supported by a mean score of 3.06 which indicates agreement to a small extent and the standard deviation of 1.298 indicates a high variation in responses. The findings imply that Performance evaluation is emphasized by the hospital.

On whether all employees in the hospital are very much aware of this exercise before it is carried out, results in the table above indicate that 17(34.7%) and 13(26.5%) agreed with the statement, 5(10.2%) and 9(18.4%) disagreed while 5(10.2%) were not sure about the statement. The mean score of 3.41 indicate agreement with the statement and the standard deviation of 1.457 indicate a

high variation in responses. The findings mean that all employees in the hospital are very much aware of this exercise before it is carried out.

On inquiring whether performance evaluation has received the degree of concern it deserves by the department staff, results presented in the table reveal that 13(26.5%) and 14(28.6%) of the respondents agreed with the statement, 9(18.4%) and 10(20.4%) disagreed while 3(6.1%) were not sure about the statement. The findings are supported by a mean score of 3.24 which signifies agreement with the statement and the standard deviation for 1.548 indicates a high variance in responses. The findings mean that performance evaluation has received the degree of concern it deserves by the department staff.

On whether the hospital uses performance evaluation information to consider rewards for employee, findings in the table above show that 16(32.7%) and 8(16.3%) of the respondents agreed with the statement, 2(4.1%) and 16(32.7%) disagreed while 7(14.3%) were not sure about the statement. The mean score of 2.96 indicates a disagreement among the respondents regarding the statement and the standard deviation of 1.541 indicates a high variation in responses. The findings mean that the hospital does not use performance evaluation information to consider rewards for employees.

Findings in the table reveal that 21(42.9%) and 8(16.3%) majority of the respondents agreed that performance evaluation information has been important in considering employees for promotion in the hospital, 8(16.3%) and 8(16.3%) disagreed to the same while 4(8.2%) were not sure about the statement. The findings are supported by a mean score of 3.27 which signifies agreement with the statement and the standard deviation of 1.366 indicates a wide variation among the

respondents. The findings mean that performance evaluation information has been important in considering employees for promotion in the hospital.

On whether performance evaluation has been essential in identifying training and development gaps among employees in the hospital, findings presented in the table above reveal that 17(34.7%) and 7(14.3%) of the respondents were agreeing with the statement, 11(22.4%) and 12(24.5%) were disagreeing while 2(4.1%) were undecided about the statement. The mean score of 2.92 indicates that a great number of the respondents were disagreeing with the statement while the standard deviation of 1.470 indicates a high variation in responses. The findings mean that Performance evaluation has not been essential in identifying training and development gaps among employees in the hospital

On whether there has been an improvement in employee commitment due to performance evaluation exercise, findings in the table above reveal that majority of the respondents 23(46.9%) and (18.4%) were agreeing with the statement, 7(14.3%) and 4(8.2%) were disagreeing while 6(12.2%) were not sure about the statement. The mean value of 3.53 mean that most of the respondents were agreeing that there has been an improvement in employee commitment due to performance evaluation exercise

Regarding whether performance evaluation has helped in improving health service delivery in the hospital, findings presented in the table Above reveal that 15(30.6%) and 4(8.2%) of the respondents were agreeing to the statement, 13(26.5%) and 7(14.3%) were disagreeing while 10(20.4%) were not sure about the statement. The mean score of 2.80 indicates that most of the respondents were disagreeing with the statement and the standard deviation of 1.354 indicates a

high variation in responses. The findings mean that performance evaluation has not helped in improving health service delivery in the hospital

Table 4.10 Model summary on performance evaluation

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	.412 ^a	.170	.152	.76453	.170	9.611	1	47	.003

a. Predictors: (Constant), performance evaluation
Source; field data (2023)

To determine the effect of performance evaluation on health service delivery, a simple regression analysis was undertaken (Table 4.10). The results revealed that performance evaluation is significantly correlated to health service delivery at Lwala Hospital by 41.2% at $p=0.003$. In terms of the effect, performance evaluation accounts for 17% (R Square) of the variations in health service delivery. This implies that performance evaluation is significant determinant of health service delivery in Lwala Hospital.

4.3.4 Descriptive Findings on Health Service Delivery

This section presents the descriptive findings on health service delivery in Lwala Hospital. The data collected on this objective is presented in the table 4.8 below;

Table 4.11: Descriptive Findings on Health service delivery

	1	2	3	4	5	Mean	SD	Comment
The health infrastructure is of good quality	10(20.4%)	10(20.4%)	4(8.2%)	16(32.7%)	9(18.4%)	3.08	1.455	Moderate
The hospital has competent staff to deliver better health services	13(26.5%)	9(18.4%)	7(14.3%)	17(34.7%)	3(6.1%)	2.76	1.347	moderate
The quality of health services provided has helped to improve service delivery in the hospital	6(12.2%)	11(22.4%)	13(26.5%)	18(36.7%)	1(2.0%)	2.94	1.088	Moderate
Stakeholders talk well on health services provided by the Hospital	24(49.0%)	13(26.5%)	2(4.1%)	8(16.3%)	2(4.1%)	2.00	1.258	Low
Clients have been coming again to consume health services	4(8.2%)	20(40.8%)	2(4.1%)	15(30.6%)	8(16.3%)	3.06	1.314	Moderate
Customers of health services have been referring other to use the services provided by the sector	17(34.7%)	7(14.3%)	6(12.2%)	14(28.6%)	5(10.2%)	2.86	1.871	Moderate
Most of the hospital projects take less time to be completed	13(26.5%)	13(26.5%)	9(18.4%)	11(22.4%)	3(6.1%)	2.55	1.276	Moderate
There is always specified time for every health sector project	10(20.4%)	21(42.9%)	5(10.2%)	8(16.3%)	5(10.2%)	2.84	1.058	Moderate
There is always required staff to provide health services to all beneficiaries	9(18.4%)	11(22.4%)	5(10.2%)	12(24.5%)	12(24.5%)	3.14	1.486	high
Average mean						3,15	1.769	high

Source: field data (2023)

On finding out whether the health infrastructure is of good quality, results in the table above indicate that majority of the respondents 16(32.7%) and 9(18.4%) were agreeing with the statement, 10(20.4%) and 10(20.4%) were disagreeing while 4(8.2%) were not certain about the statement. The mean score of 3.08 signifies that most of the respondents were moderately agreeing with the statement and the standard deviation of 1.455 means that there was a high variation in responses. The findings mean that providing high quality health infrastructure helps in ensuring quick provision of health services in the hospital. This is supported by an interviewee who stated that;

“the hospital indeed has good infrastructure where they serve us as clients from and am happy because you will never see people lying on verandahs like in other hospital and this encourages to seek for my medical services here.”

The table above also indicates that 17(34.7%) and 3(6.1%) majority of the respondents were agreeing to the statement that the hospital has competent staff to deliver better health services, 13(26.5%) and 9(18.4%) of the respondents disagreed while 7(14.3%) were not certain. The results are further supported by a mean score of 2.76 which signifies that most of the respondents were disagreeing that the hospital has competent staff to deliver better health services. The standard deviation of 1.347 indicates a high variation in responses. The findings imply that having competent staff not a key determinant of health services being provided by the hospital since these will some may not be willing to execute their duties.

On whether the quality of health services provided has helped to improve service delivery in the hospital, findings presented in the table above reveal that most of the respondents 18(36.7%) and 1(2.0%) were agreeing with the statement, 11(22.4%) and 6(12.2%) were disagreeing while

13(26.5%) were not sure about the statement. The mean score of 2.94 indicate that most of the respondents were disagreeing to the statement and the standard deviation of 1.088 indicates that there was a high variation in the responses. This implies that the quality of health services provided has not helped to improve service delivery in the hospital.

An interviewee stated that;

“The quality of services here is not all that good because sometimes when you come you don’t get the attention that you desire as the nurses tend to show the don’t care attitude.”

Findings in the table above also reveal that 8(16.3%) and 2(4.1%) of the respondents were agreeing that stakeholders talk well on health services provided by the Hospital, 13(26.5%) and 24(49.0%) disagreed while 2(4.1%) were not sure about the statement. The mean score of 2.00 indicates disagreement among the respondents and the standard deviation of 1.258 depicts a high variation in response. The findings mean that stakeholders are not commending the services of the hospital and this a clear manifestation of poor health service delivery.

An interviewee stated that;

“our concerns and complaints are not addressed and there is a high staff turnover.”

On whether clients have been coming again to consume health services, results in the table above show that 15(30.6%) and 8(16.3%) of the respondents were agreeing with the statement, 20(40.8%) and 4(8.2%) were disagreeing while 2(4.1%) were not sure. The mean score of 3.06 indicates a moderate level of agreement with the statement while the standard deviation of 1.314

indicates a high variation in responses. The findings mean that a moderate number of clients have been coming again to consume health services.

On finding out whether customers of health services have been referring other to use the services provided by the sector, results in the table above show that majority of the respondents 14(28.6%) and 5(10.2%) were agreeing with the statement, 17(34.7%) and 7(14.3%) were disagreeing while 6(12.2%) were not sure about the statement. The mean score of 2.86 signifies disagreement with the statement and the standard deviation of 1.871 indicates a high variation in responses. The findings mean that customers of health services have not been referring other to use the services provided by the sector. This contradicts with an interviewee who stated that;

“I in most cases refer my colleagues to seek for health services in this hospital because of the experience I have had while coming for treatment here.”

On whether most of the hospital projects take less time to be completed, results in the table above show that 11(22.4%) and 3(6.1%) of the respondents agreed with the statement, 13(26.5%) and 13(26.5%) disagreed while 9(18.4%) were not sure about the statement. The mean score of 2.55 indicates disagreement with the statement and the standard deviation of 1.276 indicates a high variation in responses. The findings mean that most of the hospital projects take a long time to be completed and this humpers service delivery.

On whether there is always specified time for every health sector project, results in the table above reveal that majority of the respondents 8(16.3%) and 5(10.2%) were agreeing with the statement, 10(20.4%) and 21(42.9%) were disagreeing while 5(10.2%) were not sure about the statement. The findings are supported by a mean score of 2.84 which signifies agreement with the statement and the standard deviation of 1.085 indicates a high variance in responses. The findings mean that most of the respondents were disagreeing that there is always specified time for every health sector project.

Considering whether there is always required staff to provide health services to all beneficiaries, results presented in the table above show that 12(24.5%) and 12(24.5%) of the respondents agreed with the assertion, 11(22.4%) and 9(18.4%) disagreed while 5(10.2%) were not sure about the statement. The mean score of 3.14 indicates agreement with the statement and the standard deviation of 1.486 indicates a high variation in responses. The findings mean that there is always required staff to provide health services to all beneficiaries.

Table 4.12: Multiple Regression Analysis

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	.515 _a	.265	.216	.73503	.265	5.415	3	45	.003

a. Predictors: (Constant), performance evaluation, performance monitoring, performance target setting
Source; field data (2023)

A multiple regression analysis was undertaken to determine the effect of performance management on health service delivery in Lwala Hospital (Table 4.12). Results from the regression analysis indicates that performance management is correlated to health service delivery by 51.5% at

p=0.003. This implies that a unit increase in performance management practices will significantly improve health service delivery by 51.5%. The results also revealed that performance management accounts for 26.5% of the variations of health service delivery in Lwala Hospital.

Table 4.13; Coefficient of regression on performance management and health service delivery

Model		Coefficients ^a			t	Sig.
		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta		
1	(Constant)	.908	.663		1.369	.178
	Performance target setting	.354	.179	.290	1.974	.034
	Performance monitoring	.076	.162	.068	.469	.641
	Performance evaluation	.400	.176	.307	2.273	.028

a. Dependent Variable: health service delivery

Source: field data (2022)

Results in table 4.13 indicate that performance management through Performance target setting, Performance monitoring and Performance evaluation all have a positive effect on health service delivery in Lwala Hospital. For example, performance evaluation has a positive contribution of 0.307 on health service delivery while performance target setting has a positive contribution of 0.290 on health service delivery and performance evaluation has a positive contribution of 0.068. The results therefore imply that 100% improvement in Performance target setting in Lwala Hospital yields 30.7% positive improvement in health service delivery while 100% improvement in performance evaluation yields a 29% of positive improvement in health service delivery and finally, 100% improvement in performance monitoring yields 6.8% improvement in health service delivery in Lwala Hospital. Therefore, performance target setting, and performance evaluation are moderate significant predictors of health service delivery while performance monitoring is a weak predictor of health service delivery at Lwala Hospital.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

This chapter discusses and interprets the research findings while examining the extent to which the study managed to fulfill its objectives. The findings were triangulated with other studies to strengthen the analysis. Study also discusses and explains the results and their relationship to set research questions

5.1 Effect of Performance Target Setting on Health Service Delivery

Basing on the study finding, the average mean value of 3.108 indicated high agreement level with that performance target setting affect health service delivery in Lwala Hospital. The findings are supported by Knies, Boselie, Gould-Williams & Vandenabeele (2015) who asserted that performance targets form an important component of management control systems by serving as a standard against which performance is often evaluated in service at the end of a specified period. The findings also showed that performance target setting is significantly correlated to health service delivery at Lwala Hospital by 41.1% at $p= 0.003$. In terms of the effect, performance target setting accounts for 17.1% (R Square) of the variations in health service delivery. This implies that performance target setting is significant determinant of health service delivery in Lwala Hospital. These findings are in tandem with Kinanga and Partoip (2013) who noted that target setting is highly associated improved performance with performance target setting. Further still, Kogeiet *al.*, (2013) concluded that involving stakeholders in setting of targets would be crucial in ensuring greater transparency and accountability and hence improved service provision.

5.1.2. Effect of Performance monitoring on health sector service delivery

From the findings, the average mean value of 3.045 indicated high agreement level with that performance monitoring affects health service delivery in Lwala Hospital. According to (Buytendijk, 2009), a good performance management system should focus on outcomes and not outputs. The study also indicated that performance monitoring is significantly correlated to health service delivery at Lwala Hospital by 27.5% at $p= 0.056$. In terms of the effect, performance monitoring accounts for 7.6% (R Square) of the variations in health service delivery. The findings are supported by Letsoalo (2007) who argue that performance monitoring enhance performance both for the individual and the organization. Additionally, Mackie (2008) contends that performance monitoring will only succeed if there is ownership at all a level.

5.1.3 Effect of Performance Evaluation and Health Service Delivery

The findings represented in the descriptive statistics give a fairly general picture. The grand mean stands at 3.145, which was strengthened by the standard deviation at 0.403. The results there give a fairly a general picture indicating that performance evaluation greatly enhances health service delivery in Lwala Hospital. Therefore, it is necessary that the management of Lwala Hospital consider more employee performance evaluation as this shall help boost health service delivery. The findings are supported by Nyamboga (2016) who noted that performance evaluation greatly influenced employee performance. The study also revealed that performance evaluation is significantly correlated to health service delivery at Lwala Hospital by 41.2% at $p= 0.003$. In terms of the effect, performance evaluation accounts for 17% (R Square) of the variations in health service delivery. This implies that performance evaluation is significant determinant of health service delivery in Lwala Hospital. The findings are in line with Kirai and Kisang (2016)

CHAPTER SIX

CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the conclusions drawn from the study as per the study objectives. It also covers the key recommendations from the study as presented below;

6.2 Conclusions

6.2.1 Effect of Performance Target Setting on Health Service Delivery

The findings on performance target setting and health service delivery indicate that there is a significant influence. The study also concludes that Performance target setting in Lwala Hospital yields 30.7% positive improvement in health service delivery. Engaging employees to participate in setting performance targets makes them more responsible for working towards realizing these goals and hence this improves health service delivery. Supervisors are supportive in helping employees achieve the set performance targets. This is playing a significant role as the employees get to learn more from the supervisors at work.

6.2.2 Effect of Performance Monitoring on Health Service Delivery

In line with this objective, the study concludes that that performance monitoring is a weak predictor of health service delivery in Lwala Hospital. Further, the study concludes that supervisors not providing feedback on how employee are performing in relation to the set targets demoralizes them and hence leading to poor service provision. Supervisors conducts quarterly and annual reviews to discuss of health workers performance.

6.2.3 Effect of Performance Evaluation on Health Service Delivery

The study concludes that performance evaluation is the greatest predictor of health service delivery in Lwala Hospital. Further, Performance evaluation is emphasized by the hospital and tis helps in

rating the general performance of the staff of the hospital. all employees in the hospital are very much aware of this exercise before it is carried out.

6.3 Recommendations

From the above conclusions, the study recommends that;

6.3.1 Effect of Performance Target Setting on Health Service Delivery

The management of the hospital should put more emphasis towards ensuring that the hospital staff actively participate in setting their own goals. This will help make them responsible and also encourage hard work among the staff. The hospital should encourage and emphasize clear policies on setting goals which should be known to all the employees in the hospital

6.3.2 Effect of Performance Monitoring on Health Service Delivery

There is need for more efforts to be directed towards ensuring that the supervisors regularly monitor the performance of the staff in the hospital. The hospital management should come up with a clear framework /tool for measuring individual performance in the hospital as this shall also act as a tool for rewarding those who are hardworking and also punishing the lazy ones.

6.3.2 Effect of Performance Evaluation on Health Service Delivery

The management of Lwala Hospital should put more emphasis on ensuring routine evaluation of the performance of the hospital staff. The hospital should encourage individual employees to actively participate in evaluations that are routinely hospital evaluation exercises.

6.4 Areas for further research

The areas that need further research include, health care policy and delivery of medical health services in private not for profit health facilities.

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Appendices

Appendix 1: Questionnaire

Dear respondent,

I am a student of Uganda Christian University pursuing a master's degree of Business Administration. I am carrying out a study "Performance Management Practices and Health Service Delivery in Lwala Hospital". This questionnaire has been designed purposely for data collection on Performance Management Practices and Health Service Delivery. You have been carefully identified as a potential person who can provide useful and reliable data that will help policy makers and implementers to improve on the effect of Performance Management Practices and Health Service Delivery in the private sector. The information generated will be handled with utmost confidentiality and will be used for academic purposes.

Thank you in advance for your cooperation by giving your valuable time and effort to fill the questionnaire.

Yours faithfully,

Muleme Ibrahim

(STUDENT)

Section A: Demographics

Please tick the most appropriate answer in the corresponding box

1. **Gender:** 1) Male 2) Female
2. **Age:** 1) 20 years and below 2) 21-30 years 3) 31-40 years 4) 41 years and above
3. What is your highest level of education?
 - 1) Primary Level 2) "O" levels 3) 'A' Level 4) Diploma Level
 - 5) Bachelor's Degree 6) Master's Degree 7) others (specify) -----

and above

Section B: Performance Management Practices and Health service delivery

Please, use the scale below to answer the questions that follows by ticking the number that corresponds to your opinion.

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

Section C: Performance target setting

S/N	Statement	1	2	3	4	5
1.	Targets for employees are periodically set by the hospital					
2.	Employees are always encouraged to participate in setting performance targets					
3.	Employees are encouraged to set individual targets in relation to those of the hospital					
4.	Supervisors are supportive in helping employees achieve the set performance targets					
5.	Targets are clearly communicated to staff					
6.	The set targets are always clear easily achievable					
7.	The hospital provides resources to ease achievement of set performance targets					
8.	Performance targets are used by the hospital as a benchmark for proper accountability in health service delivery					

Do you have any other comment (s) you would like to advance on how performance target setting is carried out in Lwala Hospital? Please specify:

.....

Section D: Performance monitoring

S/N		1	2	3	4	5
1.	Supervisors regularly monitor employee performance against set targets					
2.	There is a framework /tool for measuring individual performance in the hospital					
	Supervisors provides feedback on how employee are performing in relation to the set targets.					
3.	Employees in the hospital are encouraged to provide their opinion or suggestions on how their performance can be improved					
4.	Supervisors conducts quarterly and annual reviews to discuss of health workers performance					
5.	Performance monitoring is conducted annually					
6.	Performance monitoring has enhanced health service delivery in Lwala hospital					

Do you have any other comment (s) you would like to advance on how performance monitoring is carried out in Lwala hospital? Please specify:

.....

Section E: Performance Evaluation

S/N	Statement	1	2	3	4	5
1.	Performance evaluation is emphasized by the hospital					
2.	All employees in the hospital are very much aware of this exercise before it is carried out					
3.	Performance evaluation has received the degree of concern it deserves by the department staff					
4.	The hospital uses performance evaluation information to consider rewards for employees					
5.	Performance evaluation information has been important in considering employees for promotion in the hospital					
6.	Performance evaluation has been essential in identifying training and development gaps among employees in the hospital					
7.	There has been an improvement in employee commitment due to performance evaluation exercise					
8.	Performance evaluation has helped in improving health service delivery in the hospital					

Do you have any other comment (s) you would like to advance on how performance evaluation is carried out in Iwala hospital? Please specify:

.....

Section F: Health Sector service delivery in Lwala Hospital, Kalaki District

S/N		1	2	3	4	5
1	The health infrastructure is of good quality					
2	The hospital has competent staff to deliver better health services					
3	The quality of health services provided has helped to improve service delivery in the hospital					
4	Stakeholders talk well on health services provided by the Hospital					
5	Clients have been coming again to consume health services					
6	Customers of health services have been referring other to use the services provided by the sector					
7	Most of the hospital projects take less time to be completed					
8	There is always specified time for every health sector project					
9	There is always required staff to provide health services to all beneficiaries					

Do you have any other comment (s) you would like to advance on how Health Service Delivery is managed in the hospital? Please specify:

.....

Thank you for your participation

APPENDIX II: Interview guide for management

- i. Do you think Lwala hospital has policies on performance management practice in place?
- ii. Do you think Lwala hospital does performance monitoring routinely? If yes how is being carried out?
- iii. Have you had sometimes when the beneficiaries complain on their neglected hard services offered to the hospital? If yes, how are handling this?
- iv. Are there some barriers you have identified that hinder health service delivery in the hospital?
- v. If yes mention some?

Thank you for your cooperation.



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BUSINESS DEPARTMENT

To Lwala Hospital.

Dear Sir/Madam,

Re: Academic Research

Christian greetings!

We are honored to introduce to you Mr. Mrs./Miss. Muleme Ibrahim
Of Registration Number; WS21/MUC/MBA/003 pursuing a Masters'
Degree/Postgraduate Diploma / Bachelor's Degree

MBA

He/ she is required to carry out an academic research on the topic

Performance Management practices and Health Service Delivery
in private health hospitals a Case Study of Lwala Hospital, Kalaki district.

and thereafter produce a well bound hard cover research report (MAROON) in color for undergraduate and three (BLACK) copies for Postgraduate students as a University requirement for the award of a degree/diploma in the academic discipline that he / she is pursuing.

We shall be grateful for the help you may offer to him or her accordingly.

Thank you.

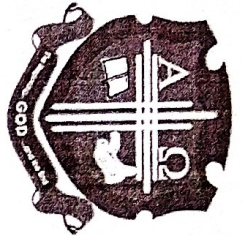
Yours faithfully,

HEAD OF DEPARTMENT BUSINESS UCU-MUC
Henry Omache Ogachi



Approved: Ruth Abawa
Shed.





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UGANDA CHRISTIAN UNIVERSITY

SCHOOL OF RESEARCH & POSTGRADUATE STUDIES

DISSERTATION CORRECTION COMPLIANCE REPORT BY THE CANDIDATE (POST VIVA FORM)

Date:1/08/2024.....

Name of Candidate: ...MULEME ...IBRAHIM..... Reg No: WS21/MUC/MBA/003.....

Title of Dissertation ...PERFORMANCE MANAGEMENT PRACTICES AND HEALTH SERVICE DELIVERY IN PRIVATE HEALTH HOSPITALS: A CASE OF LWALA HOSPITAL KALAKI DISTRICT.

SN	COMMENTS BY EXTERNAL EXAMINER	ACTION TAKEN	INDICATOR
1	Improve the study abstract to indicate the knowledge contribution	changed accordingly	page 10
2	Justify the study scope	justified the study scope	Page 21
3	Edit all the English mistakes in the dissertation	edited all the English mistakes.	all pages.
4	Explain the data collection tools used	explained all the data collection tools used.	page 39
5	Include all citations in the final reference list	all citations have been included in the final reference list	page 70 and 71

