

## **The Implications of Autonomization on Service Delivery in Public Hospitals in Kenya**

<sup>1</sup>Wavomba, P., <sup>2</sup>Sikolia, S.F., <sup>1</sup>Wanjala, M. and <sup>1</sup>Wanjere, D.

---

**Abstract:** *The study reported in this paper sought to establish the implications of autonomization of service delivery in public hospitals in Kenya. The study sought to assess the implications of autonomization on service delivery to malaria patients, through participative management of departments in public hospitals. The study adopted a descriptive survey design. The study location was western region of Kenya (formerly western province). Target population comprised all public hospitals, with a sample size of 127 respondents, which included 31 in-patients and 96 medical staff. Stratified random sampling was the selection method used. The scope of the study focused in-patients suffering from malaria and medical staff on duty in wards for malaria patients involved in the study. Data was collected by use of questionnaires and analyzed using descriptive and inferential statistics. Hypotheses were tested by use of chi-square and multiple regression tools. Findings showed that there exists a relationship between autonomization and the quality of service delivery.*

**(Key words:** *Autonomization, Service*)

---

### **I. Introduction**

Public hospitals in Kenya serve the general public by offering subsidized health care services (The Kenya Health Sector Integrity Study Report, 2011). This suggests that public hospitals attract and register patients, who cannot afford to pay for services in private hospitals, in numerous numbers, (GOK, 2010). The Kenyan government has realized that the public needs various services as outlined in government documents including the Kenya Vision 2030 (GOK, 2007). The government has thus set out a long term national strategy to improve the overall livelihoods of Kenyans through provision of an efficient and high quality health care system. This is in line with the Bill of Rights of the constitution of Kenya (GOK, 2010) which demands that every person has a right to health care services of the highest attainable standard. Thus the government of Kenya subsidizes health care services (Ministry of Medical Services, 2010)

In spite of the numerous efforts by the Kenyan government to provide the much needed health care services, there is public outcry over the state of service delivery in public hospitals (Jamii Ya Kenya: Previous and Present State of Government Hospitals, 2009). The scenario observed at the public health care institutions is one characterized by long queues of clients seeking services at the outpatient, pharmacy and laboratory units. Most of the hospitals lack adequate medical supplies required by patients yet these are core components of the health services sought by patients (Mwaniki and Amadala, 2010). Observed in wards is a state where in-patients suffer from congestion, to the point of sharing beds, hence the lives of the patients could be endangered through potential secondary infection.

In most of the health care centres the food given to patients is observed to be inadequate or not of the desired quality. This could in some respects delay the healing process of patients. Consequently, observation at the dustbins shows that a lot of food is emptied in the dustbins after meal hours.

Services offered in public hospitals are provided under a centralized management that restricts authority for decision making to be held by top management (Weihrich and Koontz, 1993).

This implies that in the absence of the sole decision maker, no action takes place on the operations of these institutions. In addition, goal setting is equally a preserve of the top management staff at the hospitals. Top management creates the policies, formulates objectives and strategies which are used to guide the organization in order to achieve its major goals (James, 1996).

Communication at the public hospitals goes through various levels of management. Given this channel of communication feedback could thus be delayed. Feedback enables the sender to know whether or not the message has been received and interpreted correctly (Nzuve, 1999). Effective communication at the public hospitals is thus important and lack of it or its delay as observed in most public hospitals could result in serious problems. Communication between patients and the medical staff is pegged on the time targets specified in the hospital service charter. These time targets seem to provide insufficient contact time between the patients and medical staff and so far its aim of creating communication between patients and medical staff has not been realized (Ojwang et.al, 2010).

The status of communication and its management at the public hospitals could ultimately result into difficulties (Lussier, 2008) which could be a symptom of an underlying problem. Such a problem in public

hospitals could be numerous deaths from ailments that could be treated, as has been observed in the 6 public hospitals in Western province, of deaths caused by malaria in a period of three months.

Countrywide malaria remains the leading cause of morbidity in Kenya. It is reported that 25 million Kenyans are at risk of malaria, with the most vulnerable group being pregnant women and children under 5 years of age. Malaria accounts for 30-35% of all outpatient attendance and 20% of all admissions to public health facilities. It is estimated that 170 million working days are lost to the disease every year (HMIS AND IDSR, 2011).

There is need for organizations to undergo continuous improvement and in this regard autonomization is viewed from the point of view of organization development as an intervention into the hospital organization. Organization development initiates a long-range effort to improve an organization's problem-solving and renewal processes, through a more effective and collaborative management of organization culture and it results into employee participation and collaboration in decision making hence communication in the organization is enhanced (Cole, 2002; Wagstaff and Bales, 2012).

Organization development as a long range effort to improve organization's problem-solving and renewal processes, particularly through more effective and collaborative management of organizational culture fits the government strategy on health services under the Kenya Vision 2030 (GOK, 2007). Collaborative management empowers workers as suggested in autonomization. Thus autonomization of departments aims at injecting problem solving power into the lower management in public hospitals with a view to empowering management at lower levels to make decisions and solve problems.

Autonomization of departments therefore aims to stimulate worker participation in the lower level management. This is a level at which managers are concerned with directing or supervising staff in detail and narrow task structures and processes (James,1996). The level determines an effective organization. Empowerment of workers in this level is thus necessary. Empowerment of workers is the basis of McGregor in his Theory Y (Cole, 2008) that formed the basis of this study.

## **II. Statement of Problem**

The desired situation in public hospitals in Kenya is a state of autonomy of management for medical staff in the wards in collaboration with their junior staff to make decisions relating to their duties and set goals which are realistic, workable and achievable. Autonomy will thus allow employees in lower management to make decisions in planning, organizing and controlling the task performed (Lussier, 2008). This will help to address the questions concerning communication, availability of drugs and other supplies (Mwambu et al, 1994), accommodation of patients (Ojwang et al, 2010) and affordability of services. These variables are suggested to help medical staff to derive job satisfaction in their work and at the same time to enable patients receive quality services through their accessibility to appropriate drugs and quick services, as well as sound accommodation.

Currently, management in public hospitals is centralized thus little authority is exercised outside the group of senior managers (Cole, 2008). Thus decision making and goal setting is vested in the top management, while the implementation of the decisions made and goals set is done by the medical staff in the departments. In addition, communication is done through various levels of management. This is observed to delay the decision making process and its implementation. There is an apparent low staff motivation as a result.

Also observed in hospitals is a scenario characterized by long queues of patients waiting in line (Smith et.al, 1988) to be served in various departments. In-Patients are treated to congestion in wards. Furthermore, patients are delayed to be discharged when due. Patients have inadequate access to drugs (The Kenya Health Sector Integrity Study Report, 2011), which is a core component of the services the patients seek in the hospitals, making services unaffordable to many patients. Little has been done to correct this scenario hence the need for autonomizing departments in public hospitals. The study reported in this paper sought to investigate the implications of autonomization on effective service delivery in public hospitals.

## **III. Purpose and Objectives**

This study sought to establish the implications of autonomization on effective service delivery to patients.

1. To establish the effect of autonomization on the quality of service delivery.
2. To establish the influence of organizational factors on the achievement of autonomization of departments and quality of service delivery.
3. To establish the influence of organizational factors on the quality of service delivery.
- 4.

### **Theoretical Framework**

This study was based on the X and Y theory as espoused by McGregor (Jones, 2001). In theory X, McGregor proposes that employees have a natural dislike for work. Employees can only function well in an

environment that is highly controlled. The author makes assumptions that employees inherently dislike work and whenever possible will tend to avoid it. Consequently, since employees dislike work, they must be coerced and controlled or even threatened with punishment to achieve desired goals. Furthermore employees avoid responsibilities and seek formal directives whenever possible.

These assumptions support the practice of centralized management as currently done in public hospitals. This spells lack of managerial autonomy (Nzuve, 1999) in which workers are given some latitude and freedom in managing resources and in dealing with day-to-day problems.

In Theory Y (Jones, 2001) McGregor makes assumptions in this theory to the effect that employees will accept responsibility and work towards the organizational goals only if they will also achieve personal rewards. The author maintains that employees can view work as being natural and can exercise self-control if they are committed to the organizational objectives. In addition, employees can learn to accept and even seek responsibility. Finally, employees have the ability to make good decisions, so decision making should not entirely be a preserve of the managers. Theory Y supports and forms the basis of autonomization of departments which is the premise of this study. According to this theory, in autonomized management employees become empowered to make decisions and solve problems creatively, which makes them motivated.

Empowerment is (Graham and Bennett, 1998; Arthur, Bennett, Edens and Bell, 2003; Wagstaff and Bales, 2012) an employee's feeling of being in control of and significantly contributing to an organization's development without constantly having to refer back to management for permission to take certain actions, thus motivating workers to work for they feel that they are in control of their work.

Motivation is the willingness to exert high levels of effort to achieve organizational goals, conditioned by the ability to satisfy some individual need (Nzuve, 1999). This definition forms the gap between Theory X and Theory Y as applied in centralized and autonomized management respectively.

Both Nzuve (1999), Graham and Benett (1998) and Arthur, Bennett, Edens and Bell (2003) support Theory Y and autonomized structures for the benefit of management that includes individual creativity, initiative and commitment to work. Other benefits are: faster and more flexible responses to customer requirements; immediate correction of mistakes, decision making at most suitable levels, facilitation of performance management and higher levels of self-confidence and motivation among employees. These variables are similar to some extent to McGregor's variables in terms of decentralization, job enlargement, participative or consultative management and performance appraisal.

However in as much as McGregor used the variable of delegation this variable is not used in this study because it overlooks the practice of empowerment of employees.

### **Literature and Research Gap**

The literature review in this study indicates that the area of autonomization is little explored the world over, with no study at all conducted in Africa. The study conducted in Netherlands concerns autonomization of government organizations while studies conducted in the USA and Peru concern autonomization of public hospitals as observed in this section. In Taiwan and South Korea the study done on autonomization is in the field of school management. Finally, in the UK, the study conducted here concerns language learning. This creates a gap in the field of autonomization of departments in public hospitals which this study sought to explore. Autonomization of management is advocated for as an ideal intervention in centralized management as is the case in public hospitals.

Public outcry about services offered in public hospitals is supported by the numerous deaths recorded by the Civil Registration Programme (Appendix IV) and data collected from the provincial director of medical services in western province in six public hospitals.

Besides the deaths, the real scenario in service delivery in in-patient wards in these organizations calls for urgent intervention measures. The core business of a hospital is to offer quality services to the public. This study aims to find ways of improving services in public hospitals but at the same time make the same services accessible to the patients seeking them.

### **IV. Methods and Materials**

The study adopted the descriptive survey research design that involved four Counties Kakamega, Bungoma, Busia and Vihiga which form the Western region of Kenya. The design was considered appropriate for this study because it sought to find new ideas and insights in the autonomization of departments in public hospitals which could improve service delivery. The study was carried out in Malava, Webuye, Vihiga, Busia and Bungoma district hospitals as well as Kakamega provincial hospital. According to the Provincial Director of Medical Services in Western Province (April, 2011), all these hospitals are public hospitals of the status mentioned. The pilot study will be done in Kimilili district hospital.

Many people in rural setup cannot afford services in private hospitals due to poverty, as a result large populations of patients are observed to be served at the public hospitals (Ministry of Medical Services, 2010).

The province is traversed by the main highway from the port of Mombasa to Uganda. As a result the province forms both a destination and a transit of buses from Mombasa and Nairobi cities. Consequently, many accidents occur in the area. More accidents are occasioned by bicycles and motorcycle boda boda means of transport that is the commonest means of transport in both towns and villages. As a result, besides malaria, most patients who add to the congestion of patients in public hospitals are casualties of road carnage.

Both simple and stratified random sampling techniques were used to select a sample of study involved 200 participants including 100 medical staff and 100 patients from the six selected public hospitals. Data was collected using questionnaires for both the medical staff and patients. The tools were validated for content, construct and face validities using expert help from specialists in the department and piloting done in Kimilili District hospital which is from one of the Counties in the same region. Reliability was determined using the Pearson Product Moment Correlation Coefficient and Chronbachs alpha for internal consistency with values 0.85 and 0.89 respectively. Data was analyzed using descriptive including frequencies, percentages and means and inferential statistics including the correlation and multiple regression analysis.

## V. Results

### Demographic characteristics

Results obtained from the study indicated that Busia district hospital posted the highest number of medical staff respondents, 45%, while Malava district hospital posted the lowest number of medical staff respondents, 21%. Bungoma district hospital had 34% medical respondents involved in the study. This implied that Malava hospital had a smaller staff. Results further showed that Busia and Malava hospitals both provided an equal and the highest number of patients involved in the study, 36%, while Bungoma posted the lowest number of patient respondents, 29%. The margin between the highest and lowest number of patient respondents was very small, 7%. This implied that all hospitals were well represented by patient respondents.

Findings showed that the male gender involved in the study was 34% while the female was 66%. In addition findings on the occupation of respondents showed nurses formed the highest number of respondents, 56%, while matrons formed the lowest, 10%. Physicians involved in the study formed 16%, while Clinical officers formed 18%. Implication of the findings on occupation revealed that medical respondents of all cadres in a public hospital participated in the study.

Results on the age of respondents in the study showed that the highest number of medical staff involved in the study were between 36-50 years, by 43%, while the lowest age was 20-25, who posted 20%. Participants in the study aged between 26-35 posted 38%.

These findings showed that many of medical staff in public hospitals were elderly people, who had a long experience of working in public hospitals, hence the contribution they made to this study was reliable.

Finally results on the period medical staff had served in the wards for malaria patients showed that 49%, which was the highest number, had served for three months in the malaria wards where they were drawn into the study. The lowest number of months served formed 14%. Medical staff who had served in wards for malaria for 2 and less than 1 month posted 19% each. This implied that a majority of medical staff who participated in the study knew their work environment well enough; hence they provided relevant and reliable information to the study.

### Autonomized management

**Table 1.1 Autonomized management**

Autonomized management	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Decision making	4%	34%	15%	26%	21%
Problem solving	10%	18%	14%	28%	30%
Designing work schedule	22%	40%	13%	17%	9%

Source: Researcher (2014)

Regarding autonomization of departments and the quality of service delivery, table 1.1 shows majority of medical staff agreed, (38%), that they were involved in decision making and designing their work schedule, (62%). However the table shows that majority medical staff disagreed, (58%), that they were involved in problem solving. The chi-square test statistic value (53.892a) and its associated significance value ( $p=.000$ ) showed that there was a relationship between autonomization and quality of service delivery. The null hypothesis was therefore rejected since the test showed that autonomization of departments had an impact on the quality of service delivery.

**Quality of service delivery**

**Table 1.2 Quality of service delivery**

Quality service delivery	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Availability of drugs	2%	29%	8%	44%	17%
Collection of revenue	33%	25%	2%	29%	10%
Drawing of budget	45%	30%	4%	13%	8%
Purchase of drugs	38%	17%	8%	27%	10%

Source: Researcher (2014)

According to table 1.2, majority, (61%), medical staff disagreed that drugs were available in the hospitals. Majority medical staff agreed (58%) that collection of revenue should be done at departmental level. A large number of medical staff agreed, (75%) that drawing of departmental budgets should be done at departmental level. Concerning purchase of drugs, majority medical staff indicated, (54%) that drugs should be purchased at departmental level.

**Table 1.3 Patients and service delivery**

Service delivery	Strongly agree	Agree	Undecided	Disagree
Bed provision	39%	19%	19%	23%
Bedding service	42%	48%		10%
Basin provision	3%	10%		87%
Utensils service	7%	26%	3%	65%
Toiletry service	3%	42%	23%	32%
Drugs issue	26%	23%	23%	29%
Discharge	10%	10%	16%	65%

Source: Researcher (2014)

Regarding table 1.3 majority of patients agreed that while they were in the wards for malaria patients they were issued with a bed,(58%),bedding, (90%),drugs (49%).Equally, majority of patients disagreed that they were issued with a basin (87%),utensils (65%),toiletry,(55%) and they were not discharged by any medical staff on duty, instead ,when due for discharge, they had to wait for the only medical staff with authority to discharge,(65%).

The chi-square test statistic value (22.108a) and its small significance level (p=.005) showed that there was a relationship between organizational factors and achievement of autonomization of departments. Therefore the null hypothesis was rejected since the test showed that organizational factors had an impact on autonomization of departments.

**Organizational factors**

**Table 1.4 Organizational factors**

Organizational factors	Strongly agree	Agree	Undecided	Disagree	Strongly disagree
Staff capacity building	1%	29%	33%	18%	20%
Staff- patient ratio		19%	5%	44%	32%
Equipment	7%	20%	6%	20%	47%
Enough room	8%	8%		52%	31%
Staff skills	12%	13%	7%	9%	50%
Staff training	76%	18%	4%	2%	
Increase staff	75%	22%	1%	2%	
Equipped wards	64%	23%	5%	7%	1%
Creation of room	71%	25%	2%	1%	1%

Source: Researcher (2014)

Table 1.4 indicates that majority disagreed, (38%), that medical staff underwent capacity building in the management of malaria. Majority also disagreed, (76%) that medical staffing met patient demand. Similarly,

a large number disagreed (67%) that equipment like computers and microscopes were available in wards for malaria patients. Finally, majority medical staff disagreed (69%) that they had relevant skills for autonomization of wards, which included computer and microscope operation.

Equally, table 1.4 shows that medical staff agreed that there was need to improve medical staff in skills for computers and microscopes (94%); increase medical staffing (95%); equip wards for malaria patients with equipment necessary in management of malaria like computers and microscopes and create more room for the wards for malaria patients, (96%).

**Variables entered**

Table 1.5

Model	Variables entered	Variables removed	Method
1	Organizational factors b		enter

Dependent variable: Quality service delivery

Source: Researcher (2014)

Table 1.5 Model summary

Model	R	R square	Adjusted R square	Std. error of the estimate
1	0.207a	0.043	0.033	13.14917

Predictors: (constant) Organizational factors

Source: Researcher (2014)

Concerning organizational factors, table 1.5 shows that results include information about the quantity of variance that is explained by the predictor variables, organizational factors. In this model, the R value is 0.207a, which indicates that there is a great deal of variance shared by the predictor variables and quality service delivery. The R square value is 0.034, which indicates that 4.3% of the variance in the dependent variable is explained by the independent variable in the model.

Table 1.7 ANOVA

Model	Sum of squares	df	Mean square	F	Sig.
1 regression	726.089	1	726.089	4.199	0.0043b
Residual	16252.651	94	172.901		
total	16978.740	95			

Dependent variable: quality service delivery

Predictors: (constant) Organizational factors

Source: Researcher (2014)

The F statistics as shown in table 1.7 represents a test of the hypothesis whether the R square proportion of variance in the dependent variable accounted for by the predictors is zero. It appears that the predictor variables in the study are not all equal to each other and the large F value (4.199) and a small significant level (0.0043b). This indicates that for quality service delivery, organizational factors have a role to play.

Table 1.8 Coefficient a

Model	Unstandardized coefficients		Standardized coefficients	t	Sig.
	B	Std. Error	Beta		
(constant)	35.327	6.990		5.054	0.000
Organizational factors	0.459	0.224	0.207	2.049	0.043

a. Dependent variable: Quality service delivery

Source: Researcher (2014)

Table 1.8 provides information about the effects of the variable organizational factors on quality of service delivery. The unstandardized coefficient for organizational factors in this case is 0.459, which indicates that the predictor variable, quality service delivery, will be affected by 0.459. Examining the Beta coefficients for organizational factors, it was noted that these variables were more obviously the better predictors of quality service delivery.

Examining the t statistic for the variable, the associated significance value of 0.043, indicates that the null hypothesis that states that this variable's regression coefficient is zero when all other predictor coefficients are fixed to zero, can be rejected.

This shows that quality service delivery can be predicted by the variable, organizational factors. Thus it can be concluded that quality service delivery is dependent on organizational factors.

Furthermore, the unstandardized coefficients indicate the increase in the value of dependent variable for each unit increase in the predictor value. In this case, the unstandardized coefficients organizational factors (0.459), indicate that for each of these variables, predicted quality service delivery will increase by 0.459. Therefore, it was concluded that quality service delivery was dependent on organizational factors. Thus the null hypothesis was rejected.

## VI. Discussion

Findings show that Autonomized management has a positive impact on the quality of service delivery by facilitating quick services and access to prescribed drugs for patients and job satisfaction among medical staff. For this relationship to be realized organizational factors have a role to play. There is need for medical staff to acquire skills in computer and microscope operation. There is need for adequate staffing and equipment together with sufficient room to accommodate patients, medical staff and the equipment.

## VII. Conclusion

The study concluded that there was a statistically significant relationship between autonomization and the quality of service delivery in that autonomization affected the quality of service delivery. The study equally concluded that there was a statistical significance between organizational factors and the quality of service delivery. In this case organizational factors had a positive impact on the quality of service delivery. Thus from the foregoing conclusions the study concluded that autonomization of departments was key in improving the quality of service delivery in public hospitals.

## VIII. Recommendations

In view of the objectives, findings and conclusions made the following recommendations are suggested.

1. To achieve quality service delivery to malaria patients, there is need to achieve full autonomization of departments in public hospitals by empowering medical staff in setting their work goals and making decisions concerning their work processes.
2. Public hospital organizations should improve their capacity of organizational factors in order to achieve full autonomization of departments. Laboratory, pharmacy and payment of bills services should be provided within the wards. These will ensure quick services to patients.
3. Organizational factors should be improved in order to provide quick services to patients. More medical staff should be hired and be exposed to vast capacity building opportunities in current trends in infection and management of malaria. They should also be equipped with relevant skills in computer and laboratory operations. More room should be created for the wards to adequately accommodate patients, medical staff and equipment.

## References

- [1]. Armstrong, M., (2003). Human Resource Management, London: Kogan Page.
- [2]. Arthur, W.Jr, Bennett, W.Jr, Edens, P.S. and Bell, S.T., 2003: Effectiveness of training in organization: A meta-analysis of design and evaluation features. *Journal of Applied Psychology*, Vol.88(2): 234-245.
- [3]. Castano, R., Bitran, R. and Ursula, G., (2004). Monitoring and Evaluating Hospital Autonomization and its effects on Priority Health Services.
- [4]. Cole, G.A., (2008). Personnel and Human Resource Management. London South – Western Engage Learning.
- [5]. George, M and Jones, G. (2011). Essentials of Contemporary Management. New York: McGraw Hill Irwin.
- [6]. Gibson, J.L., Ivancevich, J.M., Donnelly, Jr. J.H. and Konopaske, R., (1988). Organizations: Behaviour, Structure, Processes. Business Publications. Empowerment and Autonomization in school-based Management 0951-354.
- [7]. Government of Kenya, (2005). The Second National Health Sector Strategic Plan of Kenya. Government Printer.
- [8]. Government of Kenya, (2007). Vision 2030, Government Printers.
- [9]. Government of Kenya, (2010). The Constitution of Kenya, Government Printers.
- [10]. Government of Kenya. (2011). The Kenya Health Sector Integrity Study Report: Government Printers.
- [11]. Government of Kenya, (2011). Malaria in Kenya at a Glance: Government Printers.
- [12]. Government of Kenya, (2010). Ministry of Medical Services Press Statement on Public Hospitals in Kenya: Ministry of Medical Services.
- [13]. Government of Kenya. (2011). Dynamics of Malaria Transmission in Kenya: Government Printers.
- [14]. Government of Kenya. (2009). The Kenya Central national bureau of Statistics.
- [15]. Gu O, J. and Lo w., (1987). Performing School Governance in Taiwan and S. Korea: Hamilton, C., (2008). Communicating for Results: A Guide for Business and the Profession. U.S.A: Thompson Wadsworth.
- [16]. Graham, H.T. and Bennett, R., (1998). Human Resource Management. Prentice Hall. Internet. (2009). Soft Kenya.com.
- [17]. Hill, C.W.L and Gareth, R. (2008). Strategic Management: An Integrated Approach (8<sup>TH</sup> Edition). Houghton Mifflin.
- [18]. James, P., (1996). Total Quality Management. New York: Prentice Hall Johnson, E., Blanchard, H. and Hersey, P. (2002). Management and Organizational Behavior: Leading Human Resources. Person Education.
- [19]. Jones, R.G and Hill L.W., (2001). Strategic Management: An Integrated Approach. New Jersey: Mifflin Koontz, H., (1993). Management. Hightstown: McGraw Hill.
- [20]. Kreitner, R., (1986). Management. New Jersey: Mifflin Co Laguna A., (1999). The Autonomization of Public Hospitals and its Consequences on the Health Lima. 301- 310.
- [21]. Kothari, C.R., (2008). Research Methodology: Methods and Techniques New Delhi: New Age International Publishers.

- [22]. Laguna, A. (1997). The Autonomization of Public hospitals and its consequences on health care demands.
- [23]. Lal, H.,(1995). Total Quality Management. New Delhi: New Age International Pub. Marchington,M., (2003). People, Management and Development: Cromwell Press.
- [24]. Lussier,N.,(2008). Management Fundamentals: Concepts, Applications and Skills Development.U.S.A 4E.
- [25]. Ojwang, O.B.,Ogutu,E.A. and Matu, P.M., (2010). Nurses Impoliteness as an impediment to patients rights in selected Kenyan Hospitals.
- [26]. Ministry of Health., (2002). Malaria Outbreak Kills Hundreds. MOH. Moe Terry, M., (1990). Political Institutions: The neglected Side of the Story. Oxford University Press.
- [27]. MoE, T.M., (1990). "Political Institutions: The Neglected Side of the Story," Oxford University Press.213-253.
- [28]. Mugenda, M. and Mugenda, G.,(2003). Research Methods. Nairobi: ACTS Press Murphy L.,(2008). Supporting Learner Autonomy: Developing Practice Through the Production Of Courses for Distance Learners of French, German and Spanish. UK.1362-1688
- [29]. Mwambu,G.M., Ainsworth,M. and Nyamete, A., (1993). Quality of Medical Care and Choice of Medical Treatment in Kenya: An Empirical Analysis.
- [30]. Mwaniki,P. and Amadala,D, (2010). System to Boost Drugs Supply. Kenya ICT Board.
- [31]. Nassiuma, K., (2000). Survey Sampling: Theory and Methods: Nairobi University Press. Naylor, J. (2002). Operations Management. Essex: Prentice Hall Ngechu M. (2001): Understanding the Research Processes and Methods: Nairobi University Press.
- [32]. Nzuve, M., (1999). Essentials of Organizational Behaviour. Nairobi: Nairobi University Press Panneerselvam, R., (2008). Research Methodology. New Delhi: Prentice Hall of India.
- [33]. Render, B. and Heizer J., (1999). Operations Management. New Jersey: Prentice Hall Smith, E. and Catteneo, J., (1988). Management for Productivity. Canada: John Wiley and Sons.
- [34]. Sullivan, R., (1997). Human Resource for Small Businesses. U.S.A: John Wiley and Sons.
- [35]. Wagstaff,A. and Bales,S., 2012: The impacts of public hospital autonomization: Evidence from a quasi-natural experimentvietnam: World Bank.
- [36]. Wehrich, and Koontz, H., 1993: Management: A global perspective. New York: McGrawHill.
- [37]. Wendell,L.F.and Cecil, H.B. Jr., (1999). Organizational Development. New Jersey: Prentice Hall Wn.com / Western-Province – Kenya, 2008.