EFFECT OF QUALITY MANAGEMENT SYSTEM ON THE ORGANIZATIONAL PERFORMANCE: A CASE OF HEALTH SERVICE PROVISION IN GARISSA COUNTY

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DECLARATION AND APPROVAL

DECLARATION BY THE STUDENT

This research proposal is my original work and has not been presented for a degree/master's in any other university or for any other award.

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APPROVAL BY THE SUPERVISORS

I confirm that the work reported in the research project was carried out by the candidate under my supervision.

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DEDICATION

This work is dedicated to the Almighty Allah, my mother Fatuma Hassan Abdi, my two kids Asim and Waseem Mohammedur Adow, as well as everyone who has supported and encouraged me during this important life journey.

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ABSTRACT

The goal of installing quality management systems is to continuously raise the standard of healthcare services to meet patient expectations and make the best use of the resources at hand to enhance care outcomes. Academics and prior studies have created reliable Quality Management System practice scales. Nevertheless, in the Garissa setting, none of these scales underwent empirical testing or validation. Therefore, the specific objective of the study were; to assess the current QMSs in health facilities in Garissa County, to analyze the effect of Quality Management Systems on patients' satisfaction, on operational efficiency and on service delivery time in Garissa County health facilities. The foundational paradigm underlying this inquiry was the Resource-Based View theory while a theoretical foundation for comprehending how organizations function is systems theory. The association's assets are highlighted by the Resource Based View as the key factors influencing implementation and competitive advantage. The research used the descriptive design to address the research questions. The targeted population included employees working in healthcare facilities within Garissa County and who were directly involved in the implementation of the QMS. A total of 280 workers in the 11 Garissa health institution were targeted. The sample size was determined at a 95% confidence level with a 5% margin of error to be 143 respondents. The researcher used both the stratified and simple random techniques to determine the sample size. The primary data that was collected included both quantitative and qualitative information using the self-administered structured questionnaire and the Key Informant Interview. Reliability was assessed by the test-retest and validity was established using the content validity. Using the SPSS program, descriptive and inferential statistics were used to examine the quantitative data while thematic analysis was used for the qualitative data. This study is significant because it will assist healthcare organizations in putting into practice a more effective QMS approach.

Table of Content

List of Tables

List of Figures

List of Abbreviations and Acronyms

ISO : International Organization for Standardization

TQM : Total Quality Management

OP : Organizational Performance

USAID : United States Agency for International Development

QMS : Quality Management Systems

WB : World Bank

WHO : World Health Organization

CHAPTER ONE INTRODUCTION

1.0 Background to the study

Quality Management Systems (QMS), is an assemblage of procedures, policies, processes, and records that outline the internal guidelines that controls how a business creates and provides a service or product to customers (Sharma & Joshi, 2020). In the healthcare sector, Organizational performanc (OP) is the extent to which a health facility meets its overall goal of improved quality, accessibility, and efficiency. UNESCO (2023), indicates that QMS has a favorable effect on performance outcomes for both internal and external factors, leading to a rise in productivity among other things.

The global trend toward the adoption of QMS in the healthcare sector is to maximize the utilization of available resources to enhance outcomes while progressively raising the standard of healthcare services to meet patient expectations (WHO, 2021). Patient safety can be improved in the healthcare industry by implementing QMS procedures. In this regard, WHO (2021), QMS has become a viable strategy for increasing the efficacy and efficiency of health care demand globally.

The current QMS needs to be significantly changed due to the complexity and importance of cooperation in the health care industry (Wardhani et al., 2019), a QMS is a work methodology or process that guarantees consistently excellent product quality. The development of such a system is crucial for the healthcare sector. Comprehensive guidance on QMS concepts, scope, and implementation is provided by the ISO 9000 standard (UNESCO, 2023).

A process view that emphasizes the internal process of measuring the efficacy and efficiency of activity through a set of metrics is supported by organizational

performance (Ravichandran & Rai, 2020). As a result, among other things, organizational responsiveness to the environment, profit, procedures and internal processes, organizational structures, employee attitudes, outcome and output are all used to measure performance (Helmold, 2023). Hospital QMSs have been adopted because of the growing complexity of health systems and institutions brought about by pressure for quality improvement from insurance and government organizations, rising competition in the healthcare market, improved customer positions, and growing awareness of patient safety.

In Africa massification and globalization of healthcare services have aided the construction of foreign and private health facilities across the continent. Concerns about the effectiveness, efficiency, and quality of healthcare programs have assumed a central role (WHO, 2021). The dismal state of the continent's few quality management systems highlights the necessity of a comprehensive systemic approach to organizational performance throughout the continent. One of the criteria to determine the impact of putting in place a quality management system is productivity, which is why Helmold (2023) propose indicators to assess the performance of processes through productivity improvement. An excellent OP according to Grossu- Leibovica & Kalkis (2023), the QMS promotes the organization to reduce its service provision costs while also lowering the cost per unit of the service. These boosts return on investment and helps the organization maintain a viable business. A report by WHO (2022) on Africa health sector cites that the performance, quality, and ongoing improvement of an organization can all be enhanced by implementing a QMS culture in the public health sector. When a QMS is properly implemented, it gives all parties involved the assurance that the company will gradually improve and produce consistently high-quality products. Additionally, because services will be provided in accordance with the clients' or patients' specific requirements from the start, there will be less waste and

less need for follow-up care for the patients and greater patients satisfaction (Guasch, 2022). Additionally, Helmold (2023) finds that QMS improves the performance of the organization through raising productivity and production levels, ensuring that services are always 100% quality, decreasing turnover among healthcare personnel, cutting down on material waste, lowering production costs, and so on (Ravichandran & Rai, 2020). Recent research Ethiopia and Iran by Arifin et al., (2024) and Tabibi et al., (2024) respectively have also demonstrated that when companies have a sound QMS in place and a strong cycle of continuous improvement, they will advance and perform better over time.

To control and enhance the quality of healthcare services, numerous low- and middle-income countries have developed their own national certification standards and accreditation programs (WHO, 2022). Hospitals in Kenya are run by both public and private organizations. The county or national government finances and oversees public hospitals, which are owned by the Ministry of Health. Non-governmental hospitals are controlled by charitable and commercial organizations, with a board of directors chosen by the shareholders. One of the biggest issues facing Kenya's hospital system is service quality, which requires attention (MOH-Kenya, 2024). The mid-1990s saw the introduction of QMSs in Kenyan hospitals. Hospital service provision quality has been the target of current efforts. To enhance organizational quality and performance, Kenyan hospitals have adopted ISO QMSs, patient complaint handling systems, clinical governance, excellence models (like the European Foundation for Quality Management), and most recently, hospital accreditation (KMHFR, 2024).

Hospitals in Kenya choose to implement QMS voluntarily (MOH-Kenya (2024). Managers at hospitals are being compelled to establish uniform quality management systems to adhere to defined standards, after the recent introduction of the national accreditation program (WHO, 2022). Few healthcare companies in the public and

commercial sectors in Garissa County, Kenya, have voluntarily embraced the ISO 9001:2008 Quality Management framework due to the lack of a national healthcare certification framework in the country (Echulet, 2023). When a company is certified by a credible certification body, customers will see that it has created a system that is focused on meeting customer requirements and developing (Maina, 2020). This will bring a firm additional client and strengthen their trust in the firm's ability to fulfill its promises.

According to WHO (2022) QMS enhances hospital productivity. Numerous research studies (Achieng & Misuko, 2023, Tumate & Njoroge, 2023, and Ntwiga et al., 2023) have been carried out in Nairobi County to examine the impact of implementing Quality Management System (QMS) principles on an organization's overall performance and effectiveness and find a positive and substantial relationships. Hospital executives and staff at general hospitals are very concerned about the phenomena of inadequate implementation of comprehensive quality management in order to improve hospital quality. A study in Kajiado public hospitals have been found to be unprepared and susceptible to man-made disasters, even despite having a hospital disaster plan and carrying out drills and simulations (Nyaboga & Muathe, 2024). All these variables can impair the hospital's capacity to offer patients with safe and quality care.

Kenya faces challenges in implementing its healthcare quality initiatives, such as the lack of a national healthcare certification program and integrated national standards, policies, and procedures pertaining to patient safety and healthcare quality (Achieng & Misuko, 2023). There are no national quality care indicators, even if the national health policy contains quality of care objectives (Nyaboga & Muathe, 2024). Health facilities in the public and private sectors are not subject to regulatory audits. It is on this

background that the study on quality management systems on organizational performance of healthcare facilities, particularly in Garissa County was done.

1.1 Statement of the Problem

Businesses across the world are implementing QMSs to enhance their conventional business practices and secure their continued existence in the fiercely competitive modern health care industry (Tumate & Njoroge, 2023). Organizational performance is the most crucial component of the administration investigation and, without a doubt, the most significant indicator of the hierarchical success of the QMS. Numerous academics investigate the connections between QMS practices and how these practices affect OP; nevertheless, their findings often contradict one another. Therefore, this research's contribution is to strengthen the relationship between QMS and OP by combining the findings of empirical studies on these topics in Kenyan health sectors. Furthermore, many academics have created reliable QMS practice scales (e.g., Achieng & Misuko, 2023, Tumate & Njoroge, 2023, and Ntwiga et al., 2023). Nevertheless, in the Garissa setting, none of these scales underwent empirical testing or validation. This article attempts to offer a set of operational measurement streams for the QMS in Garissa County that are both valid and reliable to get around this limitation.

Furthermore, there is ongoing debate on the effect of QMS on performance, as several empirical research (Monari, 2023), and Tanasiichuk et al., 2023) suggest that QMSs certification has little bearing on organisational performance. Due to this paradox and the dearth of empirical research in Kenya, this study examines how QMSs affect hospital performance in Garissa County, Kenya.

Considering the discussion above, it was evident that prior research on the effect of quality management systems on the organizational performance of healthcare

facilities, particularly in Garissa County, has not produced enough data. The purpose of this study was to provide further insight into this matter.

1.2 Purpose of the study

The purpose of this research was to investigate the effect of quality management system on organizational performance for healthcare service provision in Garissa County.

1.3 Objectives of the study

Examining how the quality management system affects organizational performance for healthcare service delivery in Garissa County was the broad objective of this study. The specific objectives were;

i. To assess the current quality management systems in health facilities in Garissa County.
ii. To analyze the effect of quality management systems on patients' satisfaction in Garissa County health facilities.
iii. To analyze the effect of quality management systems on operational efficiency in Garissa County health facilities.
iv. To analyze the effect of quality management systems on service delivery time in Garissa County health facilities.

1.4 Research Questions

The purpose of the study was to address the following questions:

1. How is the current state of the quality management systems in Garissa County health facilities?

2. How does quality management systems affect patients' satisfaction in Garissa County health facilities?

3. How do quality management systems affect the operational efficiency in Garissa County health facilities?

4. How do quality management systems affect the service delivery time in Garissa County health facilities?

1.5 Significance of Study

This study may: (i) assist healthcare organizations in putting into practice a more effective quality management system (QMS) approach; (ii) offer insights into the features of the QMSs that Garissa County healthcare providers have adopted; (iii) assist managers in reallocating resources to those QMS components that have the greatest effect on organizational performance; and (iv) expand knowledge of how the government's QMS policy affects the service delivery of healthcare providers today.

Policy makers and development partners who assist in the expansion of health services programs that support a diverse and successful public health sector will find great value in the study. Policies and procedures will be put in place to improve and encourage both performance and quality. The managers of healthcare institutions, who are crucial to the success of their organizations, stand to gain from this.

Academicians will gain from the study in that it will help them contribute to the body of literature already in existence, particularly studies on organizational performance and quality management systems. So, the study's conclusions may come in handy when it comes to providing academics with various contextual viewpoints.

1.6 Scope of the study

1.6.1 Content scope.

This study focused on the quality management system and organizational performance of health facilities: with evidence from health facilities in Garissa County. The 280 targeted workers in the 11 Garissan health institutions included employees who were implementing QMS in their respective hospitals and had adequate training and expertise. These individuals included the director of the medical department, the vice president of quality, the quality manager, the head of the nursing department, the head of the outpatient department, physician managers, nurse managers, and others. Other employees worked in finance, supply chain and logistics operations, IT, HR, and purchasing.

1.6.2 : Geographical scope.

The study location was Garissa County - Kenya. And it included all the health facilities in Garissa County in May-June 2025.

1.6.3 : Time scope.

This study was conducted from December 2024 to June 2025. The data will be collected in May 2025 and analysis carried out in May-June 2025.

1.7 Study Limitations

It is necessary to note a few of this study's limitations. First, the number of study samples will be decided at random rather than by applying specific formulas to the number of populations that already exist. Thus, there will be a limit to how well the study findings can represent the public.

Additionally, the sample will be limited to the Kenyan territory—which includes East African countries. Even though the findings could serve as a guide for other counties and developing nations, the generalizations of the results will still be limited.

Because the results are dependent on participant perceptions, response bias may be present, as has been shown in research with comparable design (Pandey & Pandey,

2021). Hospital employees, on the other hand, are the main players in the QMS implementation and possess extensive organizational expertise.

Furthermore, the lack of similar research in the province or country, the geographic differences in educational attainment (across cities and regions), and the size of the sample may make it challenging to extrapolate the results to the entire nation.

1.9 Delimitations

The findings can be generalized thanks to the sampling of respondents, which suggests that the sample will be selected in a way that is representative of the larger population of interest. Participants will also be guaranteed that the information they submit will be used exclusively for that purpose. Additionally, the informed consent will ensure that the response biase is eliminated. This promotes ethical data handling procedures and helps to establish respondent confidence.

1.10. Assumptions of the Study

The assumption that the information gathered will be a true and accurate reflection enabled the researcher to draw accurate and sincere recommendations and conclusions. Moreover, this study was founded on the assumption that QMSs have an impact on organizational performance. Last but not least, the study used a quantitative design and made a methodological assumption thus it included closed-ended questions. Subjective information was not required.

1.11 Operational definition of key terms

Health Facilities: Any place that offers medical care. Small clinics and physician offices to major hospitals with sophisticated trauma centers and emergency rooms are examples of different types of health institutions.

Healthcare quality: This is the degree to which health services are provided to individuals and groups in a way that maximizes the possibility of optimal health while adhering to current professional knowledge

ISO Certification: is a certification that attests to a company's compliance with the International Standards Organization's definition of quality process standards.

Organization Performance: This is the accomplishment of corporate goals through the effective and efficient utilization of resources and assets.

Operational Efficiency: A health facility's operational efficiency is a gauge of how successfully it makes use of its resources to produce income.

Patients' Satisfaction: The degree to which a patient is satisfied with their medical care is measured by patient satisfaction. For healthcare facilities, it is a crucial quality indicator.

Service Delivery Time: The term "service delivery timing" describes how long it takes a hospital or healthcare professional to offer a service to a patient.

QMS: This is a standardized system that records duties, steps, and processes for accomplishing quality goals and policies.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This section contains a review of the literature on the effect of quality management systems on organizational performance, a summary of the review, a list of research gaps, and the theoretical and conceptual framework that the study is founded on.

2.1 Empirical literature

The question considered was whether QMS really helps healthcare facilities in improving their performance in terms of patient's satisfaction, operational efficiency, and service delivery time. In this section, we will examine the key literature which has investigated the relationship between QMS and organizational performance.

2.1.1 Opportunity and Challenges of Quality Management Systems in health facilities

A structured system used by healthcare organizations to guarantee adherence to regulatory and consumer requirements concerning patient outcomes and healthcare services is known as a healthcare QMS (Zaid et al., 2020). The goals of healthcare QMS are to monitor, evaluate, and enhance healthcare quality through policies, methods, and procedures (Guasch, 2022). Managing an organization's structure, responsibilities, processes, procedures, and resources to put the rules into practice that are required to accomplish its goals and quality objectives is known as a quality management system, or QMS (Wardhani et al., 2019).

The meaning of QMS is changing to describe suitable administration; it is not an addition to an organization, but rather a way to make the most of existing resources in

order to improve the efficiency and effectiveness of its core processes (UNESCO, 2023). The healthcare sector's QMS aids in guaranteeing patient care efficacy, product and service quality and safety, and regulatory compliance (Helmold, 2023).

In Kenyan healthcare, QMS seeks to create and uphold a culture of safety and quality throughout clinical care, administrative procedures, and support services (Zaid et al., 2020). Information management, risk management, change management, communication, education, and training are some of the crucial healthcare QMS procedures that must adhere to customer and regulatory criteria (Tabibi, Raeissi & Nasiripour, 2024). However, an organization can perform better from production to sales or services provision with the help of a competent QMS, but it does not automatically become more advantageous, effective, or client-focused (Nyaboga & Muathe, 2024). UNESCO (2023) states that organizations can choose to use a single QMS or combine a variety of techniques to address various needs and scenarios.

The MOH Kenya guidelines state that hospitals in Kenya have the option of using TQM, standardized systems, or both. Specific requirements for adopting a QMS in healthcare organizations are outlined in several standards and guidelines, including ISO 7101:2023, ISO 9001:2015, ISO 15189:2022, EN 15224:2016, and others (MOH-Kenya, 2024). Many organizations successfully understand and implement QMS without an ISO 9000 certification, relying on their internal survey approach to maintain the integrity of the entire process (Helmold, 2023). The QMS is formally surveyed and approved by an external entity upon ISO 9000 certification. More importantly, the certification organization will periodically assess the QMS practices (KMHFR, 2024). Accreditation organizations are being established in numerous new nations with the assistance of the government. The external shape's independent

review helps spot possible issues early on and gives justification for maintaining the QMS current and relevant (WHO, 2022).

Prior research has examined various facets of quality management practices, such as TQM and ISO standards, but has not yet shown the impact of QMSs on hospitals' organizational performance (Guasch, 2022). Despite receiving a lot of attention, quality management systems' efficacy is debatable. While some studies question this (Wardhani et al., 2019; Zaid et al., 2020; Tumate & Njoroge, 2023), others assert that the enterprises benefit from the implementation of these standards (Tanasiichuk, Karaman & Natrus, 2023; Ravichandran & Rai, 2020; Monari, 2023).

2.1.2 Effect of quality management systems on patients' satisfaction in health facilities

Since determining and meeting the present and future demands of customers is a goal of QMSs, they are often customer oriented. Implementing a QMS has a good impact on customer satisfaction in areas like processing and reducing claims and complaints (Helmold, 2023; Monari, 2023). Alternatively, Wardhani et al. (2019) focus on this effect on product quality. According to Guasch (2022), meeting the needs of customers in terms of quality is a contribution made by the use of a system. This viewpoint has been the subject of other research, including those by Echulet (2023), Helmold (2023), Arifin et al., (2024) and Achieng & Misuko, (2023).

Businesses that have implemented QMS have great regards for their customers and always work to meet and beyond their expectations (Guasch, 2022). Every employee in a complete quality setting strives to satisfy the client by paying attention to their problems, making sure those concerns are resolved as best they can, and staying in constant communication with them (Wardhani et al., 2019). Because

patientsatisfaction is directly linked to the organization's performance, competitiveness, and existence, its members must value the customer.

Customer satisfaction is linked to Six Sigma's goals, which emphasize, among other things, the promptness and caliber of product and service delivery (Helmold, 2023). Similarly, according to Nyaboga & Muathe (2024), some of the external benefits related to customers are demonstrated in accordance with the total quality principles and relate to the comprehension of present and future needs, fulfilling their needs and surpassing their expectations. Lastly, Ravichandran & Rai (2020) discovered that if personnel are happy, which is demonstrated by qualities like friendliness, understanding, and good service, then customers will be satisfied.

2.1.3 Effect of quality management systems on Enhanced Operational Efficiency in health facilities

Enhancing the quality of a company's goods and services is the main objective of operational efficiency, which emphasizes that all organizational efforts should be focused on achieving this goal. This calls for the dedication of the entire organization to its processes and operations. To focus on fulfilling customer demands and corporate goals, a suitable QMS should be in place that aims to integrate all organizational areas, including marketing, design, finance, engineering, production, and customer service (Arifin et al., 2024).

Tanasiichuk, Karaman & Natrus's (2023) in their study concludes that the organization's operational efficiency will improve because of the QMS deployment, the main operational performance areas that were employed to test this claim included an improved system, higher service quality, higher throughput, better customer

response, faster delivery, more accurate work, less work, and lower costs of subpar quality.

Likewise, the expenses incurred in planning, execution, running, and upkeep of continuous improvement procedures are also linked to operational efficiency. According to Zaid et al., (2020), the influence of quality management systems has been particularly noticeable in nations with poor institutional frameworks, mostly in the form of lower operating costs. Additionally, for the benefit of all stakeholders, operational efficiency aims to increase an organization's competitiveness, effectiveness, and adaptability (Helmold, 2023; Monari, 2023).

2.1.4 Effect of quality management systems on Timely Healthcare Service Delivery in Health Facilities

Meeting or surpassing client needs is referred to as service delivery. Simplifying procedures, cutting operational costs and clinical errors, and implementing QMS and healthcare safety policy are all ways to improve healthcare services (WHO, 2022). Clinicians, physicians, and managers can use the first time (girft) system to meet and surpass consumer expectations by analyzing data on variances in services and practices. The proper culture must be ingrained in organizations until it becomes instinctive. The idea that QMSs may help healthcare organizations achieve greater levels of service delivery to their patients is the main significance of their systematic implementation, which has been acknowledged globally (Monari, 2023).

The advantages of regularly assessing QMSs in healthcare organizations are very clear. Improved patient health outcomes and less time squandered are a couple of them (Grossu-Leibovica & Kalkis, 2023).

Because Kenyan hospitals have numerous departments, service delivery in these facilities takes many forms. Given the volume of patients the facility sees daily, the implementation of QMSs is crucial (MOH-Kenya, 2024). Unfortunately, a growing number of patients, a shortage of specialists, a shortage of essential medical supplies, a lack of functional specialized equipment, corrupted management information systems, and ineffective operational standards and guidelines are just a few of the ongoing issues that the facilities face (WHO, 2024). Due to these difficulties, it is essential to use the QMSs as guides for the timely and beneficial delivery of services (Lee & Lee, 2022)

2.1.5 Indicators of Organizational Performance in Health service delivery

When compared to other industries, the health sector presents a number of unusual difficulties that make service quality a top priority goal for any company that prioritizes providing excellent customer service and satisfaction (WHO., 2021). Organizational performance, according to Rachmad (2022), is doing the right things in the right way. Similarly, Nyaboga & Muathe (2024), Monari (2023), and Helmold (2023) contend that an organization's effectiveness and efficiency in accomplishing its goals and fostering positive relationships with its surroundings impact its performance. According to Gibson, Gibson & Webster (2021), a company's performance is a gauge of how well its objectives are being met.

There is increased concern about the quality of care in the health sector, and patients are becoming more demanding for specialized care (WHO, 2024). The medical profession is also raising concerns about the cost of medication and threats of evolving pathogens. Thus, for healthcare organizations to mitigate these challenges,

quality and cost must be at the core of their operational QMS strategy (UNESCO, 2023).

Daqar & Constantinovits (2020) support the idea that focusing on QMSs will lead to outcomes like customer and staff satisfaction, profitability, and efficiency led researchers to adopt the evaluation of organizational performance in terms of customer satisfaction based on a prior review. Grossu-Leibovica & Kalkis (2023) indicated that performance in healthcare can be viewed in terms of administrative efficiency, delivery outcomes, compliance, patient safety, patience experience and satisfaction, service quality, and cost of care.

2.1.6 Quality Management System and Organizational Performance

Research has shown that the organization's performance and QMS procedures are positively correlated. The organization can benefit from a high-performing QMS in many ways, some of which are listed below. A successful QMS encourages the company to reduce manufacturing costs while lowering product costs per unit, which raises the return on investment and helps the company maintain a profitable operation (Grossu-Leibovica & Kalkis, 2023).

Healthcare institutions can enhance their performance, quality, and ongoing development by implementing a QMS culture. Because the services will be produced per the specific requirements the first time, there will be less reworking and redoing required on the services provincial level, and there will be fewer complaints from clients (Echulet, 2023). A well-implemented QMS gives all stakeholders the confidence that a company will improve over time and have consistency in the quality of healthcare services. These facilities feature a wide-ranging vision that prioritizes all clients and stakeholders. Every action, service, and procedure is thoroughly recorded,

and all documentation is kept up to date. Any shortcomings in the performance are routinely found and fixed.

There is also mounting proof that implementing QMS has enhanced an organization's performance and had a major influence on most enterprises (Endeshaw, 2021; Benzaquen et al., 2021; Gibson, Gibson & Webster, 2021). According to studies (Echulet, 2023; Helmold, 2023; Arifin et al., 2024; and Achieng & Misuko, 2023), companies that have a good QMS in place and a good cycle of continuous improvement will eventually advance and perform better. This is evident when they increase their market share, boost sales and profits, comply with all legal and regulatory requirements, gain a competitive advantage over their rivals, have a positive customer perception, and provide a good investment return to their shareholders, especially in the global market. Grossu-Leibovica & Kalkis (2023) discovered that efforts to examine the relationship between organizational performance and quality management systems are starting to take shape and that quality enhancements are probably going to boost output, effectiveness, and profitability.

Additionally, the analysis of the body of research indicates that most studies examining the connection between QMS and organizational performance are carried out in the manufacturing sector and European nations (Zaid et al., 2021; Wardhani et al., 2019). It's interesting to note that there isn't a single thorough study on hospitals in Northern Kenya that looks for a connection between organizational performance and QMS practices. Because of this, there is a chance to participate in the discussion by conducting a study in this field.

2.2 Theoretical framework

The underlying theoretical constructions which the research was anchored on are the Resource-Based View and the Systems Approach Theory.

2.2.1 Resource-Based View

The foundational paradigm underlying this inquiry was the Resource-Based View theory. The association's assets are highlighted by the Resource Based View (RBV) as the key factors influencing implementation and competitive advantage. When dissecting competitive advantage, it adopts two suppositions (Gibson, Gibson, & Webster, 2021). This approach acknowledges the possibility of heterogeneity in the assets controlled by entities within an industry. Second, it acknowledges that asset heterogeneity may persist because the assets utilized to carry out business plans are not transferable across companies (i.e., some of the assets are difficult to gather and cannot be traded). One crucial requirement for an asset package to increase competitive advantage is asset heterogeneity, often known as uniqueness (Zaid et al., 2020). Along with other organizational resources, QMS such as top management support and commitment, fostering strong customer relationships, and empowering staff through training and better incentive programs are all important tools that can improve organizational performance in terms of timely delivery, operational efficiency, and employee and customer satisfaction.

The RBV Organizational factors and how they fit into the world are important factors that determine advancement, and theory is heavily influenced by behavioral and sociological worldviews. An organization that prioritizes customer satisfaction will set up its operations to accommodate the demands, assumptions, and dissatisfactions of its customers. This increases the organization's effectiveness in producing dependable and high-quality goods within the allotted period. Since many of the

components of abilities are reflected in assets, this study also focused on the effects of certain internal attributes (QMS) of the healthcare facility on organizational performance (Gibson, Gibson, & Webster, 2021), considering this circumstance. In order to determine how well a company uses its own internal resources and capabilities—in this case, QMSs—to outperform rivals and attain superior performance, the RBV theory will be used in this study to analyze how the health facility's unique internal capabilities and resources allow them to achieve a sustainable organization performance (Grossu-Leibovica & Kalkis, 2023).

2.2.2.Systems Approach Theory

A theoretical foundation for comprehending how organizations function is systems theory. Although there are various ways to define a system, it is best described as an entity with all the components required to perform its functions. It began as a method of comprehending companies from an external viewpoint, but it has since evolved into a way of learning about day-to-day activities inside an organization. Understanding the relationships and interactions between different organizational components is made possible by systems theory (Rachmad, 2022). The connection between QM and systems thinking must be the main topic of discussion when talking about quality management systems concerns. QMS's emphasis on the significance of the relationships between the components to the intended outcome strengthens the firm's systemic idea (Valentinov, Roth & Pies, 2021). As the researcher aims to determine how health facilities have implemented Quality Management systems that prioritize patient satisfaction, operational efficiency, and timely service delivery to improve organizational performance, this theory is pertinent to the study. In order to answer the study questions, the theory selected will help analyze how various factors within a system affect one another, moving beyond straightforward cause-and-effect

linkages to comprehend complex interactions and feedback loops (Grossu-Leibovica & Kalkis, 2023). The purpose of the study is to determine how these QMSs relate to the organization's desired outcome.

2.3 Conceptual framework

The following framework is created to address the research problem. The literature on QMS and organizational performance serves as the foundation for the model's creation. The independent and moderating variable variable and a dependent variable comprise the conceptual framework. Zina (2021) asserts that these variables are what should be considered the essential elements of theory. The dependent variable in the study is organizational performance. The independent variables are the QMS's current practices, QMSs on patient satisfaction in healthcare facilities, QMSs on improved operational efficiency in healthcare facilities, and QMSs on timely healthcare service delivery in healthcare facilities. The moderating variable of the study which is assumed to affect the relationship of the dependent and independent variable is the government policies in QMSs use, adoption and implmentation in the health facilities. The diagrammatic representation of these concepts may be found in figure 2.1 below. The dependent variable, organizational performance, is significantly impacted by the other variables.

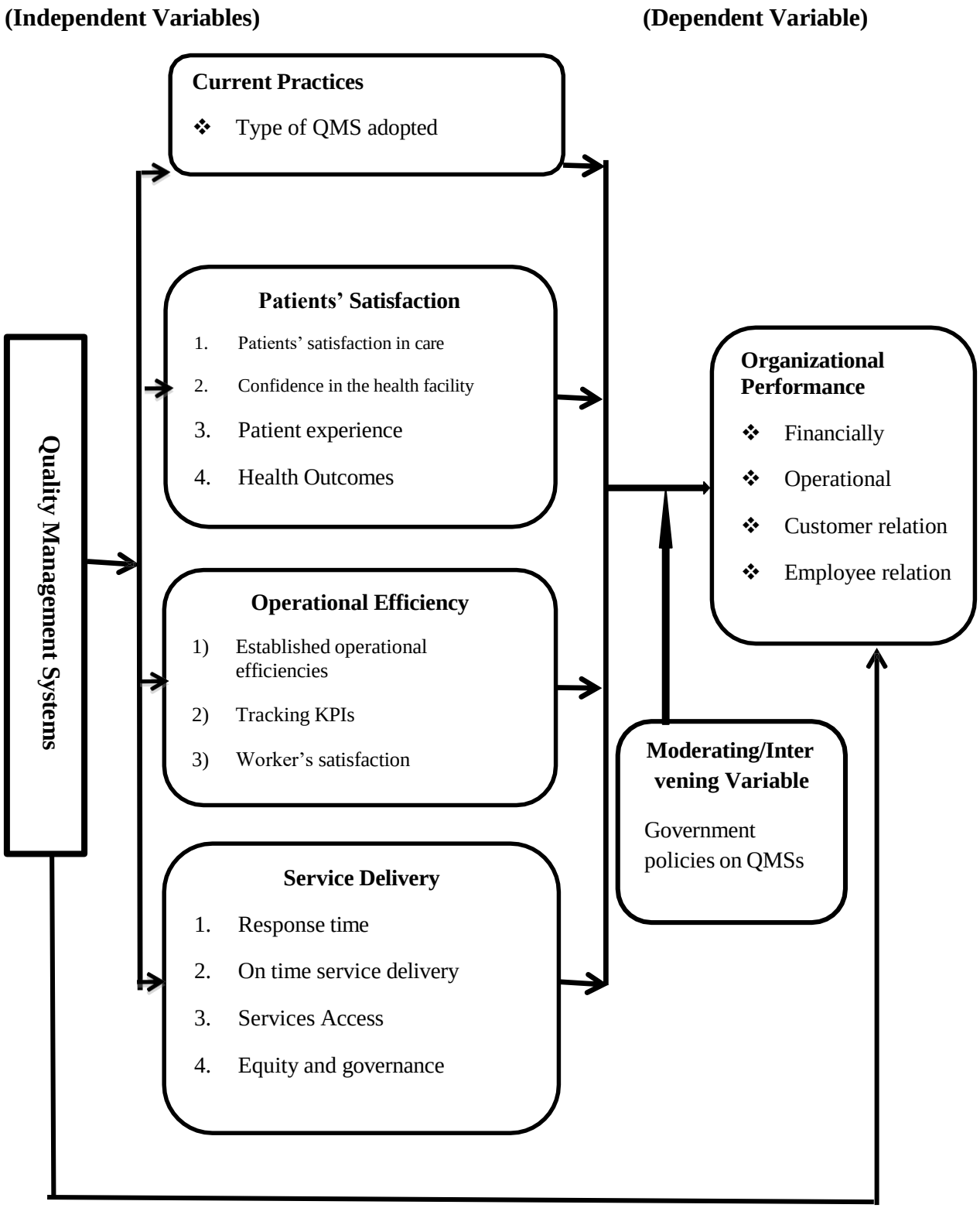

Figure 2.1 Researcher's Conceptualization of the Study Variables

Source : (Author, 2024)

2.4 Research Gaps Identified

The majority of earlier research focused solely on how crucial a quality management system is to raising productivity. This demonstrates unequivocally that quality management system research There is little implementation of organizational performance in the healthcare services province sector, and further research is needed. The impact of QMS influence on organizational performance will therefore be investigated and assessed in this study.

The impact of quality management systems on organizational performance in the healthcare industry in certain underdeveloped nations has not received much attention. As a result, there is a strong chance that this issue will also apply in Kenya. Furthermore, neither the northern eastern region nor the county of Garissa conducted any such study.

Furthermore, many academics have created reliable QMS practice scales in many other Kenyan countries. Nevertheless, in the Garissa setting, none of these scales underwent empirical testing or validation. This article attempts to offer a set of operational measurement streams for the QMS in Garissa County that are both valid and reliable to get around this limitation.

2.5 Summary of Literature Review

A key element necessary for every health facility's success and for its ability to endure in the quickly evolving business world is quality management. An organization is likely to succeed more if quality is acknowledged as a crucial component of performance. This publication presented some important findings from research that looked at the relationship between organizational performance and the imposition of a remarkable set of behaviors and the efficacy of the QMS. Application of Quality

Management System procedures on the efficiency of healthcare service delivery. When QMS is implemented correctly, it improves the health facility's organizational effectiveness and efficiency. Analysis revealed that the health facility's organizational performance is impacted by the implementation of quality management systems. The research intends to determine how QMS practices affect organizational performance aspects like customer happiness, operational efficacy, and service delivery time.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the research methodology used to analyze quality management systems and organizational performance. This section outlines the techniques used to create research design, which inferentially determines the study's population and sample. The sampling size and procedures will also be determined, in addition to the data collection techniques and expected data analysis.

3.1 Research Design

Investigating how the quality management system affects organizational performance for healthcare service delivery in Garissa County is the aim of this study. The research used the descriptive design to address the research questions and achieve the research paper's goals. The choice of this design was based on its strength of observing and gathering data in a natural setting, thus providing a thorough and detailed picture of a population or phenomenon. This was helpful for identifying patterns, areas, and trends that required further investigation. It was also relatively cost-effective and easy to conduct when compared to other research designs, but it was unable to establish cause-and-effect relationships (Pandey & Pandey, 2021). The positivist perspective, which aimed to test the research questions while attempting to comprehend the background meaning, wass the foundation of philosophical descriptive research. The mixed research approach, which is most appropriate for examining cause and effect among and between variables as well as testing theories and questions, was also used to carry out this study (Dubey & Kothari, 2022). By gathering numerical data and using a mathematical analysis, the approach was used to explain correlations or phenomena.

Given the goal of the study, a mixed research strategy was used since it was a suitable way to establish measurable cause-and-effect relationships between the study's variables.

3.1. Location of the study

The study took place in Garissa County, one of Kenya's 47 counties, which is situated in the country's northeast. The study specifically was completed at the Garissa County hospitals. The county is situated in eastern Kenya, sharing borders with the Indian Ocean to the south, Lamu County to the east, Tana River County to the west, Wajir and Isiolo County to the north, and Somalia to the east. According to Appendix 1, the DMS coordinates are 0°27'9.90" N 39°38'45.64" E.

3.2. Target population

Pandey & Pandey. (2021) defines a population as an entire group of individuals, things, or events that have characteristics in common. The eleven healthcare facilities with operational QMSs were the study's targeted population. The targeted population's healthcare facilities and employees were those that had put in place a QMS, and the employees used the systems to guide decisions meant to increase the caliber and scope of the services provided. The 280 targeted workers in the 11 Garissan health institutions included employees who were implementing QMS in their respective hospitals and had adequate training and expertise. These individuals included the director of the medical department, the vice president of quality, the quality manager, the head of the nursing department, the head of the outpatient department, physician managers, nurse managers, and others. Other employees worked in finance, supply chain and logistics operations, IT, HR, and purchasing. Quality management systems have a direct impact on all of these employee categories, which in turn had an impact

on the performance of the organization for this case the health facility. Table 3.1 shows a summary of the targeted population per category.

Table 3.1 The Population Frame

S/no	**Health facility**	**Category**	**Staff**
1	Medina	Private	12
2	Garissa Eye clinic	Private	15
3	Daadab Sub- County hospital	Public	22
4	IFO Refugee Camp Hospital, Dadaab	NGO	48
5	Dagahaley Hospital	NGO	33
6	Iftin		8
7	Alliance medical hospital	Private	18
8	Garissa Referral Hospital	Public	71
9	Hagadera Hospital	NGO	21
10	Excel Health Services	Private	14
11	Tahwmeed Community nursing hospital	Private	18
Total			**280**

Source: (Ministry of Health - Garissa County Database, 2024)

3.3. Sampling size determination

Because it depends on several variables, including statistical approach, degree of certainty, and error margins, determining sample size is quite complicated (Dubey & Kothari, 2022). As a general guideline, it may be stated that the sample size must be optimal, meaning it should not be too big or too small. The sample size calculation for this study which is 140 respondents was based on the Keish and Leslie (1965) formula:

$$N = \frac{Z^2PQ}{D^2}$$

Where;

N = Size of the sample,

Z = Standard variance at a confidence level given as 1.96 at 95% confidence level.

P = Proportion of success (23.7%).

D = Acceptable margin of error and given as 0.05,

$$n = \frac{1.96^2 \times 0.237 \times 0.763}{0.05^2} = 278$$

$$\text{Desired sample size, nf} = \frac{n}{1 + n/N}$$

Where;

nf =Desired sample size

n= constant [278]

N= Approximate populace [280]

Therefore;

$$nf = \frac{280}{1+ 278/280} = 140$$

Table 3.2 The Sampling Frame

S/no	Health facility	Category	Staff Population	
			Target	Sample
1	Medina	Private	12	6
2	Garissa Eye clinic	Private	15	8
3	Daadab Sub- County hospital	Public	22	11
4	IFO Refugee Camp Hospital, Dadaab	NGO	48	24
5	Dagahaley Hospital	NGO	33	16
6	Iftin		8	4
7	Alliance medical hospital	Private	18	9
8	Garissa Referral Hospital	Public	71	36
9	Hagadera Hospital	NGO	21	10
10	Excel Health Services	Private	14	7
11	Tahwmeed Community nursing hospital	Private	18	9

Total			**280**	**140**

Source: (Ministry of Health - Garissa County Database, 2024)

3.4. Sample Procedures and Population

According to Singh (2022), sampling is the process of choosing a comparatively small number of people, things, or occurrences to learn more about the overall population targeted from which it was drawn. The researcher used both the stratified and simple random techniques to determine the sample size. To guarantee that every instance is adequately represented, the study used the proportional stratified sampling approach to choose the sample from several strata within the targeted population. The sampled respondents were then chosen using simple random sampling, which is the simplest method for putting together a sample and gives every case an equal chance of being chosen from a certain target group. In situations when there is significant variance within a population, stratified sampling is frequently employed. Its goal is to guarantee that each stratum is fairly represented (Dubey & Kothari, 2022). Every instance of the population targeted has an equal chance of being included in the sample when using simple random sampling. Respondents were chosen at random from each population stratum using simple random sampling.

3.5. Construction of Research Instruments

3.5.1 Questionnaire

The primary data that was collected included both quantitative and qualitative information. A self-administered structured questionnaire was the primary data collection technique for the study to develop measures for an investigation of the research issue as well as the objectives.

Three sections made up the questionnaire: background information which was included in Section A, quality management system components which was included in Section B to measure the dependent variables, and organizational performance

which was covered in Section C. Government policy test items (the moderating variables) were included in Section D. The independent variables were the QMS's current practices, QMSs on patient satisfaction in healthcare facilities, QMSs on improved operational efficiency in healthcare facilities, and QMSs on timely healthcare service delivery in healthcare facilities.

Open-ended and closed-ended questions, Likert scale questions, and a scripted introduction and question order by the study objectives were all included in the structured questionnaire's content. The drop-and-pick-later method was used to administer the questionnaire. Respondents who were unable to complete the questionnaire right away, alternatively received it by email.

3.5.2 Interviews with Key Informants

Key informant interviews (KIIs) are in-depth, qualitative conversations with individuals who have firsthand knowledge of the subject under discussion (Zou & Xu, 2023). All information collection, note-taking, and in-the-moment inquiries were handled by interviewers. Data was gathered from the presidents of the quality departments of 11 Garissan health institutions using a KII guide. These professionals offered insights into the nature of issues and suggested remedies because of their specialized expertise and comprehension.

3.6. Testing For Validity and Reliability

3.6.1 Establishing Research Instruments' Reliability

The degree to which a research tool produces consistent data or outcomes following numerous trials is known as reliability (Singh, 2020). Reliability was assessed in this study by a test-retest with a subsample of 1% of survey participants. Correlations of summated scores, which was given to a subsample of respondents twice, was used in the test-retest technique to estimate reliability. A large correlation coefficient, defined

as 0.5 or higher, denotes good reliability, according to Pandey & Pandey. (2021).

3.6.2 Establishing the Research Instruments' Validity

The degree to which a measure accurately captures what it is supposed to capture is known as validity. Although there are various forms of validity, the study considered content validity for this study. The question, "Is the question "important" to the intended measurement?" was posed to an expert panel to assess measure validity. "Yes" or "No" was the anticipated response from the panel of subject matter experts (SMEs). Content validity was measured using the content validity ratio (CVR), which was first put forth by Lawshe (1975) and Rusticus (2024). A proportionate level of agreement on how many "experts" in a panel rank an item as "essential" is linearly transformed into the CVR, which was determined as follows:

Where “n” is the number of panel members, ne is the number of members in the panel who deemed an item "essential," and CVR is the content validity ratio.

3.7. Data Collection Methods and Procedures

Quantitative information on the respondents' demographics and the Likert scale-measured study objectives was gathered via the questionnaire. The questionnaire began with a brief introduction that explained the purpose of the survey and provided a narrative reassuring respondents of anonymity. Appendix II contains the generated questionnaire.

The researcher delivered the surveys to the respondents, then left them and collected them after two or three days later using the drop-and-pick method. Before beginning fieldwork, the researcher conducted pre-field activities, such as piloting the research instrument in a medical facility and reviewed it with colleagues and other academics. Following correction of the questionnaire's irregularities, the researcher then proceeded with fieldwork activities, which included requesting approval from the hospital managers of the relevant medical institutions by providing an introduction

letter from the Mount Kenya University and outlining the study's objectives. In addition to personally delivering the surveys to the respondents, the researcher also addressed any questions that arose. After receiving the completed surveys, the researcher coded, analyzed, and securely stored the completed instruments for later use. Participants who were not reached physically were also able to fill out an anonymous online survey that the researcher designed. This took advantage of Garissa County's relatively high internet penetration rate.

3.8. Proposed Data Analysis Techniques and Procedures

Analyzing data entailed looking at the information gathered from the research instrument and developing conclusions and deductions. The completeness and consistency of the quantitative data was verified prior to the data analysis. To identify any issues arose as a result of using the questionnaire, the gathered data was sorted to ensure it was organized and also edited to remove errors. With the aid of the SPSS program, descriptive and inferential statistics were used to examine the quantitative data in the current investigation. The frequency, means, percentages, and standard deviation are examples of descriptive statistics that were utilized. Charts and comparative tables displaying percentages and frequencies were used to display the data. To ascertain the relative importance of each of the four predictor variables in relation to the antecedent variable, a multiple regression model was also modified.

To examine the internal consistency of the assertions and items in the questionnaire, Cronbach's alpha was also be computed. A multiple-choice test was used in inferential statistics, Thus, the association between Garissa County Referal Health Facility's organizational performance and quality management systems was also examined using regression analysis. Ultimately, conclusions were drawn from the study's findings and outcomes, and suggestions were sent out based on the data that had been examined.

3.11 Ethical Considerations

While conducting the research, the investigator adhered to ethical considerations. To conduct the study, the researcher first got approval from the MKU research and ethical committee. In order to gather data for study in Garissa County, a research authorization was also obtained from the hospital administrators and the County MOH. The study investigator appllied for a NACOSTI research permit before starting the study. The responders' and the institution's confidentiality was highly safeguarded. Furthermore, the researcher ensured that the participant was informed of the goals and objectives of the study. The research's findings were solely intended for scholarly use. This study aimed to show a dedication to excellent, open, and responsible research ethics across the course of the investigation. Participants were made aware that the survey was completely voluntary and cost-free, and that any data collected was to be kept private, confidential, and was used solely for the research. Respondents who decided not to take part or who withdrew from the survey were not subjected to victimization, coercion, or threats.

CHAPTER FOUR

RESEARCH FINDINGS/ RESULTS AND DISCUSSIONS

4.0 Introduction

The results of the data analysis are shown in this chapter. The results of the demographic data are shown in the first part while the results and explanations of the objectives of the study, including thematic analysis for qualitative data, descriptive and inferential statistics for the quantitative data, are presented in the following sections.

4.1 Response rate

The targeted 140 respondents were each given a questionnaires. A 94.29% response rate was obtained from the 132 completed and returned questionnaires as shown in table 4.1. For the purpose of the research, the response rate was deemed adequate. This response rate supports the assertions made by Pandey & Pandey (2021) that 50% is an appropriate response rate, 60% is a good rate, and 70% or more is an excellent rate. Therefore, this 94.29% response rate provides sufficient data for analysis and the findings' generalizability.

Table 4.1. The Response Rate

S/no	**Health facility**	**Category**	**Staff Population**	
			Response	**Return rate**
1	Medina	Private	6	100%
2	Garissa Eye clinic	Private	7	87.5%
3	Daadab Sub- County hospital	Public	11	100%
4	IFO Refugee Camp Hospital, Dadaab	NGO	24	100%
5	Dagahaley Hospital	NGO	15	93.75%
6	Iftin		4	100%
7	Alliance medical hospital	Private	8	88.9%

8	Garissa Referral Hospital	Public	34	94.4%
9	Hagadera Hospital	NGO	9	90%
10	Excel Health Services	Private	7	100%
11	Tahwmeed Community nursing hospital	Private	9	100%
Total			**132**	94.29%

Source : (Researcher, 2025)

4.2 Respondents' Demographic Information

In order to generalize findings and comprehend the influence of demographic characteristics on dependent variables, researchers need to know whether a sample is the targeted population true representative (Dubey & Kothari, 2022). The study sought to ascertain the demographic details of the participants, such as their age, gender, degree of education, and length of service with the health facility. The following sections present the findings.

4.2.1 Participants Distribution by Gender

The researcher sought to ascertain the respondents' ages. The results are shown in Figure 4.1.

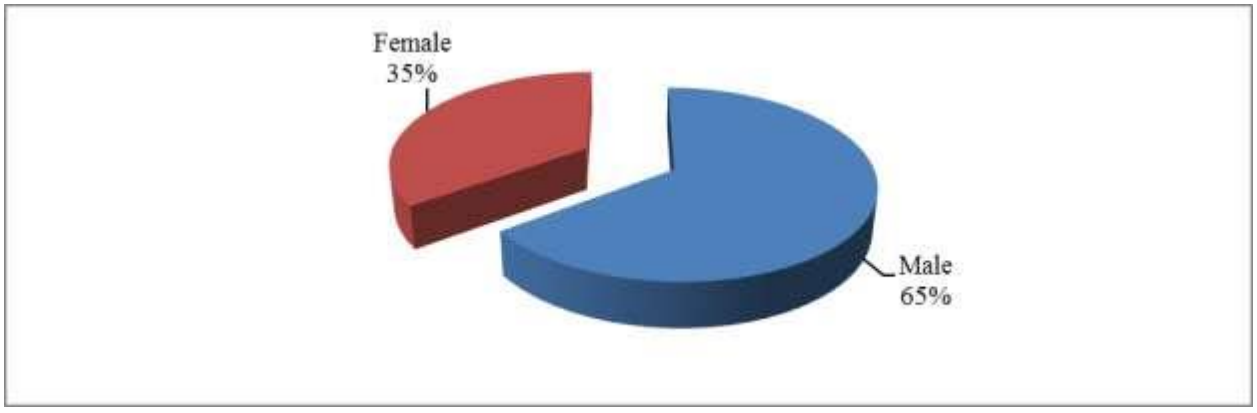

Figure 4.1. Participants Distribution by Gender

Source : (Researcher, 2025)

According to the study's findings, men predominate among the 11 Garissan healthcare facilities, including staff members who were putting QMS into practice in their particular hospitals and had the necessary training and experience at 65%. Nonetheless, the employee composition complied with the constitution since women made up more than one-third of the workforce, albeit being fewer than men at 35%.

4.2.2 Participants Distribution by Age

Participants were asked which age groups they were in. The results are shown in Figure 4.2.

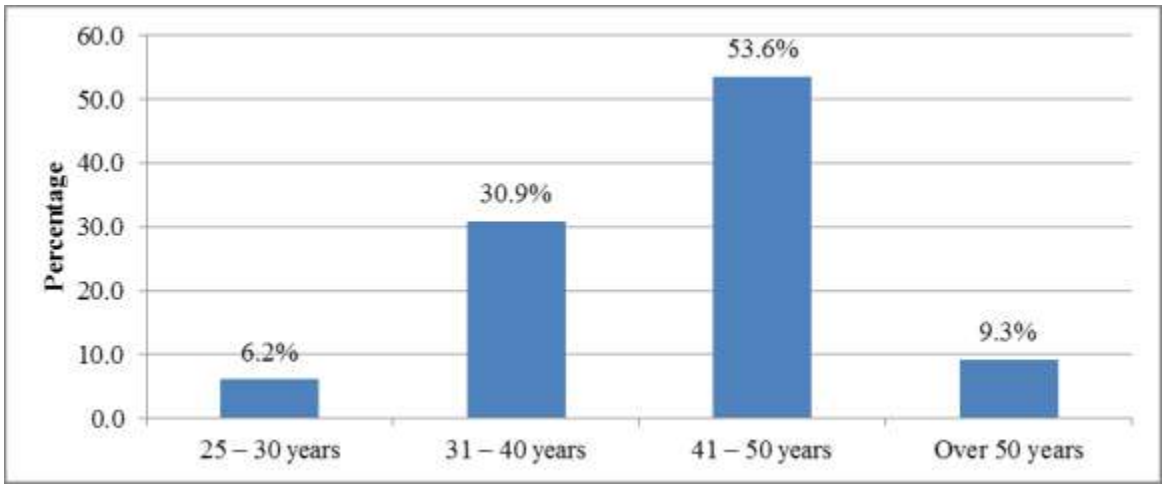

Figure 4.2. Participants Distribution by Age

Source : (Researcher, 2025)

The study found that the individuals ranged in age, as shown in figure 4.2 above. According to the study's findings, the majority of responders (53.6%) were between the ages of 41 and 50. Additionally, 30.9% of those who participated were between the ages of 31 and 40, according to the findings. Employees between the ages of 25 and 30 were the least represented (6.2%). Overall, most individuals are at the peak of their production, according to these studies.

4.2.3 Participants Distribution by Education Level

The researcher sought to ascertain the greatest degree of education acquired by the respondents. The results are shown in Figure 4.3.

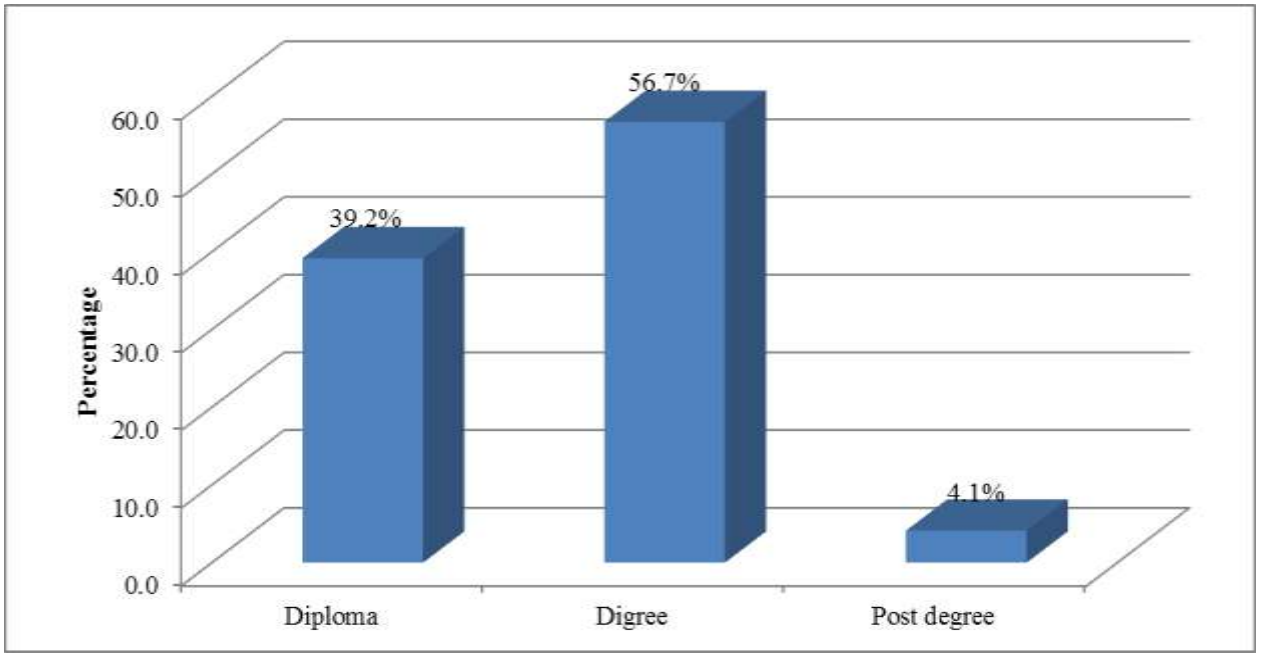

Figure 4.3. Participants Distribution by Education Level

Source : (Researcher, 2025)

According to the study's findings, 39.2% of respondents had diplomas, while the majority (56.7%) had degrees. Only 4.1% of respondents had a post-degree, according to the data. The results indicate that the respondents had a high level of education, and as a result, the responses were well-informed, which is sufficient for the conclusions to be generalizable.

4.2.4. Particapants Distribution by Duration of Working in the Health Facility

The study sought to establish how long the respondents had been employed at the medical facility. Figure 4.4 displays the findings.

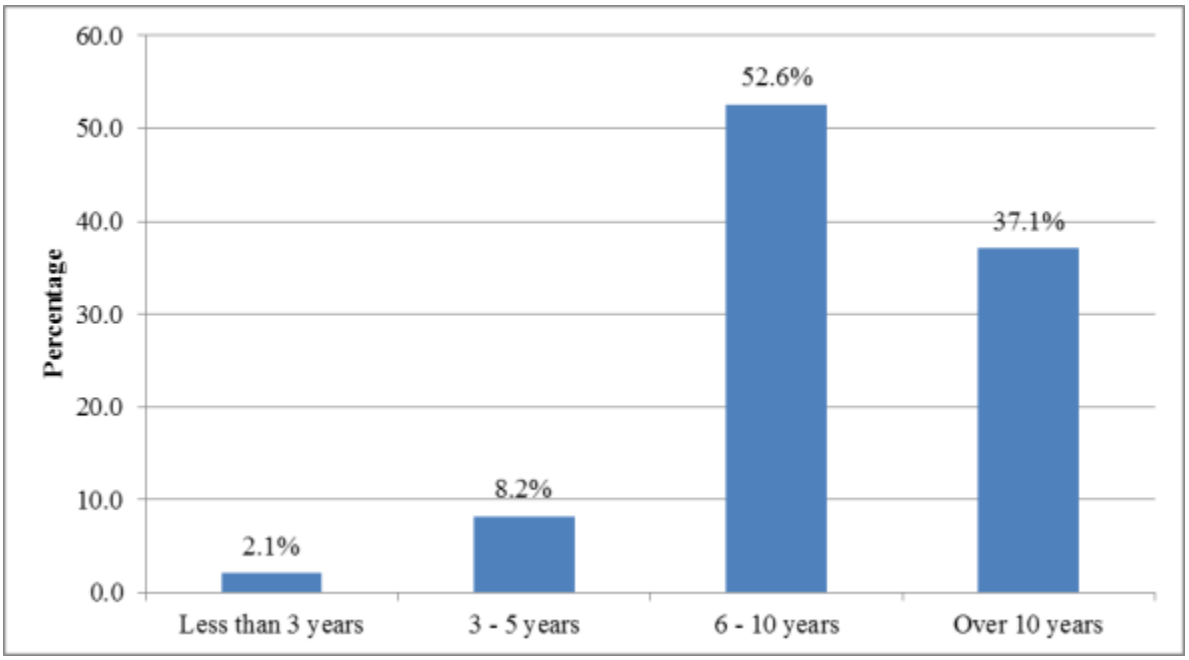

Figure 4.4. Particapnts Distribution by Duration of Working in the Health Facility

Source : (Researcher, 2025)

According to the study's findings, the majority of participants (52.6%) had worked in the health facility for six to ten years. The results also indicate that 37.1% of those surveyed had worked in the health facility for more than ten years. Meanwhile, the least was those who had worked for the health facility for a duration of less than 3 years (2.1%). Overall, according to the study's findings, the respondents have sufficient experience with the health facilitis, thus the data they provided can be regarded as trustworthy and reliable for analysis.

4.2.5 The Study participants Role in the Health Facility

The following table 4.2 summarizes the study's efforts to determine the respondents' positions in the health facility:

Table 4.2 The Respondents Position in the Health Facilities

Category	**Frequency**	**%**

Directors of medical dept.	11	8.33%	S
Vice president of quality	13	9.84%	o
Quality managers	22	16.7%	u
HOD Nursing dept.	15	11.4%	r
Outpatient dept.	13	9.84%	c
Physicians managers	11	8.33%	e
Nursing managers	22	16.7%	:
Other Heads of dept.	13	9.84%	
Others	12	9.08%	
			(
Total	**132**	**100.0%**	R

esearch 2025)

The study results, which are presented in table 4.2, show how the responses were distributed among the respondents. The turnout rate was explained by managers, department heads, and healthcare professionals who are essential to the functioning of the hospital and QMSs execution process. The responses' diverse distribution attests to their reliability, as they come from several QMS implementation and adoption team sections and each contributes to a distinct aspect of the health facilities QMS planning and execution (Helmold, 2023).

4.3 The Current QMSs Practices in Health Facilities in Garissa County.

QMSs are used in healthcare facilities to guarantee the reliable provision of patient-centered, safe, and efficient care. QMSs are a collection of frameworks, practices, standards, activities, tools, and policies intended to track, manage, and enhance the quality of care. The study sought to examine the current QMSs Practices in health facilities in Garissa County by evaluation of the frameworks & standards and the key activities and tools adopted.

4.3.2: QMS Adopted Frameworks and Standards in Health Facilities in Garissa County.

Hospital QMSs use standards and frameworks to guarantee patient safety and high-quality treatment.The respondents were questioned about whether their hospitals used the QMS frameworks and standards indicated. The results findings are summarized below in table 4.3:

Table 4.3: QMS adopted frameworks and standards in the health facilities

Framework & Standards	Yes	No	Not Aware
ISO 9001	92.9%	4.0%	3.1%
ISO 7101	84.3%	7.2%	8.5%
Quality policy and Manual	96.8%	1.0%	3.2%
Total quality management(TQM)	98.3%	1.1%	1.6%
Lean	67.4%	28.5%	4.1%
Continuous improvement(PDCA Cycle (Plan-Do-Check-Act)	91.2%	3.2%	5.6%

Source:

(Researcher, 2025)

According to the study's findings (table 4.3), the majority of respondents said that the majority of healthcare facilities have made use of QMSs. The results of the survey showed that 98.3% of respondents believed in TQM, 96.8% in quality policy and manuals, 92.9% in ISO 9001, 91.2% in continuous improvement (PDCA Cycle), and 84.3% in ISO 7101. This findings concur with Grossu-Leibovica & Kalkis (2023) who opined that health facilities can lower expenses, improve overall performance, and improve patient outcomes by implementing and embracing the QMS framework and standards. The study's findings also demonstrate that the lean QMS was not fully implemented, as 32.6% of respondents said they were either unaware of or did not

make use of lean quality management. According to Echulet (2023), the Lean management system is an overall operating/management system that employs a continuous improvement culture that gives frontline employees—such as nurses, doctors, and support staff—the ability to solve problems and cut waste by standardizing work in order to increase the value of care provided to patients. These results support the assertion made by Guasch (2022) that QMSs are necessary to guarantee high-quality medical care in healthcare institutions. Healthcare providers can improve clinical outcomes, increase patient safety, and develop a more efficient and patient-centered healthcare system by putting these systems into place.

4.3.2. QMS adopted Key activities and tools in health facilities in Garissa County.

A QMS in healthcare institutions depends on a number of essential activities and tools to guarantee consistent procedures, high-quality patient care, and regulatory compliance. Therefore, the study sought to ascertain the QMS adopted key activities and tools in the health facilities in Garissa County. Table 4.4 shows the results findings:

Table 4.4: QMS adopted Key activities and tools in health facilities in Garissa County

Statements	**SD**	**D**	**NS**	**A**	**SA**	**Mean**	**SD**
	%	**%**	**%**	**%**	**%**		
The hospital has established clear procedures and policies for different aspects of care	5.0%	10.8%	9.2%	42.6%	31.5%	**3.55**	**1.298**
Incident reporting is carried out immediately after an adverse event	2.7%	5.5%	10.9%	43.2%	37.7%	**3.73**	**1.097**
Regular reviewing of procedures and processes to ensure standards compliance	6.9%	12.1%	9.0%	49.6%	22.4%	**3.85**	**1.147**
There are surveys on patients satisfaction to asses patients experiences and identify areas of improvement	1.6%	8.2%	9.1%	46.8%	29.3%	**3.75**	**1.192**
Peer review activities is requraly done	6.4%	5.7%	14.1%	43.3%	30.5%	**3.72**	**1.120**
There is training and education on QMS activities and tools	5.5%	5.3%	11.1%	50%	27.8%	**3.86**	**1.099**

There is an established system for addressing patients concerns and complaints	5.6%	10.2%	11.1%	42.1%	31%	**3.75**	**1.212**
Composite Mean/Standard deviation						**3.79**	**1.152**

Source: (Research 2025)

The mean scores of the respondents (table 4.4), which ranged from 3.55 to 3.93, show whether they disagreed or agreed with various descriptions of the key activities and tools used in the QMS in Garissa County's healthcare facilities. 74.1% of respondents agreed with the first statement, which looked at the hospital's establishment of clear procedures and policies for many aspects of care; 9.2% disagreed, 10.8% disagreed, and 5.0% severely disagreed. This statement had a mean score of 3.55 and a standard deviation of 1.298. The single statement mean was close to the aggregate mean (3.79) when compared to other parameters under consideration, indicating that the hospital's QMS-adopted key activities of the hospital's establishment of clear procedures and policies for many aspects of care had a somewhat beneficial effect on the variable under investigation.

Moreover, 80.9% of those polled agreed with the assertion that incident reporting is done right away following a negative event, while 10.9% disagreed, 2.7% disagreed, and 5.5% severely disagreed. This statement's mean and standard deviation were 3.73 and 1.097, respectively.The sole statement mean was greater than the average of all statements (3.79) when compared to other metrics under investigation, indicating that the assertion had a positive effect on the variable.

In addition, 72.0% of respondents agreed with the statement that the key QMS activity of routine reviews of procedures and processes were frequently carried out to ensure standards compliance, while 9.0% disagreed, 12.1% disagreed, and 6.9% severely disagreed. This statement's mean and standard deviation were 3.85 and 1.147,

respectively. The single statement mean was higher than the aggregate mean (3.79), indicating that the statement significantly improved the variable when compared to other factors being studied.

However, 49.6% of those polled agreed, 22.4% strongly agreed, 9.0% were doubtful, 12.1% disagreed, and 6.9% strongly disagreed with the statement evaluating the fact that the QMS tool of patient satisfaction surveys are used to evaluate patient experiences and pinpoint areas for improvement. This statement had a mean score of 3.75 and a standard deviation of 1.192. The specific statement mean was considerably lower than the overall mean (3.79) compared to the other key activities and tools under investigation, indicating that this assertion had a less positive impact on the variable.

Regarding whether peer review activities were reguraly carried out as part of QMSs activities, 73.8% of respondents agreed, 14.1% were unsure, 5.7% disagreed, and 6.4% strongly disagreed. This statement had a mean score of 3.72 and a standard deviation of 1.099. The individual statement mean was also lower than the aggregate mean (3.73), which suggests that this statement had a less positive effect on the variable than the other parameters being examined.

In contrast to 11.1% who were neutral, 5.3% who disagreed, and 5.5% who strongly disagreed, 77.8% of respondents agreed that there is training and teaching on QMS activities and tools. This statement had a mean score of 3.86 and a standard deviation of 1.099. The individual statement mean was greater than the aggregate mean (3.73), indicating that this assertion had a particularly significant positive effect on the variable when compared to other factors under study.

Lastly, 73.1% of respondents agreed with the last statement, which states that there is a system of quality management tool and activities in place to handle patient complaints and concerns; 11.1% disapproved, 10.2% disagreed, and 5.6% severely disagreed. This

statement had a mean score of 3.75 and a standard deviation of 1.216. The single statement mean, when compared to other parameters under examination, was close to the aggregate mean (3.73), indicating that the variable under investigation was relatively positively impacted by the hospital's established system for handling patient complaints and concerns.

The majority of respondents appeared to agree with the claims that QMS adopted Key activities and tools were in place and essential to increasing the overall efficacy of the health facilities service delivery, as indicated by the fact that the aggregate mean (3.73) was higher than the midpoint (2.5).

According to one of the quality managers interviewed, these results were comparable to the qualitative data;

> *"Our health institution has a well-defined and has effectively utilized QMS in order to provide high-quality patient care, lower risks, and accomplish continuous improvement. Facilities can establish a culture of quality and provide the greatest results for patients by combining essential tasks with the strategic application of different instruments..…..”*

Another interviewee, the nurse manager, highlighted that:

> *"Our facility uses an organized system of policies, processes, procedures and records known as QMS. The healthcare sector's QMS aids in guaranteeing patient care efficacy, product and service quality and safety, and regulatory compliance..……”*

4.4 The effect of QMSs on patients’ satisfaction

The purpose of QMSs is to continuously enhance product quality in order to boost

client satisfaction and business performance. This part investigated how QMSs affected patient satisfaction by looking at how satisfied patients were with the standard of healthcare services provided by hospital employees. The parts that follow provide the study's conclusions.

4.4.1 Patients satisfaction Level

Table 4.5 displays the findings of secondary data analysis about the overall degree of patient satisfaction with regard to the caliber of care provided by medical personnel to patients in Garissa County medical facilities.

Table 4.5 Patients satisfaction Level

Response	Percentage
Highly satisfied	42.8
Somehow satisfied	50.1
Not satisfied	7.1
Total	100.0

Source: (Researcher, 2025)

As can be seen from table 4.5 above, a noteworthy 42.8% of patients who responded said they were extremely delighted with the services they received, whereas 50.1% said they were only somewhat satisfied with the medical treatment they received from their hospitals. However, a thorough investigation showed that patient satisfaction varied, with patients being more satisfied with in-patient care delivery than with the institutions' out-patient service delivery. The findings of Muli's (2021) study on the application of QMSs practices and principles on service delivery at Kenyatta National Hospital are consistent with this evidence, which shows that QMSs have been applied and impact manifesting generally satisfactorily.

4.4.2. Customer Focus QMS Practices on Patients Satisfaction

Prioritizing and comprehending client demands and expectations is essential to ensuring

that products and services continuously meet and surpass them. This is known as customer focus in QMSs. The comments regarding the QMSs Practices of customer focus employed by healthcare facilities in Garissa County, Kenya, and their impact on patient satisfaction were asked of the respondents. The respondents were given a rating of extremely unsatisfied, dissatisfied, neutral, satisfied, and very satisfied to indicate how true they thought the customer focus statements were. Table 4.6 has the results displayed.

Table 4.6 Customer focus practice of QMSs on patients satisfaction

Statement	**N**	**Mean**	**S.D**
There exists mechanisms for handling customer complains.	132	3.91	0.761
There are well trained employees working as customer care representatives	132	3.72	0.667
Company retains customers through provision of quality products	132	3.65	0.884
Customer needs and expectations are communicated throughout the company.	132	3.81	0.741
The Company conducts customer feedback surveys regularly	132	4.20	1.054
Benchmarking with other company helps the company to measure performance progress	132	3.91	0.898
Average score	132	3.821	0.8342

Source: (Researcher, 2025)

Table 4.4's findings demonstrate that all activities demonstrate that customer-focused quality management practices have been widely adopted in the corresponding organizations. This includes the following: mechanisms for handling customer complaints, well-trained employees serving as customer care representatives, the company's ability to retain customers by providing high-quality products, the communication of customer needs and expectations throughout the organization, regular customer feedback surveys, and benchmarking with other businesses to gauge performance progress. A mean score of 3.91, 3.72, 3.65, 3.81, 4.20, and 3.91, respectively, illustrates this.

Furthermore, the study demonstrates that the customer focus approach to quality management systems explains the satisfaction of patients. The results make sense because it has been demonstrated that meeting the wants of clients and creating the greatest services for them are essential to guaranteeing their contentment. Therefore, as the study confirms the conclusions of Lee & Lee (2022) and Endeshaw (2021), it can be said to be consistent with earlier studies. Moreover, the results of this study supported those of Ntwiga, Muchara, and Kiriri (2023), who discovered that a well executed QMS serves as the cornerstone for developing a customer-centric culture inside a company, which eventually boosts customer satisfaction and commercial success.

These conclusions were corroborated by qualitative data from one of the primary informants, who provided the following commentary:

> *"By guaranteeing constant quality, responding to client input, and enhancing operational effectiveness, QMS has a direct impact on patient happiness. Our medical facility has provided better services by putting in place a QMS, which has raised patient happiness and loyalty and, eventually, income..……"*

Based on the input of a physician manager and a key informant from the outpatient department;

> *"In order for our healthcare facility to guarantee suitable customer feedback systems and comprehend the requirements of every segment, patient satisfaction is a need. The largest issue facing many healthcare facilities, including ours, is attracting and keeping patients. Meeting the patients' requirements and expectations in order to keep them afloat is the standard. As a result, organizations must establish a QMS on procedures and processes that improve patient satisfaction..……"*

Additionally, it was noted that the quality management team agreed with one quality manager's comments, which were as follows:

> *"I believe that by implementing QMSs, the hospital has been able to enhance the quality of services it provides, particularly in terms of the clients' professional orientation and satisfaction. However, the quality of the physical services, such the hospital's instruments and equipment, was found and said to be inefficient thus hampering client satisfaction efforts……"*

Oyeledun et al. (2017) conducted a similar study in Nigeria to investigate the impact of a customer quality focus intervention on retention-in-care at six months postpartum in a PMTCT program. They discovered that this improved patient satisfaction by encouraging patients to stay in care, keep their clinic appointments, and adhere to their treatment plans.

4.5 The effect of QMSs on operational efficiency

The third specific objective of the study was to examine the effect of QMSs on operational efficiency. A QMS's Continuous Improvement (CI) activities are essential for increasing an organization's operational efficiency. Optimization and refinement of processes is the main goal of CI, which eventually results in less waste, more efficient operations, and improved performance. Regarding the continual improvement inside a QMS in the healthcare institutions to examine its effect on operational efficiency, the respondents were asked to rate their agreement with the assertions. Strongly disagree, disagree, neither agree nor disagree, agree, and strongly agree were the options on this scale. The results are shown in Table 4.7.

Table 4.5: QMSs Continuous Improvement Activities in the Organization

Statements	N	Mean	S. Dev
The health facility has a quality manual	132	3.67	.822
Management solves the interface issues among different departments	132	3.43	.537
Management draws up quality system procedures by people from different departments	132	3.70	.721
Management integrates existing work documents into work instructions	132	3.35	.520
Management draws up various work instructions referring to procedures	132	3.70	.749
Management formulates work instructions by people from different departments	132	3.70	.661
The hospital implements all quality system documents in practice	132	3.50	.561
The hospital modifies quality system documents through quality audits and management review	132	3.59	.686
The hospital improves quality system documents continuously	132	3.60	.638

Source: (Researcher, 2025)

According to the study's findings, the respondents (Mean = 3.67, SD = 0.822) agreed that the medical facility had a quality manual. Based on the results, the respondents (Mean = 3.70, SD = 0.721) agreed with the assertion that the management built out quality system processes by personnel from different departments. The respondents (Mean = 3.70, SD = 0.749) also agreed with the statement that management created different work instructions based on procedures. Work instructions from various departments were equally defined by the management (Mean = 3.70, SD = 0.661). Finally, the findings indicate that the respondents (Mean = 3.60, SD = 0.638) concurred that the health facilities consistently enhanced the quality system documentation. The literature review makes it abundantly evident that a high-quality manual, high-quality system procedures, documentation, strategic plans within an

organisation, a greater emphasis on customer needs, efficient personnel management, and an efficient process management system will all contribute to the operational efficiency of healthcare facilities (Grossu-Leibovica & Kalkis, 2023). According to the study's findings, the management of the health institutions was primarily involved in ongoing efforts to improve the QMS practice within the facility and thus it can be shown and concluded to increase the institution's operational efficiency.

According to a department head questioned for the study, the qualitative and quantitative results aligned. The officer noted:

> *"In our facility, activities of QMS practice of continuous improvement has promoted operational efficiency through process analysis and optimization by finding inefficiencies, bottlenecks, and instances where resources are not being used efficiently..……"*

The following was the response from another key informant:

> *"In our hospital, the continuous improvement QMS practice activities has reduced waste thus increasing operational efficiency where the facility has shown a reduction on materials, time, and resource waste and save money by focusing on removing non-value-added tasks..……"*

These results were supported by Tanasiichuk, Karaman, and Natrus (2023), who claimed that countinous improvement in a QMS is a methodical way to locate, examine, and fix problems in order to increase operational efficiency and create a more efficient, economical, and customer-focused business.

4.6 The effect of QMSs on service delivery time

The fourth research objective sought to understand the effect of QMSs on

organisational performance timed service delivery.

4.6.1 The Health Facilities Trend of Service delivery time

Respondents were asked to rate the trend of the healthcare service delivery time following the introduction and use of QMSs as part of the study. A scale of 1 to 5 was used for the statements, with 1 denoting "greatly improved," 2 "improved," 3 "constant," 4 "deteriorated," and 5 "greatly deteriorated." Table 4.6 provides a summary of the findings.

Table 4.6: Trend of service delivery time

	Mean	SD
Effectiveness	4.31	0.322
Efficiency	3.41	0.057
Customer satisfaction	2.49	0.671
Revenue and market share	4.09	0.089

Source: (Researcher, 2025)

As can be seen in Table 4.10, the respondents' comments regarding the trend on timed service delivery, the mean of effectiveness was (4.31), efficiency (3.41), customer satisfaction (2.49), revenue, and market share (4.09). All this suggested that the health facilities in Garissa County trend on service delivery time have improved as a result of the adoption or implementation of the QMSs. Evidence points to a decrease in delivery times, and the general trend following the implementation of QMSs is toward better service delivery times. This is ascribed to improved customer focus, streamlined procedures, and enhanced efficiency—all of which lead to quicker and more dependable service delivery as opined by Endeshaw (2021). According to Nyawira & Wainaina (2023), organizations shouldn't view the adoption or implementation of QMSs as a one-time effort, and they should view QMS maintenance as a regular procedure. In their daily activities, managers should be dedicated to upholding the

QMS's procedures to improve service delivery time. The results of this study are comparable to those of Echulet (2023), which demonstrated a positive correlation between the use of QMSs and enhanced service delivery times, with a sizable portion of the service delivery change attributable to QMS practices.

4.6.2 QMSs on-time Service delivery

To gauge the sampled respondents' perceptions of the effect of adopting and implementing QMS practices on service delivery time, questions were asked. 1 (No Extent) to 5 (Very Large Extent) was the range of the responses. The outcomes are displayed in table 4.7 below:

Table 4.7: Operational Performance Resulting to on-time Service Delivery

Factor	**Frequency**	**Mean score**	**Variance**	**Std**
Cost efficiency	132	3.9	0.82	0.9
Timeliness due to QMS adoption	132	3.7	0.80	0.9
Quality of service	132	3.9	0.80	0.9
Patients satisfaction	132	3.9	0.83	0.9
Service reputation	132	3.7	1.22	1.1
Total		**3.84**	**4.45**	**2.11**

Source; (Researcher, 2025)

According to the results findings in table 4.7, 3.84 was the average response (SD=2.11). This suggests that a significant portion of the studied health facilities believed that adopting and implementing QMSs improved the time it took to provide services. After putting QMSs into place, an organization should see an improvement in service delivery, claim Tabibi, Raeissi, and Nasiripour (2024). Reduced rates of misdiagnosis and treatment, more productivity, timely delivery, lower quality cost, and

better customer satisfaction are all desirable outcomes.

These results were consistent with the qualitative information, which showed that:

> *"QMSs in the health facilities have assisted in creating precise schedules for various service delivery phases, facilitating improved client communication and more defined expectations thus improving healthcare service delivery time.…."*

In conclusion, although QMSs have the ability to provide timed services delivery more quickly and effectively, the real impact will vary depending on a number of circumstances. To achieve the anticipated benefits, successful implementation, continuous improvement, and a strong company culture are essential (Benzaquen *et al.*, 2021).

4.7 Health Facilities organisational Performance with respect to QMSs.

In healthcare institutions, organizational performance refers to how well they accomplish their goals and objectives while taking into account a number of factors, including financial results, patient happiness, operational efficiency, and care quality. Each participant in the study was asked to assess the performance of healthcare facilities in relation to four dimensions: financials (profits), staff, patient count, and operational cost savings. As the base year, all of them were benchmarked to 100% in 2019. Table 4.8 presents the findings.

Table 4.8: Health Facilities Organisational Performance with respect to QMSs.

Constructs considered	Annual growth or decline as a percentage (%)						Overall Annual growth
	2019=100%	2020	2021	2022	2023	2024	
Financially (profits)	100%	23	24	24	25	30	25.2

Employee numbers	100%	3	3	4	4	4	3.6
Number of patients	100%	23	24	24	25	25	24.2
Operational costs savings	100%	17	17	21	22	25	20.4
Average growth							18.35

Source: (Research, 2025)

According to the results (table 4.8) of the organizational performance study, which used 2019 as the base year and benchmarked at 100%, the average score for 2020 was 23% increase, the average score for 2021 and 2022 was 24%, the average score for 2023 was 25%, and the highest percentage average profit rise was for 2024 at 31% increase. When it comes to the number of employees, the average increase was 3% in 2020 and 2021 and 4% in 2022–2024. Additionally, 23% of more patients were seen in 2020. The percentage remained steady at 24% in 2021 and 2022. The market share of patients was 25% in 2023 and 2024, indicating a positive 1% rise over the prior years. Additionally, the savings on operating costs increased gradually over the course of the term, peaking in 2024 at an average of 25%. Profits showed an overall increase, with the best-performing year recording 30% rise. Increased patient satisfaction, on-time service delivery, and more operational efficiency can all be credited with the rise in profitability.

According to the MOH-Kenya (2024) in contray to the findings a number of problems, like as delays in resource allocation, inadequate infrastructure, and difficulties with health management information systems were cited to affect the organizational performance of health facilities in Garissa County with respect to quality management systems. These problems affect the county's capacity to successfully develop and sustain quality management systems, notwithstanding its efforts to enhance the delivery of health services.

4.8 Multiple Regression Analysis

To ascertain the connection between quality management and the organizational performance of healthcare facilities in the study area, the researcher also performed a multiple regression analysis. A statistical method called multiple regression enables us to forecast a variable's score based on its scores on a number of other variables. Finding out more about the link between a number of predictor or independent variables and a criterion or dependent variable is the primary goal of multiple regression analysis.

4.8.1 Model Summary

A statistical model's ability to forecast future events is gauged by its coefficient of determination. The square of the sample correlation coefficient between results and expected values is known as the coefficient of determination, or r^2. As such, it explains the variation percentage in the dependent variable (organizational performance) that can be accounted for by all three independent variables (QMSs practices on patient satisfaction, operational efficiency, and service delivery time) or the extent to which changes in the independent variables can be explained by changes in the dependent variable.

Table 4.9 Model Summary

Model	R	R Square	Adjusted R Square R^2	Std. Error of the Estimate
1	.892 (a)	.795	.303	.125

Predictors : (Constant) QMSs practices on patient satisfaction, operational efficiency, and service delivery time

Source : (Researcher, 2025)

According to the R^2, the three independent variables under investigation account for

79.5% of the organizational performance. This indicates that additional quality management techniques not covered in the study account for 20.50% of performance, while the three independent variables only account for roughly 79.5% of organizational performance.

4.8.2 ANOVA Analysis

Table 4.10 ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2.534	2	1.267	9.475	.0173[a]
	Residual	9.307	60	2.327		
	Total	3.465	62			

a- **Predictors** : (Constant) QMSs practices on patient satisfaction, operational efficiency, and service delivery time

Source : (Researcher, 2025)

The model is statistically significant in predicting how quality management systems practices affect organizational performance of health institutions, as indicated by the significance value in table 4.10 of 0.0173, which is less than 0.05. 3.04 was the F critical at the 5% significance level. The overall significance of the model is demonstrated by the fact that F calculated is bigger than the F critical (value = 9.475). The model coefficients are shown in Table 4.11.

4.8.3 The Model Coefficients

Table 4.11 Model Coefficients

		Unstandardized	**Standardized**		
		Coefficients	**Coefficients**	**t/2**	**Sig.**

		B	Std. Error	Beta		
	(Constant)	1.224	0.312		2.358	0.000
	Patient satisfaction	0.217	0.1440	0.185	.776	0.0387
	Operational efficiency	0.118	0.1264	0.089	.849	0.038
	Service delivery time	0.299	0.0715	0.235	2.0936	0.044

a. Dependent Variable: Organizational performance

Source : (Researcher, 2025)

After substituting the beta coefficients found in Table 4.11, the regression analysis's findings showed that:

$$Y=1.224 +0.185X_1+ 0.089X_2+ 0.235X_3 +e$$

The regression equation shows that organizational performance would be 1.224 if all variables (QMSs practices on patient satisfaction, operational efficiency, and service delivery time) were set to zero. According to the data findings, an increase of one unit in QMS practices on patient satisfaction leads to a 0.185 rise in organizational performance when all other independent variables are set to zero. Organizational performance will rise by 0.089 for every unit increase in QMS practices related to operational efficiency and by 0.235 for QMS practices related to service delivery time. These findings suggest that organizational performance is impacted by QMS strategies related to patient satisfaction, operational efficiency, and service delivery time. All of the employed predictors were deemed significant if the significant values were less than 5%. The values are significant since all of the t values are more than 1.96.

4.9. Correlation Analysis

Three basic issues about two variables or two sets of data in a study are addressed by

correlation. It first shows whether two variables are related, and if so, which way the relationship is going. Next, it shows how big the association is. The collected data on QMS practices and the organizational performance of health facilities were integrated into a single variable per factor by computing the average of each element. The Pearson correlations analysis was conducted using a 95% confidence interval and a 2-tailed 5% confidence level. The results are analyzed in Table 4.12.

Table 4.12 Correlation Matrix

Variables	**1**	**2**	**3**
(1) Patients satisfaction	1		
(2) Operational efficiency	0.523**	1	
(3) Service delivery	0.389**	0.523**	1
(4) Organization Performance	0.573**	0.550**	0.473**

** P<0.00

Source : (Researcher, 2025)

There is a strong positive association between the performance of the organization and the patients' satisfaction with the QMS. Table 4.12 displays 0.523 Pearson correlations between the influence of QMS on patient satisfaction and organizational performance. Since 0.000 is less than the cutoff value of 0.05, the correlation is significant, indicating a significant and positive relationship between the two variables. To put it simply, there is a high correlation between the impact of QMS on patient satisfaction and organizational performance. Furthermore, the results indicate that if health institutions use QMS more frequently, patient satisfaction would increase; if not, organizational performance will also decline.

There is a substantial correlation between QMSs practices of operational efficiency and organization performance. Table 4.12 above displays .550 Pearson relationships between operational efficiency and an organization's performance. Because the test's level of significance was less than the .05 criterion, at .000, the results are considered

significant. In layman's terms, it may be said that there is a high correlation between operational efficiency and organizational success as a result of QMSs. The results also indicate that if the organization implements more QMSs, its operational efficiency will improve, and if they are not implemented, the health facilities' organizational performance will decline.

There is a substantial correlation between QMSs practices on timely service delivery and organizational performance. Table 4.12 displays .473 Pearson correlations between QMSs practice on timely service delivery and organizational success. The results are significant because the correlation analysis's level of significance (.000) is below the .05 threshold. In layman's terms, it may be said that there is a consistent relationship between the performance of health facilities and the influence of QMSs on timely service delivery. The outcome also demonstrates that the more QMSs an organization has, the better its timely service delivery will be for organizational performance; if they are not handled, health facilities' organizational performance would suffer.

A similar and recent study by Grossu-Leibovica & Kalkis (2023) concluded that there is a positive correlation between organizational performance and QMSs. greater customer happiness, increased operational efficiency, and eventually greater corporate performance can result from the proper implementation and use of QMSs. The research findings continuously demonstrated that QMSs enhanced organizational resilience, lowered expenses, and boosted income. At the same time, this relationship is reinforced by the theory of TQM, which explains how quality management systems can enhance an organization's operational or financial performance (Echulet, 2023). The results of the current study provide evidence that the impact of quality management systems has a positive impact on the organizational performance in Garissa county health facilities, which is in line with the literature since prior

researchers have found both positive and negative relationships for this ambiguous issue.

CHAPTER 5

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.

5.1 Introduction

The purpose of this research was to investigate the effect of QMSs on organizational performance for healthcare service provision in Garissa County. The summary, conclusions, and suggestions are presented in this chapter.

5.2 Summary

On ascertaining the demographic details of the 132 participants, anallysis shows that 35% were female and 65% male. 53.6% of the respondents were between the ages of 41 and 50, according to the age category study. Comparably, the majority of respondents (56.7%) had a degree, according to the analysis of the education level category, while the majority of participants (52.6%) had worked in the health facility for six to ten years, according to the analysis of distribution by length of employment. Additionally, among the 132 respondents, the responses showed a wide range of job position designations, including department heads, departmental managers, and healthcare professionals who are critical to the hospital's operation and the implementation of the QMS.

With regard to the first objective which was to assess the current QMSs in health facilities in Garissa County, the study finds that the majority of respondents said that the majority of healthcare facilities have made use of QMSs. The results of the survey showed that 98.3% of respondents believed in TQM, 96.8% in quality policy and manuals, 92.9% in ISO 9001, 91.2% in continuous improvement (PDCA Cycle), and 84.3% in ISO 7101. The study's findings also demonstrated that the lean QMS was not fully implemented, as 32.6% of respondents said they were either unaware of or did not make use of lean QMSs. The majority of the respondents agreed that their health facilities QMSs adopted key activities and tools which were essential to increasing the overall efficacy of the health facilities organisational performance, as indicated by the fact that the aggregate mean (3.73) was higher than the midpoint (2.5).

Per the second objective on wether QMSs affected patient satisfaction organisational performance, the study established that a noteworthy 42.8% of patients reported they were extremely delighted with the services they received, whereas 50.1% said they were

only somewhat satisfied with the medical treatment they received from their hospitals. However, a thorough investigation showed that patient satisfaction varied, with patients being more satisfied with in-patient care delivery than with the institutions' out-patient service delivery. With mean score of 3.91, 3.72, 3.65, 3.81, 4.20, and 3.91, respectively, this illustrates that customer-focused quality management practices have been widely adopted in the corresponding organizations which improves patients satisfaction. This includes the : mechanisms for handling customer complaints, well-trained employees serving as customer care representatives, the company's ability to retain customers by providing high-quality products, the communication of customer needs and expectations throughout the organization, regular customer feedback surveys, and benchmarking with other businesses to gauge performance progress.

A QMS's Continuous Improvement activities are essential for increasing an organization's operational efficiency. With regard to the third objective to establish the effect of QMSs on operational efficiency organisational performance, the study finds that the respondents (Mean = 3.67, SD = 0.822) agreed that the medical facility had a quality manual. Based on the results, the respondents (Mean = 3.70, SD = 0.721) agreed with the assertion that the management built out quality system processes by personnel from different departments. The respondents (Mean = 3.70, SD = 0.749) also agreed with the statement that management created different work instructions based on procedures. Work instructions from various departments were equally defined by the management (Mean = 3.70, SD = 0.661). Finally, the findings indicate that the respondents (Mean = 3.60, SD = 0.638) concurred that the health facilities consistently enhanced the quality system documentation. This health institutions QMS Continuous Improvement activities as shown to increase the institution's operational efficiency.

The fourth research objective sought to understand the effect of QMSs on

organisational performance timed service delivery. The respondents' comments regarding the trend on timed service delivery, the means obtained was effectiveness (4.31), efficiency (3.41), customer satisfaction (2.49), revenue, and market share (4.09). All this suggested that the health facilities in Garissa County trend on service delivery time have improved as a result of the adoption or implementation of the QMSs. According to the results findings in table 4.7 on the respondents' perceptions of the effect of adopting and implementing QMS practices on service delivery time, 3.84 was the average response (SD=2.11). This suggests that a significant portion of the studied health facilities employees believed that adopting and implementing QMSs improved the time it took to provide services.

The multiple regression analysis shows that organizational performance would be 1.224 if all variables (QMSs practices on patient satisfaction, operational efficiency, and service delivery time) were set to zero. According to the data findings, an increase of one unit in QMS practices on patient satisfaction leads to a 0.185 rise in organizational performance when all other independent variables are set to zero. Organizational performance will rise by 0.089 for every unit increase in QMS practices related to operational efficiency and by 0.235 for QMS practices related to service delivery time. These findings suggest that organizational performance is impacted by QMS strategies related to patient satisfaction, operational efficiency, and service delivery time. On comparison, with regard to the correlation analysis, there is a strong positive association between the performance of the organization and the patients' satisfaction with the QMS. Similarly, there is a substantial correlation between QMSs practices of operational efficiency & timely service delivery and organization performance and

5.3 Conclusion

The work done in the health care sector is extremely important since the results have a direct impact on people's lives and society as a whole. Therefore, it is essential to look at the factors that could affect the health care sector's performance, especially the QMSs, in order to give patients the best care possible and preserve the best possible working environment. The researcher offers a empirical evidence in this study that QMSs have a positive effect on organizational performance. The findings of Echulet (2023), Grossu-Leibovica & Kalkis (2023), Benzaquen et al. (2021), and Tabibi, Raeissi, and Nasiripour (2024) are all supported by this result.

The results of this study allow us to draw the conclusion that an organization must adopt and apply QMSs in order to increase patient satisfaction, improve operational efficiency, and timely service delivery.

This study demonstrates that the performance of patient satisfaction in Garissa County is significantly improved by the deployment of customer-oriented quality management systems (QMSs).

It was determined that, in order to increase organizational performance, all healthcare facilities should, to a large degree, use the QMSS practice of continuous improvement through training, frequent innovations, better communication models, system upgrades, and account updates.

From a manager's perspective, individuals who take the initiative to implement QMSs in their healthcare facilities will find encouragement in the empirically verified positive impacts of QMS practices on organizational performance.

5.4 Recommendations

The researcher suggests the following to practitioners and policymakers in light of the data presented here:

i. Acknowledging citizens as the primary focus of medical care services has increased the significance of ensuring patients are satisfied with healthcare services. Therefore, it is advised that Garissa County's healthcare facilities instill a culture of patient satisfaction in all of its staff members. New hires should receive appropriate training in critical areas that either directly or indirectly affect patient satisfaction.

ii. This study suggests that since QMS interventions improve service quality, both public and private healthcare facilities should support their implementation. This is because it was shown that QMS practices significantly contributed to the promotion of high-quality services. Therefore, in an effort to raise the caliber of services in the healthcare industry, this study suggests that the Ministry of Health create a standard for QMS care and implement it in all facilities nationwide.

5.5: Suggestions for Further Research

Limited on the scope of the study, the research offers empirical data on a QMS analysis in a healthcare setting in Garissa county. This study advances our understanding of QMS procedures and how they affect healthcare institutions' organizational performance. Future studies should, however, investigate the important relationships that are covered in this study by utilizing a larger sample size, examining other organizational features (such as separating public and private hospitals), and assessing the influence of additional variables on this association.

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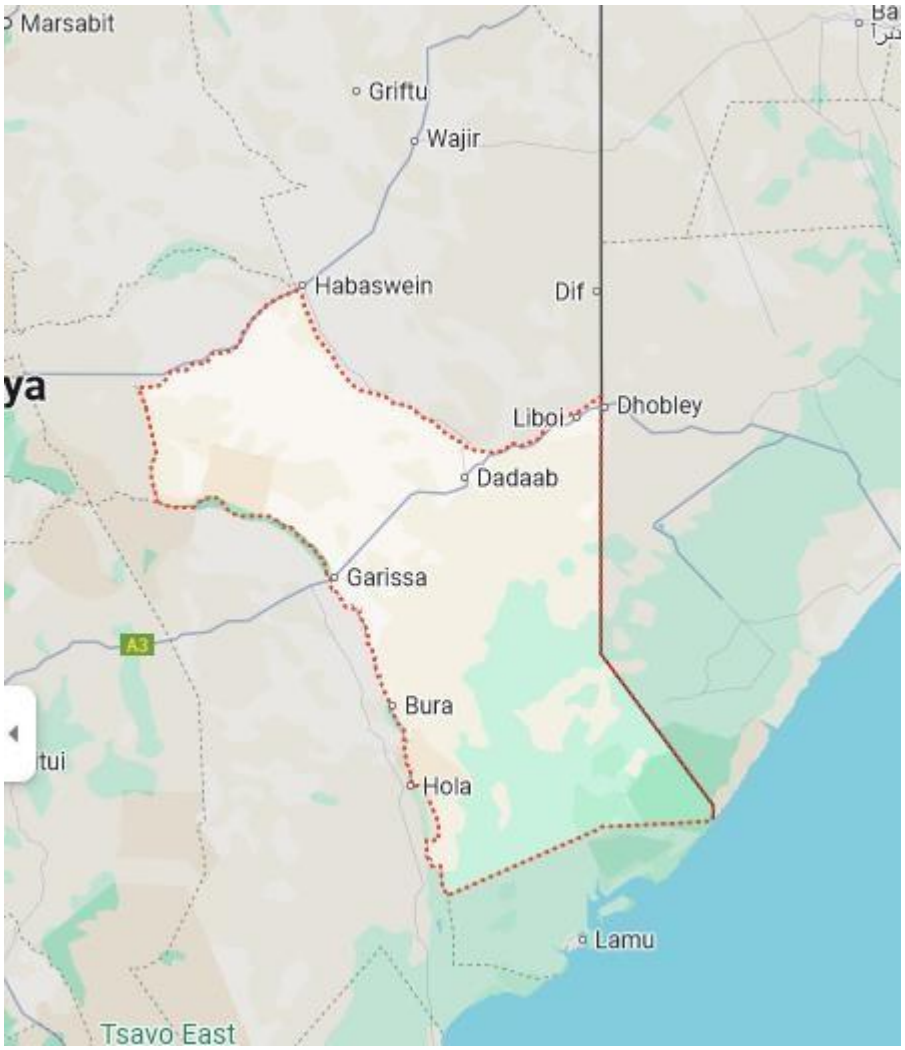
Appendix I ; The Study Site



Appendix 2 : The Work Plan

Activity	Nov 2024	Dec 2024	Jan 2025	Jan 2025	Feb 2025	Mar 2025	Apr 2025	May 2025
Proposal Development								
Dept Presentation								
Proposal revision								
Ethical clearance								
Data Collection								
Data Analysis & Report writing								
Revision and editing of report								
Publication								
Submission								

Appendix 3 : Projected Budgeted Estimates

ACTIVITY	COST(KSH)
Questionnaire development	5,000
Field data collection- Airtime/bundles	10,000
Research assistant	30,000
Data sorting, coding & input- airtime, bundles, refreshment	10,000
Printing & binding thesis report	5,000
Publishing of journal articles	20,000
Local Travelling	5,000
Total Budget	**85,000**

Appendix 4 : Letter of Introduction

Adow Hassan Mohamednur

P. O.Box 1234 -88888

Garissa - Kenya

Dear Sir/Madam,

Re: Request to Complete the Research Questionnaire

The main objectives of the study is **is** to investigate the effect of quality management system on organizational performance for healthcare service provision in Garissa County .

As part of my coursework requirements, I am a MKU student working on a Master of Monitoring and Evaluation degree. As part of my assigned research topic, I'm studying the "IMPACT OF QUALITY MANAGEMENT SYSTEMS ON ORGANIZATIONAL PERFORMANCE IN GARISSA COUNTY." This letter's goal is to ask that you help me by answering the questionnaire.

Your answers will be kept private, and the study's results will only be utilized for scholarly purposes.

Yours Faithful,

Adow Hassan Mohamednur

Appendix 5 : Informed Consent Form

EFFECT OF QUALITY MANAGEMENT SYSTEM ON THE ORGANIZATIONAL PERFORMANCE: A CASE OF HEALTH SERVICE PROVISION IN GARISSA COUNTY

Investigator : MOHAMEDNUR ADOW HASSAN

Mount Kenya University

Introduction

You are kindly encouraged to participate in the study endeavor being conducted by the aforementioned researcher. You can decide whether or not to take part in the study after reading the information in this consent form. Feel free to ask any questions you may have while you read this form, and please take your time.

Purpose of the Study

The goal of the study is to evaluate how a quality management system affects organizational performance using the Garissa County health care delivery case.

Procedures

If you consent to participate in this study, you might be asked to answer a series of questions and take part in a thorough interview. Aspects on the the current quality management systems in health facilities in Garissa County, the effect of quality management systems on patients' satisfaction, the effect of quality management systems on operational efficiency, and the effect of quality management systems on service delivery time in Garissa County health facilities are examined in the questionaire. If an interview is done, it will go deeper into the survey.

Duration

Filling out the survey will take about 30 minutes, and if selected, the interview will take an hour.

Voluntary participation

You have the option to decline participation in this study; it is completely voluntary. Furthermore, you are free to leave this study at any time.

Benefits & Risks :

Despite the fact that participants get nothing from the study, scholars, the public, and policymakers find it valuable.

Risks

The research is not accompanied by any risks.

Costs or payments

Participation in this study will not result in payment or other consequences financially.

Privacy & Confidentiality:

Participants' name and privacy will be protected before and during the study, and no personal

information will be requested. A code will be used to identify the respondents.

Contact Information

If you require any explanation or have any queries concerning the study, you can contact **MOHAMEDNUR ADOW HASSAN**, the primary researcher, at 0722 873 860.

Consent

I have read or have been given the permission form, and I voluntarily volunteer to participate in the study, knowing that I may change my mind at any time.

I do not in any way give up my rights as a participant by signing this document.

I consent to taking part in this study YES……NO……

Participant's Name……..
Signature ……..Date…….

Appendix 6: Questionnaire

Section A: Background Characteristics

1. Gender Male ( ) Female ( )

2. Age 18-25 ( ) 26-30 ( ) 31-40 ( ) 41-50 ( ) Above 51 years ( )

3. Highest level of education

None ( ) Primary ( ) Secondary ( ) College ( ) Univers

3. Which Health facility and section/department do you work at?

……..

4. Category of the health facility (tick as appropriate)

Public ( ) Private ( ) NGO ( )

5. For how long have you been part of that section/department?

Less than 2 years ( )

2 – 4 years ( )

5 – 7 years ( )

More than 7 years ( )

What is your role in the healthcare facility?

…..…….

Section B

a. Opportunity and Challenges of Quality Management Systems in health facilities

Which QMS does your health facility currently implement?

…..……

Regarding the opportunity and challenges of quality management systems in your healthcare institutions, please rate your agreement with the following statements. The following scale will be used: Very little is represented by 1, small by 2, moderate by 3, huge by 4, and to a very large extent by 5.

STATEMENT	RANKING				
	1	**2**	**3**	**4**	**5**
Limited budget and resources					
Poor communication and c ordination					
An inflexible or rigid strategy					
Failure to incorporate patients feedback					
Internal and external resistance					
Ability to measure care quality					
A streamlined health service delivery process					
Monitored care quality					
High internal and external benefits					

b. Effect of quality management systems on patients' satisfaction in health facilities

Using your own experience and opinion, kindly rate the following statements to determine the level of patient's satisfaction using a scale of 1 to 5 where 1= strongly disagree, 2= Disagree 3 = Neutral, 4 = Agree and 5 = Strongly Agree.

	RANKING

STATEMENT	1	2	3	4	5
Quality of care					
Waiting Time reduction					
Good Overall experience					
Enhanced Interaction with medical professionals					
Enhanced providers' interpersonal and technical abilities					
Cost of care fair					
Hospitals and other resources are available.					
Brpaden coverage by insurance					

Which factors, in your own opinion are essential in enhancing patient satisfaction through QMS?

….…….

c. Effect of quality management systems on Enhanced Operational Efficiency in health facilities

Kindly select the extent to which you agree or disagree with the following statement to determine the influence of QMSs operational efficiency on organisational performance. SA-strongly agree A-agree N-neutral D-disagree SD-strongly disagree

STATEMENT	RANKING				
	SA	A	N	D	SD
Technical Efficiency					
There is a reduction of services duplication					

Limited unnecessary and expensive inputs					
Improved the use of appropriate labourer					
Improvement on environment sustainability					
Operational Efficiency					
Enhanced choices of inputs and outputs					
Improved re-balancing of services					
Effective care coordination					
Strengthened Preventative care					

Please provide specific examples of how QMS has improved operational efficiency in your facility:

…..……

……

……

d. Effect of quality management systems on Timely Healthcare Service Delivery in Health Facilities

Using your own experience and opinion, kindly rate the following statements to determine wether the QMS inflences the timely delivery of services in the health facility using a scale of 1 to 5 where 1= strongly disagree, 2= Disagree 3 = Neutral, 4 = Agree and 5 = Strongly Agree.

STATEMENT	**RANKING**				
	1	**2**	**3**	**4**	**5**

There is improved communication					
Availability of motivated and well trained staff					
Enhanced management of issues					
Ease in uncovering barriers for timely service delivery					
Ensures that initiatives alighn with the facility goals					

How has QMS influenced service delivery time in your facility (check one box only)?

Declined significantly	Declined moderately	No change	Improved moderately	Improved significantly

Kindly specify any strategies implemented in the QMS to enhance service delivery times in your facility:

…..……

Section C : Indicators of Organizational Performance in Health service delivery

Using your own understanding and opinion, kindly rate the following statements using a scale of 1 to 5 where 1= strongly disagree, 2= Disagree 3 = Neutral, 4 = Agree and 5 = Strongly Agree.

STATEMENT	**RANKING**				
	1	**2**	**3**	**4**	**5**
The cost of care at the facility is average					

The service availability at the facility is good					
There is poor level of service utilization at the facility					
Expansion access to primary care					
Existence of unmet needs by the facility					
Clear cut boundaries for hospital admission					
Imploved public health delivery					
Expansion in specialist care service delivery					

Indicate the influence of the QMSs practices on the organisational performance in terms of governance decisions on: (Use 1=no extent, 2=little extent, 3= moderate,4=large extent, 5=very large extent)

Governance Decisions	**RANKING**				
	1	**2**	**3**	**4**	**5**
Adoption of affordable technologies and treatments;					
Broader frameworks for quality assurance, such as hospitals and dept/units standards and guidelines					
Financing choices regarding the payment and incentives of service providers					
Resource generation choices regarding investment					

Section D : Government Policies

According to your independent assessment, have the county and national government policies affected the organizational performances and QMS practices in Kenya's Garissa County? (1 being extremely small, 2 being small, 3 being moderate, 4 being huge, and 5 being very large)

Policies	**RANKING**				
	1	**2**	**3**	**4**	**5**
National government					

County Government					

FINAL THOUGHTS

In your personal opinion, what are the major challenges in implementing a QMS in the facility?

….……..

Give any suggestions for improving QMS in your facility to enhance overall performance?

….……

……

…….

Appendix 7 : Key Informant Quality Management Systems Interview Guide

Please take a moment to avail feedback through responding to the interview guide concerning my research.

Gender : ……..

Health Facility :……

Which part of the QMSs are you actively involved in?

1. List the current quality management systems implemented in your health facility

….……..

2. What is the level of patients' satisfaction after implementing the QMSs in the health facility?

….……..

3. Describe the effect of quality management systems on operational efficiency in your health facilitiy?

….……..

4. Describe the effect of quality management systems on service delivery time in your health facility?

….……..

5. In your personal opinion, what are the major challenges in implementing a QMS in the facility?

….……..

6. Give any suggestions for improving QMS in your facility to enhance overall performance?

….……

……

…….

7. Any additional insights and comments in relation to QMS and your health facility organizational performance?

….……

……