Health Policy and Service Delivery in Referral Hospitals in Kenya

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Abstract:

In recent years, there is an increased attention to build formidable health systems governance to promote the highest attainable standard of health service delivery which has become a fundamental part of our human rights and of our understanding of a life in dignity. The health systems governance through the establishment of health policy has taken on increasing importance in the provision of health care services in the health institutions. The public hospitals in Kenya have weak health systems governance attributed to the existing health policy affecting quality healthcare. The current study sought to examine the health policy as a key health systems governance aspect influencing service delivery in National Referral hospitals in Kenya. The study was anchored to the Contingency Leadership Theory. A conceptual framework was developed to show the relationship between the independent variables (health policy) and dependent variable (service delivery in the national referral hospitals in Kenya). The study identified six categories of the target respondents, namely, 5 directors, 43 board members and 88 head of departments. The study used regression analysis to analyze the association between the variables at 0.05 level of significance. Results revealed that all the health policy as a key health system governance aspect, had a positive and significant relationship with service delivery in the national referral hospitals in Kenya in terms of accessibility, affordability, coverage, customer satisfaction and timeliness of the services. The results support the current theories related to the study. Consequently, this study provides national referral hospitals with insights of how to improve health care service delivery through the adoption of appropriate health policy in the national referral hospitals. This could go a long way in ensuring there is improved service delivery in the national referral hospitals in Kenya.

Keywords: Health Policy, Service Delivery; Referral Hospital.

Introduction

Health policy refers to the policies set on a national level, in terms of access to healthcare, coverage, and cost. These are the decisions, goals, and actions that determine how care is administered and accessed. As awareness of the role governance in the performance of health systems has increased, so has the need to come up with systematic means to evaluate governance shortcomings to develop adequate interventions (McCollum, et al., 2018). Responding adequately to the health needs of a population requires not only medical breakthroughs but also timely and efficient
delivery of preventive and curative services. This is all the more meaningful as it is often found that in those settings where health needs are the greatest, the administrative capacity of the state to implement policy is limited. The acknowledgement that successful healthcare delivery requires effective health policy for institutions and management has led government officials, academics and international donors alike to emphasize health policy as a key element in the quest for practical solutions for strengthening health systems (Kmathi, 2017).

Over the past decades, health policy to enhance health systems have experienced major transformation. The role of ministries of health has changed, progressively shifting from direct provision of health services to overall stewardship of the health sector, including financing and oversight of private providers (Sriram, et al., 2020). Health policy has triggered reforms that have shifted and fostered new institutions, such as national medicines agencies, public health agencies, disease control agencies or health financing organizations responsible for risk and fund pooling, purchasing of health services, or targeting the poor or vulnerable groups. Shocks such as political or financial crises, natural disasters or epidemics have also affected the governing of the health system in many countries. In this changing environment, exercising stewardship (Bigdeli et al., 2020) requires balancing the interest of a wide range of actors, particularly when decentralization multiplies the number of actors involved in health services delivery, usually with greater autonomy.

Statement of the Problem

In recent years, there is an increased attention to build formidable health systems governance through health policies to promote the highest attainable standard of health service delivery which has become a fundamental part of our human rights and of our understanding of a life in dignity (Abdulmalik, et al., 2016). According to WHO (2021) health policy as the one of the health systems governance aspects has taken on increasing importance in the provision of health care services in the health institutions. Empirical evidences by Yuan et al (2017); Jurše and Tomine (2019) revealed that health policy enhance the quality of health care services. A recent survey by Osmani et al., (2015) and Martinović (2020) similarly pointed out those appropriate health policy allows medical practitioners in the health institutions to deliver quality health care services. This has built a strong empirical evidence of the role of health governance system in achieving universal healthcare services in many countries.

Nevertheless, the situation in Kenya presents a very different scenario all together. A recent study by McCollum et al (2018); Ozok, et al. (2017) identified that the public hospitals in Kenya utilizes a paltry 2 out of 16 healthcare systems governance to improve quality healthcare system implying the existing health policy has led to low adoption of healthcare systems governance. Only 63% of Kenyans have access to government health services located within an hour of their homes with the health facilities unequally distributed across the forty-seven counties. This was further supported by Freeman, et al (2016) who noted the existence of diverse health challenges in terms of delay in decision making, forgeries of financial records, loss of pharmaceuticals, dressings and sutures, delay in patient in service delivery in referral hospitals in Kenya.

Moreover, various studies have been carried out on the health systems governance in the context of enhancing health care service delivery (Bulinda & Kiruthu, 2019; Kmathi, 2017; Moffatt-Bruce, et al., 2018). Muga, Kizito and Gakuruh (2015) study focused on the Overview of the health system in Kenya. Atela, et al., (2015) study focused on strengthening health system governance using health facility service charters. The study reported that failure of strengthening health governance systems affected delivery of health services in communities. Pyone and Mirzoev, (2021) in their study on health governance systems reports that there is a general lack of understanding of the factors that influence the health systems governance in not only private hospitals but also in public hospitals on service delivery. This is further echoed by
Mohamoud, et al. (2018) noted that there is a potential benefit of having an appropriate health policy to improve health systems governance implementation in public hospitals and concludes that limited attempts have been made to ascertain reasons for the observed levels of adoption due to health policy challenges; and therefore indicated inadequacies in strategies to promote health systems governance in Kenya. Therefore, this was the main basis of the research gap that needed to be filled by conducting a study on the health policy as a health systems governance aspect which influences service delivery in national referral hospitals in Kenya.

Research Objective

The objective of the study sought to examine the influence of health policy on service delivery in referral hospitals in Kenya.

Research Hypotheses

The study hypothesized $H_0$: Health policy does not significantly influence service delivery in national referral hospitals in Kenya.

Theoretical Review

The contingency theory of leadership was proposed by the Austrian psychologist Fred Edward Fiedler in his landmark 1964 article, "A Contingency Model of Leadership Effectiveness." The Contingency Theory of Leadership suggests that the leader's ability to lead is dependent upon various situational factors, including the leader's preferred style, the capabilities and behaviors of followers and various other situational factors (Meier, 2019). There is no one best way of leading and effective board structure vary from situation to situation. The theory assumes decentralization systems affect outcomes, such as group performance and achieving goals, by influencing the subordinates’ behavior (Yazdanmehr, et al., 2020). There have been several models utilizing the contingency theory concepts – the Contingency Leadership Theory (Yazdanmehr, et al., 2020), Normative Decision Theory (Csaszar & Ostler, 2020) and Path-Goal Theory (Yu et al., 2020). In the context of time and the boardroom, the consideration of service delivery in the organizations can be affected by decentralization systems (Burke, et al., 2019). For example, because of considerable short-term pressures, this study posits that insiders on the board are less likely to prioritize the longer-term time horizons needed to affect service delivery (Galbreath, 2017).

Having clarified what an organization is, Lim and Kim (2018) argue that organizational policy are the prescribed patterns of work-related behavior that are deliberately established for the accomplishment of organizational goals. In their view, organizational policy is one of the most important factors in determining the success or failure for an organization to achieve its goals. Of critical importance to note is that, as much as Lim and Kim realize the impact of changes in organization’s political and administrative hierarchy, organizational policy are regarded as key to ensuring their success. Functions of organizational policy therefore include the fact that structure is most useful ‘not only in specifying the relationships of work activities, but also in defining authority relationships (Jeptoo & Karanja, 2017).

It is widely recognized that health policy is an important governance mechanism, particularly in developing and emerging countries where other control mechanisms are commonly weaker (Nyagilo & Njeru, 2020). Indeed, boards of directors are an important focus of policy responses to corporate scandals. As such, health policy can be crucial and significantly related to service delivery (Barako & Brown, 2016). Hence, when directors are regarded as important resources to the organization various dimensions regarding their background and skills clearly become very important (Guney, et al., 2021). This then calls to question the structure of such boards. Indeed, Zulkifara, Suhardjanto and Ismail (2020) called on organizations to address how to make the work of the board meaningful and consequential. The organizational policy of the management and set the strategic direction for the organization. In addition, the board reviews and ratifies management proposals, and it is the primary and dominant internal health policy of the health facilities (Kande, et al., 2017). The theoretical
governance literature argues that boards fulfill their duties of advising and monitoring management by choosing health policy appropriately. It is on this premise the current study seeks to examine association between health policy and service delivery in the national referral hospitals in Kenya.

**Conceptual Model and Hypothesis**

A conceptual framework is a concise description of the phenomenon under study accompanied by a graphical or visual description of the major variables of the study (Cooper & Schindler, 2008). Michelle (2017) states that a conceptual framework is a diagrammatic representation that shows the relationship between the dependent variable and independent variables. This study’s conceptual framework sought to demonstrate the relationship between health policy and service delivery in the national referral hospitals in Kenya. The conceptual framework is illustrated in Figure 1.

![Figure 1. Conceptual Framework](image)

**Literature Review**

With the adoption of the 2010 constitution and the onset of devolution, Kenya’s governance architecture and political environment changed dramatically. Under the new constitution, a range of political, administrative and financial functions have been delegated to 47 semi-autonomous counties established after the 2013 elections. These changes have entailed substantial changes in the health sector’s governance structures, with the national level remaining responsible for overall leadership and regulatory and policy guidance, while county governments have assumed responsibility for health service delivery. In June 2017, parliament passed a new health law, the Health Act No.21 of 2017, bringing scattered pieces of health legislation together under one unified framework. The new law, which is more intentional, establishes a rights-based approach to health, clarifies the roles of national and county governments, creates new regulatory bodies, and provides guidance on issues such as health financing and private sector participation. However, the Health Act has not been disseminated and, therefore, the proposals on new regulatory bodies and mechanisms have not been fully instituted.

According to Health System Assessment (HSA) (2019) report, it was recommended that in order to improve adoption of health governance systems, there is need to strengthen health sector management structures at county level and build counties’ capacity, including their ability to frame necessary health laws and integrate civil society in the decision-making process by improving the effectiveness of coordination bodies (for example., the HSIF and the department of Health Sector Coordination and Intergovernmental Relations. There is need to improve enforcement of health laws and norms, especially in the private sector by actively engaging the private sector through the partnership framework and establishing a mechanism to bring all regulatory bodies into one policy dialogue space. The report also
recommends that there is need to disseminate the Health Act, 2017 and raise awareness of the mandate and responsibilities of the new authority.

The 2017 Kenya HSA uses the health governance framework shown in Figure 2 (Brinkerhoff and Bossert, 2008) to analyze and understand how relationships and linkages among state actors, providers, and citizens work to strengthen Kenya’s health system by making it more responsive to the needs of Kenyan citizens. State actors (for example the politicians, policy-makers, and other government officials) are responsible for developing, implementing, and enforcing the rules and regulations that guide the health system. The framework shows how state actors rely on inputs from providers and citizens to carry out this function effectively. Ideally, state actors take citizens’ needs and preferences into account when developing programs, policies, and financing. Providers are the staff, facilities, and organizations (private, public, and not-for-profit) that support health service provision. Providers deliver services to clients/citizens and information to state actors, who use it to develop and implement policy guidance, norms, standards, oversight, and resources to facilitate service delivery. The bottom of the pyramid illustrates how clients/citizens (either as individuals or collectively) communicate their preferences and needs to providers, who respond by offering services to meet these preferences and needs.

Research Methodology

The current study adopted a descriptive design, which took into consideration of the analysis of the relationship between health policy as a health systems governance aspect and service delivery in the referral hospitals in Kenya. A descriptive research design was useful in capturing unbiased representation of perceptions and experiences research design enables the researcher to fully describe the health policy as a health systems governance aspects influencing service delivery national referral hospitals in Kenya. This study was based on the positivism philosophy. Positivism is a philosophy that seeks real facts of social phenomena that are objective, neutral and predictable with little regard for the subjectivity of individuals (Argaw, Desta, & Mamo, 2021). The target population was based on Ministry of Health on Health Systems Assessment report (2020) listed national referral hospitals in Kenya to include Kenyatta National Hospital.
Hospital; Moi Teaching and Referral Hospital; National Spinal Injury Hospital; Mathari National Teaching & Referral Hospital; and Kenyatta University Teaching and Referral Hospital. The study identified six categories of the target 136 respondents, namely, 5 directors, 43 board members and 88 head of departments of the national referral hospitals in Kenya. The study adopted census to collect data from the respondents. Data was collected by use questionnaires as the data collection instruments. Pilot study was carried out to pre-test the research instrument to establish its validity and reliability.

Results and Discussion

Table 1. Model Summary

<table>
<thead>
<tr>
<th>Model Summary</th>
<th>R</th>
<th>R Square</th>
<th>Adjusted R Square</th>
<th>Std. Error of the Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.401</td>
<td>.161</td>
<td>.159</td>
<td>.33219</td>
</tr>
</tbody>
</table>

Table 2 summarizes the results of an analysis of variance, with the sum of squares, degrees of freedom, and mean square being displayed for two sources of variation, regression and residual. For the accounted for values, the mean square (the sum of squares divided by the degrees of freedom), is 287.103 and the degree of freedom (df) is 1; whereas the output for residual which displays information about the variation that is not accounted for by the model has the following values: sum of squares as 1496.222 df as 109 and a mean square of 13.726. the F statistic (the regression mean square divided by the residual mean square) is 20.917. The overall relationship was statistically significant (F1,109 = 20.917, p<0.05) It has a significance level of 0.000 this means that the chances are zero that the result of regression model are due to random events instead of a true relationship, which implies that the linear regression model is a good fit for the data and hence can be used to predict the influence of health policy on service delivery in national referral hospitals in Kenya.

Table 2. ANOVA Statistics (Health Policy and Service Delivery)

<table>
<thead>
<tr>
<th>Model</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>287.103</td>
<td>1</td>
<td>287.103</td>
<td>20.917</td>
<td>.000</td>
</tr>
<tr>
<td>Residual</td>
<td>1496.222</td>
<td>109</td>
<td>13.726</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1783.325</td>
<td>110</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Table 3 represents coefficients of the independent variable (health policy) and the dependent variable (service delivery in national referral hospitals in Kenya). The Beta coefficient
was 0.416 for the relationship between health policy and the service delivery in national referral hospitals in Kenya. This shows that a unit improvement in health policy would lead to a 0.416 improvement in the service delivery in national referral hospitals in Kenya. The t-value (2.809) of more than +1.96 indicates that the change in service delivery in national referral hospitals in Kenya by health policy is not by chance. The relationship is significant as the P-value (0.000) was less than the significance level (0.05). Thus yielding a regression model where 
\[ Y = \beta_0 + \beta_1 X_1 + \epsilon, \]
\[ Y = 5.879 + 0.416X_1. \]
This indicates that service delivery in national referral hospitals in Kenya = 5.879 + 0.416 Health policy. Therefore we can conclude that Health Policy positively and significantly influence service delivery in national referral hospitals in Kenya.

### Table 3. Regression Coefficients (Health Policy and Service Delivery)

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>5.879</td>
<td>1.223</td>
</tr>
<tr>
<td>Health Policy</td>
<td>.416</td>
<td>.148</td>
</tr>
</tbody>
</table>

#### Hypothesis Testing

The study hypothesized \( H_0: \) Health policy does not significantly influence service delivery in national referral hospitals in Kenya.

The study results of the survey in Table 3 revealed that there was positive and significant relationship between health policy and service delivery in national referral hospitals in Kenya \( (\beta_1=0.416, t_{cal}=2.809 > t_{critical}=1.96, p-value < 0.05) \). To test the relationship the Regression Model fitted was \( Y = \beta_0 + \beta_1 X_1 + \epsilon \), that is \( Y = 5.879 + 0.416X_1 \). The null hypothesis \( (H_0): \) Health policy has no significant relationship with service delivery in national referral hospitals in Kenya or \( (H_0: \beta_1 \neq 0) \) is therefore rejected \( (\beta_1=0.416, t_{cal}=2.809 > t_{critical}=1.96, p-value < 0.05) \) and concluded that health policy \( (X_1) \) positively and significantly influences service delivery in national referral hospitals in Kenya. The study findings corroborated with findings by Martin and Williams (2019) indicated that health policy significantly determined health care service delivery.

Therefore, based on the study results, health policy play a key role on the service delivery in the referral hospitals in Kenya. Baine, Kasangiki and Baine(2018) opines that healthcare policy is an integral aspect of the healthcare system one that helps shape and protect the health and well-being of the population. Policy impacts issues as fundamental as healthcare access, cost, delivery methods, and privacy. It involves the rules and regulations set forth by lawmakers on a local, state, and national level. It enhances the decisions, goals, and actions that determine how care is administered and accessed. Healthcare policy is important because it helps establish guidelines that benefit patients, healthcare organizations, and our healthcare system. Having protocols in place can help prevent human error and poor communication around medical decisions. To be able to maintain quality care for patients, organizations must set policies to address the following aspects of their operations in terms of the patient care, drug, employee health, security and privacy health policies.

#### Conclusion and Recommendations

The study concluded that there exists a positive significant relationship between health policy and service delivery in the national referral hospitals in Kenya. The results reveal that health policy is statistically significant in explaining service delivery in the national referral hospitals in Kenya. The study recommends that there is need to review the health policy in the national referral hospitals to enhance service delivery.
The health policy should improve the technical support and the development of evidence-based health policies and plans. Effective health policy will help to establish guidelines that benefit patients, the hospitals, and the healthcare systems. This will improve the protocols in place that can help prevent human error and poor communication around medical decisions in the referral hospitals. Grounded in these health policies, these referral hospitals illuminate the importance of evaluating policy impacts on health to promote better outcomes and reduce health disparities in our most vulnerable in the society.

References


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