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EFFECT OF WORK ENVIRONMENT AND SERVICE DELIVERY IN SELECTED COUNTY REFERRAL HOSPITALS IN KENYA

Ruth Chepchumba Tuwei
Phd student, Department of Human Resource Development.
School of Human Resource Development, Moi University, Kenya
chumbaa2003@yahoo.com

Tarus Benjamin
School of Business and Economics University of Eldoret, Kenya

Abstract

The main aim of the paper was to determine effect of work environment on service delivery. Psychological contract theory informed the study. Descriptive research design was adopted. The study targeted a population of 431 employees with a sample size of 367 respondents. Stratified and simple random sampling were applied. Data was analyzed using both descriptive and inferential statistics and multiple regression model was used to test hypotheses. Findings showed that work environment have a significant and negative effect on service delivery. The study concluded that the current work environment reduce service delivery in county referral hospitals. The study recommended that there is need to formulate, implement new strategies and policies that aim at improving work environment and employee growth practices.

Keywords: Service delivery, work environment, workplace, referral hospital, Kenya

INTRODUCTION

During the past few decades, service quality has become a major area of attention to practitioners, managers and researchers owing to its strong impact on business performance, lower costs, consumer satisfaction, client loyalty and profitability (Guru, 2003). SERVQUAL model is the most conspicuous and broadly utilized model for measuring service quality (Lai et al., 2007). In the SERVQUAL scale, Parasuraman et al. (1988) have recognized five

determinants of service quality: “tangibles”, “reliability”, “responsiveness”, “assurance” and “empathy”. Quality of service assumes an imperative part in the achievement of the organization in acknowledgment of an aggressive edge and expanding focused power (Rod et al., 2009). Thus service quality is the path in which clients are served in an organization which could be good or bad. The service delivered has noteworthy association with consumer loyalty, client retention, loyalty, costs, productivity, service certifications and development of organization (Wilson, 2008). The role of service employees in many competitive business environments is to interact with customers and, by delivering high-quality services, create ideal audits from clients who encounter more elevated amounts of fulfilment and thus increment their visits and purchases later on (Liao & Chuang, 2004).

Frequent changes in work environment, directly or indirectly, influence the performance of IT experts (Martinsons & Cheung, 2001). Certainly, the adjustments in working conditions result in upsetting conditions yet it is anticipated workers that would perform under anxiety. Present day organizations need powerful adapting systems set up; to handle the delayed consequences of performance under anxiety (Bagtasos, 2011). A high status of work life is basic for organizations to proceed to draw in and hold workers since it is a procedure in which organizations recognize their responsibility to develop jobs and working conditions that are excellent for the employee and organization.

Safe and healthy working environment includes the physical and psychological environment. Davies, Jones and Nuñez (2009) point out that workplace safety has turned out to be one of the most elevated operational needs confronting associations and, specifically, human asset administration. In health facilities, needle stick wounds open expose workers to life-threatening blood-borne illnesses such as HIV/AIDS, Hepatitis, Congo and Lassa fever, while ergonomic injuries, for example back injuries also place health workers at risk. Job burnout is a proceeding with concern toward human resource management, as it influences workers' levels of profitability and prosperity (European Union, 2010; Ndlovu, Murray, Candy & Nelson, 2006; Dingani & Muzimkhulu, 2015). Lee and Akhtar (2011) argue that the nursing profession is especially an unpleasant occupation that could bring about burnout. This may likewise influence nurse instructors and administrators, where their workplace responsibilities recently extended out to their homes through their computers, tablets and cell phones. To them, it seems as if they can’t leave their work where it belongs – at the office.

Workplace violence contributes to an unhealthy health care environment and can be defined as “violent acts directed toward workers include physical assault, the threat of assault and verbal abuse” (Magnavita & Heponiemi, 2012). The culprit could be a partner, a boss, chief or even a subordinate. However, in most cases, the abuse begins from the outside environment.

The last may happen because of harsh guests, individuals from the more extensive public, lawbreakers or packs. In South Africa, there are cases of patients or different culprits who enter healthcare settings, not with the objective of seeking therapeutic help or to comfort friends and family, but to assault the individuals from the health group. One of the best known cases is the rape and assault of a youthful female doctor at the Pelonomi Hospital in Bloemfontein amid 2010 as reported in Die Volksblad dated 1 November 2010. Unfortunately, this is not the only case. We are reminded on a regular basis by newspaper reports that our hospitals are unsafe – for patients and for health care workers, attending to the patients (Hajaj, 2014)

Service delivery is the current distinct issue in health care industry and high quality service delivery has become the main focus for organization's survival (Sachdev & Verma, 2004). In the health care sector, service quality has turned into a basic requirement in pursuit of patient fulfilment due to the fact that conveying quality service influences consumer loyalty, devotion and money related gains to the service organizations (Ennis & Harrington, 2001). The public sector is tasked with the delivery of public products and services at all levels. In 2010, Kenya promulgated a constitution which devolved medicinal services to 47 Counties. The technical rationale of devolution was efficient delivery of services and increased citizen involvement in decision making (Sihanya, 2011).

According to a survey by Oduor (2013), carried out in Busia County, majority of the respondents (61%) indicated that the nature of services provided in public health facilities was poor. Respondents credited doctor absenteeism to: taking care of individual issues, different employments, requiring some investment off to oversee private facilities, poor state of mind towards work and absence of supervision among different reasons. While Otiende (2013) concentrated on the impacts of nature of work life on the performance of health workers in Kenyatta National Hospital this thus, hypothesized that.

$H_{01:}$ *There is no significant relationship between work environment and service delivery.*

THEORETICAL FRAMEWORK

The concept of psychological contract was coined in the 1960s by Argyris (1960). It was not until the acclaimed changes in employment relationships in the early 1990s that interest in the notion of psychological contract started to increase. Rousseau (1995) has hypothesized psychological contract as an employee's subjective impression of his or her commitments towards the organization and of the commitments of the organization towards the worker. Drawing on the social exchange hypothesis and the norm of reciprocity (Blau, 1964; Gouldner, 1960), the employment relationship is thus captured as a set of perceived obligations that, when

fulfilled, represent acts of reciprocation and influence the subsequent behaviour (i.e. reciprocation) of the exchange partner.

Though the works of Argyris (1960) and Levinson et al. (1962), which laid the foundation for psychological contract theory, stemmed from a qualitative paradigm, contemporary research has been to a great extent survey driven. Aside from a couple of special cases (Herriot, Manning & Kidd, 1997; Searle & Ball, 2004), the fundamental concentration of psychological contract research has been on the quantitative demonstration of how employees' perceptions of employer breaches of obligations lead to adjustments in employee attitudes and behaviours. For example, recent studies have demonstrated that psychological contract breach is contrarily connected with job satisfaction, affective commitment, organizational citizenship behaviour and in-role performance (Tekleab et al., 2005; Johnson & O'Leary-Kelly, 2003; Turnley & Feldman, 2000) and positively associated to turnover intentions (Lo & Aryee, 2003; Lemire & Rouillard, 2005).

Although psychological contract studies have propelled the comprehension of a few imperative aspects of personnel psychology, it gives an exceptionally constrained perspective of employees' subjective view of their psychological contracts and specifically of how workers impact its substance. A notable exception is the study of Herriot et al. (1997). In response to the predominant survey research and the earlier characterized substance of the psychological contract, the scholars interviewed 184 workers and 184 organizational representatives utilizing basic incident strategy keeping in mind the end goal to inspire the subjective substance of psychological contract among the UK labour force.

Other exceptions include studies that have examined the impact of personality-related factors on psychological contract insights. For example, Bunderson (2001) demonstrated in his study that professional and administrative belief systems mirroring workers' qualities impact the way of psychological contracts held by the workers. Different personality traits influence psychological contract views (Raja, Johns & Ntalianis, 2004). Workers who score high on conscientiousness and self-confidence are more likely to have relational psychological contracts. Another limited set of studies has examined the effect of contextual factors (e.g. industry, type of work) on psychological contracts. Workers in a high-tech company observed a strong responsibility to contribute (for instance being innovative and perform) (Flood et al., 2001), while the experienced requirement to confirm (e.g. commitment to organization and intention to stay) was weak. Boswell et al. (2001) demonstrated that business scholars saw themselves as committed to advance their own particular profession instead of seeing it as the duty of their employer. King and Bu (2005), in turn, found that the new era of IT experts in China and the US saw that they had commitments such as working overtime when necessary,

volunteering for non-required tasks, and displaying faithfulness to the employer. Martin, Staines and Pate (1998) carried out a longitudinal case study and suggested that the expanded value the workers had started to put on training was associated with job insecurity and attempts to improve their own employability.

In attempting to capture employees' perspectives of their own contract obligations, most studies rely on a questionnaire design to determine the scope or the content of the psychological contract (or some separated commitments). In any case, aside from the couple of special cases said above, we know very little about how workers' impact the psychological contract in their everyday work. In the meantime, the need to comprehend the worker's part in the process of psychological contracting appears timely. Rousseau (2005) has recently drawn attention to the increase in idiosyncratic deals and their implications for employment relationships and the psychological contract. She argues that employees who recognize their power negotiate personalized agreements regarding their work and employment relationship. Wrzesniewsky and Dutton (2001) note that, sometimes, this occurs in the form of job crafting, a process through which workers adjust and upgrade their work roles and obligations by including components that they often appreciate or find important. These modifications, however, do not imply that employees would avoid fulfilling their normal obligations or attempt to escape from some of their duties. Rather, job crafting is typically about extending one's role in the organization to coordinate the necessities or the developing way of the work. As the worker started changes in the business arrangement are frequently commonly helpful, employers are by and large not fearful about their suggestions for the organization and in this manner tend to assent effortlessly to the proposed agreement (Rousseau, 2005).

LITERATURE REVIEW

Nursing is a caring occupation. It regularly happens that medical nurses and other health care workers get over-involved with sick/dying patients and their families. This might also activate empathy stress and fatigue and should be an area of concern for managing human resources. Patients are dissatisfied when visiting a health facility and find that the diagnostic machines and medications are not available. It is, be that as it may, likewise a humiliation for the workers who take pride in their service delivery and who have their patients' welfare on a basic level. This is complemented by Mokoka et al. (2010) where an interviewee observed guaranteed that "healing facilities have disintegrated. This is truly not useful for patients and the medical attendants themselves". In many cases, the absence of provisions identifies with debasement and misappropriation of assets, where money allocated for the delivery of health care is

misused by management to their own advantage causing agony of patients and other employees.

Planning of working hours is another tricky area in the work-life of health care workers, particularly nurses, who need to give all day and all night services to the patients. Mokoka et al. (2010) reported that the more established medical caretakers in the Gauteng Province of South Africa found the strain of the extend periods of time excessive, while the more youthful attendants were troubled with shift work that impacted negatively on their family and social lives. The long working hours (especially during the night) might lead to depression.

Particular occupation, workplace and organizational components pose dangers for workers' wellbeing and prosperity as well as for organizational performance. The present cost burden of unhealthy and dangerous working environments for organizations and society incorporates decreased employee commitment and job satisfaction, absenteeism, turnover, accidents, rising drug benefits costs, related healthcare costs, errors and lost productivity.

Absenteeism is a major cost through lost productivity, exacerbating workload problems. The Ontario Hospital Association's (OHA) Healthy Hospital Employee Survey found that positive employment connections, safe and strong workplaces and expanded fulfilment were identified with worker self-reported wellbeing status, non-attendance, work execution and intention to quit (Yardley, 2003). Healthy workplaces improve hospital effectiveness by substantially lowering the costs of absenteeism (US Department of Veterans Affairs, 2004).

Solutions that can decrease worker costs must address the main drivers of this issue. Shields (2006) notes that this requires a thorough, systemic approach in light of a comprehension of how employment dissatisfaction, stress and non-attendance are connected. Worksite programs intended at injury reduction, supporting employee health and wellness and proactive return to work save costs and improve overall health system performance. Questions remain, be that as it may, about how the psychosocial workplace contributes specifically and indirectly to accessibility (going to work disregarding disease or injury). Comparing different enterprises, healthcare has genuinely solid data on what turnover costs employers (Gess et al., 2008; Waldman et al., 2004).

Research about medical attendants demonstrates that workplace components add to employment fulfilment, which, as a result, influences turnover (Flynn, 2005; O'Brien-Pallas et al., 2006). Magnet hospitals are effective at enrolling and holding on to very gifted medical attendants in view of the expert practice environments they provide (Aiken et al., 2008; Stolzenberger, 2003). Magnet hospital programs were developed by the American Nurses Credentialing Center (ANCC), to give healthcare organizations the opportunity to meet standards of excellence in 35 areas related to the quality of care they offer.

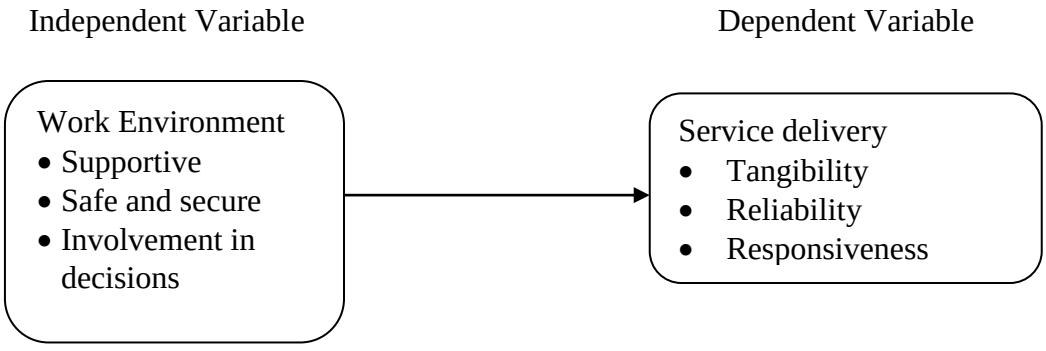
This has positive impacts on nurses' quality of work life – job satisfaction, safety and mental prosperity and patient care. The 2004 National Physician Survey demonstrated that occupation fulfilment is a critical element holding the physician workforce. According to this survey, solutions to physician work-life balance improve satisfaction and retention (Canadian Institute for Health Information [CIHI], 2006).

Numerous HWE ingredients additionally are instrumental in accomplishing quality and wellbeing results. The US Institute of Medicine has suggested upgrades in nurses' workplaces, satisfactory staffing levels, mandatory limits on nurses' work hours and solid nurse initiative at all levels to enhance safety results (Greiner & Knebel, 2003; Agency for Healthcare Research and Quality, 2009).

Similarly, the US Agency for Healthcare Research and Quality's integrative model of safety climate in acute care, home care, long-term care and primary care settings emphasizes the importance of supportive and empowering leadership and organizational arrangements (Haberfelde et al., 2005). Moreover, patient and worker safety are associated: employees in low-injury workplaces will, more probably, give higher-quality patient care than workers in high-injury worksites (Yassi & Hancock, 2005; Sikorski, 2009).

As illustrated in Figure 1, the study had work environment as the independent variable. Service delivery was the dependent variable. Safe and healthy work environment refers to the physical and psychological environment that influences the performance of employees in an organization. It includes the health facility, diagnostic machines, medications, working hours, work place violence directed to workers which contribute to either healthy or unhealthy work environment.

Figure 1: Conceptual Framework



METHODOLOGY

In this study, a positivistic approach was used as the study mainly relied on quantitative data, using relatively large samples and was concerned with hypotheses testing, structured research design and objective method using a cross-sectional design. The study type utilized was a causal comparative research design and employed quantitative approaches. The target population for this study was 431 employees of the three county referral hospitals in Kenya which were selected based on performance ranking of counties by Infotrack Research and Consulting in 2015 (best, average and worst performing county). Through simple random sampling, a sample size of 367 was obtained from the target population of 431 employees.

The study adopted and modified research instruments which were questionnaires consisting of only close-ended questions. Cronbach alpha was utilized to test the reliability of the questionnaire. Cronbach's Alpha of 0.7 was used in estimating internal consistency reliability. A reliability values of 0.6 to 0.70 and above are considered by many researchers as acceptable (Cooper & Schindler, 2006).

Service delivery is a continuous, cyclic process for developing and delivering user focused services which were measured using tangibility, reliability, empathy, responsiveness and flexibility adopted and modified from Carrilla et al. (2007). safe and health work environment which was measured using culture and emotional climate, control of work, involvement in the firm decision making, encouraged to solve work-related problems, safe and secure environment, honesty and openness, considerate, listens carefully.

Descriptive statistical procedures including cross-tabulations and frequency distributions, means and standard deviation were used to provide comparisons and contrasts between quality of work life and service delivery. Inferential statistical analysis which involves multiple regression model and bi-variate correlation analyses were used. The collected data was analyzed using multiple regression and correlation analysis, the significant of each independent variable was tested at 95% confidence level.

FINDINGS AND DISCUSSION

Safe and Healthy Work Environment

Safe and healthy work environment is one of the highest operational priorities facing organizations and human resource management in particular (Davies, Jones & Nuñez, 2009). In light of this, the study deemed it necessary to establish whether the targeted county referral hospitals have a safe and healthy working environment. The results are as presented in Table 1.

Table 1: Safe and Healthy Work Environment

N=319	Mean	Std. Dev	loadings
The culture and emotional climate of the hospital is generally positive and supportive	3.82	0.721	0.906
My efforts are recognized and acknowledged in tangible ways	3.99	0.561	0.713
I feel in control of my work and capable of competently carrying out my daily tasks	3.04	0.519	0.611
Only senior staff are involved in the firm decision making	3.76	0.656	0.952
I believe in and take pride in my work and my workplace	3.72	0.691	0.969
I am encouraged to solve as many of my own work-related problems as possible	2.14	0.345	0.943
I feel in control of my work and capable of competently carrying out my daily tasks	2	0	0.995
I am able to keep encounters with other staff work-centred, rather than ego-centred	1.94	0.243	0.937
The administrative team provides an environment in which I feel safe and secure	1.87	0.332	0.765
The administrative team provides an environment in which honesty and openness are valued	1.57	0.496	0.504
To the degree that it is possible, I believe that the administrative team considers my needs and preferences when making decisions that affect my work life	2.23	0.58	0.914
Our management listens carefully to each person in my department group when any significant change is being made	2.91	0.947	0.543
I tend to see problems as challenges, rather than as obstacles	2.59	1.275	0.551
Most of task I do, is mostly my decision	1.55	1.381	0.808
Safe and healthy work environment	2.652	0.35502	0.698
Total	5.666		
% of Variance	40.473		
Cumulative %	40.473		
KMO and Bartlett's Test			
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	0.643		
Bartlett's Test of Sphericity, Approx. Chi-Square	6583.31		
Df	91		
Sig.	0		
Cronbach alpha	0.789		

From the table, it is evident that the culture and emotional climate of the hospitals is generally positive and supportive (mean = 3.82, SD = 0.721). As such, employees are motivated to work towards improving the service delivery in the hospitals. Also, the employees efforts are recognized and acknowledged in tangible ways (mean = 3.99, SD = 0.561). The recognition of employee efforts motivates them to work towards meeting organizational goals. As well, fellow employees are motivated to work harder so as to be recognized and acknowledged. The eventual outcome for these efforts could be improved service delivery. Furthermore, only senior staff are involved in the firm decision making (mean = 3.76, SD = 0.656). This could be detrimental to the overall performance since it is crucial to involve every employee right from subordinates to the top management because decisions made affect them as well. As well, the employees believe in and take pride in their work and their workplace (mean = 3.72, SD = 0.691). In such a circumstance, employees work with minimal supervision since they take pride in their work and their workplace. However, there is doubt whether the employees feel in control of their work and capable of competently carrying out their daily tasks (mean = 3.04, SD = 0.519). This could be detrimental to their overall performance since they lack autonomy in performing their daily tasks. It has also not been fully established if the management carefully listens to each person in their department group when any significant change is being made (mean = 2.91, SD = 0.947). From the foregoing, it appears that there is a disconnect between the management and the other organizational members since it is undefined whether each person is made aware of any significant changes made in their specific departments. The first factor accounted for 40.473% of the total variance, second factor for 60.092% of the total variance, third factor for 73.437%, fourth factor for 0.707% and the fifth factor accounted for 87.863% of the total variance. Sampling adequacy was tested using the Kaiser- Meyer- Olkin Measure (KMO measure) of sampling adequacy. As evidenced in Table 4.11, KMO was greater than 0.5, and Bartlett's Test of sphericity was significant. Similarly, it is undefined whether the employees tend to see problems as challenges, rather than as obstacles (mean = 2.59, SD = 1.275). This could mean that the employees are unable to see problems as an opportunity to learn something new and to test their skills and knowledge. They could therefore find it a challenge to make each challenge a bit less daunting to them. However, the employees denied that they are encouraged to solve as many of their own work-related problems as possible (mean = 2.14, SD = 0.345). This implies that the employees are not accountable for the quality and timeliness of an outcome since they are not encouraged to solve as many of their own work related problems as possible.

Also, the employees disagreed that they feel in control of their work and capable of competently carrying out their daily tasks (mean = 2). This means that the employees are not

given full responsibility over what they do. As a result, they lack confidence that they can competently carry out their daily tasks. As well, the employees denied that they are able to keep encounters with other staff work-centred, rather than ego-centred (mean = 1.94, SD = 0.243). This could mean that there is no mutual support in terms of job prospects among the employees since they are unable to keep encounters with other staff work-centred rather than ego-centred Similarly, the employees disagreed that the administrative team provides an environment in which they feel safe and secure (mean = 1.87, SD = 0.332). This could suggest that employees feel insecure in their work environment. Undoubtedly, this will negatively impact on their overall performance since they lack the requisite peace and tranquility in their attempt to accomplish organizational goals. Furthermore, the employees denied that they believe that the administrative team considers their needs and preferences when making decisions that affect their work life (mean = 2.23, SD = 0.58). The pilot study involved thirty respondents and the results showed that the research instrument was suitable for the research thus no changes were made. The results suggest that employees have been neglected by the administrative team due to the fact that their needs and preferences are not taken into consideration. Finally, the employees denied that most of the tasks they do is mostly their decision (mean = 1.55, SD = 1.381). This could mean that the employees lack control over their job. They are therefore unable to have some form of control over the tasks they do. This could act as a de-motivating factor since the employees do not feel a sense of responsibility.

Service Delivery

Findings on revealed that the employees promptly serve customers (mean = 1.74, SD = 1.055), are always willing to serve customers (mean = 2.23, SD = 0.968), and can promptly respond to customers' requests even when they are busy (mean = 2.18, SD = 1.244).In terms of assurance, employees were not sure if they make their customers feel safe to do business with the company (mean = 2.63, SD = 0.669) and whether they are polite to their customers (mean = 2.86, SD = 0.938). However, employees denied that they are trusted by their customers (mean = 1.75, SD = 0.99). The findings on empathy revealed that the employees are not sure if they give personal and individual attention (mean = 2.76, SD = 0.91), know their customers' needs (mean = 2.82, SD = 0.839). the first factor accounted for 54.289% of the total variance, second factor for 67.272%, third factor for 77.713%, fourth factor for 84.499% and fifth factor for 90.353% of the total variance. Sampling adequacy was tested using the Kaiser-Meyer-Olkin Measure (KMO measure) of sampling adequacy. As evidenced in table 4.14, KMO was greater than 0.5, and Bartlett's Test of sphericity was significant

Table 2: Service Delivery

	Mean	Std. Deviation	loadings
Hospital employees promptly serve customers	1.74	1.055	0.923
Hospital employees are always willing serve to customers	2.23	0.968	0.882
Employees can promptly response to customers' requests even when they are busy	2.18	1.244	0.645
Our customers trust us	1.75	0.99	0.827
We make our customers feels safe to do business with the company	2.63	0.669	0.738
We are polite to our customers	2.86	0.938	0.868
We give personal and individual attention	2.76	0.91	0.715
We know our customers' needs	2.82	0.839	0.834
Total	13.029		
% of Variance	54.289		
Cumulative %	90.353		
KMO and Bartlett's Test			
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	0.71		
Bartlett's Test of Sphericity, Approx. Chi-Square	22866.92		
Df	276		
Sig.	0		
cronbach alpha	0.881		

Hypothesis Testing

Table 3 presents Findings revealed safe and healthy work environment was positively and significantly associated with service delivery ($r = 0.192$, $\rho<0.01$). This implies that compensation system, safe and health work environment, work life balance, career growth and development and job satisfaction are expected to influence service delivery. Hypothesis stated that the work environment has no significant effect on service delivery. Nonetheless, the study findings showed that the work environment has a negative and significant effect on service delivery basing on ($\beta_2= -0.199$, $p<0.05$) implying work environment in county referral hospital reduces service delivery. The null hypothesis was therefore rejected. Furthermore, a safe and healthy working environment contributes significantly to improved service delivery. Consistent with the results, Yardley (2003) postulates that a safe and supportive work environment and increased satisfaction were related to employee self-reported health status, absenteeism and job performance. Prior studies have also shown that the work environment of nurses contributes to job satisfaction, which, in turn affects service delivery (Flynn, 2005; O'Brien-Pallas et al., 2006).

On a similar note, workers in low-injury work environments are more likely to report providing higher-quality patient care than workers in high-injury worksites (Yassi & Hancock 2005; Sikorski, 2009). From the preceding extant literature, it is evident that a safe and healthy working environment contributes to improved service delivery. Table 3 illustrates the model summary of multiple regression model, the results showed that healthy work environment, explained 27.4 percent variation of service delivery. This showed that considering the four study independent variables, there is a probability of predicting firm performance by 27.4% (R squared =0.274). More findings indicated that the above discussed coefficient of determination was significant as evidence of F ratio of 17.718 with p value 0.000 <0.05 (level of significance). Thus, the model was fit to predict for performance using compensation practice, safe and healthy work environment, work life balance, career growth and development.

Table 3: Regression Analysis

	Unstandardized Coefficients		**Standardized Coefficients**			**correlation**
	B	**Std. Error**	**Beta**	**T**	**Sig.**	**zero order**
(Constant)	3.264	0.417		7.822	0	
Safe and healthy work environment	-0.376	0.147	-0.199	-2.562	0.011	-192
R Square	0.274					
Adjusted R Square	0.261					
F	17.718					
Sig.	0.000					

a Dependent Variable: service delivery

CONCLUSION AND RECOMMENDATIONS

A safe and healthy working environment is key in enhancing efficient service delivery. Precisely, when the culture and emotional climate of the hospital is generally positive and supportive, this, in turn, motivates employees to work towards improving the service delivery in the hospitals. This is especially the case when the employees' efforts are recognized and acknowledged in tangible ways. Employees therefore take pride in what they do. The challenge, however, is that the employees lack autonomy in their work. For instance, they lack a sense of control in their work and they denied being capable of competently carrying out their daily tasks. Consequently, the employees operate in an environment that they do not feel safe and secure.

Since a safe and healthy work environment contributes to improved service delivery, there is need for the culture and emotional climate of the hospital to be positive and supportive. Besides, employees' efforts need to be recognized and acknowledged in tangible ways. There

should be job autonomy so that employees feel in control of their work and capable of competently carrying out their daily tasks. Also, the organization needs to encourage its employees to solve their work-related problems. Moreover, the administration needs to provide an environment in which employees feel safe and secure. Despite the in-depth coverage of this study and its findings, there still exists a gap that future research could explore. The results of the study showed that the employees were in disagreement on most items on compensation strategy and work-life balance, there is therefore need for further studies on the same so as to validate the results.

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