

EFFECT OF WORK LIFE BALANCE ON SERVICE DELIVERY IN SELECTED COUNTY REFERRAL HOSPITALS IN KENYA

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Abstract

The main purpose determined the effect of work-life balance on service delivery. Descriptive research design was adopted. The study targeted a population of 431 employees with a sample size of 367 respondents. Stratified random sampling was applied. Data was analyzed using both descriptive and inferential statistics and multiple regression model was used to test hypotheses. The study findings showed that work life balance has significant and positive effect on service delivery ($\beta_3 = 0.402$, $p < 0.05$). The study concluded that work life balance enhances service delivery. The study contributes to the theory by giving quality of work life components through which organizations can reciprocate in order to enhance service delivery among employees. Managers will use the findings of the study to formulate policies that promote employee quality of work life hence trigger quality service delivery.

Keywords: Work life balance, Service delivery, Service quality, Kenya

INTRODUCTION

Service delivery is a continuous, cyclic process for developing and delivering user focused services. It is further defined in four stages as user engagement, service design and development, service delivery and lastly assessment and positive change of service (Dachs et al., 2004). Other scholars have propounded other definitions and according to Carrillat et al. (2007), service delivery is the physical access or reachability of services that meet a base standard. The later regularly requires detail as far as the components of service delivery, for example, essential equipment, medications and products, healthy workforce, and rules for

treatment. Service delivery denotes the ability of the client to pay for the services where data can be collected by facility visits or by household interviews (Berghman et al., 2006). In this study, service delivery was defined as the willingness and readiness of a workforce to provide health care in a dependable, accurate and responsive manner while utilizing the available resources.

Strengthening service delivery in the health sector is a key strategy to achievement of Millennium Development Goals (Soe-Lin et al., 2014). This includes delivery of interventions to decrease child and maternal mortality and the burden of HIV/AIDS, tuberculosis and malaria. Service provision or delivery is an immediate output of the inputs into the health system, such as health workforce, procurement and supplies and finances.

The public sector is entrusted with the delivery of public goods and services at all levels. Caiden and Sundaram (2004) opine that in an increasingly turbulent environment, the public sector lately has been experiencing a bumpy journey as its errands appear to be overpowering and past human ability to perform palatably. The public sector dominations are often connected with inadequacies and inability to meet rapidly growing demands. As a result, the contribution of the traditional public sector is largely questioned, suggesting the need for a major overhaul.

Despite the popularity of work-life conflict as a topic of academic and practitioner debate, and the mounting predominance of work-life balance practices (family-supportive or family-friendly policies) in associations around the globe (Kersley et al., 2005; US Bureau of Labour, 2007), research into on the organizational impacts of such practices is not all around coordinated. Contending requests amongst work and home have expected expanded pertinence for representatives as of late, due in huge part to statistic and work environment changes, for example, rising quantities of women in the work place, a maturing populace, longer working hours, and more advanced correspondences innovation empowering close steady contact with the working environment. Because of these progressions and the contention they create among the different parts that people possess, organizations are progressively influenced to actualize work practices planned to encourage workers' endeavours to satisfy both their employment-related and their personal responsibilities (Rapoport, 1986).

While there is no one accepted definition of what constitutes a work-life balance practice, the term generally alludes to one of the accompanying: organizational support for dependent care, adaptable work alternatives, and family or individual leave (Estes & Michael, 2005). Thus these practices incorporate adaptable work hours (e.g. strategic scheduling, which grants workers to shift their beginning and ending times given a specific number of hours is worked; packed work week, in which they work an entire week of hours in four days and take the fifth off), (telecommuting), sharing an all-day work between two workers (work sharing), family leave

programs (e.g. parental leave, adoption leave, humane leave), on-site childcare, and financial and/or informational assistance with childcare and eldercare services.

However, devolution presents opportunities and challenges to the health system that together determine the effectiveness of service delivery and the character of the overall health system. In an increasingly turbulent environment, the public sector has been faced with complexities as its errands appear to overpower and pass human ability to perform satisfactorily (Caiden & Sundaram, 2004). Despite the fact that counties have made remarkable progress in development as a result of devolution, service delivery in the public health sector, especially in the county referral hospitals, is wanting. Thus, the study hypothesized that

H₀₁: There is no significant relationship between work life balance and service delivery.

SERVQUAL Model

The SERVQUAL model was developed by Parasuraman et al., (1988) to define service quality by means of the gap between the customers' perceptions and the expectations about organization's service quality performance. The model distinguishes five determinants of administration quality as effects, unwavering quality, responsiveness, confirmation and sympathy. It is measured administration conveyance since it is a settled instrument that has been utilized as a part of different reviews and its psychometric properties have been examined by some of the studies (Asubonteng et al., 1996; Zhao et al., 2010). Consequently, service quality is composed of perceived quality and expected quality.

While perceived quality can be defined as the customer's judgment about the general position and excellence of the administration they get, expected quality clarifies the assumptions about the administration they have gotten. Baki et al. (2009) point out that on this scale, otherwise called the crevice examination, benefit quality is characterized as an estimation of the degree to which the offered benefit quality empowers to meet client desires. Lim et al. (1999) suggested five dimensions of service quality as: (1) *Tangibles* which comprise physical facilities, equipment, external appearance of the organization and the employees; (2) *Reliability* which comprises the organization's capability of delivering the promised service dependably and accurately; (3) *Responsiveness* which is the company's willingness to help customers and provide prompt service; (4) *Assurance* which is the employees' knowledge and courtesy levels and their ability to inspire trust and confidence (this dimension also includes competence, courtesy, credibility, and security); and (5) *Empathy* which is the caring and customized consideration that the firm gives to its clients. This measurement additionally incorporates reaching, communicating and getting to understand the client. This study model is connected to the review in light of Parasuraman et al.'s (1988) observation that service quality is comparative

from multiple points of view to demeanour and their consequent call to scholars and organization managers to develop their measurement to fit in with a state of mind based conceptualization. They contend that only the performance dimension could predict behavioural intentions so they termed their measurement model as SERVPERF, meaning Service Performance.

According to Soteriou and Stavrinides (2000), service quality is an important factor that must be considered when evaluating service delivery. An association may report high volume of items and administrations offered and in addition benefits, yet lose its long haul advantage inferable from disintegrating administration quality. Service quality model can give bearings to a health institution to ideal usage of its resources. The model does not aim to develop the service quality measures, but rather guides how such measures can be incorporated for service quality improvements. The model brings up assets that are not legitimately used. The contributions to the model comprise two sets: consumable assets, for example, work force, space, time and the quantity of records in various classifications. The outcome of the model is the level of service quality perceived by the personnel of the branch.

The Data Envelope Analysis (DEA) model compares branches on how well they transform these resources to accomplish their level of service quality given the customer base. When applied to this study, the DEA model was used to recognize under-performers and recommend courses for their positive change. The input minimization DEA model provided information on how much the consumable resources could be reduced while delivering the same level of service quality, while the output maximization DEA model provided information on how much service quality could be improved using the same consumable resources (Soteriou & Stavrinides, 2000; Najafi, Saati & Tavana, 2015; María, Ismael, David & Isabel, 2010).

LITERATURE REVIEW

Work-life balance practices are deliberate organizational changes in projects or organizational culture that are intended to lessen work-life struggle and empower workers to be more viable at work and in different tasks. The move from viewing work-life balance practices solely as a means of accommodating individual employees with care giving responsibilities to recognizing their contribution to organizational performance and employee engagement is an important paradigm shift that is still very much in process (Varatharaj & Vasantha, 2012).

Research has indicated that those workers who have some form of control over their working environment have a tendency to have less anxiety related sickness, with clear ramifications for the idea of work-life balance. The essential way organizations can encourage work-life balance for their workers is through work-life practices that are generally connected

with adaptable working and decreases in working time or family-accommodating arrangements in this manner helping in making efficient service delivery. Even if many companies have extensive work-life programs, most have not yet changed their organizational cultures to support employees and managers who want to use work-life options (Baron et al., 2002).

Research carried out by Kenexa Research Institute in 2007 demonstrates that those workers who were more positive toward their organization's endeavours to bolster work-life balance likewise showed a much lower plan to leave the organization, more noteworthy pride in their organization, an ability to recommend it as a place to work and higher overall job satisfaction thus efficient service delivery. Organizations can implement various work-life balance initiatives that may assist employees to better balance their work and family responsibilities, gain improvements in well-being and provide organizational benefits.

There are vast assortments of family friendly strategies which incorporate yet are not constrained to adaptable working hours, work sharing, part-time work, compacted work weeks, parental leave, working from home and on-site child care facility (Hartel et al.,2007). Also, employers may give a scope of advantages identified with workers' well-being and prosperity, including broadened medical coverage for the workers and their dependents, individual days, and access to programs or services to encourage fitness and physical and mental health. Still, other practices may support children's education, employees' participation in volunteer work, or facilitate phased retirement. These additional practices can be viewed as supporting employees' health, well-being, and work-life balance.

Armstrong (2006) notes that the impacts of presenting work-life balance practices on worker attitudes and perceptions incorporate employment fulfilment, proficient service delivery, work stress and turnover objective. These components, thus, influence work execution, direct and indirect absenteeism costs, costs connected with the misfortune and substitution of esteemed workers, consumer loyalty, and organizational productivity; although the formal evaluation of work-life practices is often difficult because of the problem of calculating the costs and benefits of different strategies, some companies have attempted to quantify the outcomes of specific policies.

Being perceived as having creative work-life practices permits organizations to improve their organizational reputation in the general public domain. This implies they are likewise very much situated to draw in and hold more prominent quantities of job candidates from which a bigger pool of better qualified workers can be chosen. In this way for instance, Arup Laboratories, a medical and testing reference laboratory with 1,789 workers in Salt Lake City, has reported that offering adaptable scheduling has helped them to dramatically increase their worker base from 700 in 1992 to 1,700 employees in 2004, whilst reducing turnover from 22%

to 11% (Hartel et al., 2007). It is also notable that a variety of best employer surveys regularly use availability of work-life balance practices as an evaluation criterion, thus indicating the connection between corporate image and the availability of such practices.

The existent literature suggests that work-life balance practices generally have a positive impact on individual and organizational profitability through productive service delivery. Notwithstanding, Pfizer Canada reported a 30% profitability increment in its translation office when workers were furnished with chances to work from home. Concentrating particularly on client benefit as a sign of organizational performance, KPMG has reported that permitting workers to take emergency time-off to take care of care obligations has been a main thrust behind their maintenance and 'superlative services' provision. Organizations that offered more broad groups of work-life balance practices had higher ratings on a measure of organizational performance obtained from senior HR directors on such dimensions as being able to attract essential employees, the quality of relations between management and employees, and product quality (Boon et al., 2005).

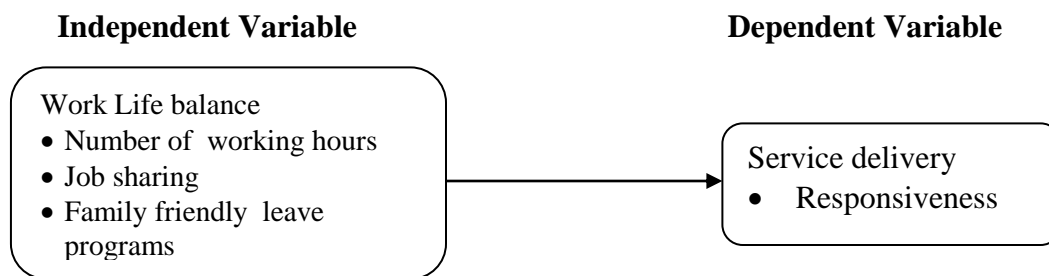
A study done by Demirel et al. (2009) found a positive and significant relationship between customers' impression of service quality and their eagerness to prescribe the organization. What's more, with poor management of quality of work life, for instance balancing between worker desire to succeed and advance at work place, in the meantime save some time for family and recreation is the cause of burn out of employees which as that has incapacitated offering efficient services to patients (Mainnah, 2016).

Work life balance policies, at the point when they are viably executed, ought to bring about lessened strain experienced by workers along these lines making productive service delivery. The extent to which an organizational culture is supportive of work-home issues may contribute directly to employee strain (Beauregard, 2011). Higher levels of strain will be experienced by those employees who sense organizational pressures to work long hours and to prioritize their work over family and personal responsibilities.

This further intensifies issues inside organizations prompting to expanded truancy and turnover aims. Healthcare organizations specifically will be extremely affected as frequently compelling healthcare delivery is reliant upon viable collaboration and experience. Administration must stay alert to the changing flow in both service requests and also worker requests to guarantee quality service delivery and additionally guaranteeing sufficient work life balance for staff (Hudson, 2005). Beauregard, 2011 & Hudson, 2005 additionally detail that accomplishing balance needs to be considered from multiple perspectives. They also acknowledge the semantic shift from work/family to work/life and explain this as emerging from an acknowledgment that care of dependent youngsters is in no way, shape or form the main

essential non-work function. Hudson (2005) also notes that other life exercises that should be adjusted with business may incorporate study, sport and work-out, charitable effort, side interests or care of the elderly. As illustrated in Figure 1, the study had Work life balance as the independent variable. Service delivery was the dependent variable.

Figure 1: Conceptual Framework



Work life balance refers to work practices intended to facilitate employees' efforts to fulfil both their employment-related and their personal responsibilities. It involves flexible work options, dependent care, family and personal leave. By offering these practices, organizations attract new members and reduce levels of work-life conflict among existing ones, and this improved recruitment and reduced work-life conflict enhance organizational effectiveness. Job security refers strength of the organizations to provide permanent and stable employment regardless of the changes in work environment.

RESEARCH 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. This study made use of causal comparative research, through which the researcher examined how the independent variables affected the dependent variables and involved cause and effect relationships between the variables. A total of 155 employees of Machakos County Referral Hospital, 174 employees of Kapsabet County Referral Hospital, and 102 employees of Nyeri County Referral Hospital participated in the study. They comprised doctors, nurses, clinical officers and administrative staff. Through simple random sampling, a sample size of 367 was obtained from the target population of 431 employees. Primary data was collected through questionnaires etc. 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.

FINDINGS

Sample characteristics

The study settled on four age groups, from which, respondents were asked to identify their group. The groups were: between 25 to 30 years old, 31 to 40 years old, 41 to 50 years old and more than 50 years. The data collected revealed that 13.8% of the respondents were aged between 25 to 30 years, 21.6% were aged between 31 to 40 years, 52% were aged between 41 to 50 years and 12.5% were more than 50 years of age. These findings suggest that the study was dominated by people aged between 41 to 50 years old, as this class appears to be the model class of the age groups. The marital status of the employees was also put into consideration. The marital status was important to the study since the family unit dictates a lot in terms of career prospects. In terms of the marital status, 33.9% (108) the respondents were widowed, 27.9% (89) married, 24.5% (78) divorced, 7.2% (23) separated and 6.6% (21) were single.

Descriptive Statistics and Factor Analysis

Work life balance refers to organizational support for dependent care, flexible work options, and family or personal leave. The study therefore deemed it important to establish whether the employees have a work life balance. Table 2 illustrates the results. As evidenced in the table, there is flexibility in on and off job time (mean = 3.51, SD = 1.475). This implies that the employees have flexible work schedules which are related to productivity and improved performance and their overall satisfaction with the job.

However, there is doubt whether employees are given education leave study (mean = 2.86, SD = 1.095). It could be that there are no arrangements at the workplace for employees to advance in their career. This is likely to impact negatively on employee growth and development and in turn affect the service delivery. Further findings revealed that there are no temporal arrangements that allow employees to reduce the number of hours they work (mean = 2.24, SD = 0.663). This indicates that the employees are unable to reduce the number of hours they work. As a result, they might find it a challenge to coordinate their work as well as have a work-life balance.

Employees are also not allowed to have a job sharing schedule (mean = 2.24, SD = 0.667). As a result, it is a challenge for them to cater for their specific needs or that of their family as well as meeting work obligations. Similarly, the employees disagreed that their organization

requires them to work for a reasonable number of working hours (mean = 1.43, SD = 1.149). Such employees are prone to work stress and are likely to perform poorly at the work place. As well, the employees denied that their company has flexible policies to provide good work-life balance for employees (mean = 2.36, SD = 1.273). Since flexible policies are non-existent, employees are less satisfied with their job and are likely to exhibit poor service delivery. Employees also confirmed that they do not get friendly leave program (mean = 2, SD = 1.142) and fair maternity leave (mean = 2.36, SD = 1.368). There is therefore no supportive climate for the employees at the organizational level. Finally, they were also in disagreement that family parties are organized every year (mean = 1.97, SD = 1.354). This could send signals to the employees that the organization has failed to invest in them and also care about them. They are thus less likely to reciprocate with improved performance and organizational commitment. All work-life balance factors notably, there is flexibility in on and off job time, employees are given education leave study, there are temporal arrangements that allow employees to reduce the number of hours they work, employees are allowed to have a job sharing schedule, organization requires them to work for a reasonable number of working hours, company has flexible policies to provide good work-life balance for employees, friendly leave program, fair maternity leave and family parties are organized every year were retained for further data analysis. Additionally, the first factor accounted for 48.452% of the total variance, second factor for 76.562% of the total variance and the third factor accounted for 91.223% of the total variance. Sampling adequacy was tested using the Kaiser-Meyer-Olkin Measure (KMO measure) of sampling adequacy. As evidenced in Table 4.12, KMO was greater than 0.5, and Bartlett's Test was significant. Table 1 shows that service delivery had reliability ($\alpha=0.959$) and work life balance ($\alpha=0.817$).

Table 1. Work Life Balance

N=319	Std.		
	Mean	Deviation	loadings
My organization requires employees to work for a reasonable number of working hours	1.43	1.149	0.97
There is temporal arrangements that allow employees to reduce the number of hours they work	2.24	0.663	0.978
We are allowed to have a job sharing schedule	2.24	0.667	0.978
There is flexibility in on and off job time	3.51	1.475	0.946
This company has flexible policies to provide good work-life balance for employees	2.36	1.273	0.731
We get family friendly leave program	2	1.142	0.895
Employee have fair maternity leave	2.36	1.368	0.539
We are given education leave study	2.86	1.095	0.934

Family parties are organized for our employee every year	1.97	1.354	0.715	Table 1...
Work Life Balance	2.3285	0.74237		
Total	4.361			
% of Variance	48.452			
Cumulative %	91.223			
KMO and Bartlett's Test				
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	0.512			
Bartlett's Test of Sphericity, Approx. Chi-Square	5919.16			
Df	36			
Sig.	0			
Cronbach's Alpha	0.817			

Service Delivery

This section of the analysis highlights the results on service delivery. Service delivery was looked at in terms of tangibles, reliability, responsiveness, assurance, empathy and convenience. The findings are as presented in Table 2. The results on reliability revealed that there is doubt whether the employees do what they have promised to do (mean = 3.15, SD = 0.741) and show sincere interest in solving customers' problems (mean = 2.9, SD = 1.004). Additionally, the employees were in disagreement that they are dependable (mean = 2.38, SD = 0.937), provide services at the time they promise (mean = 2.21, SD = 0.823) and keep statements accurately (mean = 2.38, SD = 1.014).

Findings on responsiveness revealed that the employees were in disagreement that hospital related service information can easily be obtained (mean = 1.63, SD = 0.936), they 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).

Table 2. Service Delivery

N=319	Std.		
	Mean	Deviation	loadings
When promises to do something we do it	3.15	0.741	0.894
We show sincere interest in solving customers problems for them	2.9	1.004	0.647
We are dependable	2.38	0.937	0.781
We provides services at the time we promises	2.21	0.823	0.533
We keeps statement accurately	2.38	1.014	0.636
Service delivery	2.3301	0.68128	0.726
Total	2.506		
% of Variance	10.441		
Cumulative %	77.713		

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's Alpha	0.938

Table 2...

Hypothesis Testing

Findings revealed that work life balance was positively and significantly correlated to service delivery ($r = 0.329$, $p < 0.01$).

Hypothesis of the study stated that work-life balance has no significant effect on service delivery. However, the study findings showed that work-life balance had coefficients of estimate which was significant basing on $\beta_3 = 0.402$, $p < 0.05$) implying that the null hypothesis was rejected. The results suggested that work life balance brings about improved service delivery. In relation to work life balance, employees were of the opinion that there is flexibility in on and off job time. There was, however, doubt if employees are given education leave study. Further on the same, employees confirmed that there are no temporal arrangements that allow them to reduce the number of hours they work. There is also no job sharing schedule, reasonable number of working hours, flexible policies to provide good work-life balance for employees, friendly leave program, fair maternity leave and organized family parties every year. Additionally, work life balance was found to have a positive and significant effect on service delivery. Cognate to the results, a research by Kenexa Research Institute in 2007 shows that those employees who were more favourable toward their organization's efforts to support work-life balance also indicated lower intent to leave the organization, greater pride in their organization and higher overall job satisfaction thus efficient service delivery. In a similar vein, Armstrong (2006) elucidates that introducing work-life balance practices results in efficient service delivery, job stress and turnover intention. On the same note, Hudson (2005) states that work life balance for staff contributes to quality service delivery.

CONCLUSION

Work life balance enables employees to be more effective at work and in other roles. Therefore, flexible work arrangements make it possible for employees to fulfil their work obligations as well as non-work responsibilities. Due to this, employees tend to value their work more and reciprocate with less turnover and improved service delivery. This is, however, not the case with hospital employees since they are not allowed to have a job sharing schedule and temporal arrangements that allow them to reduce the number of hours they work.

RECOMMENDATIONS

The study has indicated that flexible work arrangements are effective in enhancing service delivery among the employees hence contributing to improved job satisfaction. There is thus need for hospitals to have flexible work schedules for their employees and temporal arrangements that allow them to reduce the number of hours they work. It is also crucial for employees to have flexibility in on and off the job time. The eventual outcome would be employees that are motivated and improved service delivery. On a geographical dimension, this study was primarily limited to employees in Machakos County Referral Hospital, Kapsabet County Referral Hospital and Nyeri County Referral Hospital. Therefore, it may not be appropriate to generalize to the whole population of county hospitals in this country or any other country. For this reason, further empirical investigations in different regions and countries are needed.

REFERENCES

- Armstrong, M. (2006). *A Handbook of Human Resource Management Practice* (10th Ed). London: Kogan Page Publishing.
- Asubonteng, P., McCleary, K. J. & Swan, J. E. (1996). SERVQUAL Revisited: A Critical Review of Service Quality. *The Journal of Services Marketing*, 10(6), 62-81.
- Baki, B., Basfirinci, C.S., Cilingir, Z., & Murat, A.R. (2009). An Application of Integrating SERVQUAL and Kano's Model into QFD for Logistics Services: A Case Study from Turkey. *Asia Pacific Journal of Marketing and Logistics*, 21(1), 106-26.
- Baron, H., Henley, S., McGibbon, A. & McCarthy, T. (2002). *Motivation Questionnaire Manual and User's Guide*. Sussex: Saville and Holdsworth Limited.
- Beauregard, T. A. (2011). Direct and Indirect Links between Organizational Workhome Culture and Employee Well-Being. *British Journal of Management*, 22(2), 218-237.
- Boon, O. K., Arumugam, V., & Hwa, T. S. (2005). Does Soft TQM Predict Employees Attitudes? *The TQM Magazine*, 17(3), 279-28.
- Caiden, G., & Sundaram, P. (2004). The Specificity of Public Service Reform. *Public Administration & Development*, 24(5), 373–383.
- Carrilat, F. A., Jaramillo, F., & Mulki, J. P. (2007). The Validity of the SERVQUAL and SERVPERF Scales. A Meta-Analytic View of 17 Years of Research across Five Continents. *International Journal of Service Industry Management*, 18(5), 472-490.
- Dachs, B., Ebersberger, B., & Pyka, A. (2004). Why do Firms Co-Operate for Innovation? A Comparison of Austrian and Finnish CIS 3 Results. Working Paper Series, University of Augsburg.
- Demirel, Y., Yoldaş, A., & Divanoğlu U.S. (2009). Algılanan Hizmet Kalitesinin Tatmin, Tavsiye Davranışı Ve Tercih Üzerine Etkisi: Sağlık Sektöründe Bir Araştırma. *Akademik Bakış*, 16, 1-14.
- Estes, S. B., & Michael, J. (2005). Work-Family Policies and Gender Inequality at Work: A Sloan Work and Family Encyclopaedia Entry. Retrieved March 16, 2017 from http://wfnetwork.bc.edu/encyclopedia_entry.php?id=1230&area=All
- Hartel, C., Fujimoto, Y., Strybosch, V., & Fitzpatrick, K. (2007). *Human Resource Management: Transferring Theory into Innovative Practice*. NSM, Australia: Pearson Education Australia.

- Hudson. (2005). *The Case For Work/Life Balance: Closing the Gap between Policy and Practice*. Sydney: Author.
- Joint Commission on Accreditation of Healthcare Organizations(JCAHO). (2005). *Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*. Chicago: JCAHO.
- Kenexa Research Institute. (2007). *Corporate Social Responsibility Efforts are Recognised by Employees*. s.l.: Kenexa Research Institute.
- Kersley, B., Alpin, C., Forth, J., Bryson, A., Bewley, H., Dix, G., & Oxenbridge, S. (2005). *Inside the Workplace: First Findings from the 2004 Workplace Employment Relations Survey*. London: Department of Trade and Industry.
- Lim, P.C., Tang, N.K.H., & Jackson, P.M. H. (1999). An Innovative Framework for Health Care Performance Measurement. *Managing Service Quality*, 9(6), 423-433.
- Mainnah, E. (2016). *Factors Influencing Provision of Cancer Treatment in Public Health Facilities in Kenya: The Case of Kenyatta National Teaching and Referral Hospital in Nairobi*. Unpublished Master of Arts Thesis, The University of Nairobi, Nairobi, Kenya.
- María, C., Ismael, M., David, V., & Isabel, B. (2010). A Model to Measure the Efficiency of Hospital Performance. *Mathematical and Computer Modelling*, 52(7–8), 1095-1102.
- Najafi, S., Saati, S., & Tavana, M. (2015). Data Envelopment Analysis in Service Quality Evaluation: An Empirical Study. *Journal of Industrial Engineering International*, 11(3), 319-330.
- Parasuraman, A., Zeithaml, V.A., & Berry, L.L. (1988). SERVQUAL: A Multiple Item Scale for Measuring Customer Perceptions of Service Quality. *Journal of Retailing*, 64, 12–40.
- Soe-Lin, S., Hecht, R., Schweitzer, J., Thomas, M., Kim, T., Olusoji, A., & Workie, N. (2014). *How to Close the Gap on MDGs 4 & 5 in Africa: Evidence to Inform Policy Options*. Washington DC: World Bank.
- Soteriou, A.C., & Stavrinides, Y. (2000). An Internal Customer Service Quality Data Envelope Analysis Model for Bank Branches. *International Journal of Bank Marketing*, 18(5), 246-52.
- US Bureau of Labour. (2007). *Employee Benefits Survey*. Retrieved 11 August 2016 from <http://data.bls.gov/cgi-bin/surveymost>.
- Varatharaj, V., & Vasantha, S. (2012). Work Life Balances, A Source of Job Satisfaction - An Exploratory Study on the View of Women Employees in the Service Sector. *International Journal of Multidisciplinary Research*, 2(3), 450-458.
- Zhao, X., Lynch Jr. J.G., & Chen, Q. (2010). Reconsidering Baron and Kenny: Myths and Truths about Mediation Analysis. *Journal Consumer Research*, 37, 197- 206.