

# An Assessment of Customer Integration Strategy Influence on Service Delivery in Public Hospitals in Nakuru Town Kenya

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**Abstract:** Customers are the material and intellectual capital of organizations. Hence plan for a deep understanding of the immediate future needs of the customers that meet their needs are organizational policies. Therefore, the study focused on customer integration strategy on service delivery in health sector in Kenya. The study was anchored on SERVQUAL Model. The study used descriptive research design. The target population of this study consisted of doctors, clinical officers and nurses working in public hospitals in Nakuru Town East. There are seventeen (17) public hospitals in Nakuru Town East with a total of 771 doctors, clinical officers and nurses. Simple random sampling technique was used to select 88 medical workers to form the target population. The study further purposively selected 100 patients to participate in the research. A 5-point Likert-scale questionnaire was used for data collection. Findings indicated that customer integration had a significant relationship with service delivery in public hospitals in Nakuru Town East, Kenya. Hence the study concluded that customer integration is a determinant of service delivery in public hospitals in Nakuru Town East, Kenya. The study recommended that hospital staffs should create and ensure responsiveness and assurance for the patients among themselves.

**Keywords:** Customer, Customer integration, Strategy, Service Delivery and Public hospitals

## I. Introduction

It might be well accepted nowadays that intensive competitiveness in terms of both quantity and quality makes it extremely difficult for a firm to differentiate itself from its competitors. Moreover, dynamic business environments and increasing customer power have pushed firms toward a customer-focused strategy, especially using new technology to build relationships with the customer (Ryding, 2010). As a result, excellent business processes and intangible assets such as brands, customer satisfaction, and powerful human resources might become the most essential sources of sustainable competitive advantages (Chien & Tsai, 2012). Therefore, for cost reduction and profit improvement reasons and to build sustainable competitiveness, maintaining long-term customer loyalty is a mandatory task.

The practice of customer focus has been implemented by various organizations under the umbrella of Total Quality Management (TQM). It represents one of the several critical factors of TQM, together with other critical factors such as continuous improvement, teamwork, and management commitment (Yu, To & Lee, 2012). The benefits of customer focus practice had been confirmed in various types of firms, such as manufacturing (Mojtahedzadeh & Arumugam, 2011), retail (Chotekorakul & Nelson, 2013; Tajeddini, Elg & Trueman, 2013), service (Alam, 2013; Dadfar, Brege & Semnani, 2013), hospitality and tourism (Sun & Kim, 2013), and public service (Fonseca, Pinto & Brito, 2010). Although the bottom line of this practice is to attain customer satisfaction, its effect on other firm performance measures, such as financial results and employee satisfaction, also reportedly exist (Anaza & Rutheford, 2012; Chotekorakul & Nelson, 2013).

Researchers all over the globe claim that offering quality services give a sustainable competitive advantage to any business. It enables them to fulfil not only the present needs of their customers satisfactorily but also to anticipate their future needs. This ability to anticipate the future needs of customers allows them to delight their customers through quality services on consistent basis. Subsequently it enhances customer satisfaction and customer loyalty level towards these organizations (Naik, Gantasala & Prabhakar, 2010)

Customer-oriented companies are able to increase customer satisfaction through proper diagnosis and customer expectations by providing high quality services (Lee, Chen, Chen & Chen, 2010). In studies of customer satisfaction it is important to determine satisfaction factors, which include the level of meeting customers' needs among others (Soloma, 2010). It should be noted in assessing of service quality price-service relationship as a factor in deciding whether to make a purchase or not. The customer decides if the service is worth the price required. At the same time the company should strive for a quality that would be available to the client (Enyonam, 2011). More and more companies are trying to retain customers by proposing different types of loyalty programs. In a rapidly changing environment of customer orientation, the studies on customer's behaviour, taking care of his affection, are the elements of strategic management (Heuttinger & Cubrinskas, 2011). Client's loyalty is determined by the value of services, service quality and customer service (Virvilaite, Violeta & Dalius, 2009). Those relationships are based on the customer service. Customers return as an appreciation of what they received (Huettinger & Cubrinskas, 2011).

Health care is a critical context due to unpredictable situations, demanding clients, workload, and intrinsic organizational complexity. The need for health-care quality improvement in a period of increasing financial and service pressures requires to not separate financial performance and productivity from service quality. The King's Fund (2013) points out that the quality of care provided by health organizations is a corporate responsibility. They observe that boards should be held to account for ensuring that their organizations achieve high standards of patient care, and that serial failures do not occur.

One key to improve the quality of health services is connected to the shift in organizations' perspective of viewing customers as active co-producers rather than users. Aiming at patient centered care, hospital business is required to treat patients as customers. By considering customers as the first priority, not only client and staff satisfaction significantly increases as positive relationships with patients act as protective factors and lessen social stressors (Guglielmetti, Gilardi, Accorsi & Converso, 2014), but also clinical care outcomes improve (Zablah, Franke, Brown & Bartholomew, 2012; Rania, Migliorini, Zunino, Bianchetti, Vidili & Cavanna, 2015), following the double empowerment effect between customers and workers (Converso, Loera, Viotti & Martini, 2015).

Service quality is a feasible competitive weapon for all firms, both manufacturing and service. Manufacturers of goods have limited competitive advantages due to application of technology which has brought production costs down and increased the variety of products offered to the degree that price and product variety are less significant competitive advantages. Organizations are moving from product oriented to service oriented operations strategies and using speed of provision through the supply chain, service quality and support structures to remain competitive in the current business environment (Munene, 2016).

Tajeddini (2010) says that for an organization to gain competitive advantage and retain their customers, employees should be empowered with the following characteristics: ability to clearly identify and focus on customer needs and wants, be actively involved with the customers by listening and interacting with them, to develop appropriate and/or new solutions to complaints raised by customers and be, task orientation, responsible, feedback oriented, flexible and committed to the organization. Therefore, customer orientation is considered an important tool for service delivery in public hospitals in Nakuru town, Kenya.

### **Statement of the Problem**

In Kenya, although the public sector is said to provide 48% of all Kenya's healthcare, it provides a much greater proportion of inpatient hospital care particularly for the 36.1% (18 million) of Kenya's population living in poverty (Kenya Economic Survey 2018). On the other hand, a report by International Rescue Committee (2015) indicated that only 63% of Kenyans have access to government health services located within an hour from their homes leading to decreased demand for healthcare in the country. Since devolution of healthcare services in 2013, the Kenyan public health sector has been affected by frequent short and often localised strikes (Tsofa, Goodman & Gilson, 2017). These were followed by a public-sector nationwide doctors' strike lasting 100 days (from 5 December 2016 to 14 March 2017) and then the nurses' strike lasting 150 days (from 5 June to 1 November 2017), a total of 250 strike days in a span of 11 months (Irimu, Ogero & Mike, 2018) occurred. As a result of the strikes, there were marked reductions in admissions in all the four major departments; obstetrics, paediatrics, surgical and adult medicine in public hospitals. These strikes in most cases disproportionately affect the poor who are unable to afford private sector alternatives. This population therefore deserves special ethical consideration to ensure enhanced service quality. On top of these, health personnel is also a problem in public hospitals in Kenya. While consumers are the largest contributors to the healthcare budget, the paradox is that the majority of those who opt for public health care are the poorest who cannot afford private care. This

further brings to doubt about the quality of care in public health services. Several studies have been done in the line of service quality in health care provision by various scholars. Okech and Lelegwe (2016) carried out an analysis of universal health coverage and equity on health care in Kenya. Gimoi (2017) examined the impact of devolution on health care systems in Nairobi county health facilities. Sang (2018) examined the effects of devolution on technical efficiency of health care service delivery in Bomet County in Kenya. What is clear is that majority of these studies were not addressing the impact of patient centred services on the quality of health care in public hospitals in Kenya. Based on the foregoing this study will seek to examine the influence of customer orientation strategy on service in public hospitals in Nakuru town Kenya.

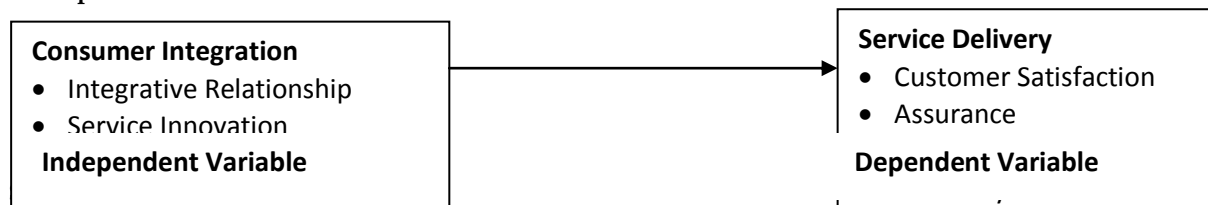
### **Purpose of the study**

The study sought to examine the influence of customer integration on service delivery in public hospitals in Nakuru town in Kenya.

### **Hypothesis of the Study**

**H<sub>0</sub>:** customer integration has no statistically significant influence on service delivery in public hospitals in Nakuru town Kenya.

### **Conceptual Framework**



Parasuraman, Zeithaml and Berry (1985) developed the SERVQUAL model to measuring the service quality, which has subsequently dominated both the academic and practitioner perspectives (Robinson, 1999). SERVQUAL measures perceptions of service quality across five dimensions: tangibles, reliability; responsiveness, assurance and empathy.

The earlier work has advanced our understanding of service quality measurement. At the same time, SERVQUAL has been the point that the instrument mainly focuses on the service delivery process (Richard & Allaway, 1993). The SERVQUAL instrument prevails as one of the most widely used approaches to measure service quality (Cook & Verma, 2002). Brady and Cronin (2001) also suggested that the SERVQUAL model is a good starting point for measuring quality.

Service quality can thus be conceptualized as the so-called “gap” between what consumers feel that a service should offer (that is, their expectations) and their perceptions of the actual performance of the service (Parasuraman et al., 1988). Perceived quality thus differs from objective quality, which involves an objective assessment of a thing or an event on the basis of predetermined standards that are measurable and verifiable (Zeithaml, 1988).

This service evaluation method has been proved consistent and reliable by some authors (Brown et al., 1993). They held that, when perceived or experienced service is less than the expected service, it implies less satisfactory service quality; and when perceived service is more than expected service, the obvious inference is that service quality is more than satisfactory (Jain et.al., 2004). From the way this theory is presented, it seems that the idea of SERVQUAL best fits the evaluation of service quality from the customer perspective. As such, the theory was paramount in determining the level of service quality in public hospitals and how they are impacted by customer orientation strategy.

### **Effect of Customer Integration on Service Delivery**

Developing and offering new services that create value for existing customers, and attract new customers, are fundamental to increase the competitiveness of successful modern organizations. For higher market success depends on how well the new or improved service can create value for customers, and this, in turn, depends on how well the innovating company can explore and integrate adequate customer information into a resource constellation that enables the service to be co-created in the intended way. Customers are a potential goldmine of information for service development. Many existing approaches have aimed to interplay with potential users in order to co-opt user competence and experience (Edvardsson et.al, 2010).

Researchers argue that customers that are so essential and integrated in a service should also be integrated in the development process. This is true both for radically new services as well as in the development and improvement of already existing services. How to integrate customers depends on their experiences, the type of value creative relation with customers, customer structure, what type of innovation that are sought after and other related factors. Thus, there

is clearly a need for an overview of methods that can assist and guide companies in their attempts to understand customer needs. The overview should both provide a smorgasbord of existing methods, but also show what kind of customer related information the methods can generate (Corvello & Iazzolino 2013).

In his research that focused on Australian financial institutions, Alam (2012) outlined four levels of user involvement: Passive acquisition of input (where the user normally makes the contact, for instance with the aim of suggesting a new service), Information and feedback on specific issues (the service provider initiate contact to receive feedback on a certain area or stage in a service delivery), Extensive consultation with users (the service provider interviews customers, or sets up a focus group for a specific purpose) and Representation (the user joins the development team to assist in the development of a service).

The integration of the customer is an inherent part of innovation and delivery processes. Customers have been increasingly involved in these activities, enabled by modern ICT technologies and trends, such as the ubiquitous availability of the Internet. The customer is consequently becoming an active partner in the creation of value. Businesses have built significant parts of their business model on the integration of customers who specify the design and configuration of the services delivered (Gould 2012).

Customer takes over tasks, which are usually performed by employees of the company. Through his actions, the customer thus influences the performance of the company. Customer integration plays a central role in the widely discussed field of open innovation. Customer integration is inherently suitable for services, because many services could not be provided without the customer's contribution and active participation in the first place. This presents a huge potential that service firms can tap into (Dohmen et al. 2012).

The positive effects of customer integration mainly impact the customer relationship and the efficiency and effectiveness of the business processes. Literature highlights three main factors, which are positively affected by the integration of customers: Decreased costs, increased customer satisfaction and increased market shares (Tim et al., 2013). Service delivery always requires some type of integration with the customer. For example, customers provide information and feedback and their physical presence is often required. Many firms across different service industries have invested in new technological interfaces to transfer part of the operations to the customers in order to improve their productivity and service quality (Chih-Hung, 2012).

Choosing the appropriate level of customer participation in a service process, however, can be a challenging decision, which will affect the efficiency of the process and the quality of the service substantially. Often, transferring some service operations to the customer reduces costs for the service provider. In service contexts where personalisation is valued positively by the customers, they may increase customer satisfaction from participating actively in the process, as they will perceive a higher degree of control over the results. For managers, the ample range of design alternatives for customer participation consequently creates very specific challenges. At the more strategic level, it is important to define business models that favour customer participation where it generates mutual benefits for both the firm and the customer (Marlene, Moscoso & Lago, 2015).

### **Service Delivery**

Customers perceive the services in terms of quality service and satisfaction by experience. Service quality is critical element in shaping customer satisfaction. Services that are offered in the combination of physical product, service quality and satisfaction is also be very critical in responding to customer satisfaction. Hospitals that fail to understand the importance of delivering customer satisfaction may be inviting possible extinction (Grondhl et al, 2013). Service quality has a close relationship with patient satisfaction. Good service quality gives encouragement to the patient to establish a strong relationship with the hospital. In the long term this relationship allows hospitals to understand carefully the prevailing expectations and needs of the patient (Aagja & Garg, 2010).

Healthcare managers need to identify key determinants of patient contentment and service quality to ensure they deliver high quality of services at reasonable cost. Service quality perception, technical quality and functional quality lead to a substantial effect on operational performance in hospitality industry in Kenya. Studies in Kenya's healthcare system suggest services offered by public hospitals are not reliable or responsive to customers' needs. Its' imperative for public hospitals to determine service quality aspects critical for patients' satisfaction and their relationship with operational performance from consumers' point of view to improve efficiency, productivity and meet their customers' needs (Inyo, 2013).

At Kenyatta National Hospital study found out that technology needed to be adopted to make processes more efficient and to improve communication, and a sufficient number of highly trained and proficient personnel employed to improve service quality, adherence to treatment, customer satisfaction and reduce waiting time (Wanjau, Muiruri & Ayodo, 2012). At Karen Hospital, Kenya customer perception of service quality and employees had a significant influence on performance compared to cost of services, (Maina, 2015). In public hospitals patients are not satisfied with waiting times, access and interpersonal skills of clinical officers, (Karanja, 2012).

On the other hand managers and professionals contend that patients perception of quality in health care is not accurate, because of the inability of patients to analyse and judge the technical competence of the medical practitioners with accuracy and it would be highly appreciable to impart soft skill training to enable them to get close to their patients and create the closeness of the treatment rendered to patients. Managing service processes has a very special importance in service industry as it offers a process for delivering services and patient satisfaction with the quality of care rendered (Bamidele et al., 2011).

Effective service offering creates unique customer experiences, which would make the consumers use the services repeatedly. Interaction of hospital staff with the customers visiting the service setting effects the perceptions of service quality and hospitals need to ensure that the front end and back end processes are aligned in a sequence that demonstrates positive moments of truth in service quality dimensions followed and thereby impacting the satisfaction of patients (Purcarea, Gheorhe & Petrescu, 2013). Customer perceptions of service quality and employees have a strong influence on hospital performance compared to effect of cost of services. Cost of services was perceived to be high for the patients compared to other private hospitals with insufficient highly skilled employees affecting efficiency of operations, customer satisfaction and loyalty at Karen hospital, Kenya (Maina, 2015).

Once patients' needs/wants keep changing, therefore, the methods of delivering service quality in healthcare also have to change to satisfy patients (customers). According to World Health Organization 2013 report, there is a growing cry in many developing countries in sub-Sahara Africa for healthcare improvement in citizens' healthcare area. Service quality is an essential tool for improving and differentiating healthcare in healthcare institutions (Ampah & Ali, 2019).

## **II. RESEARCH METHODOLOGY**

A research design as described by Mafuwane (2012) is the strategic framework for action that serves as a bridge between research questions and the execution, or implementation of the research strategy. It is a time-based plan that guides selection of sources and types of information all based on the research questions (Cooper & Schindler, 2014). The researcher adopted a descriptive research design that is unrestricted which as defined by Devin (2015) is an attempt to explore a topic which has not been fully researched. The target population of this study consisted of doctors and nurses working in public hospitals in Nakuru town as well as patients attending these hospitals. There are seventeen (17) public hospitals in Nakuru town with a total of 771 (Integrated Human Resource Information System [IHRS], 2020) doctors and nurses. These formed the target population for the study.

The purpose of sampling is to secure a representative group (Mugenda, 2008). Jennifer, Grove and Suzanne (2018), refer to sampling as a process of selecting a group of people, events or behaviour with which to conduct a study. The sample for the study was designed to produce a representation of the 771 medical staff workers in the seventeen public hospitals in Nakuru town Kenya. To arrive at a suitable sample size, the study adopted a formula by Yamane (1967);

$$n = \frac{N}{1 + N(e)^2}$$

Where;

n = the sample size

N = the number of all the employees in hospitals in Nakuru town

e = the margin of error

$$\begin{aligned} n &= \frac{771}{1 + 771(0.1)^2} \\ &= 88.5 \approx 88 \end{aligned}$$

With the target population of 771 and using a margin of error of 0.10, the number of medical workers who participated in the study was 88. The study further purposively selected 100 patients to participate in the research. Data collection instrument is a device used to collect data in an objective and a systematic manner for the purpose of the research (Orodho, 2009). The main data collection instrument which was used in this study were questionnaires which contained

both open ended and close ended questions with the quantitative section of the instrument utilizing a 5-point Likert-type scale format. Descriptive and inferential statistics were used in data analysis, with the aid of Statistical Package for Social Sciences (SPSS) IBM software version 21.

### III. FINDINGS AND ANALYSIS

#### Response Rate

A total of 88 questionnaires were distributed to the respondents (medical workers). Out of the distributed questionnaires 80 questionnaires were returned for data analysis. This formed a response rate of 90.9%. Also, the researcher distributed another 100 questionnaires to the patients attending the public hospitals. Out of the 100 distributed questionnaires 81 questionnaires were returned and they were appropriately filled for data analysis. They formed a response rate of 81%. According to Babbie (2004) a response rate of 50% is suitable for data analysis, 60% is good whereas 70% is very good. Therefore, both the response rates (90.9% and 81%) were characterised as very good.

#### Customer Integration Descriptive Statistics

The study sought to establish the respondent's views in regard to customer integration and service delivery in public hospitals. Consequently, the percentages, means and standard deviations were computed. Findings from the analysis were as shown in Table 4.4.

**Table 4. 1: Descriptive Statistics on Customer Integration**

	SA	A	U	D	SD	Mean	Std. Dev
Our institution has a system for capturing customer information that assist in innovation of new services	32.5	31.3	21.3	6.3	8.8	3.73	1.232
The institution customer integration has helped our facility in designing its services	16.3	37.5	26.3	8.8	11.3	3.39	1.196
Customer integration has helped us understand customers experiences giving us early insight into patients opinions and preferences	13.8	45.0	16.3	15.0	10.0	3.37	1.195
Information gathered through customer integration helps our patients defines the details of the services before service delivery	15.0	37.5	13.8	20.0	13.8	3.20	1.306
It is through customer integration that our services are marketed through word of mouth recommendation	17.5	32.5	18.8	16.3	15.0	3.21	1.328
Our patients assists in assuring the production of quality services and delivery	25.0	36.4	16.3	15.0	7.5	3.56	1.231
Customer integration has helped us to attract new customers through existing customers	31.3	37.5	13.8	13.8	3.8	3.79	1.144
We have managed to produce variety of services to our patients by integrating our customers in decision making	21.3	37.5	17.5	15.0	8.8	3.48	1.286
Valid N (listwise)	80						

From the results, respondents agreed that their institution has a system for capturing customer information that assist in innovation of new services. Out of this, 32.5% of the respondents strongly agreed while 31.3% of them agreed with a mean of 3.73 and a standard deviation of 1.232. Respondents agreed that the institution customer integration has helped our facility in designing its services where 53.8% of the respondents strongly and/or agreed registering a mean of 3.39 and a standard deviation of 1.196. Further respondents agreed that customer integration has helped us understand customers' experiences giving us early insight into patients' opinions and preferences. 45.0% of the respondents agreed while 13.8% of them strongly agreed having a mean of 3.37 and a standard deviation of 1.195. The study indicated that 53.5% of the respondents strongly and/or agreed that information gathered through customer integration helps our patients defines the details of the services before service delivery. This statement had a mean of 3.20 and a standard deviation of 1.306.

Respondents also agreed that it is through customer integration that our services are marketed through word of mouth recommendation. 32.5% of the respondents agreed while 17.5% of them strongly agreed with a mean of 3.21 and a standard deviation of 1.328. With a mean of 3.56 and a standard deviation of 1.231, 61.4% of the respondents strongly and/or agreed that their patients assists in assuring the production of quality services and delivery. In addition, 37.5%

and 31.3% of the respondents agreed and strongly agreed respectively that customer integration has helped us to attract new customers through existing customers. This statement had a mean of 3.79 and a standard deviation of 1.144. They also agreed that they have managed to produce variety of services to our patients by integrating our customers in decision making where 37.5% of the respondents agreed and 21.3% of them strongly agreed recording a mean of 3.48 and a standard deviation of 1.286. It was further noted that the respondents were so diverse in their views thus registering standard deviation values above 1 in all statements.

**Service delivery Descriptive Statistic**

In regard to service delivery respondents who were the customers were asked to state their choices in regard to the services they get from the public hospitals and also to state for how long they have sought the services in the hospital.

**Table 4. 2: Is this hospital your choice in regard to the following services**

	Frequency	Valid Percent
Outpatient Services	64	79.0
Inpatient Services	17	21.0
<b>Total</b>	<b>81</b>	<b>100.0</b>

Results from table 4.9 indicated that 79.0% of the respondents chose the corresponding hospital for their outpatient services while 21.0% of them chose the corresponding hospital for their inpatient services from the public hospitals. This showed that majority of the customers who visit public hospital go for outpatient services and not for inpatient services. Findings regarding respondents' duration of seeking services from the public hospitals were as shown in Table 4.10.

**Table 4. 3: How long have you sought services from this hospital**

	Frequency	Valid Percent
Less than 2 yrs	39	48.1
2-5 yrs	24	29.6
6-10 yrs	12	14.8
More than 10 yrs	6	7.4
<b>Total</b>	<b>81</b>	<b>100.0</b>

From the results, 48.1% of the respondents stated that they have sought for services in the public hospitals for less than 2 years. 29.0% of the respondents had sought for services for 2 to 5 years while 14.8% of them had sought for services in public hospitals for 6 to 10 years. Further, 7.4% of the respondents had sought for services in the public hospitals for more than 10 years.

Descriptive results in regard to service delivery were established where the percentages, mean and standard deviation were computed. Findings were presented in Table 4.1.

**Table 4. 4: Descriptive Statistics on Service Delivery**

	SA	A	U	D	SD	Mean	Std. Dev
I find this hospital services to be reliable	35.8	49.4	11.1	2.5	1.2	4.16	.813
The hospital provides 24 hours services in all days of the week	35.8	33.3	8.6	12.3	9.9	3.73	1.332
Patients' waiting time in the hospital is short	25.9	27.2	9.9	28.4	8.6	3.33	1.360
Prescribed drugs and lab tests are readily available in this hospital	38.3	34.6	6.2	9.9	11.1	3.79	1.348
The accuracy and timeliness of service delivery in this hospital is highly commendable	21.0	49.4	16.0	4.9	8.6	3.69	1.125
I find the services in this hospital highly satisfactory	27.2	39.5	16.0	7.4	9.9	3.67	1.235
The services in this hospital have always met my expectations	22.2	37.0	24.7	14.8	1.2	3.64	1.028
The hospital is always responsive to patients complains in regard to their services	21.0	53.1	13.6	8.6	3.7	3.79	.996
My experience with this hospital's services have been good that's why I always come back	32.1	40.7	11.1	12.3	3.7	3.85	1.119
Valid N (listwise)	81						

Results from the descriptive analysis established that majority of the respondents comprising of 85.2% strongly and/or agreed that they find the corresponding hospital services to be reliable. This had a mean of 4.16 and a standard deviation of .813. Respondents agreed that the hospital provides 24 hours services in all days of the week. 35.8% of the respondents strongly agreed while 33.3% of them agreed with a mean of 3.73 and a standard deviation of 1.332. The study indicated that 27.2% of the respondents agreed while 25.9% of them strongly agreed that patients' waiting time in the corresponding hospital is short. This had a mean of 3.33 and a standard deviation of 1.360. They also agreed that prescribed drugs and lab tests are readily available in the corresponding hospital where 38.3% and 34.6% of respondents strongly agreed and agreed respectively registering a mean of 3.79 and a standard deviation of 1.348.

Further, respondents agreed that the accuracy and timeliness of service delivery in corresponding hospitals is highly commendable. 49.4% of the respondents agreed and 21.0% of them strongly agreed having a mean of 3.69 and a standard deviation of 1.125. They also agreed (M=3.67, SD=1.235) that they find the services in the hospital highly satisfactory. 39.5% of the respondents agreed while 27.2% of them strongly agreed. With a mean of 3.64 and a standard deviation of 1.028, respondents agreed that the services in the corresponding hospital have always met their expectations. 37.0% of the respondents agreed while 22.2% of them strongly agreed with the statement. The results established that respondents agreed that the corresponding hospitals are always responsive to patients complains in regard to their services. 74.1% of the respondents strongly and/or agreed recording a mean of 3.79 and a standard deviation of .996. 40.7% of the respondents agreed while 32.1% of them strongly agreed that their experience with the hospital's services have been good that's why they always come back. This statement had a mean of 3.85 and a standard deviation of 1.119. However, respondents' views depicted a lot of diversity with no consensus a all returning standard deviation values greater than 1 in all statements save for two.

**Relationship between Customer Integration and Service Delivery**

The researcher sought to establish whether there existed any significant relationship between customer integration and service delivery in public hospitals in Nakuru town, Kenya. In this regard, composite mean scores for customer integration responses were computed and correlated with composite mean scores for service delivery. Pearson product moment correlation coefficient was used to examine the relationship. The findings from the analysis were as shown in Table 4.12.

**Table 4. 5: Correlations between Customer Integration and Service Delivery**

		Customer Integration	Service Delivery
Customer Integration	Pearson Correlation	1	.353
	Sig. (2-tailed)		.010
	N	80	80

Findings indicated that a weak positive and significant ( $r=.353$ ,  $p=.010$ ) relationship existed between customer integration and service delivery in public hospital. This is a direct relationship which shows that enhancing customer integration also enhances the service delivery. Therefore, the researcher observed that customer integration have a crucial role in determining service delivery in public hospitals in Nakuru town, Kenya. These findings are supported by findings of Dohmen et al. (2012) who stated that customer integration is inherently suitable for services, because many services could not be provided without the customer's contribution and active participation in the first place. This presents a huge potential that service firms can tap into. Service delivery always requires some type of integration with the customer. For example, customers provide information and feedback and their physical presence is often required. Many firms across different service industries have invested in new technological interfaces to transfer part of the operations to the customers in order to improve their productivity and service quality (Chih-Hung, 2012).

Simple regression analysis on customer integration and service delivery was as presented in the tables 4.13 and 4.14

**Table 4. 6: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.353 <sup>a</sup>	.125	.113	.24112

a. Predictors: (Constant), Customer Integration

From the model summary, the R-Squared ( $R^2$ ) value was 0.125 indicating that customer integration could account for up to 12.5% of the total variation in service delivery. Therefore, 87.5% of the variation in service delivery can only be accounted for by variables not considered in this model. To examine whether this contribution was significant, the first



null hypothesis,  $H_{01}$  that customer integration has no statistically significant influence on service delivery in public hospitals in Nakuru town Kenya was tested using analysis of variance (ANOVA) at  $p < .05$  level of significance.

**Table 4. 7: ANOVA<sup>a</sup>**

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	2.176	1	2.176	3.202	.010 <sup>b</sup>
Residual	53.009	78	.680		
Total	55.185	79			

a. Dependent Variable: Service Delivery

b. Predictors: (Constant), Customer Integration

The table 4.14 demonstrated an F-value ( $F_{(1, 78)} = 3.202, p = .010$ ) that was significant at  $p < .05$  level of significance. Therefore, customer integration has a significant contribution towards service delivery. As such, the null hypothesis,  $H_{01}$  that customer integration has no statistically significant influence on service delivery in public hospitals in Nakuru town Kenya was consequently rejected. The study therefore concluded that customer integration has a significant influence on service delivery in Nakuru town East Kenya.

#### IV. Conclusion and Recommendation

The study concluded that customer integration has significant influence on service delivery in public hospitals in Nakuru town, Kenya. It was established that customer integration had a significant relationship as well as a significant influence on service delivery in public hospitals in Nakuru town. Hence, a well implemented customer integration strategy goes a long way in enhancing service delivery in public hospitals in Nakuru town, Kenya. The researcher observed that customers are potential goldmine for information for service development. Service delivery always requires some type of integration with the customers. Therefore customers integrated in a service should also be integrated in the development process. The study recommended that for proper service delivery in public hospitals, integration of customers in public hospitals is necessary for better service delivery. Hence, the hospitals administrators should seek for ways to enhance customer integration in order to enhance service delivery.

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