

## **Examining the Influence of Regulatory Governance on Service Quality in Bwera District Hospital, Kasese District, Western Uganda.**

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### **ABSTRACT**

The study aimed to explore the impact of regulatory governance on service quality at Bwera District Hospital. The research aimed to determine the relationship between rule of law, voice and accountability, and government effectiveness. The target population consisted of health workers at the hospital. Data was collected through closed-ended questionnaires and analyzed using SPSS. The findings revealed some laxity in the rule of law, voice and accountability, and government effectiveness. The recommendations were to increase vigilantness in these areas to improve service quality and establish a new era of responsibility at Bwera District Hospital.

Keywords: Service quality, government, effectiveness, regulatory and governance

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### **INTRODUCTION**

The World Bank considers the factors that are central to the progression of service provision in both developed and developing world as highly linked to regulatory governance. The developed world has strong institutions such as education and health. The components that build strong institutions comprise of; the legal frameworks such as the rule of law, the social device such as voice and accountability and the government limb called government effectiveness [1-3]. These traditional components regulate government systems properly in the end the community benefits from service quality [4-5]. On addition to that, modern governments delivery to their citizens primary because regulatory frameworks acts checks and balances for purposes of accountability to the community [6]. The World Bank put regulatory governance at the fore front as a mechanism to combat

anomalies that hinder the local populations from enjoying of social services such as health service quality. Regulatory governance maximizes the benefits service quality to the local community both developed and developing World [7]. The component of legal framework has been used both in the developed and developing countries purposely to bring order that helps to foster service quality. The legal strategies pursue both individual and community remedies in communities to see that safe passage of medical and financial facilities to the health institution. The legal framework helps to bring trust in the health systems in the country [8-9]. The other component is voice and accountability which is also viewed as social accountability. This is the participatory process in which citizens are engaged to hold politicians, policy

makers and public officials accountable for the services they provide [10-12]. In the fifteenth ordinary session of the assembly of the African Union, African leaders recognized the need for strong decentralized health programs with linkage to civil societies. In effect to this, relevant studies reveal that social accountability requires an involvement of partnerships and building coalitions; integrating of data such as: data collection, data analysis [13-14]. Health care systems face challenges and limited funders being challenges to social accountability [15-16]. The third component is government effectiveness in healthcare sector. The central government appoints qualified individuals to act as checks and balances for effectiveness of government programs in the sub-national levels of service provision. There are various measures of

government effectiveness including calling service providers to explain their activities to specialized committees that have valuable information about their performances especially in India [17-20]. The central government representatives work hand in hand with specialized committees to address the anomalies such as; corruption, bribery, absenteeism, discrimination, out of pocket expenditures and lack of respect for the public institution in both developed and developing countries [21-23]. The rural access to health quality services to the hard to reach areas remains a challenge in sub-Saharan African countries such as Uganda in general and Kasese district in particular. The main challenges to service quality emanates from urban bias, and collective failure to make mechanism for proper accountability in health sector [24-26].

#### **Statement of the problem**

Service quality is the greatest component in health sector of any country in the World. This component is helpful in improving people's mental and physical faculties especially in growth and development of our societies. Ideally one would expect considerable supply of drugs, facilities, and equipment such as laboratories and beds. The provision of the above incentives would be an indicative that the morality of the health

worker would be high to offer high quality services. On the side of patients, this would prove that the patients are receiving high quality services in Kasese General Hospital [20-23]. In an event like this, the three regulatory frameworks such as; voice and accountability, government effectiveness and rule of law would be the best alternative to save the situation [20].

#### **Purpose of the study**

To investigate the role of regulatory governance on service quality in Bwera District Hospital.

#### **The specific objectives of the study**

- (1) To determine the relationship between rule of law and service quality in Bwera District Hospital
- (2) To identify the relationship between voice and accountability on service quality in Bwera District Hospital
- (3) To assess the relationship between government effectiveness and service quality in Bwera District Hospital

#### **Justification of the study**

This study was explained and analyzed how regulatory governance relates with service quality in Bwera District Hospital of Kasese. This study shall be helpful to the policy makers in formulating policies

#### **The hypothesis of the study**

- (1) There is no relationship between rule of law and service quality in Bwera District Hospital
- (2) There is no relationship between voice and accountability on service quality in Bwera District Hospital
- (3) There is no relationship between government effectiveness and service quality in Bwera District Hospital

that guide in the management of a public hospital. The findings shall be helpful to other researchers dealing with similar variables such as regulatory governance and service quality in health sector both

on matters of gaps and analysis. The other important justification is the investigating ways of improving health in

Kasese District as one of the Millennium Development Goals.

**The theory of Principal Agency**

The Principal-Agency theory was propounded by Jansen and Meckling in 1976. The theory aims at maximizing management results through monitoring and evaluation in an organization [19]. The Principal-Agency theory has been reviewed and confirmed that is the most dominant theory for all governance

reform practices in the world. The theory advances the argument that principals are likely to attain outcomes that were desired well as the agents provide classification of job programs and objectives required to be implemented in order for the goals that are ought to be achieved [17].

**The scope of the study**

**Content Scope**

The researcher considered regulatory governance as the independent variable and service quality as the dependent variable. More preciously the researcher focused on how regulatory governance influences service quality.

the doctors, nurses, support staffs and administrative staff.

**Time Scope**

The study was carried out during 2022, this was the time when there was a lot of complains about poor service quality in Bwera District Hospital among the patients.

**Geographical scope**

The study was carried out in Bwera district hospital in Kasese district among

**Methodology**

**Research Design**

The study employed the cross-sectional research survey design. The research design is important because of gathering data at one point in time. The cross-sectional design is frequent quick, simple and affordable to undertake [12]. The data was gathered quantitively from the health workers from Bwera district hospital in Kasese District.

**Sample and Sampling technique**

There is a general consensus that if the population selected is above 10% of the accessible population, then it is enough for descriptive studies. Therefore the study generated data from 78 health workers representing more than 10% of staff from Bwera General Hospital. The researcher used simple random technique to reach the respondents of the study [17].

**Target Population**

Population is defined as the set of people or elements or service elements, group of things and households being investigated [11]. The target population of this study was the health workers of Bwera District hospital found in Kasese District, Western Uganda. The target population should have some observable characteristics to which the researcher generalized the results of the study [15].

**Data collection Methods**

The researcher collected data using closed ended questions in order to investigate the relationship between regulatory governance and service quality in Bwera District hospital. The questionnaire was designed to collect quantitative data. The study employed five likert scale for data gathering.

**1a Validity Reliability Results**

Construct	Validity tests	Reliability tests
Rule of law	.60	.779
Voice and accountability	.67	.904
Government effectiveness	.70	.886

**Data Analysis**

The study generated quantitative data as the questionnaire was closed ended

questions. Descriptive statistics such as frequencies, percentages, means and

standard deviations was used to report and present the data. Analysis of data was done using Statistical Package of Social

Sciences, (SPSS) as it is compressive and offers extensive data handling capacity.

#### Four interpretations of results

##### Bio data

**Table 1b: Gender of the respondents**

Gender	Frequency	Percent	Cumulative Percent
Valid male	40	51.3	51.3
female	38	48.7	100.0
Total	78	100.0	

From the table above, the majority of the respondents were male (51.3%) while the minority were female (48.7%).

##### Current age in years

**Table 2: Current age in years**

Response	Frequency	Percent	Cumulative Percent
Valid (17-27yrs)	21	26.9	26.9
(28-38 yrs)	29	37.2	64.1
(39-49 yrs )	16	20.5	84.6
(50-60 yrs)	11	14.1	98.7
(61-69)	1	1.3	100.0
Total	78	100.0	

From the table above, the majority of the respondents were aged (28-38 yrs). This age

bracket is considered to be active in the day today running of the any organization or institution.

##### Current age in years

**Table 3: Current position in your organization**

Response	Frequency	Percent	Cumulative Percent
Valid Senior Management	18	23.1	23.1
Mid-level Management	39	50.0	73.1
Operational Management	21	26.9	100.0
Total	78	100.0	

According to the table above, the majority of the respondents were in their Mid-level Management 39(50%) while the minority 18(23.1%) were in the Senior Management. The mid level management are

responsible for carrying out the decisions made by upper management and ensuring the directives are executed efficiently and effectively. This implied that the right group of respondents were considered.

The working period the employees have been working for the organization

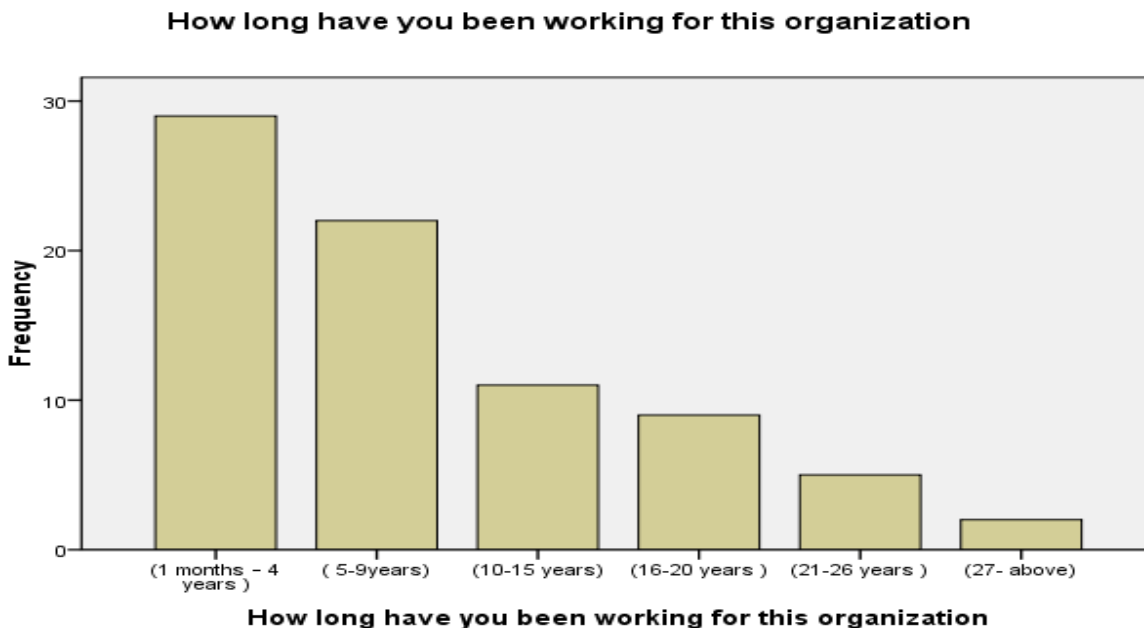


Figure 1: The working period the employees have been working for the organization From Figure 1 above, the majority of the respondents had spent between 1 months to 4 years making

29(37.2%) in the organization while the minority 2(2.6%) had spent 27 and above years in the organization. This implied that the minority had more experience about the issues of the organization.

**Highest level of education attained**

**Table 4: Highest level of education attained**

Response		Frequency	Percent	Cumulative Percent
Valid	Phd	3	3.8	3.8
	Masters	3	3.8	7.7
	Post-Graduate Diploma	11	14.1	21.8
	Bachelors	39	50.0	71.8
	Diploma	16	20.5	92.3
	Professional Certificate	1	1.3	93.6
	UACE	3	3.8	97.4
	UCE	2	2.6	100.0
	Total	78	100.0	

According to the table above, the majority of the respondents 39 (50%) had attained

Bachelors as the highest level of education while the minority 1(1.3%) had

attained a Professional Certificate. Since the majority had bachelor's degree this implies that they had the basic knowledge to enable them work in this organization. Earning a e degree show your ability to complete academic work. Some employers

consider this a demonstration of your mental capacity and work ethic. Employers view a degree as verification of the skills, intelligence and ability to dedicate yourself to difficult tasks.

**Current professional title of respondents**

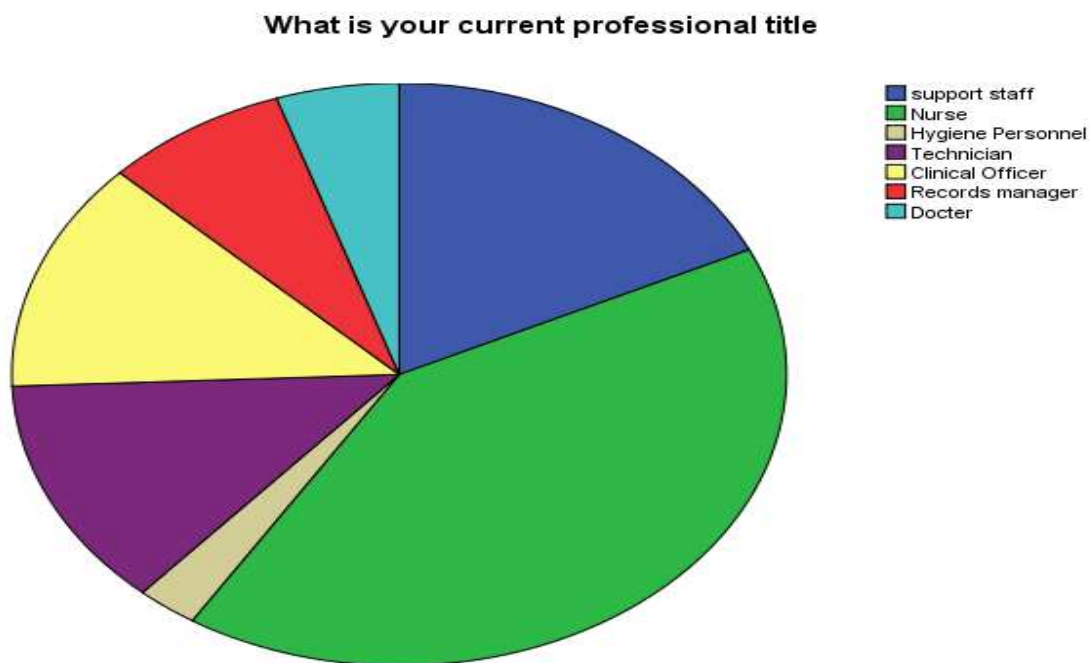


Figure 2: Current professional title of respondents

According to the figure above, the majority of the respondents were nurses 32(41%) while the minority were records manager 6 (7.7%).

**District hospital**

**Table 5. District hospital**

Response	Frequency	Percent	Cumulative Percent
Valid Bwera	78	100.0	100.0

According to the table above all the respondents were working at the District

hospital.

**District hospital****Table 6: Certificate or course accomplished in public administration**

Response	Frequency	Percent	Cumulative Percent
Valid Phd	1	1.3	1.3
Masters	2	2.6	3.8
Post-Graduate Diploma	1	1.3	5.1
Bachelors	12	15.4	20.5
Diploma	10	12.8	33.3
Professional Certificate	52	66.7	100.0
Total	78	100.0	

From the table above, the majority of the respondents got the knowledge about public administration during their

Professional Certificate. This implies that they did not go deep in studying public administration.

**Table 7: The relationship between rule of law and service quality in Bwera District Hospital**

Response	Frequency	Percentage (%)	
I have confidence in the professional code of conduct that governs me as a worker	Strongly Disagree Disagree Neutral Agree Strongly agree	13 9 13 21 22	16.7% 11.5% 16.7% 26.9% 28.2%
The contract that I have with my employer - the District Service Commission is acceptable to me	Strongly Disagree Disagree Neutral Agree Strongly agree	10 16 12 21 19	12.8% 20.5% 15.4% 26.9% 24.4%
The disciplinary process in this hospital is lengthy	Strongly Disagree Disagree Neutral Agree Strongly agree	5 13 24 26 10	6.4% 16.7% 30.8% 33.3% 12.8%
The disciplinary process in this hospital is biased	Strongly Disagree Disagree Neutral Agree Strongly agree	7 12 26 26 7	9.0% 15.4% 33.3% 33.3% 9.0%
The disciplinary methods in this hospital are punitive and not corrective	Strongly Disagree Disagree Neutral Agree Strongly agree	11 12 19 25 11	14.1% 15.4% 24.4% 32.1% 14.1%

According to the table above the responses on the relationship between rule of law and service quality in Bwera District Hospital is as shown below; The response on whether dependents have confidence in the professional code of conduct that governs me as a worker, the majority 22 (28.2%) strongly agreed while the minority 9(11.5%) disagreed. This is

an indication that most of the respondents were confident with professional code of conduct that governs me. In addition to the above, responding on question of whether the contract that they had with their employer - the District Service Commission is acceptable to them, the majority 21 (26.9%) agreed while the minority were neutral



12(15.4%). This was indication that the employees of the organization were comfortable with the terms and conditions of work. Furthermore, responding to the issue of whether the disciplinary process in this hospital is lengthy, the majority 26(33.3%) agreed while the minority 5(6.4%) strongly disagreed. This implies that disciplinary process took long indicating that it could be as the result of the fact that there is a need of carrying enough investigations against the culprit. As for as the issue of whether the disciplinary process in this

hospital is biased, the majority 26(33.3%) agreed while the minority 7(9.0%) strongly disagreed. This was an indication that the employees did not believe from the outcome of the disciplinary committee. Lastly, the responses on whether the disciplinary methods in this hospital are punitive and not corrective, the majority 25(32.1%) agreed while the minority 11(14.1%) strongly disagreed. This implied that disciplinary out comes did not focus on helping the person who was harmed. It could often add to the problem that led to the hurtful behavior.

**Table 8: The relationship between voice and accountability on service quality in Bwera District Hospital**

Response	Frequency	Percentage (%)	
In this hospital, we are allowed to form workers' unions	Strongly Disagree	15	19.2%
	Disagree	19	24.4%
	Neutral	14	17.9%
	Agree	17	21.8%
	Strongly agree	13	16.7%
In this hospital, we exchange views with non-government organizations	Strongly Disagree	11	14.1%
	Disagree	18	23.1%
	Neutral	18	23.1%
	Agree	22	28.2%
	Strongly agree	9	11.5%
In this hospital, there is freedom of expression	Strongly Disagree	7	9.0%
	Disagree	19	24.4%
	Neutral	20	25.6%
	Agree	20	25.6%
	Strongly agree	12	15.4%
In this hospital, there is freedom of association	Strongly Disagree	8	10.3%
	Disagree	16	20.5%
	Neutral	15	19.2%
	Agree	23	29.5%
	Strongly agree	16	20.5%
The members of this community are critical about service offered	Strongly Disagree	10	12.8%
	Disagree	13	16.7%
	Neutral	13	16.7%
	Agree	25	32.1%
	Strongly agree	17	21.8%

From the table above, the responses on the relationship between voice and accountability on service quality in Bwera District Hospital were shown below; Concerning the issue of whether in this hospital, employees are allowed to form workers' unions, the majority 17(21.8%) agreed while the minority 14 (17.9%) were neutral. This implies that the rights of most employees to organize and bargain

collectively with their employers is granted. Responses on whether the hospital, employees exchange views with non-government organizations the majority 22 (28.2%) agreed while minority 9(11.5%) strongly agreed. This means the employees can freely discuss with employees from other organizations for comparison of issues to do the voice and accountability toward service quality.

More to that, responses on whether in the hospital, there is freedom of expression, the majority 20 (25.6%) agreed while the minority 7(9.0%) strongly disagreed. The freedom of expression enables dialogue, builds understanding, and increases public knowledge. When employees can freely exchange ideas and information, their knowledge improves, which benefits our communities and societies. Freedom of expression also enables employees to question the employers, which helps to keep them accountable. On the issue of whether in the hospital, there is freedom of association, the majority 23(29.5%) agreed while the minority 8(10.3%) strongly disagreed. This means that

freedom of association entails respect for the right of employers and workers to freely and voluntarily establish and join organizations of their own choice, according to the International Labour Organization (ILO). On the responses of whether, the members of the community are critical about service offered, the majority 25(32.1%) agreed while the minority 10(12.8%) strongly disagreed. This implies that Community participation is a means of empowering people, by developing their skills and abilities, to enable them to negotiate and make appropriate decisions for their development.

**Table 9: The relationship between government effectiveness and service quality in Bwera District Hospital**

Responses	Frequency	Percentages (%)	
In this hospital, we strive to offer best medical services to our clients	Strongly Disagree	17	21.8%
	Disagree	13	16.7%
	Neutral	8	10.3%
	Agree	23	29.5%
	Strongly agree	17	21.8%
In this hospital, we are free from political pressure from politicians	Strongly Disagree	7	9.0%
	Disagree	18	23.1%
	Neutral	15	19.2%
	Agree	23	29.5%
	Strongly agree	15	19.2%
In this hospital, we endeavor to implement the government policies to their logical conclusion	Strongly Disagree	5	6.4%
	Disagree	13	16.7%
	Neutral	24	30.8%
	Agree	21	26.9%
	Strongly agree	15	19.2%
In this hospital people have trust in the quality of services	Strongly Disagree	8	10.3%
	Disagree	8	10.3%
	Neutral	24	30.8%
	Agree	20	25.6%
	Strongly agree	18	23.1%
Performance status of this hospital is availed for public consumption	Strongly Disagree	6	7.7%
	Disagree	16	20.5%
	Neutral	19	24.4%
	Agree	16	20.5%

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	Disagree	13	16.7%
	Neutral	8	10.3%
	Agree	23	29.5%
	Strongly agree	17	21.8%
In this hospital, we are free from political pressure from politicians	Strongly Disagree	7	9.0%
	Disagree	18	23.1%
	Neutral	15	19.2%
	Agree	23	29.5%
	Strongly agree	15	19.2%
In this hospital, we endeavor to implement the government policies to their logical conclusion	Strongly Disagree	5	6.4%
	Disagree	13	16.7%
	Neutral	24	30.8%
	Agree	21	26.9%
	Strongly agree	15	19.2%
In this hospital people have trust in the quality of services	Strongly Disagree	8	10.3%
	Disagree	8	10.3%
	Neutral	24	30.8%
	Agree	20	25.6%
	Strongly agree	18	23.1%
Performance status of this hospital is availed for public consumption	Strongly Disagree	6	7.7%
	Disagree	16	20.5%
	Neutral	19	24.4%
	Agree	16	20.5%
	Strongly agree	20	25.6%

According to the table above, the relationship between government effectiveness and service quality in Bwera District Hospital as given by respondents include; Firstly concerning the issue of whether In this hospital, we strive to offer best medical services to our clients, the majority 23(29.5%) agreed while the minority 8(10.3%) were neutral. Implies that the Health care providers want to deliver the best possible to the patients. More to that, responses on whether hospital, offer free from political pressure from politicians, the majority 23 (29.5%) agreed while minority 7(9.0%) strongly disagreed. This is an indicator that the employees are independent which enable

them to have government effectiveness towards service quality. In addition to the above, responses on whether the hospital, endeavor to implement the government policies to their logical conclusion, the majority 24(30.8%) were neutral while the minority 5(6.4%) strongly disagreed. This implies that the government is continually failing to look for better ways to achieve their policy goals. In addition to the above, on the issue of whether the hospital people have trust in the quality of services, the majority 24(30.8%) were Neutral while the minority 8(10.3%) strongly disagreed. This confirms that there is no perceived service quality that will significantly and positively influence

customer/patients' trust. Lastly, on the issue of whether the performance status of the hospital is availed for public consumption, the majority 20(25.6%) strongly agreed while the minority 6(7.7%)

strongly disagreed. This implies that the hospital policies are set towards effective service delivery to the community members.

### CONCLUSION

The rule of law in rural areas like Kasese has not effectively enforced health workers, despite high demand for medical specialists. Government regulations have not addressed the issue of insufficient specialists, and external regulators have not provided adequate checks and balances. Public hospitals are more reactive to government regulations due to

limited human resources and numerous reports. Government effectiveness is lacking, and the responsibility to govern healthcare quality is not being met. Boards and managers need to differentiate between common governance approaches and engage in various task work processes to fulfill governance responsibilities.

### RECOMMENDATIONS

Government regulations are crucial for public hospitals to provide services and ensure rule of law. However, there is a shortage of medical specialists, and these regulations allow them to work in different locations. External regulators must be proactive to enhance service quality in Bwera District hospital. Public

hospitals are more reactive to government regulations due to limited human resources and numerous reports. Board members need to differentiate between common governance approaches and engage effectively in various task processes to fulfill governance responsibilities.

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