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Influence of Human Resources Capacity on Quality Service Delivery at Comprehensive Care Centre in Kenyatta National Hospital

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Abstract **Original Research Article**

Quality and timely service delivery are always and should always be the focus of any organization. According to Mallon (2019), nine out of ten organizations failed to achieve proper service delivery objectives due to a lack of proper strategy implementation. Therefore, the aim of the current study is to examine the influence of human resource capacity on quality service delivery at the Comprehensive Care Centre in Kenyatta National Hospital. The study will be anchored on Competence Theory. The target population comprised of 9,408. While the sample size of 499 was calculated using the Yamane 1967 formula. Data were collected using a well-structured questionnaire. Data was analyzed using descriptive and inferential statistics. Results revealed that the model was statistically significant at p-value=0.001. The R2 value of 0.315 revealed that 31.5% (percent) of the variation in the quality-of-service delivery can be associated with Human resource capacity. Analysis of variance shows that the calculated F-value = 53.258 at P-value 0.000<0.05 with the critical value of F (1, 441) =3.346. Since the calculated value F (75.300) is greater than the critical value (3.86). The hypothesis that there is no statistically significant effect of human resource capacity on quality service delivery at the Comprehensive Care Centre in Kenyatta National Hospital is rejected. Further, the results revealed that a unit change in human resource capacity led to a 0.680 positive change in quality service delivery, given that other factors were held constant. Thus, there was a positive relationship between human resource capacity and quality service delivery. The study recommends that the hospital management should prioritize regular training and professional development programs for continuous staff capacity development.

Keywords: Human resource capacity, quality of service delivery.

BACKGROUND OF THE STUDY

Quality and timely service delivery are always and should always be the focus of any organization; thus, proper Human resource capacity should ensure that an organization follows the right channel to achieve this objective, following the mission and vision (Cakir *et al.,*2020). Further, for a strategy to work in an organization, there should be proper resource allocation. Human resource capacity becomes an essential pillar and an art of getting things done right to realize the organization's goal, and finally, quality service delivery.

According to Mallon (2019), nine out of ten organizations failed to achieve proper service delivery objectives due to a lack of proper strategy implementation, 60% did not align their strategic plan to their budget, 75% never budgeted for employee motivation, and 95% of the employees had never seen the strategic plan. Subsequently, about 86% of the managers discussed the organization's strategy for only half an hour. It was challenging to implement a strategy without interrelating activities in an organization (Bryson & George, 2020). In the 1940s, concerns about the clinical settings were raised, but they had no impact. According to Gichuhi, (2025), it is argued that compromised healthcare service quality is a global problem that needs to be swiftly addressed.

Amankwah *et al.,* (2023) proposed the idea that the quality of healthcare or services provided by public hospitals in Ghana was positively influenced by the work conditions or physical environment. The study also

emphasized a robust connection between the physical environment, the delivery of quality healthcare, and the selection of healthcare facilities. As a result, it is recommended that enhancing the physical aspect of the services offered can contribute to bettering the delivery of quality services. There was a strong link between the work conditions or physical environment and quality health care services. This corresponds to (Bellio *et al.,*2021), who suggested that a conducive working environment enhances the self-esteem and patient–doctor connection. The health facilities need practical relationships between diverse medical departments. The coordination of the medical departments in the facilities was first supporting patients to deal with anxiety and secondly reducing work-related tension among the health workers.

Human resource capital remains one of the key factors translating strategy into action (Suharsono, 2026). Across Africa, there is growing recognition that employee engagement, capacity development, and leadership commitment are essential for effective implementation. However, challenges such as skills gaps, uneven access to training, and brain drain can hinder progress. In response, many organizations emphasize culturally responsive leadership approaches and localized capacity building that resonate with diverse workforces. Social capital and Informal networks are often stronger in African societies also become valuable assets in mobilizing support, sustaining momentum, facilitating communication, and during implementation processes (Kimote *et al.,*2025).

Statement of the problem

According to Mallon (2019), nine out of ten organizations failed to achieve proper service delivery objectives due to a lack of proper strategy implementation, 60% did not align their strategic plan to their budget, 75% never budgeted for employee motivation, and 95% of the employees had never seen the strategic plan. The Kenya Health Strategy (2018-2023) report sets out clear guidance on how health care services should be carried out since the implementation had not been well done.

The high staff turnover and migration of workers were associated with a poor working environment, a lack of crucial tools and policies to address staffing, as well as using old systems in managing information, which affected the delivery of quality service (GOK 2014-2030). The ministry of health annual report (2021) noted that service delivery was slow at KNH with patients subjected to long waiting time to receive services such that the anticipated target of tuberculosis was 350 cases annually, but only 140 cases responded, while for HIV, some patients took one dose of medicines and disappeared, this indicated inadequate integration, reliability, and responsiveness which contributed to mismanagement of patients' health, time, and poor service delivery (Musili *et al.,*2021).

Different researchers have suggested several human resource efforts at different levels. For instance, Rahman, Mikhaylov, & Bhatti (2024) looked at human capital investment on investment deficiency. However, Human resource capacity, specifically with reference to quality service delivery, is under-researched. Despite the Kenya Health Strategy (2018-2023) report setting out clear guidance on how health care services should be carried out, the implementation has not been well done. With this background, the current study will attempt to identify how Human resource capacity influences the quality-of-service delivery at Kenyatta National Hospital Comprehensive Care Centre.

Theoretical review

Competence Theory

Competence theory serves as a framework designed to clarify why individuals are motivated to engage in activities, persevere, put in greater effort, and feel confident or capable. It upholds the impression that people engage in activities to develop and demonstrate their skills and experience a belief in their competence. Competence theory was assumed by McClelland in the 1960s, shifting the emphasis from assessing competency solely in terms of knowledge, skills, and attitudes to instead concentrating on self-image, values, traits, and motivational dispositions that distinguish performance in a specific task.

This theory was employed by Biron *et al.,*(2024) to analyze how strategy formulation is implemented and the outcome of its implementation in an organization. The theory is, however, weak in that it doesn't prescribe specific competencies, especially in the case of new knowledge. Further, the theory considers objectivity approach to learning. Thus, ignoring the significance of social learning. Moreover, it lacks a practical base and a micro-theoretic underpinning. Therefore, it is difficult to discover the properties of single resources and competencies on performance.

The competence theory was applied in this study to address the strategy implementation dimension of culture, looking at the organization's image and values. It also looked at human resources of knowledge, attitudes, and skills for quality service delivery. The theory also helps in understanding the holistic industrial organization and the management of human resource capacity to make quality decisions.

Empirical review of literature

Rahman, Mikhaylov, and Bhatti, (2024) examined the relationship between investment in human capital and organizational performance. The study employed a fixed-effect econometric model and analyzed data from 16 football clubs in Italy with 144 respondents. The findings highlighted that clubs with CEO duality and a significant presence of family members on the board outperformed those lacking such governance structures, earning from player contract

investments. The findings are in tandem with those by Sokoloff *et al.,* (2020), who assessed the attitudes toward patient care and operations at Korle-Bu teaching hospital in Accra, Ghana. The study used a questionnaire guide to conduct interviews and collect data from the 40 sampled participants. They found out that there was a scarcity of health care workers, leading to patients' lengthy waiting hours.

Malinga *et al.,* (2026) examined strategic interventions for enhancing service delivery within Mkhondo Local Municipality, South Africa. A qualitative research design was employed. The sample was 10 experienced municipal staff participants as key informants from the supply chain management and finance departments. Data was gathered through semi-structured interviews. NVivo 12 was used to analyze the data. Their study was also grounded in consequential theory. They found out that there were barriers such as weak monitoring and evaluation, limited transparency in procurement processes, and no meaningful engagement of the community. They recommend that the implementation of performance-based accountability, solidification of stakeholder engagement, and warranting transparency in municipal processes can significantly improve service delivery. The study, however, ought to have considered a larger sample size compared to 10 participants; this was mitigated in this study, which was also quantitative in nature.

Omollo and Engairo (2026) examined the relationship between digital human resource management (HRM) practices within the Judiciary of Kenya. The study variables were the role digital HRM systems have a significant influence on employee productivity, particularly when supported by a conducive organizational culture. The peer-reviewed empirical study's methodology was used, focusing on key digital HRM dimensions such as e-performance appraisal, e-recruitment, e-training, and e-compensation. Guided by theoretical frameworks including the person-environment fit theory, the Technology Acceptance Model, the theory of planned behavior, goal-setting theory, and job demands-resources theory. Results revealed that e-performance appraisal systems enhance productivity when they are designed with fairness and transparency, although their effectiveness is often limited by inadequate technological infrastructure. Similarly, e-recruitment improves hiring efficiency but is undermined by challenges such as political interference. E-training was found to improve productivity indirectly, particularly when high-quality training content is provided, while poorly designed programs show minimal impact.

Conceptual Framework

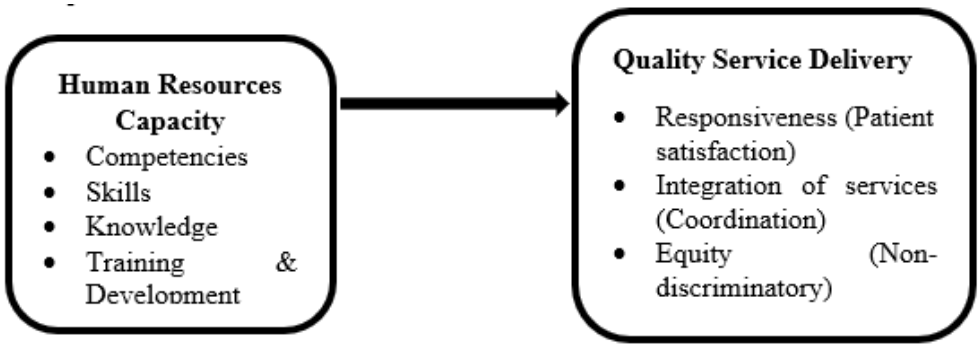

Figure 1: Concep Figure 2: Conceptual Framework tual Framework

METHODOLOGY

According to Sileyew (2019), research design gives the plan and procedure for conducting a study. Researchers develop a detailed method for data collection and analysis by making assumptions. The primary types of research designs include descriptive, experimental, correlational, explanatory, and diagnostic. The study employed a descriptive cross-sectional research design, in which data were gathered at a single point in time to capture and reflect the current state of affairs. The study took place at the CCC in Kenyatta National Hospital, with participants selected from this centre, which caters to an average of 150 patients daily. With a target population of 9408 comprising 9372 patients and 36 healthcare workers. In stratified random sampling, a technique was used in sampling the population by categorizing the group into two groups with similar characteristics.

Sample was calculated using Yamane 1967 formula

$n = \frac{N}{1+Ne^2}$ Sample size (n) = $\frac{9408}{1+9408\ (0.05)^2)}$

Thus, n = 384 respondents. For non- responses 30% was accounted for 384*30% = 115 +384 respondents
Thus n = 499 respondents

Questionnaires well structure were utilized to gather primary data from the respondents. The drop-and-pick later technique was used to administer the questionnaire, which allows respondents time to fill it out before collecting them again for the purpose of analysis. Descriptive statistics and inferential statistics were utilized in data analysis. Frequencies, mean, percentages,

and Std. Deviation aided in the re-representation of the results findings. All analyses were performed using SPSS version 23.

RESULTS

Results revealed that out of 499 questionnaires distributed a total of 443 were filled and returned showing a response rate of 88.78%. Moreover, 56 questionnaires were not returned because of unknown reasons. This response rate of 88.78% indicates a good respondent rate. According to Holtom, *et al.,*(2022) noted that the response rate above 65% is deemed best response rate. Thus, the response rate in the current study was deemed to be the best response rate.

Table 1: Response rate

	Frequency	Percentage (%)
Returned questionnaire	443	88.78%
Not returned	56	11.22 %
Total	499	100

Source: Field Data (2026)

Correlations analysis

Correlation analysis was conducted to establish whether there is a relationship existing between variables.

Table 2: Correlations Table

Correlations			
		Human resource capacity	**Quality Service Delivery**
Human resource capacity	Pearson Correlation	**Human resource capacity**	**Quality Service Delivery**
	Sig. (2-tailed)		.000
	N	443	443
Quality Service Delivery	Pearson Correlation	.138*	1
	Sig. (2-tailed)	.001	
	N	443	443
**. Correlation is significant at the 0.01 level (2-tailed).			

Results revealed that there was a weak but positive relationship between Human resource capacity and Quality Service Delivery. Between organizational culture and Quality Service Delivery (r= .138*, p-value = 0.001) this is confirmed by the correlation's coefficient value<0.5, this means that effective human resource capacity tends to be linked with better Quality Service Delivery

Descriptive statistics

The objective of the study was to examine the influence of human resources capacity on quality service delivery at the Comprehensive Care Centre in Kenyatta National Hospital. To determine this relationship, the study used descriptive statistics using a total of 10 statements to examine the level of agreement and disagreement regarding these statements, measuring the influence of human resource capacity on quality-of-service delivery.

Table 3: Descriptive Statistics on Human Resource Capacity (N= 443)

Statements	N	Minimum	Maximum	Mean	Std. Deviation	Skewness	Kurtosis
Promotions are provided according to competencies of workers	443	1.00	5.00	2.2460	.96098	.812	.457
I am offered an opportunity to use my varied skills	443	1.00	5.00	2.0000	.89746	.962	.996
The hospital has competent employees	443	1.00	5.00	2.0497	1.02338	1.020	.746
The supervisors receive more trainings than their subordinates	443	1.00	5.00	2.2077	1.03872	.914	.473
The hospital effectively disseminates its strategic plans to all stakeholders through appropriate communication channels	443	1.00	5.00	2.2190	1.04617	.946	.578
Unskilled workers are considered for trainings	443	1.00	5.00	2.1941	1.03481	.921	.623
There is continuous development for the management staff	443	1.00	5.00	2.1106	1.01525	1.028	.870
The employee in the hospital are adequate and have the necessary qualifications.	443	1.00	5.00	2.1016	.91051	1.081	1.699
All workers get a chance to go for trainings	443	1.00	5.00	1.9842	.80284	1.346	3.030
The workers are knowledgeable about the job	443	1.00	5.00	2.0677	1.02455	.954	.416
Average mean	**443**			**2.11806**	**0.975467**	**0.9984**	**0.9888**

Source: Field Data (2026)

The descriptive statistics in Table 3 indicate varying levels of agreement among respondents regarding human resource capacity within the health facility. The first statement, whether promotions are provided according to the competencies of workers, results depicted a mean of 2.2460, implying that the majority of the respondents strongly agreed with this statement, while the Std. Deviation (0.96098), suggesting the presence of minimal variation in the responses. On the statement whether they are offered an opportunity to use their varied skills had a mean of 2.000, meaning that the majority strongly agree with this statement, while the Std. Deviation (0.89746), indicating minimal variation in the responses. Similarly, on the statement whether the hospital has competent employees, results depicted a mean of 2.0497, meaning that the majority moderately agreed with this statement, while the Std. Deviation (1.02338) depicted a moderate consistency in the responses.

On the statement whether the supervisors received more training than their subordinates, the result depicted by the mean of 2.2077 implies that the majority of the respondents moderately agreed with the statement, and a Std. Deviation (1.03872) means that there were some minimal variations in responses. The next statement was whether the hospital effectively disseminates its strategic plans to all stakeholders through appropriate communication channels, results depicted a mean of 2.2190, implying that there were moderates agreement by the majority of the respondents, while the Std. Deviation (1.04617), indicating the presence of some variations in the responses. On the statement whether unskilled workers are considered for training, results recorded a mean of 2.1941, implying that most respondents moderately supported the statement and a Std. Deviation (1.03481), implying that there were some moderately diverse opinions among respondents regarding the statement.

Further, the respondents were asked to respond to the statement whether there is continuous development for the management staff, results depicted a mean of 2.1106, which implied that the majority of the respondents moderately agreed to the statement, while a Std. Deviation (1.01525) indicated some substantial variation in the responses. Moreover, the respondents were asked whether the employees in the hospital are adequate and have the necessary qualifications. The results yielded a mean of 2.1016, which implied that they moderately agreed with the statement, while the Std. Deviation (0.91051) implied that there was very minimal variation in the responses. On the statement whether all workers get a chance to go for training, depicted a mean of 1.9842 m, indicating that they strongly agreed with the statement, while the Std. Deviation (0.80284), and indicating moderate consensus. There was limited variation in responses to the statement. Lastly, on the statement whether the workers are knowledgeable about the job resolutions, results depicted by a mean of 2.0677, indicating that there was moderate agreement with the statement, while the Std. Deviation (1.02455) implied that there were minimal diverse responses regarding the statement, indicating that there was comparatively moderate agreement and moderate diversity in responses.

The overall mean of 2.11806 means that the majority of the respondents moderately agree with the majority of the statements regarding human resource capacity and Std. Deviation (0.975467), this suggests that there were minimal variations in responses regarding the statements on human resource capacity. Thus, this indicates that there is a positive relationship between human resource capacity and quality service delivery at the Comprehensive Care Centre in Kenyatta National Hospital.

Testing of Hypotheses

The objective was to examine the effect of human resources capacity on quality service delivery at the Comprehensive Care Centre in Kenyatta National Hospital. This objective was achieved using simple regression analysis to check the relationship. Three outputs were established, which include a model summary to check model fitness, an ANOVA table to check whether your overall regression model is statistically significant, and lastly, the coefficient table to check the strengths and direction of the relationship.

From this objective the following hypothesis was formulated

H_{01} There is no statistically significant effect of human resources capacity on quality service delivery at comprehensive care centre in Kenyatta National Hospital. The results are presented in the following table 4

Table 4: Model Summary

Model Summary									
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**	**Change Statistics**				
					R Square Change	**F Change**	**df1**	**df2**	**Sig.F Change**
1	.561[a]	.315	.238	.47298	.315	4.434	1	441	.001
a. Predictors: (Constant), Human Resources Capacity									

Results in Table 4 indicated that the model was statistically significant at p-value=0.001. Thus, Human Resources Capacity was found to be associated with quality service delivery. The R^2 value of 0.315 revealed

that 31.5% (percent) of the variation in the quality-of-service delivery can be associated with Human resource capacity. Additionally, 68.5% of the changes in the quality-of-service delivery can be explained by other factors not included in the model. Thus, 68.5% of the changes in quality service delivery can be associated with other factors not included in the model, thus unexplained.

Table 5: ANOVA table for Human resource Capacity

ANOVA[a]						
Model		**Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
1	Regression	.992	1	.992	4.434	.001[b]
	Residual	98.657	441	.224		
	Total	99.649	442			
a. Dependent Variable: Quality Service Delivery						
b. Predictors: (Constant), Human Resources Capacity						

Source: Field Data (2026)

Analysis of variance (ANOVA) was carried out to establish whether your overall regression model is statistically significant to ascertain if the study variables have significant differences among them. On whether the variation in the data is primarily due to differences between the groups or if it can be attributed to random variability within the groups. The ANOVA was conducted at a 95% confidence level.

Analysis of variance shows that the calculated F-value = 53.258 at P-value 0.000<0.05 with the critical value of F (1, 441) =3.346. Since the calculated value F (75.300) is greater than the critical value (3.86), implying that given that the F-value is greater than the critical value (3.86). The hypothesis that there is no statistically significant effect of organizational culture on quality service delivery at the Comprehensive Care Centre in Kenyatta National Hospital is rejected. Thus, there is a significant relationship between human resource capacity and quality service delivery.

Table 6: Coefficients table for human resource capacity

Coefficients[a]						
Model		**Unstandardized Coefficients**		**Standardized Coefficients**	**t**	**Sig.**
		B	**Std. Error**	**Beta**		
1	(Constant)	2.087	.083		25.017	.000
	Human Resources Capacity	.680	.038	.100	2.106	.001
a. Dependent Variable: Quality Service Delivery						

Source (Fielded Data 2026)

The coefficient table presents results showing the strength and direction of the relationship between human resource capacity and quality of service delivery at the comprehensive care centre. Established. Table 6 represents the coefficient estimates to show the changes in the dependent variable (quality of service delivery at the comprehensive care centre) resulting from the changes in the independent variable (human resource capacity).

Results from the regression analysis revealed that a unit change in human resource capacity will lead to a 0.680 positive change in quality service delivery at the Comprehensive Care Centre in Kenyatta National Hospital, given other factors held constant. This was revealed by the beta value of 0.10.

QSD = 2.087+0.680 (HRC)

Where QSD is Quality of service delivered and HRC is human resource capacity.

The findings from this research indicated that Human resource capacity had a positive influence on the quality of service delivered with the CCC. Thus, human resource capacity depicted a positive and significantly determined the Quality of service delivered in general. One-unit change in human resource capacity when other factors are held constant improves the controlled influences Quality of service delivery to the tune of 68.5%. Further, human resource capacity accounts for 68.5% variation in the quality-of-service delivery. Thus, the results indicated that well-trained human resource capacity ensures competencies guiding employees on job descriptions and the provision of services within the organization. Thus, human resource capacity motivates employees for improved teamwork within an organization, positively contributing to better decision-making.

In conclusion, human resource capacity stands to be a significant determinant of quality service delivery at Kenyatta National Hospital's comprehensive care centre. These findings inform the conclusion that there is a positive and significant relationship between human resource capacity and quality service delivery at Kenyatta National Hospital's comprehensive care centre.

These findings are in line with the findings of other studies. For instance, a follow-up study by

Mustapha (2017) investigated the skills gap in strategy implementation among leaders in Singapore; thus, proper follow-up of Human Resource Capacity enhances service delivery. Effectively and in detail, Human Resource Capacity makes the job design outlined within the organization align with the needs of the organization and the services needed, and thus it improves the quality of services within the health facilities.

Summary of the Findings

Results from descriptive statistics indicate that, overall, the average mean of 2.11806 means that the majority of the respondents moderately agree with the majority of the statements regarding human resource capacity and Std. Deviation 0.975467, this suggests that there were minimal variations in responses regarding the statements on human resource capacity.

The results showed that hypothesis testing revealed that Human resources capacity depicted a positive and significant influence on quality service delivery at the Comprehensive Care Centre in Kenyatta National Hospital. The indicators of Human resources capacity were employee competencies, employee skills, knowledge, and training & development; these indicators collectively were found to depict a positive and significant influence on quality service delivery at the Comprehensive Care Centre in Kenyatta National Hospital.

CONCLUSION

Based on the results, the result were statistically significance (0.001), thus the hypothesis was rejected. The result indicates that their human resources capacity depicted a positive and significant influence on quality service delivery at the Comprehensive Care Centre in Kenyatta National Hospital. Thus, human resources capacity ensures employee competencies, they have the required Skills and Knowledge as well as Training & Development, which is significant in any form of services required within the hospital environment.

Recommendation

Given that human resource capacity was found to have a positive and significant influence on quality service delivery, the study recommends that the hospital management should prioritize regular training and professional development programs for continuous staff capacity development. The hospital management should also promote career advancement opportunities, establish mentorship programs, and conduct periodic skills assessments to ascertain competency gaps. Strengthening employee knowledge, abilities, and competencies will improve service efficiency and the overall quality of healthcare services provided.

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