

**QUALITY OF HEALTHCARE SERVICES AND CORPORATE SUSTAINABILITY  
AMONG PRIVATE HOSPITALS IN KENYA**

**BY**

**CAROLYNE MWEENDE LUMBI**

**MASTER OF BUSINESS ADMINISTRATION  
(CORPORATE MANAGEMENT)**

**KCA UNIVERSITY**

**2025**

**QUALITY OF HEALTHCARE SERVICES AND CORPORATE SUSTAINABILITY  
AMONG PRIVATE HOSPITALS IN KENYA**

**BY**

**CAROLYNE MWENDE LUMBI**

**23/02587**

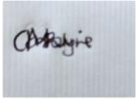
**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR THE AWARD OF MASTER OF BUSINESS  
ADMINISTRATION (CORPORATE MANAGEMENT) IN THE SCHOOL OF  
BUSINESS AT KCA UNIVERSITY**

**MARCH, 2025**

## DECLARATION

I declare that this dissertation is my original work and has not been previously published or submitted elsewhere for award of a degree. I also declare that this contains no material written or published by other people except where due reference is made and author duly acknowledged.

**Student Name: Carolyne Mwende Lumbi Reg. No. 23/02587**

Sign:  .....

Date: 15/10/2024 .....

### Declaration by University Supervisor

I do hereby confirm that I have examined the master's dissertation of

**Carolyne Mwende Lumbi**

And have certified that all revisions that the dissertation panel and examiners recommended have been adequately addressed.

Signed:  ..... Date: 15.10.2024

**Dr. Edward Owino**  
**Dissertation Supervisor**

## ABSTRACT

The healthcare industry is becoming one of the most competitive markets across the globe thus forming a significant part of any country's economy (Zhang et al. 2024). As the demand for high-quality healthcare services rises such as meeting accreditation requirements, growing patients' expectations, and financial limitations, this poses a challenge in the operations of Private healthcare institutions. This study aimed to determine the effect of the quality of healthcare services on corporate sustainability in private hospitals in Kenya. The guiding objectives were to evaluate the effect of healthcare reliability, healthcare responsiveness and healthcare empathy on corporate sustainability. To conduct the research, a descriptive research design was used. The target population consisted of 114 patients from three large private hospitals in Kenya that had the highest number of medical outpatient clinics countrywide. Structured questionnaires were used to gather raw data for this study. To improve the viability of the research approach, a pilot study was carried out with a sample size of 12 respondents who were excluded from the final data. To guarantee representation across different services offered within these private hospital institutions, a stratified random selection technique was utilized. Data processing steps involved coding the responses and entering them into statistical software for analysis. To produce descriptive statistics (frequencies, means, standard deviation, and percentages) and inferential statistics (correlation coefficients, regression coefficients, and ANOVA), the quantitative data was submitted to SPSS version 25. A relationship between the variables was found using Pearson's Product Moment Correlational Analysis. The generally accepted 0.05 significance threshold was used to evaluate the hypotheses using the F-statistical test. Tables were used to display the statistical results. Prominent discoveries demonstrate robust affirmative associations between corporate sustainability and were presented in this order healthcare reliability ( $r = 0.735$ ), responsiveness ( $r = 0.733$ ), and empathy ( $r = 0.734$ ). The three null hypotheses were accordingly rejected and consequently, it was determined that there is a substantial correlation between healthcare reliability, healthcare responsiveness, level of healthcare empathy and corporate sustainability among private hospitals. The resolved model was  $y = 0.28 + 0.36X_1 + 0.26X_2 + 0.30X_3 + \varepsilon$ . The study determined that advancements in these domains considerably amplify corporate sustainability. According to the study, in order to promote a sustainable healthcare environment, private healthcare institutions should give priority to activities that aim to improve responsiveness, reliability, and level of empathy. Healthcare providers should participate in training programs to acquire these critical abilities, eventually improving patient satisfaction and organizational performance.

This study adds to the body of knowledge by highlighting the necessity of integrated strategies that link high-quality care with sustainability objectives and offer healthcare executives, legislators and stakeholders' practical insights. This study's implications go beyond Kenya; it provides insights for other developing regions dealing with comparable issues with sustainability and healthcare delivery.

## **DEDICATIONS**

This dissertation is dedicated to my family, mentor, and friends for their continuous support and encouragement, as well as their ideals of diligence, tenacity, and dedication. To God be all the glory.

To Moses Njagi, thank you for being the reason why I made it through, for your understanding and superb support. Thank you

## **ACKNOWLEDGEMENTS**

I acknowledge the Almighty God for His sufficient grace, good health and strength that He granted me during this project period. I would also like to thank my supervisor, Dr Edward Owino who patiently guided me in my research project. Your expertise was professional and enormous in helping me reach this academic realization.

I would also like to thank my KCA University professors for providing me with corporate management expertise that has empowered me. To be honest, my motivation to continue this study was sparked by the abilities and knowledge I obtained.

## TABLE OF CONTENTS

|   |             |
|---|-------------|
| <b>DECLARATION</b> .....                        | <b>i</b>    |
| <b>ABSTRACT</b> .....                           | <b>ii</b>   |
| <b>DEDICATIONS</b> .....                        | <b>iii</b>  |
| <b>ACKNOWLEDGEMENTS</b> .....                   | <b>iv</b>   |
| <b>TABLE OF CONTENTS</b> .....                  | <b>v</b>    |
| <b>LIST OF TABLES</b> .....                     | <b>viii</b> |
| <b>LIST OF FIGURES</b> .....                    | <b>ix</b>   |
| <b>OPERATIONAL DEFINATION OF TERMS</b> .....    | <b>xi</b>   |
| <b>CHAPTER ONE</b> .....                        | <b>1</b>    |
| <b>INTRODUCTION</b> .....                       | <b>1</b>    |
| 1.1 Background of the study .....               | 1           |
| 1.1.1 Quality of Healthcare Services.....       | 4           |
| 1.1.2 Corporate Sustainability.....             | 6           |
| 1.1.3 Private Healthcare Institutions .....     | 8           |
| 1.2 Statement of the Problem.....               | 10          |
| 1.3 Objectives of the Study.....                | 12          |
| 1.3.1 The general objective of the study .....  | 12          |
| 1.3.2 The specific objectives of the study..... | 13          |
| 1.4 Research Hypothesis.....                    | 13          |
| 1.5 Significance of the Study .....             | 13          |
| 1.5.1 Policy makers and regulators .....        | 14          |
| 1.5.2 Healthcare providers .....                | 14          |
| 1.5.3 Patients .....                            | 14          |
| 1.5.4 Academic and researchers.....             | 15          |
| 1.5.5 Healthcare investors.....                 | 15          |
| 1.6 The Scope of the Study .....                | 15          |
| <b>CHAPTER TWO</b> .....                        | <b>17</b>   |
| <b>LITERATURE REVIEW</b> .....                  | <b>17</b>   |
| 2.1 Introduction.....                           | 17          |
| 2.2 Theoretical Review .....                    | 17          |

|   |           |
|---|-----------|
| 2.2.1 Service Quality Theory .....                                | 17        |
| 2.2.2 Stakeholder Theory .....                                    | 19        |
| 2.2.3 Triple Bottom Line (TBL) Theory .....                       | 20        |
| 2.2.4 Corporate Social Responsibility (CSR) Theory .....          | 22        |
| 2.3 Empirical Review.....   | 24        |
| 2.3.1 Healthcare Reliability and Corporate Sustainability .....   | 24        |
| 2.3.2 Healthcare Responsiveness and Corporate Sustainability..... | 26        |
| 2.3.3 Healthcare Empathy and Corporate Sustainability .....       | 29        |
| 2.4 Knowledge Gap .....   | 31        |
| 2.5 Conceptual framework.....                                     | 33        |
| 2.6 Operationalization of the variables .....                     | 35        |
| <b>CHAPTER THREE.....</b>   | <b>37</b> |
| <b>RESEARCH METHODOLOGY .....</b>                                 | <b>37</b> |
| 3.1 Introduction.....   | 37        |
| 3.2 Research Design.....  | 37        |
| 3.3 Population of the Study.....                                  | 38        |
| 3.4 Sample Size and Sampling Procedure .....                      | 39        |
| 3.5 Instrumentation and Data Collection .....                     | 39        |
| 3.5.1 Pilot Test.....   | 40        |
| 3.5.2 Validity of Instrument.....                                 | 41        |
| 3.5.2 Reliability of Instrument .....                             | 42        |
| 3.7 Data Analysis and Presentation.....                           | 42        |
| 3.8 Diagnostic Tests .....  | 44        |
| 3.8.1 Normality test.....   | 44        |
| 3.8.2 Homoscedasticity .....                                      | 44        |
| 3.8.3 Multicollinearity test .....                                | 44        |
| 3.9 Ethical Considerations .....                                  | 45        |
| <b>CHAPTER FOUR .....</b>   | <b>46</b> |
| <b>RESULTS AND DISCUSSION.....</b>                                | <b>46</b> |
| 4.1 Introduction.....   | 46        |
| 4.2 Questionnaire Response Rate .....                             | 46        |
| 4.3 Reliability Statistics .....                                  | 48        |

|  |           |
|--|-----------|
| 4.4 Background Information.....  | 48        |
| 4.4.1 Distribution of Respondents by Gender.....                             | 49        |
| 4.4.3 Distribution of Respondents by education level .....                   | 51        |
| 4.4.4 Distribution of Respondents by number of hospital visits.....          | 52        |
| 4.5 Descriptive Analysis .....   | 53        |
| 4.5.1 Healthcare reliability and corporate sustainability.....               | 53        |
| 4.5.2 Healthcare responsiveness and corporate sustainability .....           | 57        |
| 4.5.3 Healthcare empathy and corporate sustainability .....                  | 59        |
| 4.5.4 Healthcare Corporate sustainability.....                               | 62        |
| 4.5.5 Factors contributing to corporate sustainability.....                  | 65        |
| 4.6 Diagnostic Tests.....  | 66        |
| 4.6.1 Normality test.....  | 67        |
| 4.6.2 Homoscedasticity.....  | 67        |
| 4.6.3 Multicollinearity test.....  | 69        |
| 4.6.4 Correlational Analysis.....  | 71        |
| Correlation .....  | 72        |
| 4.7 Regression Analysis.....   | 74        |
| <b>CHAPTER FIVE .....</b>  | <b>79</b> |
| <b>SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....</b>                         | <b>79</b> |
| 5.1 Introduction.....  | 79        |
| 5.2 Summary of Findings.....   | 79        |
| 5.2.1 Effect of Healthcare reliability on corporate sustainability .....     | 79        |
| 5.2.2 Effect of Healthcare responsiveness on corporate sustainability.....   | 81        |
| 5.2.3 Effect of level of healthcare empathy on corporate sustainability..... | 82        |
| 5.3 Conclusions.....   | 82        |
| 5.4 Recommendations.....   | 83        |
| 5.5 Areas for Further Studies .....  | 84        |
| <b>REFERENCES .....</b>  | <b>85</b> |
| <b>APPENDICES.....</b>   | <b>93</b> |
| Appendix i: Transmittal Letter.....  | 93        |
| Appendix ii.....   | 94        |
| Research Questionnaire i .....   | 94        |

## LIST OF TABLES

|  |    |
|--|----|
| TABLE 1: Operationalization of variables .....   | 35 |
| TABLE 2: Questionnaire Response Rate .....   | 47 |
| TABLE 3: Reliability Statistics.....   | 48 |
| TABLE 4: Gender Distribution.....  | 49 |
| TABLE 5: Age Distribution .....  | 50 |
| TABLE 6: Education Distribution .....  | 51 |
| TABLE 7: Hospital Visit Distribution .....   | 52 |
| TABLE 8: Descriptive findings on Healthcare reliability and Corporate Sustainability.....    | 55 |
| TABLE 9: Descriptive findings on Healthcare Responsiveness and Corporate sustainability..... | 58 |
| TABLE 10: Descriptive findings on Healthcare Empathy and corporate sustainability .....      | 60 |
| TABLE 11: Corporate Sustainability among Private Hospitals in Kenya .....                    | 63 |
| TABLE 12: Factors contributing to corporate sustainability .....                             | 65 |
| TABLE 13: Normality Test.....  | 67 |
| TABLE 14: Breusch – Pagan Test for Homoscedasticity .....                                    | 68 |
| TABLE 15: Multicollinearity Test .....   | 70 |
| TABLE 16: Correlational Analysis .....   | 71 |
| TABLE 17: Regression Analysis .....  | 75 |
| TABLE 18: ANOVA .....  | 76 |
| TABLE 19: Regression Coefficients .....  | 77 |

## LIST OF FIGURES

|  |    |
|--|----|
| FIGURE 1: Conceptual framework .....   | 34 |
| FIGURE 2: Residual vs fitted plot..... | 69 |

## **ABBREVIATIONS AND ACRONYMS**

- CQI** - CONTINUOUS QUALITY IMPROVEMENT
- CSR** - CORPORATE SOCIAL RESPONSIBILITY
- HMIS** - HEALTH MANAGEMENT INFORMATION SYSTEMS
- QA** - QUALITY ASSURANCE
- SERVQUAL** - SERVICE and QUALITY
- SDGs** - SUSTAINABLE DEVELOPMENT GOALS
- TQM** - TOTAL QUALITY MANAGEMENT
- TBL** - TRIPLE BOTTOM LINE

## OPERATIONAL DEFINATION OF TERMS

**The quality of healthcare services:** The extent to which the provision of healthcare to people and populations improves the probability of desired health outcomes. The degree to which healthcare services are patient-centered, timely, efficient, safe, and equitable is what determines it (Institute of Medicine, 2001).

**Corporate sustainability:** The ability of a company to function in a way that satisfies current demands without jeopardizing the ability of future generations to fulfill their own needs. It is sometimes called the "triple bottom line" since it includes social, economic, and environmental aspects (Elkington, 1997). Within the healthcare industry, corporate sustainability pertains to preserving financial stability while guaranteeing superior patient care and making a constructive contribution to the community.

**Healthcare reliability:** The regularity and dependability of healthcare services rendered to patients. It shows how well healthcare systems are able to continuously provide services that live up to patient expectations and set standards (Batalden et al., 2016).

**Healthcare responsiveness:** the ability and willingness of healthcare practitioners to swiftly and effectively address the demands of their patients. According to the World Health Organization (2000), it encompasses elements including prompt access to care, efficient communication, and the entire patient experience throughout healthcare encounters.

**Healthcare Empathy:** The ability of medical professionals to understand and relate to their patients' emotions. It entails assessing patients' emotional states and reacting to them with compassion and encouragement, which can greatly improve patient outcomes and satisfaction (Hojat et al., 2011).

# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the study

Globally, the need for better quality healthcare services has, of late, become a crucial determinant of sustainability and performance for private healthcare institutions leading to improved health outcomes and reduced waste. As a country develops, the urge for a better quality of life is undebatable (Awang et al. 2023) as this is crucial to patients, corporations, and the government as it impacts the general population. The World Health Organization (WHO) highlights that attaining universal health coverage and enhancing health outcomes require access to high-quality healthcare (WHO, 2021) and countries need to establish national quality policy and strategy that fosters quality culture. In order to achieve the Sustainable Development Goals (SDGs) under 2030 agenda, especially Goal 3 (Shulla & Leal-Filho, 2023), which aims to ensure healthy lives and promote well-being for all at all ages, these dimensions of high quality such as efficacy, safety and patient-centeredness are crucial for healthcare systems around the world (D'Adamo et al., 2021).

Despite the financial constraints that healthcare institutions face, they also have to deal with increased patient expectations, strict regulations, and complex procedures that determine their future sustainability and overall success. Additionally, evaluating the quality of services offered by healthcare institutions is crucial to corporate sustainability as it affects its reputation. Despite all this, the impact of the quality of healthcare services on corporate sustainability has not yet been thoroughly examined (Fatima et al., 2018) (Getele et al., 2020). Nevertheless, technological advancements, patient-centered care, and socially responsible practices are also transforming private Healthcare Institutions.

Private healthcare institutions offer services that public healthcare cannot provide with their upscale technology. They also operate in a very competitive environment, with many investing billions of moneys in market penetration and diversifying their products. This implies that Private healthcare facilities that prioritize on quality management are better placed hence evaluating the quality-of-service delivery is of the essence as it influences patient satisfaction, financial performance, and operational efficiency.

The advancement of technology, socially responsible practices, accreditation, safety, and patient-centered care are bringing great transformation to the healthcare sector globally. A European study has also identified healthcare quality as an important component that improves health performance (Dorota, 2016). The overall health of any nation depends on its ability to offer quality healthcare services that are patient-centered and efficient to all its people. With the emerging trends in healthcare, the quality of healthcare services remains a matter of great interest and evaluation. Despite the formation of sustainable development goals that have improved maternal health and other diseases across the globe, disparities in access to quality healthcare remain a challenge. This has also not been achieved because of financial constraints and a lack of proper continuous employee training and development programs in private healthcare institutions.

In Africa, healthcare organizations have used continuous quality improvement (CQI) and total quality management (TQM) for decades to provide higher-quality and more affordable care. The need for better healthcare quality is emphasized by the African Union (AU, 2020) as a way to improve health outcomes and promote economic development throughout the continent. A growing number of nations in Africa are implementing policies meant to enhance the provision of healthcare services, emphasizing patient-centered care and quality improvement programs. Despite all this, lack of funding, poor infrastructure, and a high rate of sickness are common problems facing

healthcare systems in Africa. In addition, there has been an increasing focus on quality improvement programs in East Africa, as evidenced by the legislation that Tanzania, Kenya, and Uganda have put in place to improve the provision of healthcare services. Understanding that regional collaboration can result in improved health outcomes and sustainability, the East African Community (EAC) has also started collaborative efforts to improve healthcare quality among member states (EAC, 2019).

Private healthcare institutions in Kenya have grown significantly as a result of demand for quality medical services and dare need for efficient healthcare delivery systems. In addition, they have a great role in ensuring quality services while maintaining long-term sustainability. Pressure from regulations, limited funding, and high patient expectations are some of the issues the Kenyan healthcare system must deal with. In order to meet health objectives and enhance the general health of the population, the Kenya Health Policy (2014-2030) emphasizes the significance of providing high-quality healthcare services. Numerous private hospitals continue to struggle with problems pertaining to patient satisfaction, service delivery and business sustainability even in the face of regulatory agencies established to guarantee the quality of healthcare (Fatima et al., 2018). Additionally, these institutions' capacity to provide outstanding services that satisfy patients' changing requirements is becoming more and more important to their viability (Mugambi et al., 2022).

The study is significant because it is critical in influencing the long-term success of healthcare providers in the private sector. The SHIF is an essential part of Kenya's healthcare finance system, which aims to increase low-income residents' access to medical treatment. This can positively influence demand of healthcare services and will lead to greater emphasis on quality of healthcare services to meet the expectations of the patients. In addition, due to increase in

competition among other private hospitals, this may make healthcare providers to invest in quality improvements and technology upgrades.

This study will explore the specific variables that influence healthcare service quality and corporate sustainability within private healthcare institutions in Kenya. Therefore, it will help contribute to developing strategies, policy and practice for improving the provision of quality healthcare services and thus ensure the long-term viability of private healthcare institutions.

### **1.1.1 Quality of Healthcare Services**

To meet patients' needs and healthcare providers' satisfaction, healthcare quality should be executed effectively and efficiently to ensure profitability. Mosadeghrad (2014). Parasuraman et al. (1988) described the quality of services as the view that arises from the patient's expectations and the actual service rendered. When the patient's desires are met, and the outcome is achieved within the resources available, according to (Ovretveit, 2009), it is referred to as quality of healthcare service. However, healthcare services offered to individuals and the community using modern, acceptable professional knowledge and providing the desired health outcomes are described as healthcare quality (Institute of Medicine, 1990). The quality of healthcare service is crucial as it leads to improved patient outcomes and builds a positive reputation between healthcare providers, patients, and stakeholders; hence, it is cost-effective in the long run.

Quality of healthcare services is possible when it's affordable, but a good leadership structure and vigorous planning are essential. The Committee on Quality of Health Care in America (2001) highlighted seven components of quality of healthcare services: efficiency, effectiveness, safety, people-centered, timeliness, equity, and integration, which are vital in achieving desired health outcomes. A study by (Dinda et al. 2016) also identified responsiveness (willingness to

provide service) and competence in the necessary knowledge of the service provided and tangible (equipment and physical facility) as factors influencing the quality of healthcare services.

To meet the ever-increasing expectations of patients, quality healthcare service is essential in sustaining healthcare institutions and measuring their performance. Implementing strategies that align with the quality of healthcare services will ultimately bring continuous improvement and ensure sustainable growth, as Gopi et al. (2019) stated. The comprehensive healthcare model used by Gopi et al. 2019 consisted of patient-centered care, operational efficiency, staff training, Partnerships, quality management, and technological advancement to improve quality service in healthcare. Therefore, this means that quality management and quality assurance are critical in delivering healthcare services. Quality management is ensured through standardized policies, continuous improvement, and monitoring of performance of quality of services rendered (Aggarwal et al. 2019). The verification of adherence to these standards is what is referred to as Quality assurance (QA).

Although service quality is difficult to measure because of its intangible nature, the SERVQUAL model by Parasuraman, Zeithaml & Berry (1988) is the most used tool for measuring the quality of healthcare services. It uses five key dimensions, tangibles, reliability, responsiveness, assurance, and empathy, to determine how good a service is. In a study by Mrabet et al., 2022, those service quality dimensions were critical to patient satisfaction and the sustainability of healthcare organizations. High patient satisfaction levels are often related to better health outcomes and improved loyalty to healthcare providers. In Kenya, sustainability of healthcare institutions can also be attained through patient retention due to the provision of quality services. Improvements in how healthcare providers respond to patient needs and the competence of healthcare providers led to higher patient satisfaction. In the Kenyan context, tangibles,

responsiveness, competence, and equity significantly influenced the organizational performance of private healthcare institutions et al. (2016). This study shall focus on the efficiency of services rendered, the effectiveness of services, and patient safety, which are essential to patient retention and organizational performance and impact sustainability.

### **1.1.2 Corporate Sustainability**

The ability to meet current needs without jeopardizing the capacity of future generations to satisfy their own is known as sustainability. It was first identified in the forestry industry as a policy concerned with preserving natural resources for the future by Brundtland (1987). Sustainability has evolved and gained prominence, especially in the sustained development goals (SDGs) by the United Nations, which help guide nations toward social, environmental, and economic sustainability. In addition, Healthcare ensures the well-being and health of individuals and the community to reduce the ecological impact (Gulis et al., 2022).

The Triple Bottom Line concept is one of the frameworks used in assessing sustainability. It involves preserving the environment, such as managing hospital waste and social sustainability, which addresses the social implications of healthcare practices and economic growth (financial viability of healthcare organizations), which are essential in managing healthcare organizations (João et al. 2011). The balance of these concepts helps deliver services to patients and is crucial in sustainability. Corporate sustainability necessitates the integration of sustainable practices into an organization's operations and decision-making process (Hepper et al. 2017). Establishing a balance between long-term sustainability goals and short-term plans is crucial for this to occur. A study by (Nascimento et al. 2017) identified successful environmental sustainability factors such as energy consumption, water consumption, and waste disposal practices as crucial for healthcare institutions to consider alongside patient care and operational efficiency. Moreover, environmental factors such

as waste disposal and cleanliness have been identified to be significant in the quality of service (Khan et al., 2022). Community engagement initiatives, patient satisfaction, employee satisfaction, and resource allocation to sustainable programs are essential to assessing sustainability. Therefore, sustainable healthcare should not only improve or restore health but must also reduce adverse environmental effects.

Value for patients is frequently only apparent over time due to the interdependence of care services given by private healthcare Institutions. It manifests itself in longer-term outcomes, including sustained healing, the need for continuous interventions, or the incidence of treatment-induced illnesses. Patient satisfaction and retention rates are linked to better healthcare outcomes and are a critical factor in accessing the loyalty of healthcare providers. Therefore, longitudinal tracking of patient outcomes is crucial, as it determines whether the quality of services is influenced by sustainable factors offered by healthcare institutions at the point of care. Corporate sustainability initiatives should be incorporated into healthcare services, contributing to the sustainability of healthcare institutions (Sharma & Tripathi, 2022). This, therefore, means for healthcare to be sustainable, immediate healthcare needs should be addressed with keenness on the preservation of resources for future needs. Notably, the sustainability of healthcare institutions is a systematic approach influenced by factors such as economic conditions, patient satisfaction, adherence to regulations, how they adapt to changing healthcare needs, and adherence to corporate governance and stakeholders. Corporate sustainability endeavors into the long-term viability shall include patient satisfaction surveys, community engagement and social responsibility initiatives, governance and ethical practices, and employee well-being and development. In the Kenyan context, the integration of sustainability practices in the operations of Private hospitals is key in

addressing the increasing demands of patients and receiving relevant accreditations which contribute to its long-term viability.

### **1.1.3 Private Healthcare Institutions**

Private healthcare institutions are termed as private because of their ability to offer alternative healthcare services far beyond what the public would provide and because they are more advanced in technology with differentiated specialized care. The provision of upscaled healthcare services characterizes them. The upscale healthcare institutions are different in the way they have diversified their quality of healthcare services in order to meet the diverse needs of the general population. This has also posed a challenge as its services are costly; hence, it can only cater to a small population in the country. In addition, keeping up with the need for maintaining provision of high standards of quality healthcare services.

Globally, Private healthcare facilities are becoming more well-known worldwide, especially in nations where public healthcare systems are underfunded or overburdened. The World Health Organization (2023) states that in many high- and middle-income nations, a sizable share of healthcare delivery is provided by private healthcare providers. They frequently take the lead in implementing advanced procedures and technology that can improve patient outcomes and the provision of services. As per Liu et al. (2021), private hospitals tend to allocate more funds towards the latest medical advances and customized training for healthcare practitioners, leading to superior quality of care in contrast to public hospitals. Concerns regarding access and equity are also brought up by the growth of private healthcare facilities. Lower-income populations may find it more difficult to receive private healthcare due to its often-higher costs of their services. The World Health Organization (WHO, 2023) highlights the necessity of regulatory frameworks to guarantee that private healthcare facilities function in a way that advances equity and does not worsen health

disparities. In addition, large number of private facilities have swiftly adjusted to meet demand and help overburdened public systems.

The significance of private healthcare facilities in enhancing healthcare quality and accessibility is becoming more widely acknowledged in the African context. For universal health coverage to be achieved, the African Union (AU, 2022) has urged for increased private sector involvement in health. Particularly in metropolitan regions with strong service demand, private healthcare providers frequently bridge the gaps left by public systems. By providing specialized services that would not be offered in public facilities, they are also viewed as important actors in addressing certain health concerns, such as maternity and child health (Munyua et al., 2022).

Private healthcare facilities in Africa confront many obstacles despite their achievements, such as budgetary restraints, regulatory obstacles, and competition from public providers. According to a study by Kutzin et al. (2022), there is a need for efficient policies that facilitate the integration of private healthcare into national health systems while guaranteeing that these establishments maintain equity and make a good contribution to overall health outcomes.

Private healthcare institutions in Kenya are about 3,696 owned by the private sector, which accounts for 38% percent. The performance of these institutions has focused on efficiency, equity of access, and quality of the services provided. The aspects of private healthcare providers, such as their scale, goals, and technical proficiency, influence the sector's performance in various environments Morgan et al. (2016). Despite this, the quality of health services provided and the treatment outcomes are influenced by the type of target market needs and the sector's regulations and structures laid down

Private healthcare institutions in Kenya face intense competition (Deloitte, 2014), and this poses a challenge in sustaining their operations, satisfying the ever-increasing patients' needs, and

maintaining financial accountability and transparency. Patients have a high perspective on the quality of services received in private healthcare institutions; thus, if not met, it can lead to complaints and discontent. The evaluation of the performance of private healthcare institutions is critical to their corporate sustainability and is mainly pegged on hospital performance and patient loyalty. As Gurd & Gao (2008) indicated, patient satisfaction is a crucial indicator of hospitals' internal business operations for private healthcare institutions to thrive in highly competitive environments.

## **1.2 Statement of the Problem**

The quality of healthcare services is an essential determinant of patient satisfaction and healthcare institutions' performance. Developed countries like Europe have established procedures and metrics for assessing healthcare quality, focusing on critical components like safety, patient-centeredness, and effectiveness (Committee of Quality of Healthcare in America, 2001). These have significantly improved patient outcomes and enhanced accountability in healthcare institutions. Notably, Regulatory bodies in developed countries have enforced that the standards of quality of healthcare services are adhered to, hence has led to improved service delivery (Gurd & Gao, 2007)

Despite the recognized importance of healthcare quality services, its provision in Kenya has been studied by Addo et al. (2020) who noted that service quality dimensions such as assurance, reliability, responsiveness, tangibility, and empathy were found to improve customer satisfaction and organizational performance although many private institutions fail to recognize their impact on corporate sustainability. It is worth noting that (Macharia & Maroa, 2014) identified that implementing health management information systems (HMIS) also influenced the quality of healthcare services rendered. Nevertheless, there exist challenges in providing these services,

affecting the sustainability of private healthcare institutions. In Kenya, many private hospitals find it difficult to satisfy patient expectations while managing legal obligations and competitive challenges, despite the growing need for top-notch medical care. There is a noticeable lack of empirical research connecting particular aspects of service quality, such as responsiveness, empathy, and reliability, to corporate sustainability outcomes in the private healthcare facilities, despite the acknowledged significance of service quality in the field (Alharbia et al., 2022).

Healthcare managers are unable to allocate resources and strategically implement quality improvement programs with expertise because there is insufficient understanding on how specific dimensions of quality of healthcare services impact long term sustainability of private hospitals. Studies that already exist frequently fall short in offering comprehensive frameworks that link business sustainability, stakeholder engagement, and service excellence (Altuntas & Kansu, 2020). Private Healthcare facilities are unable to create efficient plans that address several aspects of service quality at once because of this absence of a comprehensive strategy. Therefore, addressing these gaps will enhance organizational performance and sustainability.

However, we also recognize that, financial constraints are another factor that hinders private healthcare institutions' ability to invest in quality evaluation, monitoring, and implementation of improvement initiatives. Inadequate resources can also affect technology upgrades and employee training which are essential for achieving sustainability. These observations clearly indicate that, Risks to patient satisfaction and organizational viability may arise from the difficulty that many private hospitals face in striking a balance between the provision of high-quality services and the requirement for sustainable practices.

Presently, the healthcare system in Kenya is distinguished by a two-tiered structure that includes both public and private healthcare providers. Even while the private sector has grown

considerably and is now able to provide specialized services and cutting-edge medical technologies, it still has problems with provision of service quality. Kenya intends to give all of its residents' access to equitable, reasonably priced, and high-quality healthcare, as stated in the Kenya Health Policy (2014–2030). Nonetheless, a lot of private healthcare institutions still have problems with things like poor patient treatment, excessive operating expenses, and inconsistent patient satisfaction (Mugambi et al., 2022).

Although the value of high-quality healthcare services is widely acknowledged, there are few studies that examine quantitatively the relationships between particular service quality attributes like how healthcare responsiveness, empathy and reliability affect corporate sustainability on corporate sustainability in the setting of Kenya's private hospitals. It is also difficult for hospital administrators to decide on service enhancements and sustainability projects when there are insufficient funds

In a competitive and evolving healthcare landscape, it is essential to identify quality healthcare services that will ensure the sustainability of Private healthcare services and which management strategies can be employed. This study sought to assess the ways of improving different aspects of healthcare service quality affect such as healthcare empathy and responsiveness hence achieving corporate sustainability of private hospitals in a competitive landscape. It will also provide useful information to stakeholders, policymakers and healthcare providers.

### **1.3 Objectives of the Study**

#### **1.3.1 The general objective of the study**

To evaluate the effect of quality of healthcare services on corporate sustainability among private healthcare facilities in Kenya.

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

- i. To establish the effect of healthcare reliability on corporate sustainability among private healthcare facilities in Kenya.
- ii. To evaluate the effect of healthcare responsiveness on corporate sustainability among private healthcare facilities in Kenya.
- iii. To examine the effect of healthcare empathy on corporate sustainability among private healthcare facilities in Kenya.

### **1.4 Research Hypothesis**

*H01: There is no significant effect of healthcare reliability on corporate sustainability among private healthcare facilities in Kenya.*

*H02: There is no significant effect of healthcare responsiveness on corporate sustainability among private healthcare facilities in Kenya.*

*H03: There is no significant effect of healthcare empathy on corporate sustainability among private healthcare facilities in Kenya.*

### **1.5 Significance of the Study**

The study sought to demonstrate the impact of the quality of healthcare services on the corporate sustainability of private hospitals in Kenya by identifying components of quality of services that enhance patient care, safety, and general health outcomes. The study is significant to healthcare providers, patients, policymakers, researchers and investors

### **1.5.1 Policy makers and regulators**

The study will be important to policymakers and healthcare authorities because it offers concrete data on the connection between business sustainability and service quality. Policy choices intended to raise healthcare standards and practices can be influenced by this data. Policymakers can create rules and regulations that incentivize private healthcare facilities to prioritize service quality by knowing what makes high-quality treatment possible. This will ultimately result in a more efficient and fair healthcare system.

### **1.5.2 Healthcare providers**

The study's conclusions will help healthcare professionals, such as hospital administrators and management teams, better understand how particular aspects of service quality, such as responsiveness, empathy, and dependability, impact corporate sustainability. This information can help them improve patient care tactics, allocate resources more efficiently, and carry out focused quality improvement projects. Healthcare providers can enhance patient satisfaction and loyalty by giving priority to certain service quality traits, which will ultimately increase financial performance and sustainability.

### **1.5.3 Patients**

The main recipients of better healthcare service quality are patients. In improving patient experiences, the study's conclusions will emphasize the value of responsiveness, empathy, and dependability. As medical facilities implement the suggestions made by this study, patients should anticipate improved care, improved communication, and a more encouraging medical setting. Patient loyalty, trust, and contentment can all rise as a result, all of which are critical to the patient's overall health.

#### **1.5.4 Academic and researchers**

Because it adds to the body of knowledge already available on healthcare service quality and business sustainability, the academic community will gain from this study. Future research in this field can be built upon this study by filling the indicated research gap. The results can be expanded upon by researchers to look at other aspects of service quality, various healthcare environments, or the long-term effects of service quality on organizational performance.

#### **1.5.5 Healthcare investors**

The study's conclusions will be helpful to healthcare stakeholders and investors in helping them make well-informed investment choices. Investors can choose healthcare organizations with a high chance of long-term success by knowing the relationship between service quality and business sustainability. Additionally, this information can help stakeholders support programs that improve service quality, which will help healthcare organizations succeed and remain sustainable.

### **1.6 The Scope of the Study**

The study investigated how quality of healthcare service influences patient satisfaction, organizational performance, and long-term sustainability. Its geographical focus will be on large private healthcare institutions in Nairobi, Kenya, which are experiencing high competition and technology upgrades. The quality of healthcare services will be measured using dimensions of quality of services such as healthcare reliability, responsiveness and empathy and their effect on corporate sustainability with proper review on patient satisfaction experience, quality improvement initiatives and assessing health outcomes of patients. The scope of corporate sustainability will consider stakeholder engagements, key performance indicators such as patient retention and employee turnover rates, and the Triple bottom line framework. The study will employ a descriptive research design utilizing structured questionnaires as the primary tool for

collecting data from patients within the three selected private hospitals in Kenya with the greatest number of outpatient clinics across the country. Statistical techniques will be used to analyze the collected data carefully. The research conclusion will help to clarify how the quality of healthcare service affects the corporate sustainability of private Hospitals in Kenya.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

The quality of healthcare services is a crucial determinant of patient satisfaction and general performance of healthcare institutions. This chapter summarizes the existing body of knowledge on evaluating the quality of healthcare services for corporate sustainability, focusing on a review of theories, empirical research on different variables in this study and the development of a conceptual framework.

#### **2.2 Theoretical Review**

A thorough analysis of theoretical review provides a critical lens through which to evaluate the existing practices and help identify the knowledge gap. There is no doubt that when deciding on the experimental approach to evaluating factors of quality of healthcare services that lead to sustainability in the Kenyan context, theoretical frameworks such as service quality theory, stakeholder theory, triple bottom line theory and corporate social responsibility theory.

##### **2.2.1 Service Quality Theory**

Oliver (1993) identified service quality theory as an essential concept influencing service quality and satisfaction in marketing literature. Since then, it has evolved to address different service complexities in different sectors, particularly healthcare, because patient satisfaction is crucial for organizational growth and patient retention. Service Quality Theory is directly in line with the study's objective, which is to assess how healthcare reliability, responsiveness and empathy affects corporate sustainability among Kenya's private healthcare facilities. The study's focus attempts to

evaluate the effects of consistently providing promised services on patient satisfaction and, in turn, the long-term viability of healthcare institutions.

The more adequately the private hospitals can use the service quality theory and the SERVQUAL model developed by Parasuraman et al. (1988) as a measuring instrument - to determine the quality of the health services offered, the better their standing in business. It is based on five dimensions of service quality: tangibility, reliability, responsiveness, assurance, and empathy which are important in delivering high quality patient care. Reliability is the capacity to deliver on services promised with accuracy and consistency. Dependability is essential in the medical field because it guarantees that patients receive the care they need (Gopal & Bedi, 2021). The willingness of healthcare professionals to help patients and deliver timely service is shown in their responsiveness, a dimension in service quality theory. In order to increase patient satisfaction and improve health outcomes, prompt responsiveness to their requirements is crucial (Mok et al., 2021). Empathy emphasizes on offering emotional support from healthcare providers which influences patient satisfaction and trust. These measures are essential since they lead to patient satisfaction, which is an excellent sign of loyalty, successful operation of the healthcare facility and its success in the broader context. The viability of healthcare facilities is assured, while the image of the hospital and, consequently, its revenue increase due to the enhanced quality of care that positively influences patients' outcomes (Masud et al., 2019).

Service quality theory, shows how the provision of quality healthcare services leads to improved health outcomes which in the long run reduces costs associated with complications and readmissions thus leading to sustainability of private healthcare facilities. As an example, to address challenges such as the following ones: budget limitations and shifts in patients' expectations, private healthcare organizations can implement the approaches stemming from the

TQM and CQI principles. In other studies, by (Kumar et al., 2013; Fatima et al., 2018) higher service quality led to improved financial performance and patient retention which are crucial in sustainability of healthcare organizations. To this end, private hospitals in Kenya may only be able to compete fiercely in the healthcare industry by concentrating on offering quality services to their patients. In addition, private healthcare facilities that are driven by provision of quality healthcare services, is more likely to engage effectively with their stakeholders in order to foster a culture of continuous improvement.

### **2.2.2 Stakeholder Theory**

The Stakeholder Theory by Freeman (1984), which points out that while making decisions, the company cannot ignore meeting the needs of the stakeholders including patients, employees and community for it to achieve long term viability. In the context of private hospitals in Kenya, this approach emphasizes the need to consider the multiple and diverse stakeholder interests in decision making processes thus ensuring that their needs are met. The detailed interdependence of these stakeholders in this theory, aligns with this studies objective and will encourage hospitals to enhance service quality and patient satisfaction by searching for value other than financial. To extend the time for which the decision will endure, involving the stakeholders in the decision-making process and having meaningful communication is essential.

In addition, this theory leads to improved responsiveness and level of empathy which enhance service delivery. This will help foster organizational relationships through collaboration, trust, and openness. Harrison & Wicks, (2013). Furthermore, the success of the healthcare facility depends on the health of the patients and the contentment of the employee. The ability of taking into account the various demands and expectations of different stakeholders is significant in

improving service quality. For example, staff engagement can improve organizational performance and service delivery, while patient feedback can offer insightful information about areas that need to be improved. The study will delve to measure stakeholder satisfaction as a means of assessing quality of healthcare services by utilizing questionnaires. This implies that, Private healthcare facilities can increase patient satisfaction, improve service quality and achieve long-term survival by actively incorporating stakeholders in decision-making processes and acknowledging their different interests.

More patient satisfaction increases staff morale, and staff and community are the endpoints when this strategy is applied to the requirements of the multifaceted hospital stakeholders. In order to improve stakeholder relationships and increase patient happiness and loyalty are two factors that are critical for long-term sustainability and healthcare professionals should prioritize empathy in their patient encounters. This study makes use of this theoretical framework to investigate how important stakeholder participation is in determining the quality of healthcare services and how this affects the sustainability of Private hospitals in Kenya. Through Stakeholder Theory, any genuinely holistic approach to corporate performance emphasizes that ethical and socially responsible behavior such as empathy are preconditions for sustainable development (Kujala et al. 2022).

### **2.2.3 Triple Bottom Line (TBL) Theory**

Triple Bottom Line (TBL) Theory postulates that organizations should strive to make profits, foster people's well-being, and protect the earth, unlike(current) corporate strategies. For practitioners intending to achieve good financial returns in Kenya's private hospitals, the TBL Theory underlines that while attaining these three goals, it is possible to make an excellent social impact and minimize

the organization's impact on the environment. This theory of TBL, links with the dependent variable which advocates organizations to satisfy their current demands without jeopardizing the ability of future generations to meet their own needs. Both are friendly to the environment, the workers, and the patients; this is all part of it. Concepts of TBL may help hospitals enhance their image, gain the trust of the communities where they are situated, and create values that, in the long run, bring the most benefits (Mendes et al., 2023) hence been reliable. This is why there has been a recent rise in the pressure on healthcare firms to demonstrate that they have the interests of their stakeholders and the environment, notwithstanding the bottom line, as a healthcare organization delivering value through this strategy responds to that pressure. Therefore, TBL Theory supports a concept that offers a wholesome and sustainable approach to managing healthcare facilities

The social dimension of the TBL highlights the significance of community health outcomes and the quality of patient care in the context of healthcare. Improved patient satisfaction and health outcomes are directly correlated with high-quality healthcare services, which are defined by reliability, responsiveness and empathy (Kalaja et al., 2022). In order for healthcare firms to meet their social obligations, they must prioritize patient-centered care, as this study examines how these aspects of healthcare quality affect corporate sustainability practices. Healthcare practitioners can improve their reputation in the communities they serve by emphasizing the social component of TBL theory.

With the pressure to reduce their ecological impact in businesses, the environmental component of the TBL is becoming more and more important in the healthcare industry. According to Gulis et al. (2022) this entails applying sustainable techniques in the delivery of healthcare, minimizing energy use and efficiently managing waste. The study evaluates how enhanced resource management and waste reduction through effective service delivery are two examples of

how sustainability practices can be improved by advances in healthcare quality. Private healthcare facilities can enhance their operational efficiency and support more general sustainability objectives by incorporating environmental factors into their operations. This study looks at how improving patient loyalty and retention can improve healthcare quality and result in better financial outcomes.

A culture of sustainability can only be promoted by incorporating the TBL framework into healthcare planning. This study evaluates TBL-adopting in private healthcare organizations which is in a better position to balance the requirements of patients, the community, and the environment while navigating the complexity of contemporary healthcare delivery. Healthcare providers can devise strategies that benefit long-term sustainability and improve service quality by evaluating success within the framework of Triple Bottom Line (TBL) (João et al., 2011). The study is in line with TBL's theory since it evaluates the effects of service quality on patient happiness as well as the financial stability and social responsibility of private healthcare organizations.

#### **2.2.4 Corporate Social Responsibility (CSR) Theory**

According to the CSR Theory, ventures, including private hospitals, have legal obligations to society and the environment over and above the trading gains. The growing significance of corporate social responsibility (CSR) in the healthcare industry is demonstrated by recent studies. For instance, CSR initiatives centered on environmental sustainability, like waste reduction and the promotion of green practices, are being adopted by healthcare businesses more frequently (Mendes et al., 2023). A tendency towards accountability and openness is also present, with

corporations being obliged to report on their CSR initiatives and how they affect community health.

Other ways of practicing CSR in the healthcare industry include provisions of efficient and cheap health care, sensitization of the community on possible health problems, and participation in other health-related community development projects. CSR can be applied to Kenyan private hospitals to foster the sustainability of the organization, the patient, the employee, and society. They may also be able to set up as better organized in the eyes of the public, differentiate themselves from competitors, and therefore ensure their survival by investing in corporate social responsibility programs in healthcare facilities (Mendes et al., 2023). Therefore, if the interest in ethical corporate practices continues, then the problems of the cost and availability of healthcare could be handled more efficiently by hospitals through CSR. Therefore, it is possible to use the word 'the good' for society and keep the hospital solid in the vague world of health care. By tackling social and environmental issues that have an impact on healthcare delivery, corporate sustainability can be enhanced through CSR programs.

This study is linked to CSR Theory which is connected to the independent variable of determining how healthcare responsiveness affects corporate sustainability among Kenyan private healthcare facilities. Private Healthcare companies can enhance their reputation and build trust by being receptive to patient demands and social expectations. These factors are critical for long-term operations of these private hospitals in Kenya. According to Fatima et al. (2018), funding community health initiatives, for example, can enhance overall health outcomes and lessen the strain on healthcare institutions, both of which contribute to the organization's long-term viability.

## **2.3 Empirical Review**

This section examines the study's aims and provides information to support each one in an effort to address the research questions. This section will address the three dimensions of service quality corresponding to each of the three objectives analyzing the impact of corporate sustainability.

### **2.3.1 Healthcare Reliability and Corporate Sustainability**

The reliability of healthcare service delivery is an essential driver of corporate sustainability, especially for private healthcare organizations. Healthcare reliability depends on patients' reliance on healthcare services to be dependable, predictable, and perform to the expected standards. A sound healthcare delivery system means that service delivery is accurate, consistent, and timely, resulting in increased patient satisfaction, better health outcomes and confidence in health healthcare.

In a study by Fatima et al. (2018) identified that patient satisfaction and loyalty which are vital to the long-term sustainability of private hospitals were greatly impacted by healthcare reliability. It emphasizes how trust is built and hospital reputation is improved through provision of consistent and dependable services. Healthcare consumers are more likely to come back to the same carrier, speak positively about the service to other people, and occupy an essential position in consumers' expression of satisfaction in the healthcare service industry. However, excessive reliance upon established standards might occasionally result in conservatism and reduce the flexible nature of quality of healthcare services. As illustrated by Bohm et al. (2021) although consistent and reliable healthcare services are necessary for sustainability, there is a chance that this concentration on consistency and reliability may come at the expense of flexibility of the

healthcare facility. Furthermore, research indicates that improved adaptability combined with dependability may result in a more robust healthcare system (Rajagopalan et al, 2023).

Corporate sustainability in healthcare organizations refers to managing costs and risks to ensure ongoing operations and to help organizations fulfill their social, environmental, and economic responsibilities. This is well realized through the delivery of reliable healthcare services since patients' loyalty and trust are crucial to the success and sustainability of healthcare institutions. Gopal & Bedi., 2014, reviewed literature on relationship between service quality dimensions and patient satisfaction and identified that trustworthy services save on operational expenses related to patient complaints and rectifying of public image hence improving organizational performance. However, the study didn't explore the interrelationships among those service quality dimensions and long-term sustainability of private healthcare institutions.

A study done by Alharbi & Alshammari, 2021, on impact of service quality on patient satisfaction employed quantitative approach and data was analyzed using descriptive and inferential statistics. Patient satisfaction and healthcare reliability were revealed to be significantly positively correlated by the study. Patients were more likely to report feeling satisfied with their overall healthcare experience if they received dependable treatments. In addition, reliability in healthcare also contributes to organizational performance since it decreases the error rate, attenuates the frequency of corrective measures, increases patient retention and leads to efficient resource management which are critical to the long-term financial viability of healthcare institutions Al-Abri & Al-Balushi (2014). Private healthcare facilities are better able to sustain their financial health as a result of these cost savings, which frees up funds for increased services and higher-quality care. Another advantage of a competent healthcare system is that such systems also conform to legal requirements and legal cases that would be counterproductive to the long-term

stability of the healthcare system. Given the private healthcare intends in Kenya, healthcare reliability takes the forefront in guaranteeing such intents and continue being achieved amid the hurdles, which include but are not limited to scarce funding for healthcare, growing expectations among patients, and competition. In this case, reliability will mean an organized and efficient provision of health care, improving the excellence of services offered by the private players, quicker recovery by patients, and con, sequencing-lasting, and long-lasting stability.

Integrating sustainability into service management has been made possible by hiring healthcare professionals with a degree in health service management (Bastani et al., 2021) or involving experienced doctors as strategic decision makers. The provision and management of reliable healthcare services has led to improved patient outcomes. One essential component of high-quality healthcare is the sense of patient safety. Patients will only rely on healthcare service delivery that's safe to them and their relatives. Since patient safety has a direct impact on patient satisfaction and trust, the Committee on Quality of Health Care in America (2001) states that maintaining patient safety is essential to providing high-quality healthcare services.

Finally, it becomes essential to note that healthcare reliability is the ability that plays a role in patient satisfaction and is the basic block in constructing a reliable healthcare organization. Therefore, evaluating how dependability affects hospital performance generally and patient retention rates this supporting long-term viability for private healthcare institutions is vital especially in developing country like Kenya.

### **2.3.2 Healthcare Responsiveness and Corporate Sustainability**

Healthcare responsiveness refers to the willingness by healthcare organizations in the country to provide patients with care according to the preferences and in the required time. It has several forms, including accessibility, courtesy, information sharing, and patient-centeredness. Healthcare

responsiveness is part of corporate sustainability, especially where the company is in private healthcare provision. This is a vital determinant of consumers' loyalty, satisfaction, and general perception of the healthcare firm (KS & Barkur, 2023). Healthy systems offer personalized health services for every patient, and patients should not have to wait long for their services to be provided. This responsiveness produces a positive outlook on how patients are treated and builds a positive organizational reputation – which are vital for a healthcare organization to continue to thrive a competitive healthcare market (Mok et al., 2018).

It's also worth noting that, when the patients are given our undivided attention and made to feel valued, they are not only loyal patrons of the institution but also bring along others, thus increasing the revenue base of the institution. The study by Fatima & Kaur (2020) focused on the role of service responsiveness in enhancing patient satisfaction and utilized a cross – sectional survey design in private hospitals in Pakistan. They used structural equation modelling to assess the collected data. They found a strong positive relationship, leaving a gap on how that impacts corporate sustainability and how other dimensions of quality-of-service lead to long term sustainability.

Corporate sustainability in healthcare means sustaining a financial organism while being responsible for the social and environmental bottom line. This is achieved by healthcare responsiveness that results in improved patient satisfaction, an essential determinant of the economic health of facilities in private healthcare institutions. The benefits of satisfied patients mean increased patronage, increased revenue, and the creation of a good reputation, which is crucial in a practice's longevity. According to Addo et al. (2020), provision of prompt healthcare services boosted patient loyalty and led to positive referrals which are essential for drawing new patients. From their study, they also argue that responsiveness should take into account the quality

and appropriateness of the responses provided in addition to the timely provision of services. Patient dissatisfaction may develop over time if prompt patient responses fall short of meeting patient needs. In addition, aspects of responsiveness in healthcare services may also help to minimize the complaints and legal suits against the healthcare institution, thus protecting its reputation and financial stability. For a practitioner of private healthcare, specifically in the Kenyan setting where there are numerous incumbents, meeting the needs of patients is a unique way of standing out in the market and guaranteeing sustainable success. Healthcare responsiveness is, therefore, not only about availability and accessibility. It is fundamental to corporate sustainability and vital for healthcare organizations' continued survival and prosperity in a constantly evolving market. Furthermore, according to Kumar et al. (2023), implementing predictive technologies would make it possible for healthcare professionals to respond more pro-actively, anticipating patients' needs as opposed to just responding to them. According to Schmidt et al. (2019), there is a substantial correlation between responsiveness, perceptions and factors including age, socioeconomic position, and cultural background. However, varied needs of various patient populations are allegedly ignored in a large number of research on healthcare responsiveness.

Patient perceptions of quality can be greatly impacted by responsiveness in the Kenyan environment, when healthcare services may be under stress due to high demand of better services. Higher satisfaction ratings are more likely to be attained by hospitals that are attentive to their patients' requirements. In Kenya, where the private healthcare landscape is highly competitive, responsiveness is very important for maintaining a competitive edge and identifying areas that needs improvements.

### **2.3.3 Healthcare Empathy and Corporate Sustainability**

Medical and surgical treatment, including Healthcare empathy, also referred to as the ability of the healthcare personnel to effectively grasp and mutually experience the patient's emotions, is among the essential components of quality care. It entails listening to the patient, being empathetic and having concern for the patient's welfare. Empathy in healthcare implies not only the satisfaction of the patient but also the core strategy and approach of corporate sustainability among private healthcare entities. Empathy helps patients and their caretakers develop trusting relationships, which are critical for the proper medical care of a patient which leads to improved healthcare outcomes (Hojat et al., 2001).

Another study was done by Hossain & Rahman (2022), on impact of healthcare empathy on patient satisfaction in Bangladesh and used mixed methods approach to carry the study. They found out that empathy significantly influenced patient satisfaction indicating that empathetic interactions influenced better patient experiences but the findings were contextually limited to Bangladesh and didn't focus on corporate sustainability. Another study was conducted by Zhang & Liu (2023) interplay of service quality dimensions in influencing patient satisfaction and loyalty and utilized quantitative approach in private hospitals in China. They identified that reliability positively influenced patient loyalty but the study was not generalized on how patient loyalty influence corporate sustainability.

Patients who perceive their feelings and needs are being understood and cared for will interact openly with their healthcare providers, fostering patient loyalty and increasing patient retention which are critical for sustainability of private healthcare (Keshtkar et al., 2024).

Business sustainability in the context of a healthcare organization refers to the long-term sustainability of the entity and the economic success or profitability of the organization, as well as

embracing the management of its impact on society and the environment in a sustainable manner. This is directly in line with this because it creates a caring environment that makes the institution well known, and hence, more patients are attracted to the institution. With healthcare being a sensitive sector and the increase in private healthcare, especially in countries such as Kenya, competition is high. Showing empathy is a powerful way to give an organization an added advantage. In addition, it diminishes the prospect of producing conflicts and complaints that compromise the institution's image and lead to legal or financial consequences. The healthcare providers often misinterpret empathy as a soft skill rather than a fundamental business strategy. Arshad (2019) contends that empathy can be instrumental in enhancing corporate sustainability if strategically aligned with healthcare organization objectives. Additionally, Adongo et al. (2021) argue that empathy training should go beyond patient interactions, integrating it within organizational culture to ensure staff empathy toward one another as well, which can further support a sustainable and resilient healthcare organization. While empathy is important, study by Vidal, (2019) and Raj, (2024), argue that in order to prevent emotional fatigue, healthcare professionals also need to establish professional boundaries. The difficulty is striking the correct equilibrium between preserving one's mental health and provision of healthcare empathy to patients.

Based on this perspective, there is an opportunity for healthcare providers to reduce patients' dissatisfaction by ensuring effective communication by healthcare providers to patients, hence enhancing the corporate image – a critical factor in sustaining the healthcare entity. Empathy can be a critical aspect in determining the quality of care in the Kenyan healthcare system, where cultural and social issues influence patient-provider interactions significantly. According to Wu et al. (2008) study, patients are more likely to use the same physician again and refer others to them

when they feel heard and cared for, which helps ensure the long-term viability of the hospital. By ensuring that the service provider is empathetic in a restructured organizational structure, hospitals can enhance the quality of care they deliver to their patients (Karlton et al., 2020). One such update may be a value co-creation culture that encourages clients to participate while using the service like in the case of provision of maternity services.

In order to improve empathy in healthcare professionals, emotional intelligence-focused training programs ought to be put into place. Adongo et al., (2021) propose that staff development that prioritizes interpersonal skills and cultivating empathy culture in addition to clinical competencies can be advantageous for healthcare institutions. Healthcare empathy doesn't only refer to the kind of treatment of patients but ensuring high levels of physician-patient concordance. Still, it is a concept that can benefit the strategic management of sustainably functioning healthcare facilities. Therefore, empathy plays a crucial role in contemporary private healthcare institutions sustaining their operations successfully by enhancing not only individual patient outcomes but the general health outcomes within a country (Addo et al., 2020). Hospital leadership that is compassionate and prioritizes staff welfare can also help to advance sustainable hospital practices. Healthcare personnel have lower turnover rates and higher job satisfaction when their leaders demonstrate empathy towards them. This fosters an environment of engagement and motivation. This produces a steady workforce with the ability to continuously provide high-quality care services.

## **2.4 Knowledge Gap**

The theory of the existence of a knowledge gap means the differences in information and its perception in certain groups of people or between them, especially in certified branches and professions, including the health sector. Health literacy is incomplete knowledge, and in the sphere

of health care, it can manifest itself in different forms, which affects the results of treatment, the effectiveness of its measures and interventions, and the quality of healthcare (Shommu et al., 2017). In healthcare, such gaps exist because medical science and technology undergo constant development, and it is impossible to simultaneously enhance everyone's knowledge about them. Difficulties in embracing change and updated information may make it hard for medical practitioners to be well-informed, thus providing incongruent care and possibly suboptimal consequences to patients. For instance, new treatments and technologies might not be integrated similarly in all settings, influencing the quality of care.

Although the study by Fatima & Kaur (2020), Alharbi & Alshammari (2021), Hossain & Rahman (2022) was restricted to a specific geographic context, found a substantial correlation between patient satisfaction and service quality parameters in developed countries. Particularly in underdeveloped nations like Kenya, where healthcare dynamics vary greatly, the findings could not apply to other areas. The objective of this research is to close this gap by investigating the same correlations in the setting of private hospitals in Nairobi, Kenya. This will yield findings that are more applicable to comparable healthcare settings in developing countries. To overcome this limitation, Zhang & Liu (2023) they mostly concentrated on patient loyalty as a result and offered insightful information about how various aspects of service quality interact. The impact of these factors on business sustainability, which is becoming more and more important in the current healthcare environment, was not thoroughly examined in the study. In order to fill this important gap in the literature, the current study will build on these findings by directly connecting corporate sustainability in private hospitals with aspects of healthcare service quality.

## **2.5 Conceptual framework**

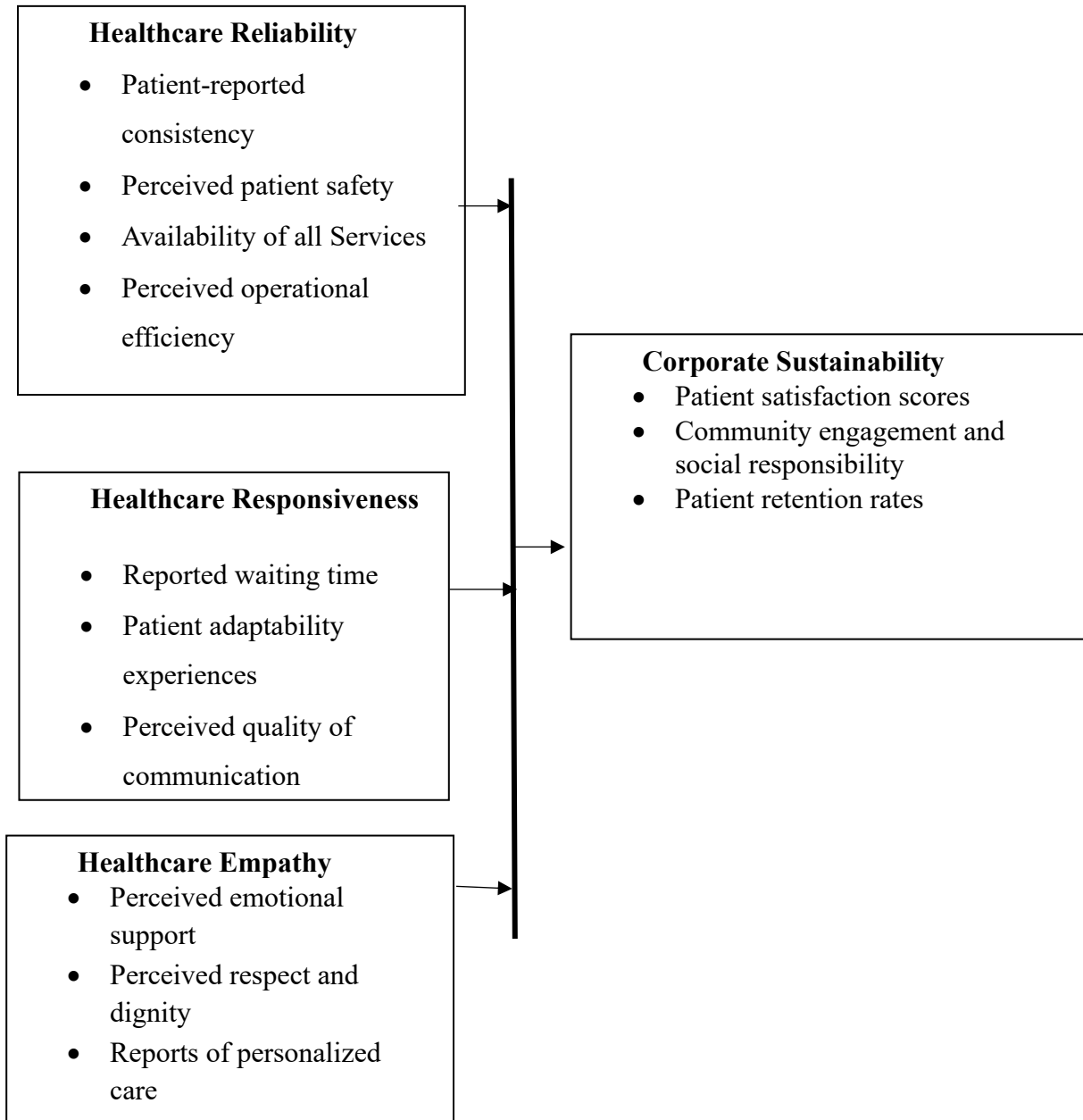
A conceptual framework can be defined as a collection of ideas or concepts that are organized and presented in a diagrammatic form that illustrates the relationship between independent and dependent variables (Adom et al. 2018). The goal of this study's conceptual framework is to show how quality of healthcare services in private hospitals which is the independent variables and corporate sustainability which is the dependent variable are related to one another.

**FIGURE 1**

*Conceptual Framework*

**INDEPENDENT VARIABLE**

**DEPENDENT VARIABLE**



## **2.6 Operationalization of the variables**

This section displays the operationalization of the study variables, identifies the measurement scale of each variable and necessary conclusion drawn thereafter.

**TABLE 1**

### **Operationalization of variables**

| Variable Type               | Variable                  | Indicators   | Measurement Tools   |
|-----------------------------|---------------------------|--|---|
| <b>Independent variable</b> | Healthcare reliability    | <ul style="list-style-type: none"> <li>Consistency of service delivery</li> <li>Accuracy of diagnosis</li> <li>Timeliness of care</li> <li>Perceived-operational efficiency</li> </ul> | Structured Questionnaire using the Likert scale   |
|                             | Healthcare Responsiveness | <ul style="list-style-type: none"> <li>Reported waiting time services</li> <li>Availability of specialized services</li> <li>Patient feedback mechanism</li> </ul>                     | Structured Questionnaire (Likert scale 1-5)   |
|                             | Healthcare Empathy        | <ul style="list-style-type: none"> <li>Perceived respect and dignity</li> <li>Perceived emotional support</li> <li>Reports on personalized care.</li> </ul>                            | Structured Questionnaire (Likert scale 1-5)   |
|                             | <b>Dependent variable</b> | (It involves economic, social, and environmental dimensions)   | <ul style="list-style-type: none"> <li>Economic performance, e.g., Patient satisfaction scores</li> <li>Environmental impact, e.g., Environmental sustainability practices.</li> <li>Social impact e.g., Community engagement social responsibility initiatives.</li> </ul> |

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

Research methodology explains what and how a research work was carried out, including the chosen area of study and possible interaction. More specifically, the following methodology was preferred to comprehensively fulfill the established research objectives and testing of hypothesis while providing meaningful and viable results. The following paper outlined the methodological approach to undertaking the research, which included; the choice of proper methods of research, in the light of the given problem. Here, the study described how data was collected, to whom and from where, and what techniques were used, such as questionnaires. This section enhanced the structure and application of an efficient method for qualifying and quantifying the research process to unravel meaningful findings.

#### **3.2 Research Design**

The study employed descriptive research design which is appropriate for examining a population's or phenomenon's characteristics (Siedlecki, 2020). When examining the traits and links between variables in a particular setting, descriptive research approach worked quite well. The purpose of this study was to examine the relationship between corporate sustainability and characteristics of high-quality healthcare services, such as healthcare reliability, level of healthcare empathy and healthcare responsiveness. Since descriptive research was ideally suited for investigating the characteristics of a population or phenomenon, this made it perfect for comprehending the intricacies involved in providing high-quality healthcare services.

By using structured questionnaires to collect quantitative data, this approach made it possible for the researcher to efficiently analyze data statistically and interpret the results

(Creswell, 2017). It aided in analyzing any correlations thereof and gave a comprehensive analysis of the interaction of dimensions of quality of healthcare services on sustainability practice within private healthcare organizations.

### **3.3 Population of the Study**

The target population for this research entailed patients receiving care in three large private healthcare organizations in Nairobi with highest number of outpatient medical centers countrywide. The selected private hospitals were Aga Khan, Avenue healthcare and AAR Healthcare. The size of the healthcare facility, the number of medical specialists, and the range of services provided by these hospitals will determine their classification as "large". The World Health Organization (2020) states that large private hospitals are the best places to assess the quality of healthcare services since they often have more staff members, a greater patient turnover rate and modern medical technology. More precisely, this research was done within 3 chosen large private healthcare institutions in Nairobi County since majority of private hospitals had headquarters there.

The idea was to have as many different opinions about the quality of the healthcare services and their effect on corporate sustainability. This target population was adopted because it captured the most relevant stakeholders regarding the delivery of healthcare services to enable a comprehensive study of the effect of reliability, responsiveness and empathy on corporate sustainability of private healthcare facilities. By involving the receivers of this healthcare services, the study was able to capture the effects of healthcare quality dimensions from different perspectives.

From the relevant Hospital administrators, the sampling frame was acquired for this study. A sampling frame offers a way to select the specific members of the target population who were given questionnaire for the survey, according to Mooney and Garber (2019). The private hospitals

had a total population of 1000 patients who had come to seek services at different times in the facilities within a period of one week. Aga Khan Hospital and Avenue Healthcare had a total population of 400 patients each and AAR Healthcare had 200 patients summing up to total population of 1000 patients as per their Healthcare administrators reports.

### **3.4 Sample Size and Sampling Procedure**

The target population for this study was patients who sought medical services in the three large private healthcare organizations chosen which were Aga Khan hospital, Avenue Healthcare and AAR Healthcare Hospital. The study used a probability sampling approach that gives each member an equal opportunity of participation. To guarantee a thorough presentation of viewpoints on healthcare quality and its influence on business sustainability, the sample will be selected from three large private medical facilities in Kenya. The study employed stratified random sampling technique to draw a sample of the target population (Taherdoost, 2016). The patients were divided into the patients seeking specialized tests, those seen a general physician and those admitted for minor surgeries and from each stratum, simple random sampling was done to arrive at a sample size 114 patients. This method guarantees that all the selected samples encompass all the diverse aspects of patients visiting private healthcare facilities. In order to provide equal representation, the sample size of the study was 114 respondents.

### **3.5 Instrumentation and Data Collection**

The term "instrumentation" describes the devices, processes, or practices utilized to gather data for studies (Babbie, 2020). The study employed questionnaire with agenda of addressing the research objectives of the study. To guarantee thorough data collection, this two-approach strategy was used

to help in providing a more thorough grasp of the problem. The questionnaire structure was organized into background information, perceived healthcare service quality, effect of this perceived services and how they influenced patient satisfaction. A cover letter was also attached to the questionnaires to introduce the researcher and give a brief information on the study.

To gather data for this particular research, a survey using structured questionnaire was conducted to respond to all the research questions posed. Google forms was used to deliver the questionnaires to the purposively selected group of patients in the three Large private healthcare facilities in Nairobi. The questionnaires were geared towards establishing healthcare reliability and responsiveness, as well as the level of healthcare empathy shown by healthcare providers, and confirm the degree of perceived impacts on corporate sustenance. Because the research was conducted among a wide range of people, the evaluation of these key variables and their correlation with the sustainability results were diverse. The questionnaire consisted of three sections, introduction, demographic data and research questions. Five-point Likert scale was adopted, asking intended respondents to indicate how much they agree or disagree with each statement. The Likert scale goes from 1 to 5, with 5 denoting strongly disagree, 4 disagree, 3 neutral, 2 agree, and 1 strongly agree. This technique of gathering data aimed to improve the researcher's control over the process, boost response rates, maintain confidentiality and enable the clarification of challenging questions.

### **3.5.1 Pilot Test**

A pilot test was carried out to ensure the correctness of the data collected and to make necessary improvements to the questionnaire so that respondents could complete it without difficulty. Furthermore, the pilot test aided in assessing the questions' consistency, genuineness, and

improvement (Vogel & Draper 2017). According to Gupta and Doshi's (2019) recommendation, 10% of sample size of 114 patients was used. This resulted in a total of 12 respondents who were randomly distributed questionnaires through online google forms and carried out in the three selected large private healthcare facilities which were Aga Khan Hospital, Avenue Healthcare and AAR Healthcare. The 12 questionnaires were administered with each of the private hospital having four each. They were then tested for reliability and validity. In order to prevent bias and contamination of the sample, those who took part in the pilot study were excluded from the actual sampling.

### **3.5.2 Validity of Instrument**

Validity is the extent to which the research's objectives and research questions are relevantly determined by the data collected (Mason & Tabachnick, 2018). Therefore, to have better construct validity, the study employed standard instruments in the study and used validated questions. These instruments were adapted to ensure that they correctly capture measures of healthcare reliability, responsiveness, and level of empathy and their effects on corporate sustainability in a manner that responds to the objectives of the research study. Content validity was attained when expert professionals in KCA had reviewed the set questionnaire and suggested corrections done. Pilot testing was done and the feedback from it used to improve the instrument to make sure it appropriately represents quality of healthcare service and concepts of corporate sustainability. Adjustments to the instruments were made before to the primary data collection phase in accordance with the results of the pilot test.

### **3.5.2 Reliability of Instrument**

The stability of measure and consistency of the instruments in measuring collected data and producing same outcomes when repeated trials is done is referred to reliability (Kimberlin & Winterstein, 2008). The questionnaire to the participants was thus pretested to verify their internal reliability through a pilot study with identical participants like those in the actual research. To evaluate the instrument's dependability, the Cronbach's alpha ( $\alpha$ ) test was used. It's is worth noting that an instrument offers a reasonably excellent measurement tool and is reliable if Cronbach's alpha is  $> 0.7$ .

### **3.7 Data Analysis and Presentation**

It involved examining the tabulated data to find underlying truths or meanings. This meant, splitting already complex aspects into smaller, more manageable components and rearranging the components for the sake of understanding. According to Kothari (2004), data analysis entails comparing the results of different treatments on many groups and deciding whether to pursue the objectives of the study. The analyses of collected data to be used in this study incorporated quantitative research approaches to achieve a fuller understanding of interactions between healthcare quality dimensions and corporate sustainability.

Quantitative data was analyzed using Statistical Package for Social Sciences (SPSS) to conduct regression analysis on the collected data. This allowed for studying dependencies between different aspects of healthcare quality, including reliability, responsiveness and empathy on corporate sustainability indices. The correlation revealed by the regression analysis was therefore used to determine how sustainability results may be improved from changes in quality of healthcare services. Furthermore, correlation analysis was used to establish the extent to which different quality dimension of service were interrelated, as well as with the sustainability measures.

These quantitative research methodologies offered an outcome-based perspective of the healthcare practices on corporate sustainability. In addition, Descriptive statistical analysis was used to examine the background data gathered and produce a respondent profile. The mean score analysis, minimum, maximum, standard deviation and variance analyses were among the descriptive statistics employed. The study employed multiple regression analysis which is frequently used in social science research because it allows researchers to pose questions that aid in the process of variable prediction.

The multiple regression formula used was;

$$Y = \alpha_0 + \beta_i X_1 + \beta_{ii} X_2 + \beta_{iii} X_3 + e_0$$

Whereby,

Y = Corporate sustainability

$\alpha_0$  = constant associated with the regression model

$\beta_i$  = Coefficient of Healthcare reliability ( $X_1$ )

$\beta_{ii}$  = Coefficient of Healthcare responsiveness ( $X_2$ ) respectively  $\beta_{iii}$  = Coefficient of Healthcare empathy ( $X_3$ ) and

$e_0$  = error term associated with the regression model of the linear relationship.

The study used R (squared) to assess the model's goodness of fit. This gauges how well the data match the regression line that was fitted. Typically, the outcomes range from 0% to 100%. The model's fit is explained by the greater the percentage, which also indicates the direction and strength of the linear relationship.

### **3.8 Diagnostic Tests**

A set of statistical techniques called diagnostic test was employed to evaluate the basic assumptions of a statistical model. These tests assist researchers in determining whether the data satisfy homoscedasticity, multicollinearity, and normality which are conditions essential for a good study. Researchers can make well-informed decisions about the proper statistical approaches to be utilized by using diagnostic tests to uncover any flaws that may affect the validity and reliability of their results (Field, 2024).

#### **3.8.1 Normality test**

To ascertain whether the data has a normal distribution, normality tests will be performed utilizing the Shapiro-Wilk test (Field, 2024). Choosing the right statistical tests for analysis depends on this.

#### **3.8.2 Homoscedasticity**

In order to verify that the variance of errors is consistent at every level of the independent variable, homoscedasticity will be examined. Applying statistical tests like the Breusch-Pagan test (Breusch & Pagan, 1979) and graphical approaches was analyzed.

#### **3.8.3 Multicollinearity test**

In order to look for connections between independent variables, multicollinearity will be assessed using the Variance Inflation Factor (VIF) scores. A multicollinearity issue that could impact the regression analysis is indicated by a VIF value more than 10.

### **3.9 Ethical Considerations**

Ethics in research are standards that guide behavior and have a big influence on people's wellbeing, according to Mugenda & Mugenda (2019). It entails deciding what constitutes appropriate and improper behavior. Moral concerns are paramount in embracing ethical standards and conducting research ethically. The consent form also shows the subject of the research, the aim and objectives of the research, methods of data collection, possible hazards, and advantages. It also informed the participants of their freedom to opt out of the study at any given time without fear of reprisals. Privacy was kept high while the research is being carried out. Participants' data such as names and contact details was omitted with their responses kept private and safely stored to ensure the anonymity of participants. Quantitative data was collected, analyzed and presented in summary form so that no identifiable information will be made available. The raw data was also made available to authorized personnel only, which was done under the following conditions:

Participants' Rights are fundamental and the study shall ensure that all participants are treated with respect and dignity. The originality of work was ensured by citing all findings of other authors. During the course of the study, no research was exposed to any kind of bodily or psychological injury. Without using fraudulent methods, data analysis and reporting were done and reported.

## **CHAPTER FOUR**

### **RESULTS AND DISCUSSION**

#### **4.1 Introduction**

This chapter presents comprehensive analysis, findings and discussion of the data collected from the respondents. The findings were discussed relative to the findings from past related empirical studies and existing theoretical framework. Descriptive statistical analysis was used to examine the background data gathered and produce a respondent profile. The frequencies and percentages as well as mean score and standard deviation analyses were among the descriptive statistics that were employed with aim of providing a clear and detailed understanding on quality of healthcare service and corporate sustainability in private hospitals in Kenya. The findings were presented in tables. The results were critically analyzed and related them to the goals and research questions stated in this study.

#### **4.2 Questionnaire Response Rate**

A total of 114 patient respondents in Aga Khan Hospital, Avenue Healthcare and AAR Healthcare were given online google form questionnaires to complete. But 100 surveys were properly completed and tracked down from the three private hospitals while 14 were not responded to. The summary of the questionnaires that were distributed and returned with completed answers is shown in Table 2.

**TABLE 2**  
**Questionnaire Response Rate**

| <b>Responses</b>          | <b>Frequency</b> | <b>Percent</b> |
|---------------------------|------------------|----------------|
| Returned questionnaires   | 100              | 88%            |
| Unreturned questionnaires | 14               | 12%            |
| <b>Total</b>              | <b>114</b>       | <b>100</b>     |

Medical research typically has response rates between 30% to 75%; hence, an 88% response rate is regarded as good (Sataloff & Vontela, 2021). Decreased non-response bias, which happens when the characteristics of non-respondents differ significantly from those who participated was mitigated by high response rates, which also improve the validity and reliability of the study's findings (Dillman et al.,2014).

The 12% of unreturned questionnaires (a total of 14) in this instance might not have a substantial effect on the overall results. The causes of non-response, however, must be taken into account since knowing these details can reveal potential biases in the data.

The questionnaires' intuitive design was the reason for the increased response rate. A greater number of participants completed the survey and gave accurate answers since the questionnaires were easy to understand and straightforward. Additionally, the researcher followed up with individuals who had not replied, gently reminding them to do so.

### 4.3 Reliability Statistics

Prior to the actual data collection, the reliability of the data was assessed using Cronbach's Alpha which is a measure of internal consistency. For this study, reliability of 0.70 and higher was deemed satisfactory. The outcomes are displayed in table 3 below

**TABLE 3**  
**Reliability Statistics**

| <b>Cronbach's Alpha</b> | <b>N of Items</b> |
|-------------------------|-------------------|
| .851                    | 26                |

The Cronbach's Alpha value, as displayed in the above table, was 0.851, which is higher above the permissible threshold of 0.7. It was deemed appropriate for this investigation since it demonstrated a high degree of internal consistency and reliability.

### 4.4 Background Information

By customizing services to fit the requirements of varied populations, it requires an understanding of the demographic distribution of patients in healthcare facilities. Important demographic variables including age and gender, have a big impact on how patients feel about their experiences and how good they think their care is. According to Ghanbari et al. (2020) and Raghupathi & Raghupathi, (2020), these variables also have an impact on patients' expectations and satisfaction levels in addition to how they interact with healthcare systems.

The results of this study on background information were distributed based on their demographic information: gender, level of education, age bracket, number of visits to the healthcare facility and their thoughts on factors influencing hospital’s corporate sustainability.

#### 4.4.1 Distribution of Respondents by Gender

**TABLE 4**  
**Distribution of Respondents by Gender**

| Respondents Gender | Frequency  | Percentage   |
|--------------------|------------|--------------|
| Male               | 46         | 46.0         |
| Female             | 54         | 54.0         |
| <b>Total</b>       | <b>100</b> | <b>100.0</b> |

Source: Research data, (2024)

Table 4 presents data indicating that 46 (46 %) of the respondents were male and 54 (54 %) of the respondents were female. There was no gender component that was more than two-thirds. The presence of a gender balance among participants in scientific investigations mitigates prejudice and enhances the validity of the research outcomes.

#### 4.4.2 Distribution of Respondents by Age

Since different age categories perceive quality of healthcare services different, the respondents were required to indicate their age groups as shown in table 5 below;

**TABLE 5**  
**Age bracket of Respondents**

|                | N  | %     |
|----------------|----|-------|
| 21-30 years    | 41 | 41.0% |
| 31-40 years    | 45 | 45.0% |
| 41-50 years    | 11 | 11.0% |
| Above 50 years | 3  | 3.0%  |

**Source: Research data, (2024)**

From the study findings above, 21-30 years had a percentage of 41% representation, 45% represented 31-40 years respondents, 11% of respondents were aged 41-50 years and 3% of the respondents were aged above 50 years. This implies that different age groups view quality of healthcare services differently and it's a subject that matters to different patient respondents.

#### 4.4.3 Distribution of Respondents by education level

The education level is a crucial factor which correlates with a deeper understanding of healthcare processes and greater expectations for quality of services as indicated below;

**TABLE 6**  
**Education Level of Respondents**

|               | %     |
|---------------|-------|
| Certificate   | 3.0%  |
| Diploma       | 25.0% |
| Undergraduate | 46.0% |
| Postgraduate  | 26.0% |

**Source: Research data, (2024)**

The results obtained indicated that 3% respondents were certificate holders, 25% respondents were diploma holders, 46% of respondents were undergraduate while 26% of respondents had PHDs. This implies that higher education levels are often linked to enhanced comprehension of healthcare services and proficiency in navigating complex health related information. Patients' satisfaction and opinions of corporate sustainability in healthcare settings may be impacted by their increased awareness of their rights and the standard of treatment they should anticipate, according to Kalaja, (2023). Patients with undergraduate and graduate degrees are also frequently engaged in their health decisions hence have a high perception of the type of quality of healthcare services they deserve.

#### 4.4.4 Distribution of Respondents by number of hospital visits

The perceptions of respondents may also be influenced by the frequency of visits to healthcare institutions. Frequent visitors may base their thoughts on minimal engagement, but infrequent visitors may have more nuanced perspectives depending on their encounters. as shown below;

**TABLE 7**  
**Hospital visits**

|                     | N  | %     |
|---------------------|----|-------|
| Rarely              | 10 | 10.0% |
| Once a month        | 23 | 23.0% |
| Once every 3 months | 19 | 19.0% |
| Once every 6 months | 48 | 48.0% |

**Source: Research data, (2024)**

10% of the respondents rarely visited the private hospitals, 23% of respondents visited once a month, 19% of the respondents visited the hospital once every 3 months, while 48% of respondent visited every 6 months. Based on this distribution, almost half of the respondents visit the hospital once per six months, which suggests that the patient population visits were not frequent.

The continuity of care and patient engagement can be greatly impacted by the number of hospital visits. More frequent visitors, such those who come once a month, might be more aware of the services provided and the type of care they receive. Individuals who visit infrequently, on

the other hand, might not be as acquainted, which could influence how they view the quality of healthcare and the sustainability of the private hospitals (Hibbard et al., 2004).

#### **4.5 Descriptive Analysis**

To analyze the quantitative data, the mean was used as the measure of central tendency while standard deviation was used to measure the spread in the data. Mean and standard deviations for the scores were computed for each question as well as the overall mean score as shown in tables 6, 7, 8 and 9. The development of 5 items was done and rated by respondents from 1 (strongly disagree) to 5 (strongly agree). A calculation of the standard deviation of each indicator was done. Standard deviation of less than 2 meant that the respondents had similar perceptions but more than 2 indicated that the respondents had diverse opinions. In addition, the mean score of more than 2.5 - 5 as calculated by the researcher was considered to be agree or strongly agree. A mean score of less than 2.5 that is 1-2.5 was considered disagree or strongly disagree and a mean score of 2.5 respectively considered neutral.

The overall mean and standard deviation of the variables under study were as follows: Healthcare reliability (M=3.63, SD=0.78), Healthcare responsiveness (M=3.63, SD=0.74), Coefficient of Healthcare empathy (M=3.80, SD=0.73), Corporate sustainability (M=3.70, SD=0.76).

##### **4.5.1 Healthcare reliability and corporate sustainability**

This was the first objective that sought to establish the effect of healthcare reliability on corporate sustainability among private hospitals in Kenya. The indicators of this item were timeliness of appointments, consistency of services, effectiveness of patient records and information accuracy.

The respondents were required to indicate their level of agreement with the following statements. With a total of 100 participants offering their perspectives, the data displayed in table 8 represents respondents' opinions regarding various facets of healthcare reliability.

**TABLE 8**  
**Healthcare Reliability**

|                             |                  | N   | Mean | Std. Deviation |
|-----------------------------|------------------|-----|------|----------------|
| Hospital                    | consistently     | 100 | 3.67 | .98            |
| provides                    | accurate         |     |      |                |
| information                 | about services   |     |      |                |
| offered                     |                  |     |      |                |
| Appointments are conducted  |                  | 100 | 3.44 | 1.00           |
| as scheduled                | without          |     |      |                |
| unnecessary                 | delays           |     |      |                |
| The hospital has reliable   |                  | 100 | 3.90 | .97            |
| system for                  | managing         |     |      |                |
| patients' records           |                  |     |      |                |
| Quality of care provided is |                  | 100 | 3.40 | 1.07           |
| consistent                  | across different |     |      |                |
| departments                 | of the hospital  |     |      |                |
| I trust the hospital will   |                  | 100 | 3.72 | .97            |
| deliver the                 | services         |     |      |                |
| promised                    |                  |     |      |                |
| Overall Mean                |                  | 100 | 3.63 | .78            |

**Source: Research data, (2024)**

The overall mean and standard deviation of the variables under study from the descriptive data shown in table 6 shows that combined mean was as follows; (M=3.63, SD=0.78). A combined arithmetic mean of 3.63, indicated that most of the respondents felt that healthcare reliability often contributed to corporate sustainability of private hospitals in Kenya. The responses show a modest degree of variability, with standard deviations for each item ranging from 0.97 to 1.07. Greater diversity in opinions regarding care consistency is shown by a higher standard deviation, such as 1.07 for the statement "Quality of care provided is consistent across different departments of the hospital," indicating that some respondents are less confident in this aspect. There was significant confidence in the hospital's administrative capabilities as seen by the highest mean score (3.90) for the item "The hospital has a reliable system for managing patients' records." Effective record management may improve operational efficiency and patient trust, which is critical for the sustainability of Private healthcare institutions.

Contrary, the statement "Quality of care provided is consistent across different departments of the hospital" obtained the lowest mean score (3.40), indicating that there might be issues with the consistency of care offered in different departments. The hospital's efforts to be sustainable may therefore be impacted by this disparity in patient satisfaction. A comparatively high degree of patient trust is indicated by the mean score of 3.72 for the statement "I trust the hospital will deliver the services promised". High trust fosters patient loyalty and good word-of-mouth, two factors that are vital to the long-term viability of healthcare facilities, trust is a fundamental element of corporate sustainability.

#### **4.5.2 Healthcare responsiveness and corporate sustainability**

This was the second objective that sought to evaluate the effect of healthcare responsiveness on corporate sustainability among private hospitals in Kenya. The indicators of this item were prompt response to inquiries, timely updates of treatment, consideration of patient needs, Proactive issue management and effective feedback system. The descriptive analysis is as shown in table 9 below,

**TABLE 9**  
**Healthcare Responsiveness**

|   | N   | Mean | Std. Deviation |
|---|-----|------|----------------|
| Hospital staff responds promptly to patient inquiries and concerns              | 100 | 3.63 | 1.00           |
| Hospital provides timely updates regarding treatment                            | 100 | 3.68 | .92            |
| I feel that my needs are taken into account during my treatment                 | 100 | 3.76 | .92            |
| Hospital staff is proactive in addressing potential issues before they escalate | 100 | 3.67 | .87            |
| Hospital has effective system for handling feedback                             | 100 | 3.43 | 1.03           |
| Overall mean  | 100 | 3.63 | .74            |

**Source: Research data, (2024)**

The average ratings for the different dimensions of healthcare responsiveness vary from 3.43 to 3.76, suggesting that respondents have an overall favorable impression of the system. Patients generally feel that hospitals are responsive to their requirements, as indicated by the overall mean score of 3.63.

The individual item standard deviations vary from 0.87 to 1.03, suggesting a modest degree of response variability. Greater diversity in opinions regarding the efficacy of feedback methods is shown by a higher standard deviation, such as 1.03 for the statement "Hospital has an effective system for handling feedback," indicating that some respondents are not as satisfied.

According to the study, patients' sense of having their needs met throughout treatment increases their loyalty and level of satisfaction as indicated by the highest mean score of 3.76. Concerns were raised, meanwhile, regarding the hospital's feedback administration which had lowest mean score of 3.43 suggesting concerns by patients on how healthcare providers manage patient feedback. Positive opinions of the hospital's proactive actions as illustrated by mean score of 3.67 is shown by the staff's proactive approach to resolving possible problems before they became more serious.

#### **4.5.3 Healthcare empathy and corporate sustainability**

This was the third objective that sought to examine the effect of level of healthcare empathy on corporate sustainability among private hospitals in Kenya. The indicators of this item were Genuine concern for well-being, respect and value, patient centered care and supportive environment. The descriptive analysis was as shown in table 10;

**TABLE 10**  
**Healthcare Empathy**

|   | N   | Mean | Std.<br>Deviation |
|---|-----|------|-------------------|
| Healthcare providers show genuine concern for my well-being                                     | 100 | 3.72 | .92               |
| I feel respected and valued as a patient in this hospital                                       | 100 | 3.74 | .91               |
| I believe the hospital prioritizes patient centered care  | 100 | 3.87 | .88               |
| The staff takes the time to listen to my concerns and questions                                 | 100 | 3.88 | .86               |
| The hospital environment is supportive and caring   | 100 | 3.90 | .82               |
| I would recommend this hospital to others based on the quality of healthcare services I receive | 100 | 3.71 | .91               |
| Healthcare empathy  | 100 | 3.80 | .73               |

**Source: Research data, (2024)**

The respondents' overall sense of healthcare empathy is indicated by the mean ratings for the several components ranging from 3.71 to 3.90. According to the overall mean score of 3.80, patients believe that these hospitals' medical staff members are fairly empathic.

There is comparatively little variation in the replies, as seen by the standard deviations of the individual questions, which range from 0.73 to 0.92. This indicates that a majority of participants hold comparable opinions about the empathy exhibited by healthcare professionals, a sign of reliable and high-quality treatment. With a mean score of 3.90, the item "The hospital environment is supportive and caring" was found to have the highest level of satisfaction among patients about the overall care environment. In order to improve patient comfort and happiness, which can result in better health outcomes and loyalty, a supporting and caring environment is essential.

There is still opportunity for improvement in the areas of care that influence patients' willingness to recommend the hospital to others, despite the fact that the statement "I would recommend this hospital to others based on the quality of healthcare services I receive" had a mean score of 3.71. It is evident from the mean score of 3.88 for the statement "The staff takes the time to listen to my concerns and questions" that patients feel heard, which is important for developing trust and trust between patients and healthcare professionals. In order to provide patient-centered care, empathy is essential.

#### **4.5.4 Healthcare Corporate sustainability**

The dependent variable was corporate sustainability. The respondents were requested to indicate their level of agreement on various statements concerning corporate sustainability among private hospitals in Kenya. The findings were as shown in table 11.

**TABLE 11**  
**Corporate Sustainability**

|   | N   | Mean | Std. Deviation |
|---|-----|------|----------------|
| Hospital prioritizes on patient satisfaction as part of its sustainability strategy | 100 | 3.61 | .94            |
| Hospital maintains transparency in its operations                                   | 100 | 3.61 | .90            |
| Hospital engages in community initiatives that promote long term sustainability     | 100 | 3.87 | 1.05           |
| Reputation of the hospital positively influences my decision to seek care here      | 100 | 3.52 | 1.02           |
| The Hospital invests in quality improvement initiatives to enhance service delivery | 100 | 3.89 | .97            |
| Corporate Sustainability  | 100 | 3.70 | .76            |
| Valid N (listwise)  | 100 |      |                |

**Source: Research data, (2024)**

With an overall mean score of 3.70, the mean scores for the different components of corporate sustainability range from 3.52 to 3.89. This reflects a generally positive view among respondents regarding the hospitals' commitment to sustainability.

The range of the individual item standard deviations is 0.76 to 1.05. There appears to be a moderate degree of consensus among respondents evaluating the sustainability procedures of the hospitals, as indicated by the comparatively low standard deviations. The fact that the standard deviation for the statement "Hospital engages in community initiatives that promote long-term sustainability" (1.05) is higher than the others suggests that there is a greater variation in the opinions of patients about this matter.

The highest mean score (3.87) was obtained for the item "Hospital engages in community initiatives that promote long-term sustainability," suggesting that patients are aware of and appreciative of the hospitals' community involvement initiatives. Establishing trust and cultivating a favorable reputation in the community are critical for improving company sustainability.

The statements "Hospital maintains transparency in its operations" and "Hospital prioritizes on patient satisfaction as part of its sustainability strategy" both obtained mean scores of 3.61. This implies that although patients think these factors are significant, there may be space for improvement in the way these tactics are applied.

The statement "Reputation of the hospital positively influences my decision to seek care here" had the lowest mean score (3.52). This suggests that, although reputation matters, patients may not be as motivated by it as they would be by other components of sustainability, such as would be service quality and community involvement.

#### 4.5.5 Factors contributing to corporate sustainability

This part of corporate sustainability provided insights into specific factors that respondents believed contributed to private hospitals corporate sustainability. The distribution of responses is as shown in table 12 below;

**Which specific factors do you think contribute to the hospital’s corporate sustainability?**

**TABLE 12**  
**Patients' opinions on Factors Contributing to Corporate Sustainability**

|                                | N  | %     |
|--------------------------------|----|-------|
| Community engagement           | 3  | 3.0%  |
| Financial management           | 8  | 8.0%  |
| Others                         | 1  | 1.0%  |
| Patient satisfaction           | 37 | 37.0% |
| Quality of care                | 46 | 46.0% |
| Staff training and development | 5  | 5.0%  |

**Source: Research data, (2024)**

Hospital sustainability is largely dependent on the quality of healthcare services offered, as indicated by the highest percentage of respondents (46.0%) who cited this element as important. In order to be sustainable over the long run, high-quality care must result in patient happiness, loyalty, and positive word-of-mouth.

Regarded as another important aspect, patient satisfaction (37.0%) highlights the significance of fulfilling patients' wants and expectations. Patient satisfaction increases the likelihood that a hospital will remain open and that patients will refer others to it.

Even if financial management only obtained an 8.0% rating, it is nevertheless regarded as a significant factor. Hospitals that manage their finances well are able to invest in the required upgrades and run their operations more effectively.

5.0% of respondents said they saw value in investing in staff training and development, which can improve patient care and service performance.

Community Engagement (3.0%): This category may have had the lowest proportion, but it still makes a strong point about how important it is for hospitals to be involved in their communities since it can encourage kindness and support.

Others (1.0%): This category indicates the complexity of the problem by raising the possibility that there are other elements that aren't specifically included but yet contribute to corporate sustainability or it can be combination of various factors that can contribute to corporate sustainability.

#### **4.6 Diagnostic Tests**

A set of statistical techniques called diagnostic test is employed to evaluate the basic assumptions of a statistical model. These tests assist researchers in determining whether the data satisfy essential conditions for a good research study. Test carried out were homoscedasticity, multicollinearity, autocorrelation and normality. Researchers can make well-informed decisions about the proper statistical approaches to utilize by using diagnostic tests to uncover any flaws that may affect the validity and reliability of their results according to Field, (2024). This test was used to summarize the demographic characteristics of the respondents and the mean scores for variable under study.

#### 4.6.1 Normality test

To ascertain whether the residuals of the regression model are normally distributed, normality tests were performed utilizing the Shapiro-Wilk test (Field, 2024) since compared to other tests such as Kolmogorov – Smirnov, it provides a higher power. Choosing the right statistical tests for analysis depends on this. P-value less than 0.05 level of significance leads to the rejection of the null hypothesis that the residuals are normally distributed. Results showing Shapiro-Wilk test of normality presented in Table 13 showed that the residuals were normally distributed as required since the ‘W’ value was approaching 1 for  $\alpha < 0.05$ ,  $W(100) = .99$ ,  $P = 0.54$ .

**TABLE 13**  
**Normality Test**

#### Tests of Normality

|                          | Shapiro-<br>Wilk |     |      |
|--------------------------|------------------|-----|------|
|                          | Statistic        | Df  | Sig. |
| Unstandardized Residuals | .988             | 100 | .541 |

**Source: Research data, (2024)**

#### 4.6.2 Homoscedasticity

In order to verify that the variance of errors is consistent at every level of the independent variable, homoscedasticity was examined. Breusch-Pagan test (Breusch & Pagan, 1979) and graphical approaches was analyzed (Residual vs Fitted plot) and employed. For Breusch-Pagan test, P-value

less than 0.05 level of significance means that we reject the null hypothesis that there is no homoscedasticity and therefore inconsistency in the variance of errors. For the case of Residual vs Fitted plot, any recognizable pattern means inconsistency in the variance of errors hence heteroscedasticity. Results revealed that there was homoscedasticity hence variance of errors was constant at every level of the independent variable,  $\chi^2_{(3)} = 3.10$ ,  $P = 0.38$  (see Table 14 and Figure 2).

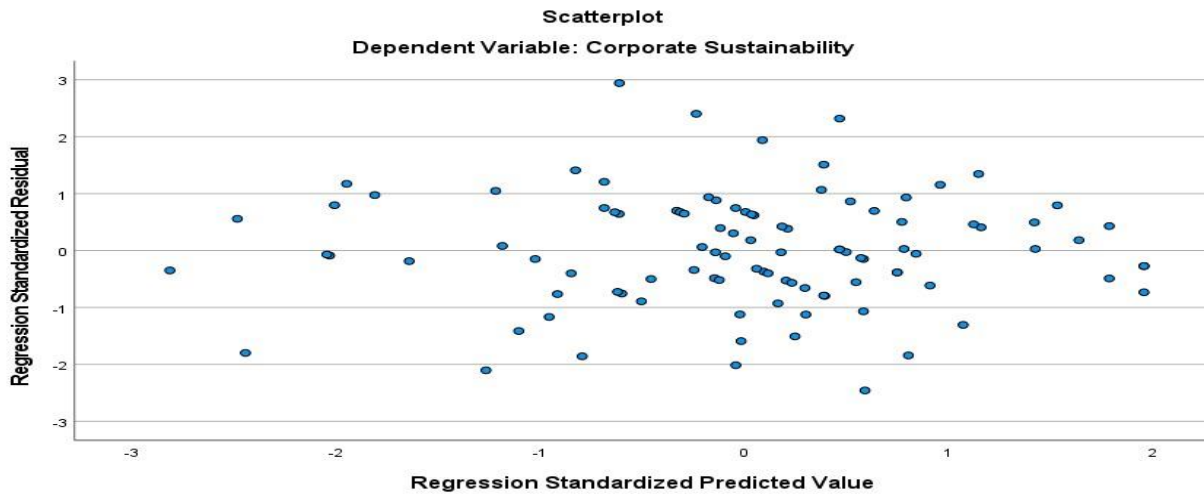
**TABLE 14**  
**Breusch - Pagan Test**

**Breusch-Pagan test**

| Breusch-Pagan statistic ( $\chi^2$ ) | Df | Sig. |
|--------------------------------------|----|------|
| 3.10                                 | 3  | .38  |

**FIGURE 2**

**Residual vs Fitted Plot**



#### **4.6.3 Multicollinearity test**

Multicollinearity occurs when there is correlation between the predictors. In order to look for connections between independent variables, multicollinearity was assessed using the Variance Inflation Factor (VIF) scores. A multicollinearity issue that could impact the regression analysis is indicated by a VIF value more than 10 (Nandakishore & Aruna, 2021). Results presented in Table 15 indicated that the VIF values for healthcare reliability (1.95), healthcare responsiveness (2.82) and healthcare empathy (2.71) were all less than the threshold value of 10 hence no evidence of multicollinearity.

**TABLE 15**

**Coefficients**

*Coefficients*

|       |                           | Unstandardized |            | Standardized |       | Collinearity |       |
|-------|---------------------------|----------------|------------|--------------|-------|--------------|-------|
|       |                           | Coefficients   |            | Coefficients |       | Statistics   |       |
| Model |                           | B              | Std. Error | Beta         | t     | Tolerance    | VIF   |
|       |                           | 1              | (Constant) | .283         | .246  |              | 1.153 |
|       | Healthcare reliability    | .363           | .078       | .374         | 4.630 | .513         | 1.950 |
|       | Healthcare responsiveness | .264           | .099       | .260         | 2.677 | .355         | 2.816 |
|       | Healthcare empathy        | .300           | .099       | .290         | 3.044 | .369         | 2.709 |

a. Dependent Variable: Corporate Sustainability

A multiple linear regression was conducted to study the determinants of corporate sustainability. The factors under study included: health reliability, health responsiveness, and health empathy which all showed significant impact in explaining the variation in corporate

sustainability. It was also found that the three factors explained more than sixty five percent of variation in corporate sustainability while the other less than thirty five percent is explained by other health factors nor included in the study. This is a clear suggestion that the three factors play a crucial role in determining how the hospital is sustainable.

Similar to health reliability and health responsiveness, health empathy proved to be a critically significant predictor of corporate sustainability. Hospitals that show genuine concern for someone's well-being as well as having a caring and supportive environment will probably be more sustainable than others. This shows the importance of healthcare empathy in ensuring a sustainable performance. In conclusion, the model highlighted the collective importance of health reliability, responsiveness, and empathy on sustainability and success of a corporate as well as a healthy environment for the staff and the patients.

#### **4.6.4 Correlational Analysis**

To understand the relationship between the response variable and the predictors as well as the relationship between the predictors, Karl Pearson's correlation analysis was conducted. Table 16 presents the correlation matrix with the correlation coefficients as well as p-values to test the significance of the correlations. The linear links between the variables' strength and direction are shown by the Pearson correlation coefficients. There is no association when the numbers are close to 0, a significant negative correlation when they are closer to -1, and a high positive correlation when they are closer to +1.

**TABLE 16**

**Correlation**

|                                      |                 | <b>Healthcare<br/>reliability</b> | <b>Healthcare<br/>responsiveness</b> | <b>Healthcare<br/>empathy</b> | <b>Corporate<br/>Sustainability</b> |
|--------------------------------------|-----------------|-----------------------------------|--------------------------------------|-------------------------------|-------------------------------------|
| <b>Healthcare<br/>reliability</b>    | Pearson         | 1                                 | .665**                               | .648**                        | .735**                              |
|                                      | Correlation     |                                   |                                      |                               |                                     |
|                                      | Sig. (2-tailed) |                                   | .000                                 | .000                          | .000                                |
|                                      | N               | 100                               | 100                                  | 100                           | 100                                 |
| <b>Healthcare<br/>responsiveness</b> | Pearson         | .665**                            | 1                                    | .774**                        | .733**                              |
|                                      | Correlation     |                                   |                                      |                               |                                     |
|                                      | Sig. (2-tailed) | .000                              |                                      | .000                          | .000                                |
|                                      | N               | 100                               | 100                                  | 100                           | 100                                 |
| <b>Healthcare<br/>empathy</b>        | Pearson         | .648**                            | .774**                               | 1                             | .734**                              |
|                                      | Correlation     |                                   |                                      |                               |                                     |
|                                      | Sig. (2-tailed) | .000                              | .000                                 |                               | .000                                |
|                                      | N               | 100                               | 100                                  | 100                           | 100                                 |
| <b>Corporate<br/>Sustainability</b>  | Pearson         | .735**                            | .733**                               | .734**                        | 1                                   |
|                                      | Correlation     |                                   |                                      |                               |                                     |
|                                      | Sig. (2-tailed) | .000                              | .000                                 | .000                          |                                     |
|                                      | N               | 100                               | 100                                  | 100                           | 100                                 |

\*\* . Correlation is significant at the 0.01 level (2-tailed).

**Source: Research data, (2024)**

Results showed that all the three predictors were significantly and positively correlated to corporate sustainability among private hospitals in Kenya. healthcare reliability ( $r=.74$ ,  $p < .001$ ), This robust positive link indicates that there is a tendency for corporate sustainability to rise in line with healthcare reliability. According to Bohm et al. (2021), this finding is consistent with previous research that highlights the value of dependable healthcare services in improving organizational performance and sustainability.

Healthcare responsiveness ( $r=.74$ ,  $p < .00$ ), healthcare empathy ( $r=.74$ ,  $p < .001$ ). Among the independent variables, healthcare empathy and healthcare reliability showed the least correlation ( $r=.65$ ,  $p < .001$ ) although it indicated a significant relationship. Patients who receive consistent and dependable care are more likely to feel appreciated and understood, which may create an environment where empathy can flourish (Bohm et al., 2021).

Correlation of healthcare responsiveness and healthcare reliability ( $r=.66$ ,  $p < .001$ ). This link suggests that people frequently view dependable healthcare services as responsive. This association is significant because it implies that responsiveness—which is necessary for patient satisfaction and retention—can be improved by increasing dependability (Kalaja., 2023).

Healthcare empathy and healthcare responsiveness had correlation of ( $r=.77$ ,  $p < .001$ ). The strong correlation between responsiveness and empathy suggests that healthcare providers who are responsive to patient needs are also likely to demonstrate empathy. This relationship is vital, as empathetic care can lead to better patient experiences and outcomes, reinforcing the importance of both dimensions in healthcare quality (Mostepaniuk et al., 2023).

## 4.7 Regression Analysis

Regression analysis was conducted to study the dependencies between different aspects of healthcare quality, including reliability, responsiveness and empathy on corporate sustainability indices. The study employed multiple regression analysis which is frequently used in social science research because it allows researchers to pose questions that aid in the process of variable prediction.

The multiple regression formula was;

$$Y = \alpha_0 + \beta_i X_1 + \beta_{ii} X_2 + \beta_{iii} X_3 + e_0$$

Whereby,

Y = Corporate sustainability

$\alpha_0$  = constant associated with the regression model

$\beta_i$  = Coefficient of Healthcare reliability ( $X_1$ )

$\beta_{ii}$  = Coefficient of Healthcare responsiveness ( $X_2$ ) respectively  $\beta_{iii}$  = Coefficient of Healthcare empathy ( $X_3$ ) and

$e_0$  = error term associated with the regression model of the linear relationship.

### *Summary of the model*

Results shown in Table 16 represents the summary of the model. Values given include: correlation coefficient ( $R=0.824$ ), coefficient of determination ( $R^2=0.678$ ), adjusted coefficient of determination ( $R^2_{adj}=0.668$ ) and standard error of the estimate (0.435). Coefficient of determination (R Square) was used to assess the model's goodness of fit in this study. Its value

indicated that 67.8% of variation in corporate sustainability was explained by healthcare reliability, healthcare responsiveness and healthcare empathy and thus the model was fit for the data.

**TABLE 17**

**Model Summary**

**Model Summary <sup>b</sup>**

| Model | R                 | R Square | Adjusted Square | R | Std. Error of the Estimate |
|-------|-------------------|----------|-----------------|---|----------------------------|
| 1     | .824 <sup>a</sup> | .678     | .668            |   | .43481                     |

a. Predictors: (Constant), Healthcare empathy, Healthcare reliability, Healthcare responsiveness

b. Dependent Variable: Corporate Sustainability

Results presented in Table 18 indicated that healthcare reliability, healthcare responsiveness and healthcare empathy were jointly significant in explaining the variation in corporate sustainability,

$F(3,99) = 67.51, P < .001.$

**TABLE 18****Anova**

| <b>Model</b> |            | <b>Sum of Squares</b> | <b>df</b> | <b>Mean Square</b> | <b>F</b> | <b>Sig.</b>       |
|--------------|------------|-----------------------|-----------|--------------------|----------|-------------------|
| 1            | Regression | 38.291                | 3         | 12.764             | 67.512   | .000 <sup>b</sup> |
|              | Residual   | 18.149                | 96        | .189               |          |                   |
|              | Total      | 56.440                | 99        |                    |          |                   |

a. Dependent Variable: Corporate Sustainability

b. Predictors: (Constant), Healthcare empathy, Healthcare reliability, Healthcare responsiveness

**Regression coefficients**

Table 18 gives the values of the regression coefficients and the t-test results showing the significance of each predictor. The average score of corporate sustainability was 0.28 ( $\beta_0=0.28$ ).

Healthcare reliability had a significant effect on corporate sustainability,  $t(99) = 4.63$ ,  $P < .001$ . For every one average score increase in the values of healthcare reliability, the average score values of corporate sustainability increase by 0.36 ( $\beta_1=0.36$ ) holding the other two variables constant.

Healthcare responsiveness was also significantly impacted corporate sustainability,  $t(99) = 2.68$ ,  $P = .01$ . For a one score increase in the values of healthcare reliability on average, the average score values of corporate sustainability increase by 0.26 ( $\beta_2=0.26$ ) holding the other two variables constant.

Similarly, healthcare empathy was significant in explaining in explaining variation in corporate sustainability,  $t(90) = 3.04$ ,  $P = .00$ . A one score increase in the average values of healthcare sympathy increases the average score values of corporate sustainability by 0.30 ( $\beta_3=0.30$ ) holding the other two variables constant.

**TABLE 19**

**Coefficients**

| Model                     | Unstandardized Coefficients |            | Standardized Coefficients |       | Sig. | Collinearity Statistics |       |
|---------------------------|-----------------------------|------------|---------------------------|-------|------|-------------------------|-------|
|                           | B                           | Std. Error | Beta                      | T     |      | Tolerance               | VIF   |
| 1 (Constant)              | .283                        | .246       |                           | 1.153 | .252 |                         |       |
| Healthcare reliability    | .363                        | .078       | .374                      | 4.630 | .000 | .513                    | 1.950 |
| Healthcare responsiveness | .264                        | .099       | .260                      | 2.677 | .009 | .355                    | 2.816 |
| Healthcare empathy        | .300                        | .099       | .290                      | 3.044 | .003 | .369                    | 2.709 |

a. Dependent Variable: Corporate Sustainability

The equation of the regression model can therefore be given as:

$$Y = 0.28 + 0.36 X_1 + 0.26 X_2 + 0.30 X_3$$

## CHAPTER FIVE

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 5.1 Introduction

The purpose of this chapter is to analyze the findings in light of the body of research, make recommendations for private healthcare facilities that are practical and draw conclusions regarding the connections between business sustainability and quality of healthcare services. Understanding how healthcare responsiveness, empathy, and dependability contribute to sustainable practices in healthcare environments requires knowledge gleaned from this study.

#### 5.2 Summary of Findings

This section provides a summary of the analysis in line with the study objectives. The results of the study show that corporate sustainability in private hospitals is highly influenced by healthcare responsiveness, reliability, and empathy. Hospital performance is satisfactory, but there is significant space for improvement, according to the mean scores for healthcare reliability ( $M=3.63$ ,  $SD=0.78$ ), responsiveness ( $M=3.63$ ,  $SD=0.74$ ), and empathy ( $M=3.80$ ,  $SD=0.73$ ). The results of the regression analysis showed that these three dimensions together account for a large amount of the variance in corporate sustainability, with the three variables being statistically significant predictors: empathy ( $\beta = 0.30$ ), responsiveness ( $\beta = 0.26$ ), and healthcare reliability ( $\beta = 0.36$ ).

##### 5.2.1 Effect of Healthcare reliability on corporate sustainability

This objective sought to establish the effect of healthcare reliability on corporate sustainability among private hospitals in Kenya. The study discovered that, with a regression coefficient of  $\beta=0.36$ , healthcare reliability had a considerable impact on corporate sustainability of private

hospitals in Kenya. This means that, while maintaining other variables fixed, corporate sustainability should rise by 0.36 units for every unit increase in healthcare reliability. This result is consistent with previous research that highlights the value of reliability in healthcare services. Due to this, the alternative hypothesis that healthcare reliability has a statistically significant relationship with corporate sustainability of private hospitals in Kenya was supported and the null hypothesis which claimed that there is no significant relationship between healthcare reliability and corporate sustainability among Kenyan private hospitals was rejected.

As an illustration, research indicates that reliable medical services increase patient happiness and trust, both of which are essential for the long-term viability of medical institutions (Bai et al., 2020; Kuo et al., 2021). The findings imply that improving dependability should be a top priority for private hospitals in order to promote sustainable operations. This indicates that for a hospital to be more sustainable than other corporates, it should have improved services like: reliable system for managing patients' records, prompt responses to patient inquires and concerns, and trustworthy staff among others.

One of the most important indicators of business sustainability is healthcare reliability. The results indicate that healthcare institutions can cultivate patient confidence and loyalty by continually offering precise information, upholding efficient patient record management systems, and guaranteeing prompt service delivery. Since satisfied patients are more likely to return and refer others to services, this trust is crucial for long-term viability. Hospitals must invest in strong systems that guarantee constant service delivery, as indicated by the positive association found between corporate sustainability and healthcare reliability.

### **5.2.2 Effect of Healthcare responsiveness on corporate sustainability**

The second objective sought to evaluate the effect of healthcare responsiveness on corporate sustainability among private hospitals in Kenya. Results revealed that health responsiveness also contributed positively and significantly to corporate sustainability with a coefficient of  $\beta = 0.26$ . Using the data as support, the alternative hypothesis that indicates there is a statistically significant relationship between healthcare responsiveness and corporate sustainability of Kenyan private hospitals was supported, rejecting the null hypothesis, which claimed that there is no significant relationship between healthcare responsiveness and corporate sustainability among Kenyan private hospitals.

From the regression analysis, a change in healthcare responsiveness led to change in corporate sustainability of private hospitals in Kenya by a magnitude of 0.26. This means that for hospitals to be more sustainable compared to its competitors, it is important for them to have an advanced response system. According to the data, quick responses to questions and concerns from patients help to create a great patient experience, which is essential for keeping patients and building reputation. This result is in line with studies by Alharbi et al. (2022), which showed that responsiveness affects patient satisfaction and, in turn, the long-term viability of healthcare organizations. The findings imply that better communication tactics and reaction times can result in more sustainable outcomes. Hospitals can achieve this through: prompt response to patient inquires and concerns, providing timely updates regarding treatment as well as having an effective system for handling feedback.

### **5.2.3 Effect of level of healthcare empathy on corporate sustainability**

The third objective sought to examine the effect of the level of empathy on corporate sustainability among private hospitals in Kenya. The level of healthcare empathy had a coefficient of  $\beta = 0.30$  indicating a significant positive relationship with corporate sustainability among private hospitals in Kenya. Therefore, this resulted to the rejection of the null hypothesis which stated that there is no significant relationship between the level of healthcare empathy and corporate sustainability among private hospitals in Kenya and upheld the alternative hypothesis that the level of healthcare empathy had a statistical significance relationship with corporate sustainability of private hospitals in Kenya. From the regression analysis, a change in the level of healthcare empathy led to change in corporate sustainability of private hospitals in Kenya by a magnitude of 0.30

According to the study, hospitals have a higher chance of achieving sustained performance when they show a sincere concern for their patients' well-being and create a supportive environment. This result supports the findings of Hojat et al. (2018), who highlighted the role empathy plays in hospital settings as a factor that leads to patient loyalty and happiness. The findings imply that by fostering a culture of empathy inside healthcare institutions, patient relationships and outcomes can be improved, hence increasing sustainability. In this sense, training courses that concentrate on helping medical professionals communicate with empathy may be helpful in achieving corporate sustainability

## **5.3 Conclusions**

The purpose of this study was to find out how quality of healthcare service affected corporate sustainability of private hospitals in Kenya. The study specifically examined the connections

between healthcare reliability, healthcare responsiveness, level of healthcare empathy and corporate sustainability of three large hospitals that have the highest number of outpatient clinics in Kenya. This concluded that, an increase in healthcare reliability, healthcare responsiveness and level of healthcare empathy would lead to a significant increase in corporate sustainability of private hospitals in Kenya. This conclusion is based on the findings that these factors have a positive and significant relationship with the performance of hospitality firms.

The results of this investigation underscore the critical function that healthcare service quality plays in advancing business sustainability within private healthcare establishments. These characteristics appear to be essential for improving patient happiness and organizational performance, as evidenced by the strong positive correlations found between healthcare responsiveness, empathy, and reliability and company sustainability. The study adds to the increasing body of research that shows a connection between healthcare sustainability and service quality, highlighting the need of giving these factors top priority in healthcare organizations.

#### **5.4 Recommendations**

In order for private hospitals to provide quality healthcare services that are sustainable, they need to improve staff reliability skills, responsiveness, and empathy, hospitals should put in place extensive training programs.

The study also recommends that private hospitals should Introduce cutting-edge medical technology which can simplify processes, strengthen patient record administration, and increase patient-provider communication which will lead to improvement in quality of healthcare provided.

Improvement on mechanisms for patient feedback is also recommended. Having strong feedback systems in place can assist hospitals in pinpointing areas in need of development and modifying their offerings to better suit patients.

Hospitals can further improve their corporate image and patient trust by participating in community-based activities that support sustainability and health awareness.

### **5.5 Areas for Further Studies**

The research model accounted for 68% variation in corporate sustainability of private hospitals in Kenya, therefore future studies can explore on the other factors of quality of healthcare services that can help to explain the other variation of 32%. Longitudinal research can also be done to investigate the long-term effects of high-quality healthcare services on the sustainability of private healthcare institutions.

Comparative studies can also be done to examine the variations in sustainability results between healthcare facilities that are public and private. Examining of the potential contribution of patient-centric approaches to improved healthcare sustainability and quality can also be researched on.

Further research on the influence of integration of technologies such as mobile health in improving the quality of healthcare services and corporate sustainability can also be done.

## REFERENCES

- Addo, A. A., Wang, W., Dankyi, A. B., Abban, O. J., & Bentum-Micah, G. (2020). Sustainability of health institutions: The impact of service quality and patient satisfaction on loyalty. *European Journal of Business and Management Research*, 5(4).
- Adom, D., Hussein, E. K., & Agyem, J. A. (2018). Theoretical and conceptual framework: Mandatory ingredients of a quality research. *International journal of scientific research*, 7(1), 438-441.
- Adongo, A. A., Azumah, F. D., & Nachinaab, J. O. (2021). A comparative study of quality of health care services of public and private hospitals in Ghana. *Journal of Public Health*, 1-7.
- Aggarwal, A., Aeran, H., & Rathee, M. (2019). Quality management in healthcare: The pivotal desideratum. *Journal of oral biology and craniofacial research*, 9(2), 180-182.
- Al-Abri, R., & Al-Balushi, A. (2014). Patient satisfaction survey as a tool towards quality improvement. *Oman medical journal*, 29(1), 3.
- AlJaberi, O. A., Hussain, M., & Drake, P. R. (2020). A framework for measuring sustainability in healthcare systems. *International journal of healthcare management*.
- Altuntas, S., & Kansu, S. (2020). An innovative and integrated approach based on SERVQUAL, QFD and FMEA for service quality improvement: A case study. *Kybernetes*, 49(10), 2419-2453.
- Andaleeb, S. S., Siddiqui, N., & Khandakar, S. (2007). Doctors' service orientation in public, private, and foreign hospitals. *International Journal of Health Care Quality Assurance*, 20(3), 253-263.
- Arshad, M. (2019). *Effect of patient's perception about physician's communication skills, physician-patient concordance, physician's empathy on patients' satisfaction* (Doctoral dissertation, Quaid I Azam University).

- Ashoor, A. S., Kazem, A. A. K., & Gore, S. (2021, February). An interactive network security for evaluating linear regression models in cancer mortality analysis and SelfCorrelation of errors by using Durbin-Watson tests in Babylon/Iraq. In *Journal of Physics: Conference Series* (Vol. 1804, No. 1, p. 012127). IOP Publishing.
- Awang, S., Agins, B., Mohd Ujang, I. R., Narayanan, D. N., Zulkifli, N. W., & Hamidi, N. (2023). Development of the National Policy for Quality in Healthcare for Malaysia. *Health Research Policy and Systems*, 21(1), 119.
- Bastani, Peivand, Mohammadtaghi Mohammadpour, Jamshid Bahmaei, Ramin Ravangard, and Gholamhossein Mehralian. "Hospital management by health services management graduates: the change paradigm in Iran." *Heliyon* 7, no. 11 (2021).
- Breusch, T. S., & Pagan, A. R. (1979). A simple test for heteroscedasticity and random coefficient variation. *Econometrica: Journal of the econometric society*, 1287-1294.
- Brundtland, G. H. (1987). Our joint future world Commission on Environment and Development.
- Bulitia, G., Dinda, B., & Ojera, P. B. (2016). Analysis of quality management practices and organizational performance of private healthcare facilities in Nairobi county, Kenya.
- Committee on Quality of Health Care in America. (2001). *Crossing the quality chasm: a new health system for the 21st century*. National Academies Press.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed methods approaches*. Sage publications.
- Deloitte., 2014 Global Health Care Outlook Shared Challenges, Shared Opportunities pp. 2
- Dillman, D. A., Smyth, J. D., & Christian, L. M. (2014). *Internet, phone, mail, and mixedmode surveys: The tailored design method*. John Wiley & Sons.

- Dorota, B. E. (2016). SO WHAT?-Strategies across Europe to assess quality of care-Report by the Expert Group on Health Systems Performance Assessment.
- Durbin, J., & Watson, G. S. (1992). Testing for serial correlation in least squares regression. II. In *Breakthroughs in Statistics: Methodology and Distribution* (pp. 260-266). New York, NY: Springer New York.
- D'Adamo, I., Gastaldi, M., Imbriani, C., & Morone, P. (2021). Assessing regional performance for the Sustainable Development Goals in Italy. *Scientific reports*, *11*(1), 24117.
- Fatima, T., Malik, S. A., & Shabbir, A. (2018). Hospital healthcare service quality, patient satisfaction, and loyalty: An investigation in the context of private healthcare systems. *International journal of quality & Reliability Management*, *35*(6), 1195-1214.
- Field, A. (2024). *Discovering statistics using IBM SPSS statistics*. Sage publications limited.
- Freeman, R. E. (2010). *Stakeholder Theory: The State of the Art*. Cambridge University Press.
- Ghanbari, S., Majlessi, F., Ghaffari, M., & Mahmoodi Majdabadi, M. (2020). Evaluation of health literacy of pregnant women in urban health centers of Shahid Beheshti Medical University. *Daneshvar Medicine*, *19*(6), 1-12.
- Gopal, R., & Bedi, S. S. (2014). Impact of hospital services on outpatient satisfaction. *International Journal of Research in Business Management*, *2*(4), 37-44.
- Gopi, D., Pandi, A. P., Sethupathi, P. R., Paranitharan, K. P., & Jeyathilagar, D. (2019). An integrated conceptual model for achieving global quality service in healthcare establishments. *International Journal of Services and Operations Management*, *33*(1), 49-68.
- Gulis, G., Krishnankutty, N., Boess, E. R., Lyhne, I., & Kørnøv, L. (2022). Environmental impact assessment, human health, and sustainable development goals. *International journal of public health*, *67*, 1604420.

- Gupta, P., & Doshi, R. (2019). Pilot study. In *Fundamentals of Research Methodology and Statistics* (pp. 93-114). CRC Press.
- Gurd, B., & Gao, T. (2007). Lives in the balance: an analysis of healthcare organizations' balanced scorecard (BSC). *International Journal of Productivity and Performance Management*, 57(1), 6-21.
- Harrison, J. S., & Wicks, A. C. (2013). Stakeholder theory, value, and firm performance. *Business ethics quarterly*, 23(1), 97-124.
- Hepper, E. L., de Souza, O. T., Petrini, M. D. C., & Silva, C. E. L. E. (2017). Proposing a Maturity Model for Corporate Sustainability. *Acta Scientiarum. Human and Social Sciences*, 39(1), 43-53.
- Hojat, M., Mangione, S., Nasca, T. J., Cohen, M. J., Gonnella, J. S., Erdmann, J. B., ... & Magee, M. (2001). The Jefferson Scale of Physician Empathy: development and preliminary psychometric data. *Educational and psychological measurement*, 61(2), 349-365.
- Institute of Medicine (US). Division of Health Care Services, Institute of Medicine (US). Committee to Design a Strategy for Quality Review, Assurance in Medicare, & United States. Health Care Financing Administration. (1990). *Medicare: a strategy for quality assurance, volume ii: sources and methods* (Vol. 2). National Academy Press.
- <https://kmhfr.health.go.ke/>
- João, B. N., Serralvo, F. A., & Cardoso, O. O. (2011). Reporting sustainability in Latin America: the role of MNCS and nation champions. *Review of Business Research*, 11(2), 93.
- Kalaja, R. (2023). Determinants of patient satisfaction with health care: a literature review. *European Journal of Natural Sciences and Medicine*, 6(1), 43-54.

- Kalaja, R., Kurti, S., & Myshketa, R. (2023). Service quality and patient satisfaction with private health care services in Albania. *International Journal of Public Health*, *12*(1), 460-468.
- Karltun, A., Sanne, J. M., Aase, K., Anderson, J. E., Fernandes, A., Fulop, N. J., ... & Andersson-Gare, B. (2020). Erratum to " Knowledge management infrastructure to support quality improvement: A qualitative study of maternity services in four European hospitals"[Health Policy 124 (2020) 205-215]. *Health Policy (Amsterdam, Netherlands)*, *124*(5), 575-575.
- Keshtkar, L., Madigan, C. D., Ward, A., Ahmed, S., Tanna, V., Rahman, I., ... & Howick, J. (2024). The effect of practitioner empathy on patient satisfaction: a systematic review of randomized trials. *Annals of Internal Medicine*, *177*(2), 196-209.
- Kimberlin, C. L., & Winterstein, A. G. (2008). Validity and reliability of measurement instruments used in research. *American journal of health-system pharmacy*, *65*(23),
- Kujala, J., Sachs, S., Leinonen, H., Heikkinen, A., & Laude, D. (2022). Stakeholder engagement: Past, present, and future. *Business & Society*, *61*(5), 1136-1196.
- Kumar, P., Chauhan, S., & Awasthi, L. K. (2023). Artificial intelligence in healthcare: review, ethics, trust challenges & future research directions. *Engineering Applications of Artificial Intelligence*, *120*, 105894.2276-2284.
- Knapp, T. R., & Mueller, R. O. (2010). Reliability and validity of instruments. *The reviewer's guide to quantitative methods in the social sciences*, 337-342.
- KS, S., & Barkur, G. (2023). Assessment of healthcare service quality effect on patient satisfaction and care outcomes: A case study in India. *Cogent Business & Management*, *10*(3), 2264579.
- Liu, S., Li, G., Liu, N., & Hongwei, W. (2021). The impact of patient satisfaction on patient loyalty with the mediating effect of patient trust. *INQUIRY: The Journal of Health Care Organization, Provision, and Financing*, *58*, 00469580211007221.

- Masud, M. A. K., Rashid, M. H. U., Khan, T., Bae, S. M., & Kim, J. D. (2019). Organizational strategy and corporate social responsibility: The mediating effect of the triple bottom line. *International journal of environmental research and public health*, 16(22), 4559.
- Mehra, R., & Sharma, M. K. (2021). Measures of sustainability in healthcare. *Sustainability Analytics and Modeling*, 1, 100001.
- Mendes, T., Braga, V., Correia, A., & Silva, C. (2023). Linking corporate social responsibility, cooperation and innovation: the triple bottom line perspective. *Innovation & Management Review*, 20(3), 244-280
- Mooney, S. J., & Garber, M. D. (2019). Sampling and sampling frames in big data epidemiology. *Current epidemiology reports*, 6, 14-22.
- Mosadeghrad, A. M. (2014). Factors influencing healthcare service quality. *International journal of health policy and management*, 3(2), 77.
- Mostepaniuk, A., Akalin, T., & Parish, M. R. (2023). Practices pursuing the sustainability of a healthcare organization: A systematic review. *Sustainability*, 15(3), 2353.
- Morgan, R., Ensor, T., & Waters, H. (2016). Performance of private sector health care: implications for universal health coverage. *The Lancet*, 388(10044), 606-612.
- Mugenda, O. M. & Mugenda AG (2019) research methods., qualitative and quantitative approaches. *African Centre for Iechnology Studies. Nairobi. Reny a.*
- Mrabet, S., Benachenhou, S. M., & Khalil, A. (2022). Measuring the effect of healthcare service quality dimensions on patient satisfaction in the Algerian private sector.
- Nandakishore, L. V., & Aruna, S. (2021). Multicollinearity detection and feature selection in diagnosis of cardio related tests. *Turkish Online Journal of Qualitative Inquiry*, 12(5).

- Nascimento, G., Araujo, C. A. S., & Alves, L. A. (2017). Corporate sustainability practices in accredited Brazilian hospitals: a degree-of-maturity assessment of the environmental dimension. *Revista de Administração (São Paulo)*, 52(1), 26-35.
- Oliver, R. L. (1993). A conceptual model of service quality and satisfaction: Comparative goals, different concepts. *Advances in service marketing and management*, 2, 65-85.  
683-684.
- Rajagopalan, S., Pronovost, P., & Al-Kindi, S. (2023, June). Implementing a sustainability framework in healthcare: a three-lens framework. In *Healthcare* (Vol. 11, No. 13, p. 1867). MDPI.
- Raj, M. S. S. (2024). The Vital Role of Emotions in Health. *Behavioral Economics and Neuroeconomics of Health and Healthcare*, 299.
- Sharma, S. K., & Tripathi, V. B. (2024). Sustainable Healthcare System: Providers Initiatives for Quality Improvement of Healthcare Organisation. *Journal of Health Management*, 26(2), 293-300.
- Shommu, N., Choudhury, S. R., & Turin, T. C. (2017). Knowledge translation in health care: bridging the gap between “knowledge generation” and “knowledge implementation”. *JNHFB*, 6(1), 2-4.
- Shortell, S. M., O'Brien, J. L., Carman, J. M., Foster, R. W., Hughes, E. F., Boerstler, H., & O'Connor, E. J. (1995). The impact of continuous quality improvement/total quality management: concept versus implementation. *Health services research*, 30(2), 377.
- Shulla, K., & Leal-Filho, W. (2023). Achieving the UN Agenda 2030: Overall actions for the successful implementation of the Sustainable Development Goals before and after the 2030 deadline. *European Union Parliament*.
- Siedlecki, S. L. (2020). Understanding descriptive research designs and methods. *Clinical Nurse Specialist*, 34(1), 8-12.

- Taber, K. S. (2018). The use of Cronbach's alpha when developing and reporting research instruments in science education. *Research in science education, 48*, 1273-1296.
- Taherdoost, H. (2016). Sampling methods in research methodology; how to choose a sampling technique for research. *International journal of academic research in management (IJARM)*, 5.
- Tariq, M. U. (2015). Operationalizing variables in theoretical frameworks: a comparative analysis. *Durresamin journal, 1*(1), 2-11.
- Tate, W. L., & Bals, L. (2018). Achieving shared triple bottom line (TBL) value creation: toward the firm's social resource-based view (SRBV). *Journal of Business Ethics, pp. 152*, 803–826.
- Vidal, B. (2019). Stress and burnout: Empathy, engagement, and retention in healthcare support staff.
- Vogel, S., & Draper-Rodi, J. (2017). The importance of pilot studies, how to write them and what they mean. *International Journal of Osteopathic Medicine, 23*, 2-3.
- World Health Organization. (2021). *Global patient safety action plan 2021-2030: towards eliminating avoidable harm in health care*. World Health Organization.
- Zhang, X., Zimmerman, A., Zhang, Y., Ogbuoji, O., & Tang, S. (2024). Rapid growth of private hospitals in China: emerging challenges and opportunities to health sector management. *The Lancet Regional Health–Western Pacific, 44*.

## APPENDICES

### **Appendix i: Transmittal Letter**

Carolyne Mwende Lumbi,  
P.O Box 746 00100 Nairobi,  
19<sup>th</sup> September 2024,

Dear respondent,

#### **RE: DATA COLLECTION FOR RESEARCH**

I attend the KCA University as a student. In order to meet the requirements for the MBA Corporate management, I am now conducting research on "Quality of healthcare services and corporate sustainability among Private Hospitals in Kenya

You have been chosen to take part in this research, and I would be very grateful if you could help me out by answering all of the questions in the accompanying questionnaire in the most accurate, thorough, and truthful way that you can. Your response will be handled in the strictest confidence and used exclusively for this study's research needs. I appreciate your cooperation in advance.

Yours faithfully,

Carolyne Mwende Lumbi

Researcher

## **Appendix ii**

### **Research Questionnaire i**

#### **PATIENTS**

Please provide the most accurate response you can to the following questions where applicable using a tick (✓).

We promise to keep your answers private and use them only for research.

#### **PART A: BACKGROUND INFORMATION**

1. Gender.  Male  Female

2. In which of the following age brackets do you belong?

Below 20 years  21-30 years  31-40 years  41-50 years

Above 50 years

3. What is your education level (state the highest level?)  Certificate  Diploma

Undergraduate

Post Graduate  Other \_\_\_\_\_

4. How often do you visit private healthcare facilities?

Once a month  once every three months  Once every six months

[ ] Once a year [ ] Rarely

**SECTION B: HEALTHCARE RELIABILITY**

5. Using a scale of 1 – 5 1 is strongly disagree, 2 – Disagree, 3- Neutral, 4 - Agree and 5 is Strongly Agree. To what extent do you agree with the following statements with respect Healthcare reliability services.

|  | SD-<br>1 | D-<br>2 | N-<br>3 | A-<br>4 | SA-<br>5 |
|--|----------|---------|---------|---------|----------|
| Hospital consistently provides accurate information about services offered       |          |         |         |         |          |
| Appointments are conducted as scheduled without unnecessary delays               |          |         |         |         |          |
| The hospital has reliable system for managing patients' records                  |          |         |         |         |          |
| Consistent quality care provided is across different departments of the hospital |          |         |         |         |          |
| I trust the hospital will deliver the services promised                          |          |         |         |         |          |

**SECTION C: HEALTHCARE RESPONSIVENESS**

6. To what extent do you agree with the following statements regarding healthcare responsiveness.

|   | SD-<br>1 | D-<br>2 | N-<br>3 | A-<br>4 | SA-<br>5 |
|---|----------|---------|---------|---------|----------|
| Hospital staff responds promptly to patient inquires and concerns               |          |         |         |         |          |
| Hospital provides timely updates regarding treatment                            |          |         |         |         |          |
| I feel that my needs are considered during my treatment                         |          |         |         |         |          |
| Hospital staff is proactive in addressing potential issues before they escalate |          |         |         |         |          |
| Hospital has effective system for handling feedback.                            |          |         |         |         |          |

**SECTION D: HEALTHCARE EMPATHY**

7. Please indicate your level of agreement with the following statements regarding healthcare empathy

|   | SD-<br>1 | D-<br>2 | N-<br>3 | A-<br>4 | SA-<br>5 |
|---|----------|---------|---------|---------|----------|
| The Healthcare providers show genuine concern for my wellbeing                                  |          |         |         |         |          |
| I feel respected and valued as a patient in this hospital                                       |          |         |         |         |          |
| I believe the hospital prioritizes patient centered care  |          |         |         |         |          |
| The staff take time to listen to my concerns when I visit the healthcare facility               |          |         |         |         |          |
| The hospital environment is supportive and caring   |          |         |         |         |          |
| I would recommend this hospital to others based on the quality of healthcare services I receive |          |         |         |         |          |

**SECTION E: CORPORATE SUSTAINABILITY**

8. Please indicate the level of agreement with the following statements regarding corporate sustainability. Where, 1 is strongly disagree, 2 – Disagree, 3- Neutral, 4 - Agree and 5 is Strongly Agree

|   | SD-<br>1 | D-<br>2 | N-<br>3 | A-<br>4 | SA-<br>5 |
|---|----------|---------|---------|---------|----------|
| Hospital prioritizes on patient satisfaction as part of its sustainability strategy |          |         |         |         |          |
| Hospital maintains transparency in its operations                                   |          |         |         |         |          |
| Hospital engages in community initiatives that promote long term sustainability     |          |         |         |         |          |
| Reputation of the hospital positively influences my decision to seek care here      |          |         |         |         |          |
| Hospital invests in quality improvement initiatives to enhance service delivery     |          |         |         |         |          |

9. Which specific factors do you think contribute to the hospital’s corporate sustainability?

quality of care

patient satisfaction

staff training and development

financial management  community engagement

Other (please specify) .....