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The impact of internal marketing and job satisfaction on service quality in the public health sector: The case of Zimbabwe

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DECLARATION

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ABSTRACT

Despite the growing concern about service quality in the public health sector in the developing world, studies focusing on internal marketing, job satisfaction and service quality in the public health sector are significantly missing in Zimbabwe. The major purpose of this study was to determine the influence of internal marketing and job satisfaction on service quality in the public health sector of Zimbabwe. The current study sought to answer the following questions: What is the influence of internal marketing on job satisfaction in the public health sector? What is the impact of job satisfaction on service quality in the public health sector? And, what is the effect of internal marketing on service quality in the public health sector?

A pragmatic philosophy was adopted by the researcher in the current study, which resulted in the use of a mixed-method approach. The mixed-method approach allowed the researcher to use quantitative and qualitative techniques in the same study. A case study design was used, which allowed the researcher to concentrate his efforts on public health workers at Chitungwiza Central Hospital found to have an informed and deep understanding of internal marketing, job satisfaction and service quality. In drawing the sample for the current study, the researcher used stratified sampling to select both health workers and patient participants. Data was collected from a sample of 573 participants who comprised 240 health employees and 333 patients using structured questionnaires and interviews. Quantitative data was then tested using descriptive statistics, multiple linear regressions, explanatory factor analysis, confirmatory factor analysis and structural modelling.

The study ascertained that strategic rewards and organisational structure have a positive relationship with job satisfaction; job satisfaction and service quality-patient are positively related; job satisfaction and service quality and service quality-employee rated are positively related; strategic rewards, organisational structure, organisational culture, and employee empowerment have a statistically significant relationship with both service quality employee-rated and patient-rated.

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INTRODUCTION

1.1 Introduction

Nowadays, organisations have moved from the notion of competing by providing a manipulated marketing mix to the customer to competing by focusing more on employee satisfaction, especially in service organisations. By putting more emphasis on employees' expectations (Yesin Hussin, 2022, 2022), service firms create job satisfaction, which influences a positive attitude in the employees towards their jobs, thereby achieving service quality (Kozaric, 2015). The most important part of an organisation is its employees (Sultana and City, 2023). Firms should invest in their employees to develop a feeling of belonging, superordinate goals; same vision; develop a customer-conscious mind and understand how they should achieve the firm's objectives (Paliaga and Strunje, 2011). With the growing level of competition in Zimbabwe's public health, institutions in the sector need to achieve service quality to retain their customers, who in this case, are patients.

Service quality in the public health sector is seen as how the customer (patient) perceives the service promise before purchasing and compares it to the actual service performance after purchasing it (Fiala, 2012). It is the measure that patients in public health use to gauge their level of satisfaction with the services provided (Gounaris, 2008). There is a need for the Zimbabwean government to provide its citizens with quality health service as one of the rights prescribed in the Zimbabwean constitution. Since public health is the only affordable health service for the majority of Zimbabweans, there is a need for the health service to be of high quality, as public health clients cannot afford private health services (Madhomu, 2017). As such, quality services in public health can be achieved through the practice of internal marketing and job satisfaction (Ismanu, 2019). Internal marketing is when service firms focus on creating a satisfied employee with the aim of creating quality-conscious employees (Ali, 2016), while job satisfaction entails an employee's feelings about his job and the succeeding actions towards it (Pramezwary et al., 2022).

To provide effective service quality, service firms need to practise internal marketing. The concept of internal marketing was developed by Berry in 1985 in which he suggests that management should bear in mind that employees have expectations that the management should satisfy just like they do with customers (Kozarić, 2015). The assumption is that employees, just as good as clients, have their own expectations that should be met by the employer for firms to achieve their service quality objectives. Internal marketing has been brought forward as a means of optimising quality in services firms taking cognisance of the intangible character of services which emphasises consideration of the human element. Internal marketing is pivotal in the success of the health sector. As a service sector,

its relevance rests on its emphasis on service quality (Kahsay, 2016). Practising internal marketing fosters worker morale and satisfaction.

Job satisfaction is pivotal to achieving quality in health services. To achieve quality service delivery, the government has to make sure that there is job satisfaction (Jobber, 2010). Tadeka (2005) and Hogg and Carter (2000) view the employees' positive emotions and actions attached to their jobs. Job satisfaction is a vital concern in a service organisation like the public health sector of Zimbabwe as it reduces turnover, encourages responsiveness to patients' queries, increases empathy with patients and fosters customer-conscious employees. It has been shown through research that satisfied workers put more effort into their jobs, enabling organisations to achieve service quality (Dahal, 2022). By implementing internal marketing, service firms can meet their service quality goals, create positive job feelings among workers, retain the best quality employees, increase staff performance and reduce staff turnover (Costeira, Marques, Leal, and Marques, 2018). Therefore, the practice of internal marketing results in job satisfaction, job satisfaction which will foster high performance among employees, customer focus and quality-conscious employees (Hussin, 2022).

Through internal marketing practices and worker satisfaction, Zimbabwe's health services can become more functional and attract more funds from the international donor world. Research has shown that the combined impact of internal marketing in the health sector and subsequent worker satisfaction positively affects service quality (Falahatkar and Habibi, 2015). The ever-growing need for customer orientation, employee retention and high service performance in the health sector of Zimbabwe has necessitated this thesis. This thesis will focus on evaluating the impact of internal marketing and job satisfaction on service quality in the public health sector of Zimbabwe. The study will look at how the elements of internal marketing influence job satisfaction and service quality through a mixed-method approach so as to derive some conclusions and recommendations out of the findings. However, covered in this chapter is the study background which lays the foundation of the problem. Objectives and hypotheses, including assumptions and significance, will be explored. The methodology that covers the research design, how the sample will be drawn, and methods for collection and analysis of research data is also going to be covered.

1.2 Background of the study

Post-independence Zimbabwe witnessed a high growth of interest towards the provision of social services to the black majority once marginalised under the former colonisers. Among such essential social services were education and public health care. The facilities and investments in public health care and education were skewed towards the white minority and remained a preserve of the same up until independence (Mhike and Makombe, 2018). Many inequalities existed in the way health facilities were shared among both white colonisers and the black majority. However, at independence

in 1980, the new black government made some grant policy realignments in a bid to redress the inequalities. As such, the Growth with Equity Policy was introduced in 1981, emphasising adopting a primary health care approach which led to increased budgetary allocation towards the growth and improvement of social services to the marginalised communities to foster improved health and education access by the black majority (Mapani, 2015). Much investment was therefore witnessed from 1980-1987, the government increased public health expenditure by 80%, which translated to 2.3% of the GDP (Health for All Action Plan, 1987). This was to create a better health service for the black majority.

With the initiation of a Primary Health Care plan in 1981 and efforts towards the achievement of health for all goals, the government increased fiscal allocations towards health and eventually changed the public health setup and structure (Health for All Action Plan, 1987). The change resulted in a four-tier primary health care structure leading to improved health service (The National Health Strategy for Zimbabwe (NHSZ), 2016-2020). Table 1.1 below explains the structure of primary health care in Zimbabwe, depicting all the layers starting with the primary up to quaternary level, including the administration level and the jurisdictional hospitals.

Table 1.1: Four-tier public health structure of Zimbabwe

Level	**Administration level**	**Facilities**
Quaternary	National	Referral centres are done through Central Government Hospitals. Also, offer specialised services for complex ailments
Tertiary	Provincial	Presence of a provincial Hospital
Secondary	District	District Hospital
Primary	Village/ward	Rural clinics Village Health Worker/

Source: NHS (20016-2020)

Table 1.1 shows the four-tier health structure of Zimbabwe, its levels of administration and the type of personnel found there. Primary health is the grassroots or where health issues are managed at the

lowest level, which is basically at the rural clinic level in Zimbabwe, as shown in Table 1.1 and is meant to provide an equitable, appropriate and effective response to health needs at the local level. Its composition includes rural clinics, village health workers and community health workers (Mapani, 2015). From the primary level, there exists secondary health care at the district level, where it oversees 10-15 clinics and covers roughly an average population of 25000 people. These are district hospitals that serve as referral hospitals to rural clinics. The district medical officer is the head at this level, and only state-registered nurses are found here (Ministry of Health and Child Welfare, 2010). Above the district level is the tertiary level, which is the provincial hospital, as shown in Table 1.1. The provincial hospitals oversee all the district hospitals in specific provinces, and only doctors and state-registered nurses work here on a permanent basis. Provincial hospitals are general hospitals where all health problems from the lower structures are referred, providing both little specialised surgeries and more general medicines (NHSZ, 2016-2020).

Finally, the highest level of the health structure is the quaternary level which is made up of the central hospital. These serve as referral hospitals for complex health problems and specialised care from all the local structures (www.paediatrics.uct.ac.za). These referral hospitals include Parirenyatwa, Mpilo, Chitungwiza, and Intsungeni, among others. Of all these central hospitals, Chitungwiza is one of the biggest in terms of the number of specialised units which include the Eye Unit, Maternity and Annex. Chitungwiza Central Hospital will be used in the current study.

The health arrangement shown in Table 1.1 was meant to achieve high-quality service in health provision through accessibility and affordability, contrary to the pre-independence era, where people could not afford and failed to access health care given its discriminatory setup. The scope of the public health sector, which covers the whole nation and is overseen by the government, seems to be posing severe problems in taking care of the health workers. The government appears to be overburdened to adequately provide health workers with a decent salary, housing and working conditions for better health service delivery (Mukotosi, 2015). As such, it has become necessary in this study to explore internal marketing practices currently in place, their influence on job satisfaction and how the two affect service quality in Zimbabwe's public health.

Internal marketing involves attempts within the service firm to influence workers to give their best in service interaction with the customers (Cooper and Cronin, 2000). As services are intangible, their intangible nature makes the interaction of customers with service staff a contributing factor to excellent service (Zeithaml and Bitner, 2009). To that effect, research has confirmed that service employees are a fundamental element to quality in service organisations (Yi et al., 2023). As such, service firms cannot afford service quality if they fail to create employee job satisfaction, given the fact that only satisfied workers exhibit favourable conduct and high (Mugo and Macharia, 2021).

Employees have their own expectations, just like the customers, which the management should fulfil if they are to create job satisfaction and customer-conscious employees who provide high service quality (Leider et al., 2020). The provision of quality health relies on the conduct and behaviour of the service firm's employees (Shakouri, Forozan, and Ali, 2015).

Internal marketing has given rise to the recognition of employees' actions and roles in service quality delivery (George and Prakash, 2019). Research has confirmed that internal marketing leads to high service quality (Unya, Kowa, Wabiki and Ssenyange 2019). For instance, a study by Mfonte, Douanla and Fangue (2019) in Cameroonian microfinance focusing on elements of internal marketing (feedback, training and career advancement) and how it impacts on service quality found that these two variables are positively related. Sadeghoo and Tirgar (2013), in their study of Iran's Youth and Sports Department which focused on service quality and how it is affected by the practice of internal marketing, confirmed that there is a strong association between the predictor variables of internal marketing and the dependent variable of service quality. Another study that looked at rewards, worker development, and communication as and how these impact on service delivery discovered a significant correlation between these variables (Falahatkar and Habibi, 2015).

More so, looking at service employee like and taking their jobs as products internally creates high job satisfaction (Azzam, 2016). The more firms emphasise handling employees as if they were customers, the more worker satisfaction is developed and eventually, service delivery is enhanced (Sarker and Ashrafi, 2018). Shabbir and Salaria (2014) in their study focusing on how internal marketing influences worker contentment in the Pakistan's Higher Education sector, discovered that the more institutions satisfy their workers, the more these institutions achieve service excellence. The same results were confirmed in another research in Uganda, which concentrated on the combined influence of internal marketing and worker delight on the level of quality health delivered. A positive association was noticed among these research variables (Ong'unya, Kowa, Wakibi, Ssenyange, 2019). A similar study was also done by Al-Khasawneh (2016), looking at the application of internal marketing and its effect on staff morale in the banking industry of Malaysia. It was discovered that staff development, empowerment and strategic rewards have a positive relationship with workers' satisfaction. The public health sector in Zimbabwe seems unable to appreciate this notion considering workers as clients, fostering worker satisfaction and its influence on the service offered.

A plethora of unpleasant events have marred Zimbabwe's health sector since the year 2000, when the economic conditions began to sour (Madhomu, 2016). The health workers have since then confronted the government (public health sector employer), making demands on salary adjustments, provision of transport, housing facilities, good working conditions, equipment and medicines (Parirenyatwa, 2017). The government seems to have given the health workers' concerns a deaf ear since then,

resulting in several job actions by the health workers. As such, the years 2005, 2006, 2007, 2008 and 2009 were characterised by massive demonstrations by the health workers in response (Zimbabwe National Statistical Agency, 2010). In 2018 and 2019 (September to October), strikes by junior doctors and nurses paralysed the public health sector nationwide (Kulkarni, 2019). The health workers are still demanding a better salary following the removal of the multi-currency regime in 2018, which was adopted in 2009. The removal of the multi-currency made a great impact on the salaries of the health workers as the de-dollarisation lowered their monthly salaries, with a doctor getting a paltry USD80 per month, equivalent to R941(South African Rand) as compared to their South African counterparts with same qualification getting more than R36000 per month (Zenda, 2019).

With a paltry salary of R941 and an inflation rate of more than 100% in 2019, the public health workers declared incapacitation, demanding the government to review their salary by multiplying it with the Zimbabwean dollar and United States dollars interbank rate (ZHDA, 2019). The government refused to accept such a demand leading to another strike in October 2019 (Madhomu, 2017). Failure by the government to provide a decent salary for health workers has greatly affected the level of health service delivery. Management should provide employees with generous rewards and the necessary tools for them to provide excellent customer service (Teeroovengadum, 2020).

In response to the prolonged strike by the health workers in 2018, the government dismissed all the 16000 striking nurses causing serious confusion and poor health delivery as new trainees were hastily recruited to replace the dismissed nurses (Madhomu, 2019). In 2019, the government had to dismiss all the striking doctors and nurses again, further straining the relationship between the health workers and the government and straining the level of service quality (Parirenytwa, 2017). To that effect, qualified nurses and senior doctors have been absorbed internationally, with others joining the private sector locally (Madhomu, 2016). It is reported that Zimbabwe is losing approximately 20% of its health workers yearly to the diaspora (ZHDA, 2019). This is, however, a clear sign of poor worker satisfaction in the sector. Concentration of this study will be put on service quality and how it is influenced by the nature of internal marketing and job satisfaction in Zimbabwe's public health.

The service quality in public health institutions has gone down to unacceptable levels (Madhomu, 2017). As such, public health institutions have become death traps as patients are just admitted without any medical attention. Some spend up to 48 hours at the emergency unit waiting to be attended to, and those that are attended to are not given any medication as there is a serious drug shortage (Zenda, 2019). Some even leave without being attended to, given that there will be nobody to attend to them. The situation has been aggravated by the lack of adequately functioning machines and the lack of spare parts to fix the broken down machines for diagnosis (Mbanje, 2019). Even personal protective equipment like latex gloves for dressing wounds is scarce at public institutions resulting in

health personnel using their bare hands and risking their lives in the process (Gwinyai and Majongwe, 2019). Both patients and the health workers were complaining about the use of recycled bandages that have a high risk of cross infections. The situation at public health institutions is dire, as more than 11 women die every day while giving birth (Parirenyatwa, 2014). The majority are said to die out of negligence on the part of both the government and the staff. Some blame the government for failing to provide adequate resources required by health workers in delivering their services while some give blame on health workers for failing to conduct their job in the proper manner and with a caring heart (Zenda, 2019). Poor service performance is evidence of low worker motivation and satisfaction. Practising internal marketing has an unlimited influence on workers' motivation and commitment towards delivering better service (Yesin Hussin, 2022).

In as much as the concepts of practising internal marketing, employee satisfaction is important to the creation of service quality (Dharmawan et al., 2022). There is much literature and research on internal marketing and how it relates to job satisfaction and service quality in multiple countries and sectors. However, literature on the same variables is limited in the global and Zimbabwean context and, more specifically the health sector. For instance, IIiopoulos and Priporas (2011) looked at how internal marketing is associated with job satisfaction in Northern Greece. It concluded that through the provision of rewards and recognition, doctors are more satisfied with their jobs than nurses. Another study by Sharifadadi and Bideh (2016) in Iranian public hospitals focused on how internal marketing influences individual worker satisfaction. It was found that employees can treat patients hospitably if the management shows commitment to satisfying the employees' needs. Another study revealed a strong association between internal marketing and employee conduct (Yesin Hussin, 2022). Shabir and Ali (2016) did a separate study that measured the extent to which internal marketing affects employee satisfaction and health client satisfaction.

In exploring the nature of quality of service in the public health context, the literature showed that a study focusing on how employees view service quality in a public hospital was done in Egypt. It was done through a quantitative methodology with questionnaire as the main tool, and it was found that total quality management influenced employees' perception of service quality (Tsai, Wu, and Tsai, 2018). Ampah and Ali (2019) in Ghana looked at whether service quality had an influence on patients satisfaction in institutions of public health and, after interviewing doctors, medical administrators, nurses, and patients through a self-completion structured questionnaire, found that effective adoption of service quality results in patient satisfaction. In a similar study in Arabia (Alghamdi, 2016), the SERVQUAL measurement scale was used to quantify patients' opinions on the quality of health in a public hospital. It revealed that the hospital service attributes influence patients' level of satisfaction.

In searching for literature on job satisfaction in health institutions, it was discovered that little research had been conducted despite job satisfaction being a key factor in achieving quality in the public health sector (Mohase and Khumalo, 2014). A study was carried out in South African focusing on how job satisfaction influences service quality at Mafikeng provincial hospitals. Job satisfaction as the independent variable was measured through productivity, work performance, employee loyalty and retention. It was discovered that providing resources in the right quantities for work is a key determinant of worker delight and morale, which leads to improved productivity and positive work conduct (Mohase and Khumalo, 2014). The literature above shows that research carried out previously looked at how internal marketing influences the quality of service delivered and how job satisfaction affects service quality, separately measuring their individual effect on each other. None has measured the combined effect of these variables specifically in public health.

In the Zimbabwean context, a thorough look at the literature has shown that there is not even a single study that has been done in the public health sector focusing on internal marketing, its elements and its relationship with service quality pertaining to any one of the variables. However, it is clear from the background given above that literature is limited to the research variables both at the global level and national level. In reducing the gap in literature, the researcher focused on how internal marketing practices and employee job satisfaction impact service quality in Zimbabwe's public health.

1.3 Problem statement

Internal marketing has become the centre of attention for service firms, given the intangible nature of their offerings, such as the public health sector of Zimbabwe. With service organisations, the people element is paramount to achieving service quality. As such, successful service organisations are those that consider the plight of their workers (Helmi et al., 2022). By meeting employees' needs through internal marketing, service organisations create job satisfaction (Kahsay, 2016). Job satisfaction influences worker attitude, reduces absenteeism, creates customer-conscious employees whose primary emphasis is on creating service excellence, and reduces employee turnover (Asriadi et al., 2022). Internal marketing enables service firms to deliver customer services by coordinating, aligning and motivating staff (Petrovsky, Ge, and Jinhai, 2022). As such, the public health sector of Zimbabwe has failed to practise internal marketing, as observed in the background above, where high job turnover, poor remuneration coupled with hyperinflation, lack of staff recognition, inadequate working facilities, lack of commitment by the government and work overload are evidence of lack of proper worker consideration and gratification (Zenda, 2019). The health workers have been getting paltry salaries equivalent to R941 in an environment of more than 100% inflation rate since 2018 to date which is way below their regional counterparts. As such, Zimbabwe is losing approximately 20% of its experienced health professionals yearly to other countries like the UK, Botswana, Canada, USA, South Africa and others leading to work overload and eventually poor service quality to the patients

(Chikanda, 2005). The working conditions at public health institutions are poor, with dilapidated infrastructure, toilets with no running water, non-functioning machinery and a lack of key diagnosis equipment. This has made many public health institutions death traps. A series of strikes by the nurses and doctors in the preceding years, 2017, 2018 and 2019 to express their displeasure is evident of the inability by the state to satisfy the expectations of its employees, leading to poor health service (Muronzi, 2019). The Zimbabwean Government needs to consider its health workers in order to develop a workforce that is willing to provide quality service (Madhomu, 2018). By adopting internal marketing, organisations can improve job satisfaction (Tsai and Wu, 2011). Satisfied employees will positively influence the extent of customer satisfaction; satisfied customers can strengthen workers' feel of pleasure in their jobs (Mo and Borbon, 2022). Failure of management to meet workers' demands will lead to job dissatisfaction and, consequently, poor service delivery (Armstrong, 2006). The fulcrum of internal marketing is creating a satisfied and motivated workforce. By implementing internal marketing, service firms can meet their service quality goals, create worker satisfaction, retain the best quality employees, increase staff performance, reduce staff turnover and eventually improve service quality (Costeira et al., 2018). This study is going to measure the extent of the relationship between internal marketing, job satisfaction and service quality in Zimbabwe's public health. ***The main question, therefore, will be: Can the improvement of conditions of service among health workers through practising internal marketing and the creation of job satisfaction lead to the delivery of better quality of service in Zimbabwe's Public health?***

1.4 Primary research objective/purpose

The primary research objective will be:

To evaluate the impact of elements of internal marketing and job satisfaction on service quality at Chitungwiza Central Hospital.

1.4.1 Secondary objectives

Outlined below are the various sub-objectives that the study will concentrate.

i. To determine the influence of internal marketing on job satisfaction at Chitungwiza Central Hospital.
ii. To establish the impact of job satisfaction on service quality at Chitungwiza Central Hospital.
iii. To assess the effect of internal marketing on service quality at Chitungwiza Central Hospital.

1.5 Research questions

i. What is the influence of internal marketing on job satisfaction at Chitungwiza Central Hospital?
ii. What is the impact of job satisfaction on service quality at Chitungwiza Central Hospital?
iii. What is the effect of internal marketing on service quality at Chitungwiza Central Hospital?

1.6 Hypotheses

The following will be the hypothesis for this study:

H1a: There is a significant positive relationship between Strategic rewards and satisfaction at Chitungwiza Central Hospital.

Williamson, Lambart, and Shipp (2006), define rewards as the service exchange process between employer and employee. According to Wang (2004), rewards are vital in enhancing the commitment of employees and ensuring high standards of performance. A study by Jehanzeb, Rasheed, Rasheed, and Aamir (2018) showed a positive correlation between rewards offered by a firm and job satisfaction among its employee. As such, organizations can use both monetary and non-monetary rewards in their pursuit to build job satisfaction (Rashid and Zhao, 2009; Terera and Ngirande, 2014), specifically those that offer good rewards packages (Lockwood and Walton, 2008). A good reward package inspires worker satisfaction resulting in high performance toward work tasks (Priya and Eshwar, 2014).

H1b: There is a significant positive relationship between job security and job satisfaction at Chitungwiza Central Hospital

Job security is an asset to the organization as most organizations whose employees feel secure tend to perform highly (Sanyal, Hisam, and BaOmar, 2018). According to the Global Workforce Study (2014), job security serves as a means for attracting and retaining the best skill in organizations. As such job security enhances the commitment and loyalty of employees towards their organizations (Bhuian and Islam, 1996), leading to employees working hard to fulfill the organization's goals (Heibutzki, 2013). There is a significant positive correlation between job security and job satisfaction (Jandaghi, Mokhles, and Bahrami, 2011; Lucky, Minai, and Rahman, 2013). When employees feel secure at their workplaces, their level of job satisfaction improves (James, 2012).

H1c: There is a significant positive relationship between Organisational structure and job satisfaction at Chitungwiza Central Hospital

An organizational structure is a formal system within organizations that signifies authority relationships and tasks meant to coordinate and control individual employees' actions and his/her behavior in a bid to achieve the firm's goals and vision (Louadi 2008; Jones, 2013). A study by Katsikea, Theodosiou, Perdikis, and Kehagias (2011) discovered that organizational structure affects staff dedication and happiness in the export sector, in terms of structure, the study delimited itself to formalization and centralization. The results of a study by Johnson (2019) found that autonomy

achieved through decentralization affects the work conduct of managers and staff. It is through an appropriate organizational structure that organizations can create job satisfaction which will positively influence the willingness of the workers to perform highly at work thereby achieving service quality (Bernd, 2007).

H1d: There is a significant positive relationship between Organisational culture and job satisfaction at Chitungwiza Central Hospital

According to Nelson and Quick (2011), organizational culture increases employee commitment, gives them a sense of identity, shapes behaviour, and is used as reinforcement of organizational values. Organisational culture was found to influence job satisfaction in study by Rehman (2012). Kotter (2012), states that culture enhances the performance of organization members, create job satisfaction, and aids problem-solving.

H1e: There is a significant positive relationship between employee empowerment and job satisfaction at Chitungwiza Central Hospital

Employee empowerment has been proven to be one of the critical elements that inspire frontline people to have a positive mind toward their jobs and creates job satisfaction (Hancer and George, 2003). Shapoor (2013) states that when employees are empowered their level of job satisfaction will increase and they will perform to their fullest potential. Research has also confirmed a significant and positive relationship between employee empowerment and staff morale, worker performance, and job satisfaction (Yesin Hussin, 2022). Nigeria by Oluwaseun in (2016) discovered that employees who are empowered are less likely to move from their firms to competing firms and are high performers.

H2a: There is a positive relationship between job satisfaction and service quality (employee rated)

Job satisfaction is considered an individual worker's assertiveness to the job content (Putri et al., 2022). Research has shown that job satisfaction positively influences service quality (Muh. Asriadi et al., 2022; Putri et al., 2022). According to Dharmawan et al. (2022) satisfied employees exhibit high job performance and fewer blunders at work, whereas unsatisfied employees perform lowly and make a lot of mistakes, and are not willing to work (Armstrong, 2006). A study by Helmi et al. (2022) discovered that job satisfaction results in high customer orientation by employees translating to high service performance and high service quality. It is through job satisfaction that employees feel

motivated to work to achieve organizational goals and hence achieve high service quality (Rane, 2011)

H2b: There is a positive relationship between job satisfaction and service quality (patient-rated)

Job satisfaction is considered an individual worker's assertiveness to the job content (Putri et al., 2022). Research has shown that job satisfaction positively influences service quality (Muh. Asriadi et al., 2022; Putri et al., 2022). According to Dharmawan et al. (2022) satisfied employees exhibit high job performance and fewer blunders at work, whereas unsatisfied employees perform lowly and make a lot of mistakes, and are not willing to work (Armstrong, 2006). A study by Helmi et al. (2022) discovered that job satisfaction results in high customer orientation by employees translating to high service performance and high service quality. It is through job satisfaction that employees feel motivated to work to achieve organizational goals and hence achieve high service quality (Rane, 2011)

H3a: There is a positive relationship between strategic rewards and service quality (employee rated)

Strategic rewards entail all benefits from financial to non-financial that are received by employees for their services rendered to organizations (Armstrong, 2002; Malhotra, Budhwar and Prowse, 2007). Yi et al. (2023) in their study discovered that a good reward package for employees in the service sector positively impact of the workers' attitude towards service quality provision. A good reward package inspires employees to offer their highest performance towards work tasks and the provision of quality service (Priya and Eshwar, 2014). Service quality can be improved and productivity increased only if the employees perceive the rewards they receive as matching their expectations (Helmi et al., 2022).

H3b: There is a positive relationship between job security and service quality (employee rated).

Various authors have confirmed that employee who feel secure with their jobs tend to execute their duties extremely well (Sanyal, Hisam and BaOmar, 2018). According to the Global Workforce Study (2014), job security services as bait for attracting and retaining the best skill in organizations. As such, job security enhances the commitment and loyalty of employees towards their organizations (Bhuian and Islam, 1996), leading to employees becoming service quality conscious (Heibutzki, 2013). Kaynak (2022) in his study on how job security affects service quality found a strong and positive correlation between the two variables.

H3c: There is a positive relationship between organisational culture- entrepreneurial and service quality

The success of organizations rests on their culture as better firms are distinguished from bad firms basing on their organizational cultures (Gantsho and Sukdeo, 2018). Organizational culture outlines the traditions, opinions, standards, norms, and behaviours shared collectively by members of a specific organization (Khurshid and Awan, 2017). Research has confirmed a positive and significant correlation between organisational culture and service quality. A study by Ngugi et al. (2021) that focused on assessing the effect of organisational culture and service quality in Kenyan Universities discovered that there was a significant, positive relationship (r=0.727, p-value=0.000) between Organizational Culture and Service Quality in universities in Kenya. The study recommended that the university leadership needs to streamline the working within departments, increase training of necessary skills, improve on communication, conduct regular consultation with employees and encourage employee involvement in planning process. in a similar study, Sohail and Shah (2023) concluded that hierarchal culture is the strongest contributor of service quality in public health hospitals.

H3d: There is a positive relationship between organisational structure (hierarchical) and service quality

An organizational structure is a formal system within organizations that signifies authority relationships and tasks meant to coordinate and control individual employee's actions and his/her behaviour in a bid to achieve the firm's goals and vision (Louadi 2008; Jones, 2013). The types of structure of a firm influence how tasks are accomplished within organisations. According to tall structures tend to prolong decision making and thus disturbs service delivery whilst lean and short structures encourages quick decision making and enhances service delivery. …..discovered that in a decentralised structure in service organisation fosters better service delivery as compared to a centralised set up . As such, service firms are encouraged to adopt the right structure depending on the nature of their service mandate. It is through an appropriate organizational structure that organizations can create job satisfaction which will positively influence the willingness of the workers to perform highly at work and provide better service quality (Bernd, 2007).

H3e: There is a positive relationship between employee empowerment and service quality (employee rated).

Abdullah (2022) suggests that employee empowerment is one of the key initiatives that management of service firms should practice in order to influence their employee to be committed with their jobs and offered their best. Alahbabi and Al-Dhaafri (2022) found that correctly applying employee empowerment can be highly effective in improving performance, organizational productivity, and work satisfaction as well as service quality (Sashkin, 1984; Torlak et al., 2021). According to Yesin Hussin (2022) empowerment has a direct impact on the employees, to which employees have a direct impact on service quality. Putri et al. (2022) discovered that poor employee empowerment practices leads to customer dissatisfaction and may lead to loss of customers. As such, empowered workers can be in a position to be responsive to customer queries, quickly recover in situations of service failure, and increase their willingness to provide quality services (Marketing et al., 2023).

H3f: There is a positive relationship between strategic rewards and service quality-patient rated

Strategic rewards entail all benefits from financial to non-financial that are received by employees for their services rendered to organizations (Armstrong, 2002; Malhotra, Budhwar and Prowse, 2007). Yi et al. (2023) in their study discovered that a good reward package for employees in the service sector positively impact of the workers' attitude towards service quality provision. A good reward package inspires employees to offer their highest performance towards work tasks and the provision of quality service (Priya and Eshwar, 2014). Service quality can be improved and productivity increased only if the employees perceive the rewards they receive as matching their expectations (Helmi et al., 2022).

H3g: There is a positive relationship between job security and service quality-patient rated

Various authors have confirmed that employee who feel secure with their jobs tend to execute their duties extremely well (Sanyal, Hisam and BaOmar, 2018). According to the Global Workforce Study (2014), job security services as bait for attracting and retaining the best skill in organizations. As such, job security enhances the commitment and loyalty of employees towards their organizations (Bhuian and Islam, 1996), leading to employees becoming service quality conscious (Heibutzki, 2013). Kaynak (2022) in his study on how job security affects service quality found a strong and positive correlation between the two variables.

H3h: There is a positive relationship between organisational structure and service quality-patient rated

An organizational structure is a formal system within organizations that signifies authority relationships and tasks meant to coordinate and control individual employee's actions and his/her behaviour in a bid to achieve the firm's goals and vision (Louadi 2008; Jones, 2013). The types of structure of a firm influence how tasks are accomplished within organisations. According to tall structures tend to prolong decision making and thus disturbs service delivery whilst lean and short structures encourages quick decision making and enhances service delivery. …..discovered that in a decentralised structure in service organisation fosters better service delivery as compared to a centralised set up . As such, service firms are encouraged to adopt the right structure depending on the nature of their service mandate. It is through an appropriate organizational structure that organizations can create job satisfaction which will positively influence the willingness of the workers to perform highly at work and provide better service quality (Bernd, 2007).

H3i: There is a positive relationship between organisational culture-entrepreneurial and service quality-patient rated

The success of organizations rests on their culture as better firms are distinguished from bad firms basing on their organizational cultures (Gantsho and Sukdeo, 2018). Organizational culture outlines the traditions, opinions, standards, norms, and behaviours shared collectively by members of a specific organization (Khurshid and Awan, 2017). Research has confirmed a positive and significant correlation between organisational culture and service quality. A study by Ngugi et al. (2021) that focused on assessing the effect of organisational culture and service quality in Kenyan Universities discovered that there was a significant, positive relationship (r=0.727, p-value=0.000) between Organizational Culture and Service Quality in universities in Kenya. The study recommended that the university leadership needs to streamline the working within departments, increase training of necessary skills, improve on communication, conduct regular consultation with employees and encourage employee involvement in planning process. in a similar study, Sohail and Shah (2023) concluded that hierarchal culture is the strongest contributor of service quality in public health hospitals.

H3j: There is a positive relationship between employee empowerment and service quality (patient rated)

Abdullah (2022) suggests that employee empowerment is one of the key initiatives that management of service firms should practice in order to influence their employee to be committed with their jobs and offered their best. Alahbabi and Al-Dhaafri (2022) found that correctly applying employee empowerment can be highly effective in improving performance, organizational productivity, and work satisfaction as well as service quality (Sashkin, 1984; Torlak et al., 2021). According to Yesin

Hussin (2022) empowerment has a direct impact on the employees, to which employees have a direct impact on service quality. Putri et al. (2022) discovered that poor employee empowerment practices leads to customer dissatisfaction and may lead to loss of customers. As such, empowered workers can be in a position to be responsive to customer queries, quickly recover in situations of service failure, and increase their willingness to provide quality services (Marketing et al., 2023).

1.7 Significance of the study

1.7.1 The researcher

The completion of this study went a long way in acquainting the researcher with profound skills in dealing with issues of Internal Marketing and Service Quality. The researcher developed an in-depth comprehension of strategies of worker motivation and key areas of improving the level of service delivery in public health institutions.

1.7.2 The government

The study will be of great use to the government in reducing the frequency of demonstrations and other job actions that result in the neglect of patients and a lot of deaths in hospitals. Given that it is the duty of the government to provide quality health care to its citizens, this study will provide recommendations to government on how to treat its health workers and how to improve service delivery. The accomplishment of this thesis assisted the government in understanding the various expectations of health workers and how they can meet them, which will eventually lead to better service delivery.

1.7.3 Health workers

The researcher was positive that the completion of this study would boost the morale of public health workers. Since this study focused on internal marketing practice within public health, a lot of gaps in meeting employee expectations will be exposed, and recommendations on strategies of closing such gaps will be made. The study will make recommendations on the best strategies for the government to meet the needs and wants of health workers.

1.7.4 Patients

The health service delivery improved as a result the completion of this study. Given that some strategies for improving the working environment of the health workers will be made in this study, their expectations will be met, leading to high performance. High performance means better service delivery to the patients.

1.8 Study Delimitations

1.8.1 Geographical boundary

This study was delimitated to the Public Health Sector in Zimbabwe, specifically Chitungwiza Central Hospital is found in Zengeza, Chitungwiza town which is 30km South East of the capital of Zimbabwe Harare. The hospital is built on a 50000 square meters (www.chitungwizacentralhosp.org. Premised under the Chitungwiza Central Hospital complex are the Eye Unit, Maternity Home, School of Nursing and Medicine and the Annexe Psychiatric Unit. As such, all the participants were drawn from Chitungwiza Central Hospital.

1.8.2 Theoretical boundary

The study focused on Internal Marketing and Service Quality theories and concepts. Theories considered under internal marketing included Berry's Model of internal marketing, Rafiq and Ahmed's model, and Gronroos' model of IM. These theories were used in developing the independent variables on the research model. The dependent variable, i.e. service quality, was developed based on the SERVQUAL Model by Parasuraman et al., (1988) and the SERVPERF by Cronin and Taylor (1992). Constructs considered under the independent variables (internal marketing) include employee empowerment, organisational structure, organisational culture, rewards, and job security, whereas constructs considered under the dependent variables (service quality) included responsiveness, empathy, tangibles, assurance and reliability as derived from the SERVQUAL instrument.

1.8.3 Participant delimitation

The study sought data on Internal Marketing and Service Quality in the public health sector. Thus, only participants from the public health sector were included in this study. Therefore, the population for this study consisted of the management, employees and patients in the public health sector, specifically of Chitungwiza Central Hospital, as the case study.

1.9 Methodological boundary

Research philosophy-The study adopted a pragmatism philosophy which allows the use of different methodologies in the same study. With the pragmatic approach, the researcher was pluralistic in his approach to the study. As such, the pragmatic paradigm will allow the researcher to have the freedom to choose the research methods, procedure and techniques that best answers his research questions.

Approach-A blend of qualitative and quantitative techniques was used deriving from the use of pragmatic philosophy. Thus, both quantitative and qualitative techniques were used in this study in trying to solve the research problem.

Research Design-Case study design was used. This type of design allowed the researcher to concentrate his efforts on public health workers, as found at Chitungwiza Central Hospital, in order to

have an informed and deep understanding of internal marketing and service quality issues (Punch, 2009).

Sampling-Both qualitative and quantitative sampling techniques were used by the researcher in drawing the research sample in this study. The techniques involved stratified random sampling for the quantitative part of the study and purposive for the qualitative part of the same study.

Data collection-The research sought both qualitative and quantitative data. In order to gather quantitative data, a questionnaire was used and semi-structured interviews were used to gather qualitative data. The instruments were constructed using a five-point Likert scale.

1.10 Structure of the study

Chapter one: This is the first chapter in this study and it provided a general picture of the study and becomes the foundation of the study. It will provide the evidence of the research phenomenon, the study problem to be solved, aims, questions and hypotheses.

Chapter two: This will be the first chapter on the review of the literature. The chapter covers a literature review of all the key variables of the research objectives and conceptual framework. These variables include employee empowerment, organisational structure and culture, rewards and job security as constructs of the independent variable (internal marketing) and responsiveness, empathy, tangibility, assurance and reliability as constructs of the dependent variable (service quality).

Chapter three: This is the second chapter of the literature review. The chapter concentrates on the internal marketing and service quality models. These are covered as they aided the researcher in understanding the theoretical underpinnings of the study and the creation of the study's conceptual framework.

Chapter four: This chapter sets out the roadmap that was utilised in trying to provide some answers to the study problem. It focuses on the philosophy adopted by the researcher, the approach, design, sampling techniques used, data sources, instruments and analysis.

Chapter five: The results of the study are presented in this chapter. The results are shown in the order of the objectives as outlined in chapter one. The data was presented and analysed through tables, cross-tabulations, charts, graphs, and descriptive and inferential statistics.

Chapter six: Chapter six will concentrate on a comprehensive discussion of findings. This discussion is done in the order of appearance of the objectives listed in the first chapter.

Chapter seven: Summary, conclusions and recommendations-In this chapter a summary of the whole thesis will be given and conclusions to the study will be drawn in the order of the objectives in chapter one. Finally, some recommendations for the study are drawn.

1.11 Chapter summary

Chapter one introduced the concepts that were under investigation. It went on to give a detailed background of the study and spelt out the problem under investigation. The objectives of the study, together with the research question and hypotheses, were all stated in this chapter. It also highlighted the significance of the study and the study delimitations.

CHAPTER TWO
INTERNAL MARKETING, JOB SATISFACTION AND SERVICE QUALITY

2.1 Introduction

The previous chapter provided a foundation for the study. It gives a comprehensive discussion of the previous authors' views on the current research variables. The independent variable, internal marketing and its elements which include strategic rewards, employee empowerment, job security, organizational structure, and organizational culture, are identified and discussed. Service quality as the dependent variable is also covered in this chapter, including job satisfaction as the intermediating variable. Also covered in this chapter are the empirical reviews on the relationship between the research variables.

2.2 Internal marketing

The idea of Internal Marketing (IM) was developed by Berry (1981), who opined that the success of service firms is premised on developing workers' gratification and happiness at work. Having worked for service firms and after thorough research, Jukic (2020) discovered that the people element was crucial in the excellent performance of service firms. The emphasis on service excellence was placed on employee motivation. He, therefore, relates internal marketing as handling of workers the same way the firm handles customers and taking their work responsibilities as internal products meant to gratify the worker while achieving organisational objectives (Berry, 1981; Zimuto, 2013). The pivotal role of internal marketing is to create worker happiness and external stakeholder orientation (Susanti et al., 2015). It involves the recruitment, selection, direction, training, motivation and rewarding of internal customers, conscientising them on the need for using integrated marketing efforts and customer satisfaction (Jukic and Dubovicki, 2016). The concept was further developed to mean utilisation of external marketing tactics and tools in the organisation towards achieving staff motivation (Salem, 2013). From an internal marketing perspective, organisational customers come in two types; internal to the organisation and external customers.

With Internal marketing, organisations take employees in the way they take customers as employees are customers and the organisation as a market, and external customers as the buyers of the company's products externally (Kiani and Shah, 2023). External customers have specific needs and wants that the firm should strive to meet to create customer satisfaction; the same happens with internal customers (Basyazicioglu1 and Akdogan, 2018). Employees have specific needs and wants as internal customers, which management should also strive to meet to create employee satisfaction. However, creating a happy and pleasurable staff that is centred towards achieving service excellence is the major goal of practising internal marketing. Presumably, only firms that practise internal marketing can offer superior service quality since it increases the commitment of employees towards

their jobs (Yu and Hyun, 2019b). Management should provide its employees with the requisite training and offer adequate tools for the fulfilment of their duties towards customer satisfaction (Kotler and Keller, 2011).

Practising internal marketing is of paramount importance in creating a motivated workforce that is dedicated to delivering a superior service to the external client (Salehzadeh et al., 2017). Without a workforce that is satisfied and well-motivated, the organisation will not achieve service excellence, no matter how much they plan and strategize. As such, planning and designing excellent strategies may not work for the organisation if the workers are not interested and willing to perform, hence the need to secure their loyalty (Robledo, 2016). Internal marketing practices foster an incessant perfection of services and the formation of customer satisfaction and loyalty (Ahmed, Rafiq, Saad, 2003) and foster the competitiveness of service organisation through the creation of customer orientation (Dalvi and Sefid-Dashti, 2013). Organisations can communicate with employees and create a shared vision within the whole firm (Mahdi and Al-Rabaiwi, 2020).

2.2.1 Elements of internal marketing

Internal marketing is achieved through implementing various elements, which include employee empowerment, training and development, employee selection and motivation (Azzam, 2016), internal communication and retention efforts (Jukic, 2020), rewards and organisational culture (Magatef and Momani, 2016). Some authors view internal marketing elements as organisational structure, generous rewards, leadership, reduced status distinctions, employee empowerment, job security, coordination within groups, and surrounded environment (Yesin Hussin, 2022). Discussed below are the various elements of internal marketing that the current study will focus on;

2.2.1.1 Organisational culture

Even though there has been a plethora of research on organizational culture, the term is not consistently defined or conceptualized. This lack of consistency is likely caused by the interconnected, complicated, wide-ranging, and ambiguous set of components that make up organizational culture (Abdullah and Saifi, 2015; Kallio et al., 2015; Nazarian et al., 2017). According to Abdullah and aifi (2015), the concept's flexibility has since encouraged several scholars to propose a variety of explanations for social behavior. However, organizational culture can be described as a complicated system of common values, standards of behavior, practices, and interpretations among employees of an organization (Fullwood and Rowley, 2017).

Unfortunately, prior research has tended to just touch on a small portion of these organizational cultural characteristics without giving a complete picture of the constructions (Lin, 2020). They ignore traditions and symbols commonly shared by everyone in the institution and that all members of

the institution understand and subscribe to make up its organizational culture (Pawirosumarto and Sarjana, 2017; Saha and Kumar, 2017). This culture uniqueness places a particular organization as a differentiator between the different organizations (Study et al., 2020). Abdullah and Saifi (2015) argue that organizations that take into account the form of organizational culture they have can systematically plan and decide what knowledge management efforts to implement.

Organisational culture outlines the traditions, opinions, standards, norms and behaviours shared collectively by members of a specific organisation (Kaynak, 2022). It is the firm members' shared perception that binds them together (Waagner, 2005). Azhar (2003) and Schein (2004) define organisational culture as those unstated assumptions that are common and shared by affiliates of a group collectively.

Nelson and Quick (2011) believe that organisational culture increases employee commitment, gives them a sense of identity, shapes behaviour and is used as reinforcement of organisational values. Culture distinguishes an organisation from other organisations giving it a unique identity (Mullock, 2014). The success of organisations rests on their culture, as better firms are distinguished from bad firms based on their organisational cultures (Yi et al., 2023). A study by Rehman (2012) discovered that if members of an organisation share the same values and norms, their performance will improve, leading to the attainment of its vision and goals. Gantsho and Sukdeo (2018) discovered a significant relationship between culture and quality. Kotter (2012) states that culture enhances the performance of organisation members, creates job satisfaction, and aids problem-solving.

Every society has its own traditional practices and beliefs relating to healthcare (Bechmann and Bowker, 2019). An organisation will have their beliefs, values, norms, rules and language assessed to determine if these factors have an impact on the delivery of high- quality patient care (Aron et al., 2015). While some methods may be helpful, others might be dangerous or ineffectual. These customs or beliefs have ties to society's culture, educational system, and environment Gantsho and Sukdeo (2018). Therefore, healthcare professionals must be aware of the cultural values and beliefs of the society in order to effectively apply harmless techniques and eliminate hazardous ones. Malathi (2012) hinted that from infants to the elderly, people apply their beliefs in a supernatural power that is primarily commanded from God, as well as their beliefs in sacred rites, offerings, salvation, and sacrifices. In that regard, all people, whether urban or rural, have their own practices and beliefs concerning the use of social media use.

Over the last century, sociologists, anthropologists and other social scientists have variously defined culture (Malathi, 2012; Hogden et al. 2017; Matsura, 2017 and Chandra et al., 2016). Drawing from this literature, the researcher defined culture as sharing and alignment of attitudes, beliefs, values and actions across a set of organisations, individuals and decision environments (where laws and policies

are made). According to Chandra et.al. (2016) organisational culture is stated as, “a complete condition of physical, mental, and social well-being and not only the absence of infirmity or disease" p34.

Culture plays a key role shaping the behaviour and performance of health workers. Matsura (2009) in his study argued that health workers’ performance is anchored on cultural practises of the organisation such information sharing, division of labour, nursing protocols, the willingness of family caregivers to learn rehabilitation, medication administration and the use of assistive technologies. As such, a positive culture promotes a positive performance and a negative culture leads to poor performance.

Rovithis (2016) alluded that organisational culture includes systems, norms, vision, beliefs, assumptions, values and philosophies that hold together, and are expressed in its self-image, affecting the way people and groups interact with each other, clients and future expectations. When members of the group believe, they adopt to work and survive within the organisation. Accordingly, the culture of a health system can be a powerful characteristic that affects particularly the hospital working environment and enhances the ability to environmental change.

Rovithis (2016) argues that when using social media, health practitioners normally safeguard the confidentiality and the privacy of a person and other colleagues. Like in all areas of practice, the nurses safeguard the impact of new and emerging technologies, can have patient confidentiality and privacy, professional boundaries, and the professional image of the individual organisation or health worker in which they work (Yesin Hussin, 2022). They are also sensitive to ethical conduct in their use of electronic records, avoiding falsification, ensuring accurate data entry and alteration of documentation.

Users of social media should be mindful that their comments could harm the organisation's image as an objective news source (Rovithis, 2016). Patients are forbidden from participating in organized action in favour of movements or causes and from expressing their opinions on divisive public matters in a public setting . The personnel occasionally inquires about their ability to post social media comments on topics like sports and entertainment (Bohnenberger et al., 2019). The answer is true, however there are a few crucial points to remember. For starters, talking negatively about anyone (including a celebrity, business, or team) reflects poorly on the personnel and the medical facility. An institution colleague may be attempting to foster the group or individual you are disparaging as a source (Sarker and Ashrafi, 2018). Second, if the department oversees individuals who actually have a special obligation to also be reported in a tweet if it addresses a particular topic (Mandey et al., 2019).

Workers should understand that any personally identifiable information or viewpoints they provide about their coworkers or personal lives could be associated with the organization (Artanti et al.,

2020a). Users of social media advise Facebook users to customize their privacy settings to control what information they can share and with whom. If necessary for reporting purposes, it is permitted to extend and accept friend requests on social media from other outlets, newsmakers, and politicians and to either follow them (Imani et al., 2020). However, by getting to know and like political candidates, organizational personnel may give the impression that they are supporters to those who are inexperienced with social networking conventions. Therefore, staff members must refrain from engaging with media personalities on their public profiles, such as by leaving comments on their tweets (Al-Ababneh et al., 2018).

2.2.1.1 (a) Norms

Pradhan and Dash (2019) state that norms are a crucial component of human behaviour and informs a society of what standards or rules are considered acceptable. Many researchers believe that the idea of social norms is becoming more widely acknowledged in the public, corporate, and academic sectors as an essential element of behavior and motivation and, therefore, a key to behavioral change and influence (Mihardjo and Ahmed, 2021). According to Chirisa (2017), a norm might be formal or informal, individual or social, a description of what the majority of the population practice or a prescription for behavior.

Norms can be both harmful and protective. Interventions might leverage existing protective norms to help men and women to achieve greater health and equality. For instance, in a group of adolescents, a norm might exist that smoking is a sign of weakness. One of them might be tempted to try, but might be prevented by the protective norm. Norms have two caveats: (1) it only includes attitudes and norms, while many other factors also influence people's actions and (2) it assumes that norms trump attitude (Cislaghi, Manji and Heise, 2018). Wang (2017) believes that social norms have a significant impact on how people behave and make decisions regarding their health.

In light of this, Cislaghi, Manji, and Heise (2018) claimed that scholars have long been aware of the influence of social media norms and unwritten behavioral codes that specify what is right and wrong within a particular societal context. However, there has also been a recent increase in interest by academics and professionals in using norm transformation as a technique to influence people's behavior and enhance their health and quality of life (Lai et al., 2020). Linkenbach (2014) defined norms as those beliefs, values, behaviours and attitudes shared by most people in a group. In other words, norms are what most people believe, value or do. The group may be a physical community (like a country or town), students within a school, people linked by a common cause, employees of an organisation or workplace, patients of a hospital, or any other affiliation that allows individuals to establish a group identity.

2.2.1.1 (b) Beliefs

According to previous research, numerous academics have found that interpersonal communication and social media are crucial for influencing people's opinions and knowledge transfer (Wambugu, 2015; While, 2019). Generally, it is known that people frequently and intentionally choose social media to fulfill their own interests and goals, so understanding how science has been represented differently across media platforms is crucial (Sok and Cass, 2015; Vaughn et al., 2009). As a result, one's experiences, education, and background have a great effect on his/her beliefs (Sultana and City, 2023).

e majority of people's assumptions and beliefs about social media usage have the potential to negatively or positively influence their physiological functions along with their behavior (e.g., the foods they consume, screening programs, whether they take prescribed medication). Health care professionals' perceptions and assumptions of social media use may also have an impact on a patient's health (Shahin et al., 2020). Such may have an impact on staff judgments regarding the medical interventions or medications to utilize, as well as individuals' thoughts and feelings, which may have an impact on health outcomes in one or both of the following ways: (Info, 2020; Vaughn et al., 2009). Although there is consensus across psychologists on medical outcomes and habits, there is little consensus regarding which beliefs and assumptions are seen as more crucial and what extent of the disparity do they predict.

Dietary issues are important for Muslims elders because traditionally, they do not eat pork, drink alcohol, or eat blood products (Irma et al., 2020; Mihardjo and Ahmed, 2021; Rabiul et al., 2015). Elderly or sick believers may be exempted from fasting during Ramadan, as some exceptions are made for frail individuals (Mihardjo and Ahmed, 2021). Health Belief Model (HBM) was developed by Hochbaum, Leventhal, Rosenstock and Kegeles in 1959, in India, in response to failure of free or low-paid Pap testing, which was early detection of tuberculosis or cervical cancer screening immunisation programme as an important public health problem (Dharmawan Ilmi, and Wijaya, 2022).

Along with talent, success demands a strong sense of identity in one's ability to exert self-control (Bandura, 1990). Bandura emphasized that indeed perceived efficacy may influence people's willingness to modify their health-related behaviors as well as how much they will work to stick with the adjustments they make (Airhihenbuwa et al., 2014). The effect of power and authority, curiosity, allures for accepting social media use, situational limits, societal expectations, personal shame, and fear of rejection can outweigh the power of the greatest judgment in these interpersonal attitudes or pressures (Kim and Lee, 2017). Whether someone even considers changing unhealthy habits depends heavily on their conviction in their ability to motivate oneself and control their own behavior. Chua

(2017 and Wang (2012) states that, “Communications phrased in terms of benefits are less effective in altering detrimental habits than communications phrased in terms of personal losses”. Because of their wide influence and reach, social networks can be used as a great means for the social diffusion of information regarding health guidelines. Social media cannot directly affect behaviour, it must work indirectly through beliefs and attitudes (Bergsma and Durme, 2010). A credible source of social media is more likely to produce attitude change than low credibility sources. Fear posting or messages may directly interfere with the adoption of health-facilitating media platforms.

Kaur and Priningle (2007) reiterated that belief is a personal understanding or conviction about something, such as “is there any meaning to life?” It is often accepted without necessarily any proof. However, there has been a considerable negative association between religion and health over the ages, and some may persist even in today’s world (Chang et al., 2017). There is disharmony between some followers of religion and, for example, the people whose sexual orientation is lesbian, gay, bisexual or who may be transgender. Should they be followers of religion, this can result in a double discrimination or multiple inequality effect, which will result in an increased negative effect on their health.

2.2.1.1 (c) Religion

Religion is a group activity, distinctive, and bounded. It is spirituality manifested on a socially defined level. Religion confines the limitless to the confines of culture and language while simultaneously having the potential to change culture. According to Chandra et al. (2016), "religion was formed from the term religion," which means to tie or bind. More academics are using the word "religion" to refer to organizationally grounded doctrine, customs, or rituals (Chasanah, 2020). Kaur and Priningle (2007) noted that religion asks a deep question about the very nature of human beings, their place within the world and their identity, the meaning and purpose of human life and the destiny of human kind. Organised religions are rooted within a particular tradition which engenders their own doctrines, narratives, and symbols that are used by adherents to explain and interpret their experiences of the world. As such, religion provides a specific framework and powerful worldview within which people seek to understand, interpret, and make sense of themselves, their daily experience and their lives.

Spirituality has been identified as the major component of the religious effect towards the adoption of social media in the health sector. Kaur and Priningle (2007) defined spirituality as the wellspring and religion as the edifice to cover it, thus referring to the mystical or spiritual heart of the human being’s religious institution (Irma et al., 2020). The actual word spirit was adopted from the Latin “spiritus” meaning “breath”, and is related in the Hebrew “ruach” and Greek “pneuma” to the concept of the stirring of breeze, air, breath and wind. Spirituality relates to all aspects of our lives and encompasses our physical, social and mental state (Yoel, 2015). Accordingly, religion can be seen as liturgy, ritual,

dogma and various practices that we collectively bring to our spirit life to unify and codify it with others.

2.2.1.2 Organisational structure

In his definition of an organization, Nene (2019, p. 11) says that an organization is seen as a social collection of people which is established to achieve a need or pursue goals. He further defined an organization as a person, a collection of individuals purposefully coordinated to attain a shared specific objective. Kalkan's (2016) sees an organization as a structure that establishes the formal classification, grouping, and coordination of work duties. The two definition given by the above author on organisation and organisational structure are strongly adopted in this study in designing the operational definition of organisational structure to be used in this study (Mahardika, Made, Dewi, Pamungkas, 2022). A system that governs how tasks are formally organized and managed within a team that is purposefully organized to achieve a common goal is described as organizational structure in the current study (Nene, 2019). It is crucial to evaluate every department's performance so as to better understand how it affects the overall institutional aim because every functional area inside the health sector directly contributes to the performance of the entire organization.

An organisational structure is a formal system within organisations that signifies authority relationships and tasks meant to coordinate and control an individual employee's actions and his/her behaviour in a bid to achieve the firm's goals and vision (Louadi, 2008; Jones, 2013). Robins and Coulter (2007) view the organisational structure as the formal arrangement of tasks and jobs in organisations. It involves the span of responsibilities, positions and roles within organisations (Tran and Tian, 2013). The structure of the firm influences the actual execution of jobs, including tasks within organisations (Mensah, 2014), spelling out the reporting structure, allocation of tasks and their coordination (Robbins and Coulter, 2009; Ajagbe, 2011).

There are fundamentally six dimensions that organisations should consider when designing the structure of any organisation, which includes departmentalisation, centralisation, and decentralisation, specialisation, formalisation, and chain of command (Daft, 2010; Robins and Coulter, 2009). The organisational structure of a health system is necessary to be designed and sized to meet the basic corporate objectives and goals (Saha and Kumar, 2017). The structure of an organisation describes the tasks, functions, and authorities of the divisions, departments and individual employees and the relationships between them (communication, line of command and procedures) (Dubey and Singhal, 2016). It also describes the number of employees in each unit, department and division (Chasanah, 2020). It also includes groups of activities which break the formal organisational borders and is reflective of the chart formal relations, decision-making process, communication and procedures and

systems which help the health institutions to envelop its duties or tasks and attain its desired goals (Akhorshaideh, 2018; X. Lee et al., 2017; Lin, 2020; Munir and Lodhi, 2016).

Organisational structure influences job satisfaction (Chigozie, Chijioke, and Abele, 2015). Job satisfaction and worker productivity rest upon the right organisational structure (Srivastava, 2017and Oden, 2003). Thomas (2015), in his study in Nigeria examining how organisational structure affects job satisfaction, discovered that the nature of structure determines the extent of work satisfaction considering achievement, dominance and autonomy. Organisational structure affects staff dedication and happiness in the export sector. In terms of structure, the study delimited itself to formalisation and centralisation (Katsikea, Theodosiou, Perdikis, and Kehagias, 2011). The same study also discovered that autonomy achieved through decentralisation affects the work conduct of managers. It is through an appropriate organisational structure that organisations can achieve job satisfaction, job satisfaction that will positively influence the willingness of the workers to perform highly at work, thereby achieving service quality (Bernd, 2007).

On the other hand, the structure divides divisions, departments and individuals on the basis of functions, tasks and authorities (Dubey and Singhal, 2016). On the other hand, the organisational structure coordinates these units through lines of communication and command (Celik and Kalay, 2015; Dubey and Singhal, 2016; Saleem and Nauman, 2019). Only when the different units work in conjunction the organisation is able to function as a whole. The organisational structure has facilitated the different processes in the health sector. The golden rule is to make sure that organisation structure is enhancing the progress of the processes (Dubey and Singhal, 2016).

Danzfuss (2013); Dubey and Singhal (2016) stated that the integration of virtual teams into the organisational context is critical for the team's performance. They further argued that organisational context variables such as frequent communication, boundary management and organisational support are critical elements to the support team effectiveness, and the empirical research on these elements is lacking within the context of teams. Danzfuss (2013) defines organisational structure as, "How the organization's main work is split up into smaller parts and how these smaller parts are integrated to complete tasks" p20. This definition is better explained by a summary of the seminal work done by Mintzberg (1980) as opined by (Ghobadian and Regan, 2010; Kalkan, 2016; Tajeddini, 2014) as in the below figure;

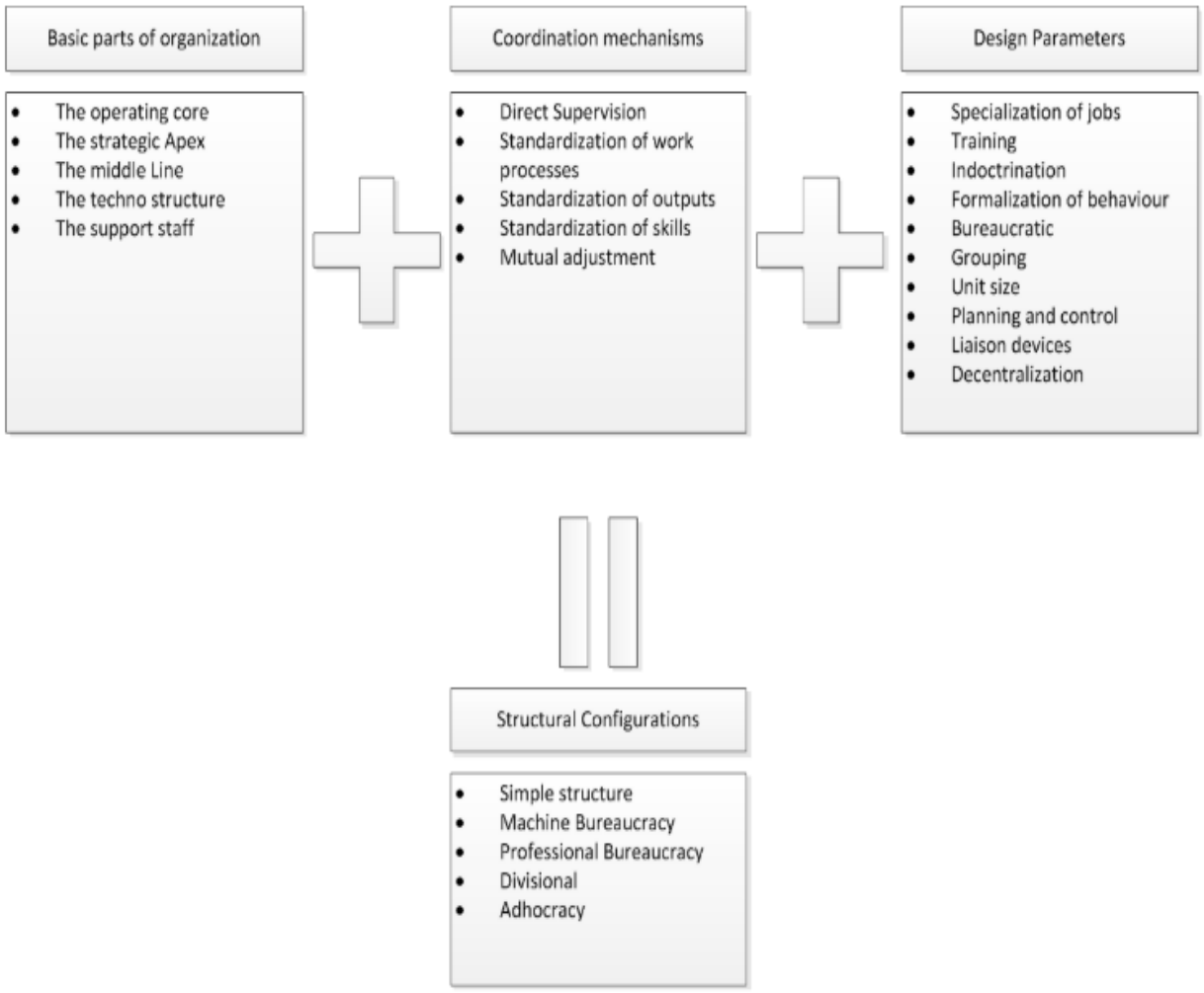

Fig 2.1 Organisation structure adopted from Mintzberg (1980)

2.2.1.2.(a) Challenges within an organisational structure

Wilson and Burke (2020) argues that for the management to suggest a replacement for an existing organizational structure, they must first identify the problems with the current system. Nene (2019), emphasised that the structure of any organisation is very crucial to its success. Mohanty and Bhusan Mishra (2019) opined that the stucture of any organization should be apparent to all individuals within the firm so as to enhance consistency regarding the reporting procedure and the real method used to operate within the organization. Organizational structures confront difficulties such as departmental loyalty, ambiguity, new leadership, and corporate goals (Kijkasiwat and Phuensane, 2020). Organizational structures are established to specify the roles and functions of every department, section, or unit, as well as their commitments to the specific outcomes of the organization as a whole. Wilson and Burke (2020) argue that the development of various group mentalities within the functions of an organization, where each group views itself as isolated from the others instead of cooperating for the sake of the organization, is one of the negative effects of having departments.

Mekonnen et al. (2021) also highlighted the possibility that changing leadership might seriously complicate an organizational structure. Mekonnen et al. (2021) add that if there haven't been any leadership changes for quite a long time, the organization might begin to get used to doing things a certain way. If the new management does not soon adopt the old management's approach, changes in the leadership could pose problems for the organizational structure. In the past few years, management changes have become commonplace in the health field. As such, the organizational structure must be quickly modified whenever new leadership shifts the department's emphasis. Meyer et al. (2010) identify information exchange as being one of the crucial elements of every business climate with regard regardless of sector. Meyer et al. (2010), argues that new concepts, methods, and processes might become perplexed in the absence of effective communication channels. Meyer et al. (2010), new concepts, methods, and processes might become perplexed in the absence of effective channels of communication. This may lead to a misalignment of organizational goals (Celik and Kalay, 2015; Mihardjo and Ahmed, 2021). Therefore, confusion may influence the efficacy of the organizational structure if sections are not successfully interacting with one another. Last but not least, Mekonnen et al. (2021) pointed out that an organizational structure is only as effective as the organization as a whole uses it.

2.2.1.3 Rewards

Rewards, in the words of Bernardin (2007, p. 352), relate to every tangible benefits that workers obtain as a result of their employment (Sihombing et al., 2018, p.507). In contrast, according to Mihardjo and Ahmed (2021), rewards encompass all types of monetary compensation along with all items and materials utilized to provide workers with benefits. The full impact of rewards on employee performance can be better appreciated when viewed from the angle of total rewards (X. Lee et al., 2017). Definitions of total rewards typically encompass not only quantifiable, traditional elements like variable pay, salary and other employee-related benefits but also more intangible non- cash elements such as the scope to exercise and achieve responsibility, learning and development, career opportunities, the intrinsic motivation provided by the work itself and the quality of working environment provided by the organisation (Chijioke and Chinedu, 2015).

According to Elsamen and Alshurideh (2012), many authors in the human resource spectrum suggest the following indicators for measuring employee performance and include the six criteria mentioned by (Sihombing et al., 2018). Sihombing et al. (2018) mentioned six criteria that can be used to evaluate each employee's rewards.

• Quality: The work was performed almost flawlessly or in accordance with expectations.

• Quantity: The quantity generated or the range of possible activities

• Timeliness: ability to finish the work by a specific time while maximizing the amount of time left over for other activities

• Effectiveness: Making the most of all organizational resources in order to boost earnings while minimizing operational losses.

• Autonomy: The capacity to complete tasks independently in order to prevent negative results

• Work commitment: The dedication of employees to their jobs and their obligation to the organization.

Extrinsic and Intrinsic Rewards

Chijioke and Chinedu (2015) argue that an organisation's rewards system is the greatest influencer of employee behaviour. Various researchers support the view that organisations should strive to have a proper and effective reward management system in place so as to elicit a positive attitude towards work. It has been noted by various authors that in managing the reward system, management should make sure that they address the needs of the employees (Froese et al., 2019). While there seems to be a consensus that rewards should be managed in a strategic manner as a way of encouraging a positive mindset change towards quality service delivery. Many previous authors have witnessed in their studies a positive association between the nature and level of rewards and the attitude of the workers towards service delivery. A proper understanding of the effect will help in drawing up attention to the impact of rewards on employee performance. According to Chijioke and Chinedu (2015), the relationship between the reward system and employee performance can be shown as below:

Fig 2.2: Linkage between the incentives and staff performance

If the rewards system is good with the perceived organisational support, then it is good for the company (García-chas and Neira-fontela, 2016; Knapp et al., 2017). The employees think that they are rewarded under a good relationship with the entity. In this way, employees would come to work even if they are not feeling well, will remain loyal towards the company and even to their coworkers.

Ndungu (2017) argues that for employees to exhibit positive behaviour towards their work, there is a need for management to show recognition and provide sound rewards to the employees. As such, organisations are encouraged to have in place proper and effective rewards systems so as to win employees' hearts. Some of the rewards that employees can enjoy apart from a salary include benefits, recognition, compensation and appreciation (Froese et al., 2019; Ndungu, 2017; Sihombing et al., 2018). Extrinsic and intrinsic rewards are the two different categories of rewards. Extrinsic rewards are typically material gifts that leadership gives to staff (Ndungu, 2017, p.47). They could manifest in many ways, such as promotions, wage increases, perks, as well as other suitable rewards. Extrinsic benefits are those that are not related to the work itself. These Extrinsic rewards are said to play a critical role in providing motivation to workers (Voorde and Beijer, 2015). Employees received intrinsic rewards for their performance throughout this time period, making them the sole accessible motivational tools. Extrinsic motivation is therefore caused by the intrinsic benefits. Employees who are intrinsically driven frequently concentrate on actual performance. According to Ndungu's (2017) theory, when various incentive tools are used, workers exhibit a variety of behaviors. According to some writers, management should strike a balance between offering intrinsic and extrinsic rewards, as both are said to be complementary (Rony and Suki, 2017). It is therefore recommended that intrinsic

factors such as worker appreciation, recognition and employee empowerment be provided together with extrinsic factors such as a sound salary to balance the package (Sarker and Ashrafi, 2018)

On the other hand, intrinsic rewards are seen as rewards derived from verbal utterances, such as the provision of feedback, praise and recognition (Pavlidou and Efstathiades, 2021). This is purely from enjoyment and satisfaction (Munir and Lodhi, 2016). Behaviours that come out of intrinsic driven motivation are said to produce everlasting loyalty to work and improved performance. As such, the management of any organization should strive to make sure that some intrinsic based employee motivation is created and reinforced so as to ascertain the employee's commitment to work and the organization as a whole (Akdogan and Basyazicioglu, 2018). Ndungu (2017) also supports the fact that rewards are two-fold and include monetary and non-monetary rewards. He also states that these two types of rewards (monetary and monetary rewards) complement each other in shaping employee motivation to work. Armstrong (2007) explains that if monetary and non-monetary rewards are used together, it promotes good work behaviour among workers. According to (Fallatah et al., 2018), motivation is separated into two forms of factors that work together to influence the employees behavior. He stated these as motivators and demotivators were motivator are seen as the factors that are inherent to the work content and really the causes of worker satisfaction, with demotivator seen as those factors that are exherent to the job and support the motivator in creating satisfaction athough they on their own do not create satisfaction. Intrinsic factors only focus on the inherent job and then hygiene factors which concentrate more on the external job factors. The extrinsic and intrinsic factors are shown in Table 2.1.

Table 2.1 Hertzberg's Satisfiers and Dissatisfies

Motivators	Demotivators
Accomplishment	Prestige
Respect	Money
Work itself	Rules
Obligation	Relationship with colleagues
Advancement	Control
Development	Job security

Adopted from (Ndungu, 2017, p.48)

2.2.1.4 Employee empowerment

Although worker autonomy has indeed been thoroughly researched in earlier studies, it is still unknown what function empowerment plays in particular circumstances (Saleem and Nauman, 2019). Studies on how empowerment affects employee satisfaction is still in the infancy. Examining the degrees of empowerment that are apparent in the health sector and its influence to the worker satisfaction from the viewpoint of employees is necessary (Yusoff et al., 2016).

There are numerous ways to describe empowerment. It is generally understood to be a group of procedures involving worker independence, knowledge exchange, and authority delegation (Bose and Emirates, 2010; Krishna et al., 2018). Other academics (Baird et al., 2018, Hirzel and Leyer, 2017, Saleem and Nauman, 2019, Sok and Cass, 2015, Yusoff et al., 2016) view empowerment as a process of decentralizing decision-making in an organization or as an internal task motivator (Jordan, 2017). However, the majority of academics concur that the fundamental component of empowerment entails providing employees full control over some tasks together with the associated obligations (Akhorshaideh, 2018). Thus, empowerment then focuses on empowering the management of an organisation and setting out practices and procedures that involve empowering and that to obtain less direct supervision, it is necessary to abolish the levels of hierarchy (Jordan, 2017).

Empowerment is the degree of employee freedom to make decisions (Littrell, 2007), a chance for the employee to take action, reason, behave and decide (Heathfield, 2007). It is the delegation of authority to make decisions from the management to the employees (Randolph, 2000), and permission by management to make work-related decisions (Rita, 2011). Thus, empowerment is all about the delegation of power and independence to employees to make decisions at the workplace within their line of work (Haas, 2010).

Tabarda (2000) states that the key ingredient for service organisations is their staff; hence organisations that want to satisfy their clients' anticipations through service quality should practise employee empowerment. Empowerment inspires frontline people within service organisations to achieve service excellence (Hancer and George, 2003). An employee can perform to his/her fullest potential through the establishment of worker satisfaction and staff satisfaction which can be created through employee empowerment (Shapoor, 2013). Research has also proven that employee empowerment positively affects staff morale and eventually worker performance. For instance, Rana and Singh (2016), in their study which they did in India focusing on worker empowerment and how it influences staff satisfaction, showed a positive correlation between these variables. A similar study in Nigeria by Oluwaseun in (2016) discovered that staff that see themselves as empowered become less likely to move from their firms to competing firms and are high performers.

Research confirmed that staff empowerment affects the quality offered. This was confirmed in research done by Timothy and Abubakar in 2013, in which they evaluated how empowerment affects service quality, and the study found that the two variables are positively related. As such, empowered workers can be in a position to be responsive to customer queries, quickly recover in situations of service failure, increase their willingness to provide quality services and reduce absenteeism.

Human resources departments have started to optimize the performance of the enterprises through using empowerment as tools for tackling the difficult problem and rapid change in order to develop a favorable atmosphere to customer demands while enhancing the service quality (Jordan, 2017). This is in response to rapid changes in strategic options, business climate, and consumer expectations (Jordan, 2017). Increasing employee empowerment is thought to improve organizational strategy overall by coordinating performance of the employees and job happiness (Jordan, 2017). Employee empowerment is viewed a way of sharing power with the employees which encourages quick problem-solving and enhancing service quality (Jean and Colette, 2020). Krishna et al. (2018) believes that worker autonomy comes in two dimensions either as structural/ relational empowerment or psychological/ motivational empowerment.

A. Structural empowerment

According to ELSamen and Alshurideh (2012), Pavlidou and Efstathiades (2021), and Wkh et al. (2016), structural empowerment is a managerial approach that involves sharing and delegating authority between management and their workers. As a result, employees and managers work together to solve problems and making decisions (Sihombing et al., 2018). It is additionally described as an organizational culture and conduct that transfers authority via information, resources, support, responsibility, and the development of skills (Lin, 2020).The majority of authors agree that employee empowerment is enhanced through employee training, as well as the management style of the organisation (A. Rahman et al., 2020; Saleem and Nauman, 2019). Many academics have suggested that structural empowerment encompasses a number of elements, including employee discretion, information sharing, independence, rewards, respect, commitment, resources, and information (Garca-chas and Neira-fontela, 2016; Idris et al., 2018; Khanna, 2017; Knapp et al., 2017). (Abdullah and Saifi, 2015; Akhorshaideh, 2018; Idris et al., 2018; Jordan, 2017).

B. Psychological empowerment

A motivational concept of self-efficacy, psychological empowerment was characterized as such by Voorde and Beijer (2015) and Yusoff et al. (2016). While psychological empowerment was described by Jordan (2017) as the, "motivational concept manifested in four cognitions: competence, meaning, influence, and self-determination". These four cognitions show an active as opposed to a passive

approach to a job. Employees' opinions of their responsibilities in the health industry are more important to employee engagement since it is a continual element where workers feel they are being empowered (Jordan, 2017). Additionally, it is possible to view psychological empowerment as a single-dimensional construct (Voorde and Beijer, 2015).

Psychological empowerment is related to the special type of cognition that an individual makes according to his/her working climate (Artanti et al., 2020b). The dimension of competence consists of self-efficacy, creative, resilient and flexible (Author, 2015; Hirzel and Leyer, 2017; Voorde and Beijer, 2015).

2.2.1.5 Job security

Job security is viewed as level of confidence and assurance that the employees possess in their job that they will not lose their current employment (Stapleton, 2019). It is the assurance that the employee has over the continuity of their current jobs (businessdictionary.com), considering the economic conditions of a specific country (James, 2012). Borland (1999) views job security as freedom from the fear of job loss. It involves the greater possibility or chance of the employee retaining his job (Kotler and Amstrong, 2006).

Organisations whose workers feel secure tend to execute their duties extremely well (Sanyal, Hisam and BaOmar, 2018). According to the Global Workforce Study (2014), job security serves as bait for attracting and retaining the best skill in organisations. As such, job security enhances the commitment and loyalty of employees towards their organisations (Bhuian and Islam, 1996), leading to employees working hard to fulfil the organisation’s goals (Heibutzki, 2013). Job security is strongly and positively correlated with worker performance (Jandaghi, Mokhles, and Bahrami, 2011; Lucky, Minai and Rahman, 2013). When workers are guaranteed security of tenure, they tend to improve their performance as well as become quality-conscious (James, 2012).

Job security is a highly persistent negative shock to future labour market outcomes (Jarosch, 2021). A large body of empirical studies back at least (Pacheco et al., 2020) documents that job loss depresses a worker’s future employment and wages, resulting in large -present-value earnings losses (Jarosch, 2021). It may be argued that the negative effects of job losses are what draw so much attention to the overall unemployment rate (Yusoff et al., 2016). Therefore, it is crucial to comprehend these results and include them in labour market models in order to correctly analyse the harm caused by aggregate downturns and the discussion surrounding unemployment policy (Empowerment, 2020).

Job security is greatly influenced by multiple factors such as work location, employment contract, labour legislation, collective bargaining agreements, and personal factors which include age, educational level, work industry and work experience (Adebayo and Lucky, 2012). As such,

organisations need to consider these factors when designing employees contract of employment. Normally when employees want to join new organisations, they tend to look at the length of tenure spelt in the employment contract as it is a key component of job satisfaction (Pacheco et al., 2020).

Pacheco et al. (2020) noted that during the Severe Acute Respiratory Syndrome (SARS) crisis, workers in Toronto suffered economic costs associated with social isolation measures (i.e., quarantine), including layoffs and losses of income. In light of the current COVID-19 crisis, there has been global fears related to a potential economic recession (Pacheco et al., 2020). Negative economic impacts, e.g., loss of income, disruptions in the supply chain are already evident in several industries, including the health sector. Researchers have suggested that job insecurity is a potential stressor experienced during the COVI-19 crises, which would then lead to decreased wellbeing (Fleischmann, 2017)

2.2.2 Internal marketing in the Public Health Sector

Downar (2018), in his study examining internal marketing and high it influences service quality in the public health industry of Uganda through a case study research strategy and using self-administered questionnaires where the research participants included health directors, provincial medical inspectors, dentist, pharmacists, health educators, surgeons, drug inventory managers and human resource directors, the results showed that internal marketing is considerably and favorably linked to the provision of high-quality healthcare services. at $r=0.695$ and $p<0.001$. In conclusion the study indicated that service quality as dependent variable is predicted by internal marketing. The same study was repeated by Otieno et al. (2019) who also confirmed the findings in his study.

Sun et al. (2020) looked at the connections between internal marketing, internal customer experience, self-efficacy, competitive edge, service standards, and quality enhancement in order to evaluate how internal marketing and its constructs has a bearing on service quality in the health industry of Korea.

2.3 Job satisfaction

Job satisfaction is considered an individual worker's assertiveness to the job content (Omar Salem, 2013). The personal view towards a firm, work, workmates and including job environment is also viewed as job satisfaction (Beer 1963 as cited in Qayum and Sahaf, 2013 p52). It is caused by the difference in the gap between the staff's observation of their own job and the worker's expectations related to his or her job (Janjua, Ahmad and Afzal, 2014). The feeling and/or attitude that the employees have over their work is important because, according to research, satisfied employees perform highly at work and offer a better service to external customers more than unsatisfied employees (Nittala and Kameswari, 2009). Job satisfaction is a function of the member's values,

expectations and needs that might be psychological or physical. Job satisfaction can either be negative or positive, meaning individuals are either satisfied or dissatisfied (Kozarić, 2015). Not everything done brings satisfaction to people as different people are satisfied by various factors. A person can find satisfaction in one factor and dissatisfaction in the other. Such factors commonly associated with job satisfaction are recognition, job security, achievement, career advancement, empowerment, equity, salaries, work environment, management, feedback, supervision and expectancy (Wu, Chan and Wong, 2009).

Job satisfaction brings employees satisfaction; satisfied employees exhibit high job performance and fewer blunders at work, whereas unsatisfied employees perform lowly and make a lot of mistakes and are not willing to work (Armstrong, 2006). Employee attraction and retention is caused by worker satisfaction ive job satisfaction, wherein the presence of negative job satisfaction will result in high job turnover (Kozaric, 2015). Research has confirmed that work contentment results in high customer orientation by employees translating to high service performance and high service quality (Bunthorne et al., 2005). It is through job satisfaction that employees feel motivated to work to achieve organisational goals and hence achieve high service quality (Rane, 2011). Organisations should guaranty that job happiness is high among their employees to increase responsiveness, efficiency, quality and loyalty (Sageer, Arafat and Agarwal, 2012). Worker turnover and absenteeism are affected by the level of employee job happiness (Allen and Wilburn, 2002). A study by Carpitella (2003) confirmed that firms that foster and achieve employee job satisfaction reduce employee turnover by an average of 50%, increase customer satisfaction by an average of 95% and reduce the firm's labour cost by 12%. More so, job satisfaction leads to significantly positive actions, loyalty, and commitment by the employees, which translates to improved employee performance (Freeman, 2005).

However, job satisfaction is based on two forms of theories (Salem, 2013). Need theories focus on internal drivers that stimulate the behaviour of individuals to behave in a particular way. According to Oanh (2016), content theories of motivation focus on personal values, goals and needs, including the incentives that make individuals behave in a certain way. Whereas the other theories are cognitive processes that influence how individuals perceive their jobs, and interpret and understand them (Osabiya, 2015), process theories explain how employees interpret and understand rewards and decide on alternative work-related behaviours (Mohanta, 2014). The common process theories used for creating job satisfaction include expectancy and equity theory. All these theories form the basis of employee motivation showing how motivation in individuals is created, which translates to worker pleasure. Staff pleasure is influenced by a positive job environment, employee recognition, rewards and appreciation (Rane, 2011).

Job satisfaction is generally referred to as the employees' emotional feelings about their jobs (Shiu and Yu, 2010). These emotional feelings have to be positive for there to be job satisfaction. To create a positive emotional feeling about jobs, organisations need to practise internal marketing. Internal marketing enables firms to develop a conducive work atmosphere towards the achievement of contentment in staff. Practising internal marketing puts organisations in positions to know what their employees want, their expectations and needs at work, and fulfil these by treating the employee as internal customers, thereby fostering job satisfaction (Tadeka, Ibaraki, Yokoyama, Miyake, and Ohida, 2005). Research has also proven that treating workers as customers is a critical requisite for job satisfaction (Kanyurhi and Akonkwa, 2016). For instance, Al-Hawary, (2013), assessing the implications of worker empowerment, development, delegation and feedback (internal marketing), found that it positively influenced job satisfaction. Al-Khasawneh (2016), in a similar study in banks, discovered that employee training, empowerment, incentives, rewards and internal communication affects job satisfaction positively. Employee empowerment is seen as one best way of internal marketing practices, which fosters job creation. Researchers have proven that workers feel honoured and develop a lot of commitment to performance only if they are involved in decision making (As-Sabbagh, 2008). Furthermore, training and internal communication increase the commitment of employees towards their work as these two equip them with the much-needed knowledge and information, which shows openness and trust of the management in the employees (Al-Khasawneh, 2016; Al-Tai and Issa, 2008; Souaad and Zaief, 2014).

Al-Khasawneh (2016) argues that firms can improve their performances and service efficiency, and plan accordingly if they consider how much their workers' expectations, needs and wants are met. There are various scales that were developed by different authors for measuring job satisfaction which include the job-description index, job satisfaction index, and the Job Satisfaction Survey (JSS) among others (Castle, 2006). These scales generally have similar facets but differ in the number of items considered and the intensity of overall job satisfaction measurement. Job-satisfaction survey scale will be adopted in this study as it has been applied in service organisations several times before (iedunote.com). Job-satisfaction survey (JSS) gives a scale that organisations can utilise in measuring employee job satisfaction. This scale was advanced by Spector in 1997. It has 36 items and nine facet-specific scores along which job satisfaction is measured (Azash and Thirupalu, 2013). It considers pay, supervision, co-workers, promotion, contingent rewards, other monetary benefits, type of work, working conditions and feedback as the facet-specific scores (Batool, Parveen, and Batool, 2017). Each of the facet-specific scores is measured using four items which results in 36 items altogether on a Likert-scale.

2.3.1 Outcomes of job satisfaction

Muguongo et al. (2015) argue that the major outcomes of worker satisfaction include a reduction in absenteeism, employee turnover, and increased productivity. Research has proven that employees grow a positive determination towards their work and deliver as expected if the leadership of the firm treats them fairly (2017. Once the management turns a blind eye on the employees' needs, there is high probability of worker complaints, wastage of resources, reduced production, and unwillingness to work (Muguongo et.al., 2015). Contrarily, it appears that there is no direct correlation between job satisfaction and output or performance and that satisfaction does not cause performance (Fadlallh, 2015). This is due to the fact that there are other potential mediating factors like dismissal anxiety, rewards level, or an employee may just work hard to pass the time (Muguongo et al., 2015). This study was motivated by the connection between performance and satisfaction. The likelihood of disgruntled employees missing work because they take sick days is higher (Muguongo et al., 2015). Employees who decide to miss work with no need for a valid excuse are less content than those who have high attendance records (Pawirosumarto and Sarjana, 2017; Rahayu et al., 2019; Wang and Farooq, 2019).

When compared to unsatisfied employees, reports of bad health and burnout are rare among contented workers (Agbozo et al., 2017; Rabiul et al., 2015; Raina and Roebuck, 2016). As a result of the accumulation of these job burnouts, employees become sick and develop other life-threatening problems, which have financial repercussions for the organization due to the use of medical insurance, lost man hours, and other expenditures related to the employee's absenteeism (Muguongo et al., 2015). On the other hand, a worker can work part-time employment outside of the company to augment the money they receive from it (Ali, 2017). Literature has shown that health workers perform negatively when their needs are not addressed and perform positively when there is an effort to get their needs met (Al-Ababneh et al., 2018). Khajuria, (2019) shares the same thinking that management should to spell out their employees' expectations and be in a position to meet these expectations so as to encourage a positive change of mind set towards service delivery.

Therefore, Fadlallh (2015) stated that attrition is extremely low when satisfaction is high. Workers must be replaced when they depart an organization due to turnover. Work attrition is associated with job discontent, just as truancy. Increased employment turnover could be extremely expensive and have a substantial effect on productivity. For instance, the national job turnover rate for hospital nurses in the United States was 12% in 1996, 15% in 1999, and 26.2% in 2000. (Muguongo et al., 2015, p.52). Kong (2018) notes that the rate at which workers leave their jobs in one firm for another firm is a service drawback and creates unnecessary costs to the organisation. Cvejanov (2015) echoes that same feeling by stating that employee turnover can be disruptive in the sense that the organisation may lose its key skills. According to Kong (2018), organisations should manage their employee

relations by carrying out a worker needs assessment to be in a position to provide for the expectations of the employees. He further states that if organisations fail to meet the needs of their employees, they risk losing them to competing firms and eventually impacting on the organisations' quality of service delivery.

2.3.2 Evolution of job satisfaction

A. Maslow's Theory

According to this theory (Fadlallh, 2015, p.26) a person has five fundamentals which are: i. Physiological: Consists of safety and defense against physical and mental needs like (food, pay, clothing, pay, etc.) (2016) Tsai et al.

ii. Needs for security: These include safety and defense against psychological and bodily damage (Fair treatment, job security, protection against threats, etc.)

iii. Affiliation needs: Comprises love, companionship, acceptance, and a sense of belonging. (The desire to be loved, accepted, and a part of the group.)

iv. Esteem requirements, which include the demand for autonomy, accomplishment, independence, respect, and recognition.

v. Self-actualization needs: These are the highest requirements according to Maslow's hierarchy of needs, and they entail reaching one's full potential or developing oneself. Employee behavior is no longer motivated by it; instead, needs at the next level up the hierarchy are used to motivate them. Maslow put a lot of work into understanding the ideas of motivation and employee satisfaction, but repeat research fell short of providing a solid foundation for the need-based theories. Additionally, investigations designed to support Maslow's hypothesis fell short of providing convincing evidence for the hierarchy of needs.

B Dual Factor Theory

Due to their goal in finding the most effective methods for pleasing employees, Herzberg, Mausner, and Synderman (1959) based their two-factor theory mainly on the satisfaction of wants. They conducted various research to investigate the factors that affect the satisfaction and dissatisfaction of white-collar workers (Muguongo et al., 2015). The results of their studies demonstrated that the characteristics that, when available, contributed to employee satisfaction were distinct from those that, when absent, contributed to job discontent. as independent variables, job satisfaction and dissatisfaction. They identified environmental elements that lead to unhygienic conditions as hygiene factors. According to Herzberg (1959) et al., the existence of these elements does not lead to satisfaction, and as a result, does not improve an employee's performance in white-collar employment. The hygiene variables are connected to job content and include things like organizational policies, regulations, and administration, technical supervision, relationships with supervisors on a personal level, pay, and working environment. According to Herzberg (1959) et al., these conditions are seen

to be necessary but not sufficient for worker satisfaction. They proposed that these elements—which they categorized as achievement, work itself, growth, and responsibility—are related to the employment context, or what workers really do at their jobs.

C Theory X and Y (Douglas McGregor, 1960)

External control and threats are not the only means of producing effort (Fadlallh, 2015; Fernandez and Moldogaziev, 2015; Hsieh, 2016). Employees can practice self-direction and self- control in achieving organisational objectives (Mufti, 2020).

D Theory of needs- Achievement Theory (McClelland, David, 1961)

According to Herzberg (1959) et al., the existence of these elements does not lead to satisfaction, and as a result, does not improve an employee's performance in white-collar employment. The hygiene variables are connected to job content and include things like organizational policies, regulations, and administration, technical supervision, relationships with supervisors on a personal level, pay, and working environment. According to Herzberg (1959) et al., these conditions are seen to be necessary but not sufficient for worker satisfaction. They proposed that these elements—which they categorized as achievement, work itself, growth, and responsibility—are related to the employment context, or what workers really do at their jobs.

E ERG Theory (Alderfer, Clayton P, 1969)

Maslow's hypothesis was examined by Clayton Alderfer (1969), who connected it to empirical study. Maslow's hierarchy of requirements was reorganized by him into three categories: existence (physical and security needs), relatedness (social and esteem needs), and growth (self-actualisation). Instead of hierarchical tiers or two elements, Alderfer proposed a spectrum of needs. Alderfer, unlike Maslow and Herzberg, does not argue that a need should be satisfied on a lower level before it becomes motivating, or that a need can only be activated through deprivation.

F Process theory

This idea is mainly focused on the process of motivation. Similar to this, the cognitive theory's idea of expectation dominates the process theories of job satisfaction (Fadlallh, 2015). These theories therefore aim to describe how objectives and requirements are met and regarded as related. Many hypotheses based on processes have been put forth. The researcher examined a few of these notions as hypotheses and discovered them to be interesting.

G Reinforcement theories

According to reinforcement theories, a worker's behaviour is predicated on whether they believe it will have positive or bad effects (Fadlallh, 2015). The results of behaviour can be material, like

money, or immaterial, like praise. Regarding reward and incentive systems, reinforcement theory has a strong bearing on how management in many organisations treat their workers and plan their rewards schemes (Chang et.al., 2017). It served as the foundation for the idea that rewards should be based on a person's productivity units (Muguongo et al., 2015).

2.3.3 Job satisfaction in the Public Health Sector

Research has proven that a strong association between job satisfaction and service delivery in the public health. Leider et.al (2020) assessed the level of impact of creating job satisfaction on the nature of service delivery in the health sector of Canada. He discovered that in those health institutions that emphasised on developing job satisfaction had a high level of service quality as compared to those that did not.

Westerlund and Schmidt (2019) in their study that focused on how worker pleasure can influence the extent of quality of service delivery in public health industry in Sudan. The study utilised questionnaires for data collection from a sample of 500 medical people taken across the public health industry. The researchers realised that it is more profitable for health institutions to satisfy their staff first before looking at the external customer.

Chang et al. (2017) investigated the factors that management should strive to put in place for the creation of job satisfaction. They used interviews to collect data and found out that there is need for sharing the power for making decisions with workers, recognising workers for a job well done, offering some memoranda for good work to excelling workers goes a long way in creating job satisfaction within institutions of public health.

Hoboubi et al. (2017) carried out research that focused on job stress and satisfaction on employee productivity in the Iranian health Industry and discovered that there is a need for the management to manage to explain clearly the roles and responsibilities of employees so as to reduce role ambiguity which might result in boredom, stress and performance. They also discovered that the failure of the management of the health sector to create a positive attitude towards work among their employees would lead to high job turnover and poor service performance for the remaining workers.

Choi et al. (2020) looked at the type of leadership, autonomy, and worker pleasure and how these improve the conduct of staff in the Malaysian medical fraternity. The study was conducted in response to Malaysia's dire need for medical personnel, where the country intended to fill 181 000 additional positions by 2020 as part of its Economic Transformation Programme (ETP). Finding from this study revealed that for medical staff to perform and meet their service targets, they need to be free in decision making specifically in their line of duty and that the type of leadership at the hospital

determine how the workers behave towards their jobs as well. The study discovered that health workers work well in an environment of democracy than autocracy.

2.4 Service quality

According to Choi, Yang, and Chang (2014), a service is a temporary, transient, and perishable act or performance. In the context of relative excellence or incompetence, customers' overall perceptions of an organization's services are referred to as service quality by Choi et al. (2014). According to Abacousnac (2017), service quality is a practice made up of a series of actions that take place throughout a customer's interaction(s) with a service provider with the intention of resolving customer issues. Service quality, according to Abacousnac (2017), is the gap between what a consumer expects from a service contact and what they believe actually occurs. It entails the inconsistency of customers' needs and their service perceptions. When customers compare their satisfaction level with the service they actually obtain or receive, they make judgments (Bloemer et al., 2018). Customers typically judge the service as inadequate and get unsatisfied if their expectations are not satisfied throughout the service contact. Customers, on the other hand, will perceive the service as good and will feel satisfied if their expectations are met or surpassed throughout the service contact.

According to Sun and Sun (2020), service quality processes can be thought of as an instance in which a group of corporate resources engage with specific consumers with the intention of adding value. Kadir, Kamariah, and Saleh (2017) views service quality as the match between customers' service requirement against what they believe they will get after purchasing a service. These criteria appear to support the idea that the performance that follows is ephemeral, frequently intangible in character, and always gives rise to no possession of any of the production-related factors. For instance, a hospital in the health care industry could provide a service that sticks in the mind of the client and might be either excellent or poor based on how it was provided. It is vital to remember that service quality is frequently cited as a crucial precondition for competitiveness, particularly in the establishment and maintenance of gratifying client relationships. The expectations of the customers should be met or exceeded, and quality of service must always be seen as a process that is always being improved (Lloyd-Walker and Cheung, 2018).

2.4.1 Dimensions of service quality

According to Bloemer et al. (2018), managing and measuring service quality is a challenging endeavour that calls for a multidisciplinary strategy that integrates operations, marketing, human resource management, economics, and business strategy. Parasuraman, Zeithaml, and Berry (1990) developed five service quality dimensions, namely tangibles, reliability, empathy, responsiveness, and assurance to assess service quality, with the purpose of utilizing a more conclusive method of measuring service quality. The RATER Model has been extensively utilized by organizations to

assess service quality. The SERVQUAL, which comprised 10 service quality aspects, served as the basis for the model. The subsequent subsections evaluate the research on the five RATER model aspects of a assurance, responsiveness, tangible, and dependability as measures of service quality.

Fig 2.3: The RATER Model
Source: Parasuraman et al. (1999)

Parasuraman et al. (1999) argues that expectations of customers towards a service is a function the customer's experience with previous services, stories told by others on the service as testimony, and also the organisation's external communications as exhibited in its advertisements, brochures, and exhibitions.

2.4.1.1 Responsiveness

Responsiveness looks at the ability of an organisation to deliver quick and excellent services to customers (Choi et al., 2014). The speed at which customer requests are attended to provides a measure of the effectiveness of the organisational response. A responsive organisation is one which is able to attend to customer requests in the shortest possible time. Al-Borie (2012) says that, for organisations to be highly responsive, they have to be available across all the channels where their customers are, including but not limited to social media platforms such as Twitter, Facebook and Whatsapp; train staff on how to handle customers; use software and tools to boost responsiveness; set

service level standards such as responding to customer requests within 24 hours and set up automatic replies. Employees should be in a position to offer prompt responses to customers' needs and wants. For the employees to be responsive, they need to have an comprehensive knowledge of the customers' behaviour (Palilati et al., 2019). Wambugu (2015) said that, "Responsiveness as a dimension of service quality is measured by considering the extent of employees' willingness to help customers and their readiness to deliver prompt service to the customer" p201. In doing so, employees should make sure that they exhibit a high degree of precision when dealing with customer queries, requests, questions and complaints (Gordon et al., 2019a; Hilz, Westerlund, and Schmidt, 2019).

2.4.1.2 Assurance

According to Al-Borie (2012), service assurance encompasses all organizational efforts made to increase customer satisfaction for the organization's long-term advantage. Service assurance encompasses all strategies a company can use to achieve a better result and, in the process, provide direction for the right managerial decisions. This indicates that issues pertaining to quality assurance, quality control, and service level management are covered by service assurance. Quality control, broadly defined, refers to any actions taken to guarantee that goods or services satisfy client needs while being produced (Sun and Sun, 2020). All produced items and provided services must adhere to predetermined client requirements in order for quality control to be effective. The process of proactively making sure that the quality of a product's or service's key indicators of performance is within reasonable parameters is known as service level management (Tsai and Wu, 2011). Service assurance, then, includes all processes designed to enhance a product's or service's performance. Assurance is a crucial element of service delivery as it enhance the customers' confidence in the firm's service offering. Customers should be in a position to believe that the institution can deliver, and this should be supported by the employees' demonstrable knowledge and expertise (Shameem, 2017). Assurance is useful specifically when dealing with service outcome that is difficult to evaluate (Hilz, Westerlund, and Schmidt, 2019). Service employees should have the courtesy and knowledge when dealing with customers in a bid to convince the customer that they have made the right choice (Danquah, 2014; Mutugi, 2014; The World Bank, 2014). Service employees should build trust and confidence so as to remove doubt in customer's service purchases and consumption (Dedeoğlu and Demirer, 2015; Fawad Latif and Baloch, 2015). Shameem (2017) argues that assurance is a key element of the instrument that is used to measure service quality. A study that was done by Kumar and Mishra (2015) focusing on the dimensions of the SERVQUAL model in the banking sector found that assurance and responsiveness were variables with the largest gap and the most important factor was the assurance customers gap in service purchase.

2.4.1.3 Tangibles

Tangibles refer to the physical aspects of the service, and this may include websites, offices, staff and equipment (Shameem, 2017). The physical environment refers to all the tangible elements of the business, which may include, but are not limited to, the design and décor, ambience, conditions and equipment, machines, employees and the quality of the materials used in marketing communications. Customers develop expectations regarding the appealing nature of the physical environment of an organisation and give a picture of the image of the organisation. Since services are intangible, customers tend to rely on peripheral clues (Hossain et al., 2014). As such, the management of service organisations should treat the service environment as their highest priority, as it is the best way to make the service tangible (Hassan Hosseini et al., 2017). A customer does their physical confirmation of service product through the inspection of the service environment, i.e. all written materials, paraphernalia, staff uniforms, equipment and the physical facilities visible (Akdogan and Basyazicioglu, 2018).

2.4.1.4 Empathy

Empathy refers to the customer's evaluation of the employees' empathic behaviour. According to Shameem (2017), empathy is exercised when employees are able to attentively listen to the customer's problems, apologise where necessary, offer the right assistance and let the customers know what the organisation is doing towards finding a solution to the problem. This is in agreement with Kamalinasab, Sami and Zendedel's (2017) assertions that empathy is achieved when employees apologise to customers, listen to customer queries and provide feedback to customers on the progress regarding the complaints they previously registered.

2.4.1.5 Reliability

Reliability refers to the extent to which an organisation is able to deliver an agreed service in line with the promise previously made. According to Kadir et al. (2017), reliability is attained in cases in which an organisation delivers its services on time, regularly and accurately. For this reason, Kadir et al. (2017) claim that, "reliability is the most important dimension of service quality in the RATER model". In order to avoid circumstances in which customers misunderstand the service, an organisation should clearly and adequately communicate the service to its clients. This would help in setting the right expectations for the customers on which they will judge the performance of your service (Abacousnac, 2017).

2.5 Empirical evidence on internal marketing, job satisfaction and service quality in the public health sector

Table 2.2 below shows the empirical evidence on internal marketing, job satisfaction, and service quality in the public health sector. The evidence was drawn from multi authors of previous studies.

Table: 2.2 Empirical evidence on internal marketing, job satisfaction and service quality

Author	Focus	Methodology	Findings
Choi, Yang and Chang (2014)	The impact of internal marketing on customer orientation, organizational commitment, job commitment, and job satisfaction in the Korean healthcare industry.	The study used a quantitative methodology and gathered information from a sample of 635 people drawn from three (3) selecting institutions. Data were gathered using a standard questionnaire.	It was discovered that internal marketing elements had a direct impact on incentive systems, management support, job dedication, and job happiness.
Al-Borie (2012)	Examined the impact of internal marketing on employee engagement and work satisfaction in Saudi Arabian medical centers	The study adopted a positivism philosophy and applied quantitative methods. The target population was made up of physicians in teaching hospitals in Saudi Arabia. A sample size of 250 was used in the study. Data were collected from the respondents using structured questionnaires	According to the study, Saudi teaching hospital physicians' work satisfaction and organizational commitment were positively impacted by the endogenous marketing aspects of recruitment and appointment, development and training organizational support, rewards and motivation, and retention policy.
Tsai and Wu (2011)	The study aimed to establish the nexus between internal marketing, organisational commitment and service quality	The researchers successfully collected 288	The findings showed that internal marketing strongly influences organisational commitment and service quality for Taiwan

		questionnaires which accounted for 82.3% of the total sent out.	hospitals. It was concluded that internal marketing is a workable solution towards improving the service quality of hospitals, particularly for frontline nurses.
Iliopoulos and Priporas (2011)	examined how internal marketing affected employees' work satisfaction in Northern Greece public health hospitals	Mainly a questionnaire	The study discovered that doctors at the same hospitals are more content with their employment than nurses are, and that male workers tended to be significantly delighted with their professions than female employees within the same level of the organization.
Sun and Sun (2020)	Internal marketing on worker satisfaction in Korea Health System	SEM	It was concluded that internal marketing is important in creating a competitive advantage. It was recommended that the concept of internal marketing should be prioritized, and employees at all levels of the organisation should be treated as internal customers if service quality is to be significantly improved.
Chang and Chang (2007)	Focused on IM and JS amongst nurses in Taiwan	450 questionnaires were distributed to nurses from two medical centres in Southern. Statistical analysis was conducted using SM	The findings indicated that work satisfaction and commitment to the organization are positively associated, and that nurses' perceptions of internal marketing are also favorably linked with organizational commitment and job satisfaction.
Hersh and Aladwan (2011)	Looked at IM and SQ in Jordan Banks	Questionnaires given to 231 employees and 384 customers. Data gathered were analysed using SPSS	Internal marketing factors like service culture, human resource development, motivational systems, and awards were seen favorably.
Mahardika, Dewi, and Pamungkas (2022)	Focused on the how Job Satisfaction and Empowerment affects worker's service performance	SEM	Results revealed that customers' perceptions of service quality are significantly influenced by work satisfaction.

Sun, Bang, and Sun (2020a)	Stress, work satisfaction and service quality	The Spearman's rho test was conducted at a 5% level of significance to establish the relationship between the independent and dependent variables.	It was found that assessing how nurses behaved in relation to the client's perception of the quality of the hospital's services may improve that quality.
De Bruin, Roberts-Lombard and De Meyer-Heydenrych (2020)	IM and Service Quality	Questionnaires were electronically and self-administered to the respondents	The results demonstrated that among Islamic banks in Oman, internal promotion, process, and purpose are enhancers of workers' perceived capacity to provide excellent service quality.

As evidenced in Table 2.2, a large number of studies focused on internal marketing as the independent variable and its impact on job satisfaction, and some on internal marketing and its relationship with service quality. The table also indicates that a questionnaire was employed as the data means for data in all of these investigations, which all adopted a quantitative methodology. None of these research, including the one conducted here, focused on the relationship between internal marketing, job satisfaction, and service quality. The relationship between internal marketing and job satisfaction and service quality in public health is poorly understood.

2.6 Chapter summary

This chapter focused on providing a comprehensive synthesis of related literature on internal marketing and its elements which include job security, employee empowerment, organisational structure, organisational culture and strategic rewards. Job satisfaction, as an intermediating variable together with service quality as the dependent variable, were also reviewed. Views of various authors were considered in developing a clear understanding of these study variables. The chapter also provided an empirical review of the relationship between internal marketing, job satisfaction and service quality. This provided a clear understanding of the implications of the previous researchers' work on the current study. The next chapter provides a review of the various related models of internal marketing, job satisfaction and service quality.

CHAPTER THREE
INTERNAL MARKETING AND SERVICE QUALITY MODELS

3.1 Introduction

This chapter unpacks the various theoretical perspectives on internal marketing and service quality. This was done in order to understand the theoretical background to which the study was founded and to understand the theories that guided the formation of the research model for the study. Theories covered in this chapter include Berry's Model of internal marketing, Gronroos' Model of internal marketing, Rafiq and Ahmed Model of internal marketing, the Gap Model, SERVPERF, SERVQUAL, Gronroos's Performance Only model, Internal Service Quality Model, Behavioural Service Quality Model, Tri-component model and the IT-Based Model.

3.2 Service Triangle Concept

According to Onurlu and Karataş (2016), the service marketing triangle is a dynamic paradigm where three interconnected groups collaborate to develop, advertise, and provide services. The triangle's three points, the company, the employees, and the customers, are labeled with the names of these key players. For a service to prosper, three different types of marketing—external marketing, internal marketing, and interactive marketing—must be successfully implemented between these three sides of the triangle (Zeithaml, Valarie, Bitner, and Gremler, 2010). All of these practices are premised on the agenda of creating service commitments and communicating these to the customer as well as honoring the promises to clients. All three of these marketing strategies are crucial for services in order to develop better relations with customers as well as retain them.

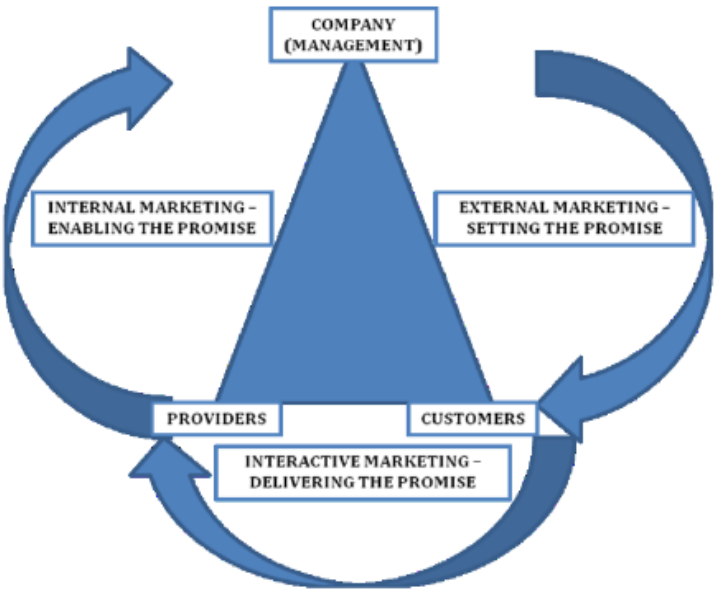

Fig 3.1: Service triangle

Source: Adopted from Zeithaml, Valarie, Bitner, and Gremler (2010)

3.2.1 External marketing

The external marketing activity involves making a promise to the customers regarding what they should expect from the service organisation (Yadav and Dabhade, 2013). The service organisation communicates with the customers encouraging them to purchase the firm's services. In this instance, the marketers set the pricing, distribution, and design promotional strategies and techniques meant to attract and convince the service customers to purchase the service organisation's service offering (Zeithaml, Valarie, Bitner, and Gremler, 2010)). Thus, making promises involves communicating with the customers, and it is through this communication that the service organisation sets service quality expectations in the minds of the customers (Gordon et al., 2019a). As such, customers build their expectations level based on this external marketing activity (Zeithaml, Bitner, and Gremler, 2009). In this case, this is where the hospitals tell the patients what to expect from them, i.e. service levels, prices and benefits.

3.2.2 Internal marketing (enabling the promise)

Having made some promises through external marketing, the service organisations should enable service workers to provide the right service to the firm's clients. Internal marketing involves the company focusing its attention on employee satisfaction. In service organisations, employees are viewed as internal customers (Yousfani, Solangi, and Lakhiar, 2019). As such, employees are treated as a market to which the organisation must please before focusing on external customers. The idea is that the management should put its emphasis on satisfying its employees such that they become customer conscious and willing to serve the customers (Yousapronpaiboon, 2014). Internal marketing practices include empowering the employee to make decisions, involving them in decision-making, and providing job security, training and career development, among others so as to deliver great service (Yadav and Dabhade, 2013). This study is based on internal marketing, which is one side of the triangle and its impact on service quality.

3.2.3 Interactive Marketing (Keeping the Promise)

Interactive marketing is the practice of engaging consumers and workers of a service organization in marketing activities. Bitner, and Gremlerd (2009) view interactive marketing as encompassing the processes that are experienced by the customer in their interactions with the service workers. When a service delivery person interacts directly with customers, it is a crucial moment (Green, 2018). Now is the moment to ensure that the commitments made in external marketing are fulfilled. The promises are kept by making sure that the service is delivered as promised in the marketing promotions (Yousapronpaiboon, 2014). The main goal here is to match customer demands with the actual service delivered as created in external marketing. This is a make-or-break time where the service employee should deliver the service as promised and failure to deliver will create dissatisfaction and, eventually customer defection to competing services (Yousfani, Solangi, and Lakhiar, 2019). The service

employee is only able to deliver the promised services if he/she is enabled to deliver. The main goal here is to deliver the service as promised. The effectiveness of interactive marketing relates back to the internal marketing efforts of the service organisation.

This study is therefore founded on the claims made in the service triangle that when a firm makes promises to external customers, there is a need for the service firm to enable its employees to deliver in order to be able to keep its promises. This study assumes that if the government as the employer practises internal marketing, it will be able to deliver a better service to health clients.

3.3 Internal marketing models

The idea of IM was developed by Berry (1981), who opined that the success of service firms is premised on developing workers' gratification and happiness at work. Having worked for service firms and after thorough research, Berry discovered that the people element was crucial in the excellent performance of service firms. The emphasis on service excellence was placed on employee motivation. He, therefore, relates internal marketing to the handling of workers the same way the firm handles customers and taking their work responsibilities as internal products meant to gratify the worker while achieving organisational objectives (Berry, 1981; Zimuto, 2013). The pivotal role of internal marketing is to create worker happiness and external stakeholder orientation (Hult, Hurley, Giunipero, and Nichols, 2000). It involves the recruitment, selection, direction, training, motivation and rewarding of internal customers, conscientising them on the need for using integrated marketing efforts and customer satisfaction (Haung, 2003; Broady-Preston, and Steel, 2002), The concept was further developed to mean utilisation of external marketing tactics and tools in the organisation towards achieving staff motivation (Salem, 2013). From an internal marketing perspective, there are two forms of organisational customers, and are; external to the organisation and internal customers.

With internal marketing, organisations take employees in the way they take customers as employees are customers and the organisation as a market, and external customers as the buyers of the company’s products externally (Basyazicioglu and Akdogan, 2018; Bowers and Martin, 2007). External customers have specific needs and wants that the firm should strive to meet to create customer satisfaction. The same happens with internal customers (Basyazicioglu1 and Akdogan, 2018). Employees have specific needs and wants as internal customers, which management should also strive to meet to create employee satisfaction. However, creating a happy and pleasurable staff that is centred towards achieving service excellence is the major goal of practising internal marketing. Presumably, only firms that practise internal marketing can offer superior service quality since it increases the commitment of employees towards their jobs (Swanepoel, 2008). The management should provide its employees with the requisite training and offer adequate tools for the fulfilment of their duties towards customer satisfaction (Kotler and Keller, 2011).

Practising internal marketing is of paramount importance in creating a motivated workforce that is dedicated to delivering a superior service to the external client (Ahmed, Rafiq, and Saad, 2003). Without a motivated and satisfied workforce, the organisation will not achieve service excellence, no matter how much they plan and strategize. As such, planning and designing excellent strategies may not work for the organisation if the workers are not interested and willing to perform, hence the need to secure their loyalty (Robledo, 2016). Internal marketing practices foster an incessant perfection of services and the formation of customer satisfaction and loyalty (Ahmed, Rafiq, and Saad, 2003) and foster the competitiveness of service organisations through the creation of customer orientation (Dalvi and Sefid-Dashti, 2013). Organisations can communicate with employees and create a shared vision within the whole firm (Davis 2001).

Various models have been developed by various authors to foster an understanding of the internal marketing philosophy. The most popular models of internal marketing are discussed underneath, and these include; Berry's Model of Internal Marketing; Gronroos' Model of Internal marketing and Rafiq and Ahmed's Model of Internal marketing;

3.3.1 Berry's Model of Internal Marketing (IM)

Berry is among the first proponents and authors of the internal marketing philosophy (Jean and Colette, 2020). Through thorough research work, he designed the internal marketing model known as Berry's internal marketing model. The model is premised on the notion of viewing service organisations workers as internal clients and respect them as clients (Dedeoğlu and Demirer, 2015; Rony and Suki, 2017). He believed that if employees are treated like customers, they will become quality-conscious resulting in the achievement of higher service quality delivery (Ismail and Sheriff, 2016; Zarinjoio Alvar et al., 2018). Berry's Model of Internal Marketing is shown and discussed below:

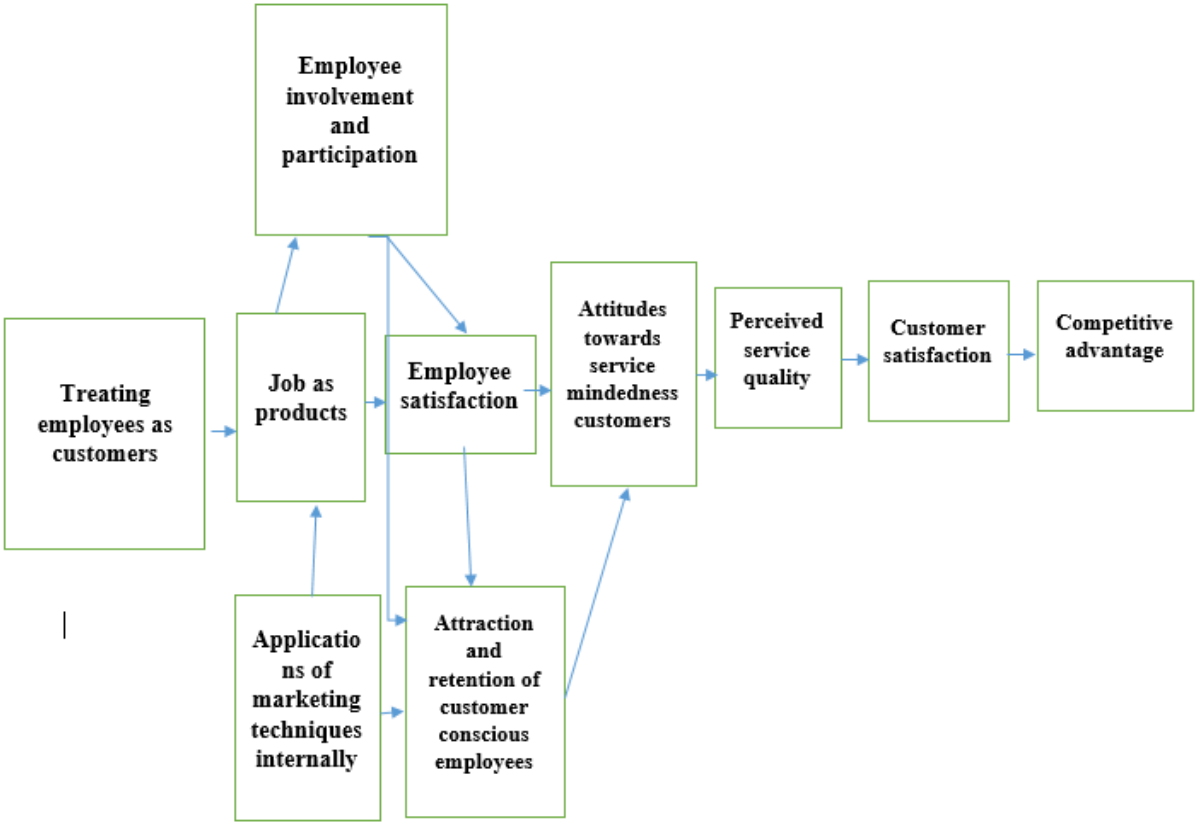

Fig 3.2: Berry's Model of Internal Marketing
Source: (Subarkah, 2018)

This model emphasizes on viewing service staff as customers with their jobs taken as internal products. The model brings in the issue of attraction and retention of customer-oriented employees, treating employees as customers through the application and practice of marketing techniques within the organization, involving and offering the workers the autonomy to contribute their ideas when decisions are being made so as to influence the attitude of the employee towards service delivery (de Bruin et al., 2021; Kozarić, 2015; Zarinjoio Alvar et al., 2018). The human resource function is roped in here as there is a need for recruitment and retention through the creation of a lucrative job package that fulfils the needs and expectations of the employees (Baran and Arabelen, 2017; Vaseer and Shahzad, 2016). Employees should be aware of their jobs and role in service quality achievement, and management must be aware of their needs and ready to fulfil them in order for them to perform (Gordon et al., 2019a). All the functions stated in this model (treating employees as first line customers, jobs as internal products, recruiting and retention, involvement and participation of employees) are assumed to cause employee satisfaction which results in a positive change in the employees' attitude towards service delivery (Bohnenberger et al., 2019; Shi and Shang, 2020). A change in the employees' attitude towards service consciousness will impact the level of service delivered and, eventually client satisfaction and the service firm's competitive edge (Costeira et al., 2018; Hilz, Westerlund, and Schmidt, 2019). However, this study is premised on the notion of treating

employees (public health employees) as first line customers assuming that their attitude towards their jobs influences productivity and the extend of service delivery together with client satisfaction (patients). It doesn't emphasize on competitive advantage, despite concentrating on health sector.

3.3.2 Gronroos's Model of Internal Marketing

While Berry in his model emphasized the treating of employees as internal customers so as to affect the quality delivered and the level of satisfaction for the customer, Gronroos in his model emphasized more on customer consciousness (Lubbe and Jordaan, n.d.). Gronroos pinned his model on the assumption that if service employees are made aware and conscious of their role and influence in service delivery, service quality will improve (Botha, 2016). Instead of emphasizing more on treating employees as first-line customers, Gronroos went further to include the employees' service consciousness and the effect of their interactions with the customers (Shah, 2014). The Gronroos Model of Internal Marketing is as shown and discussed below:

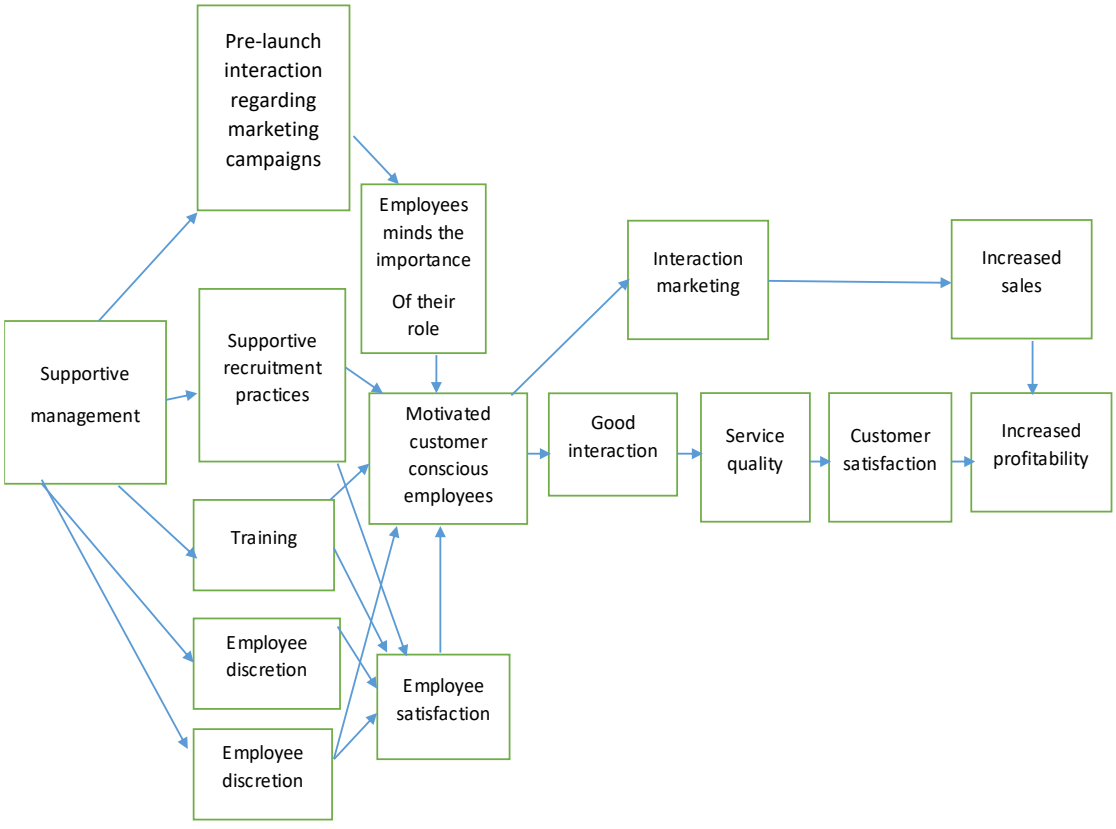

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Fig 3.3: Gronroos' IM Model

Source: Adpoted from Alwafi, (2018)

Gronroos's model emphasizes employees' need for customer-mindedness and their interactions with the customers. The model advocates for the presence of supportive and participative management which should enable customer consciousness by adopting proper and supportive practices of employee recruitment and training (Alwafi, 2018). This model demands that management market its ideas first to the employees as internal customers, who will then interact with the external customers. It states that the employees should be made aware of any external promotional and marketing campaigns to be done by the service organisation and be convinced to support the campaigns. Internal marketing should be done in order to build an informed understanding in the minds of the employees about their roles in the external campaigns well before launch. The model stresses that any alternation or modifications in the external marketing strategies and techniques should be communicated to the employees who interact with the external customers on daily basis. If the employees are well-informed and persuaded, then their interaction with the external customer will be excellent, leading to better service quality (Akbar and Haider, 2017; Chasanah, 2020). According to this model, employees should take advantage of their marketed knowledge of marketing campaigns and the discretion given to them by the management to influence service quality during their interactions with external customers. The model also involves giving the employees power to decide and make a decision through employee empowerment. Employee empowerment has been proven to be a great source of job satisfaction leading to better service delivery (Gordon et al., 2019a; Wambugu, 2015). This model was also used in this study as it informed the development of the study model. The current inquiry concentrated on examining the link between IM and SQ. as highlighted by Gronroos in his model of internal marketing.

3.3.3 Rafiq and Ahmed Model of IM

The two models by Gronroos and Berry seem to have something amiss and incomplete (Alwafi Ridho Subarkah, 2018). The model by Berry just states the need for a motivated workforce but doesn't spell out the means for achieving the motivation other than a marketing like-approach, and the model by Gronroos doesn't even have a single approach to motivating the internal customers. As such, Rafiq and Ahmed came up with a new model which was founded on the two models by Berry and Gronroos to close the gaps found in the two models as they believed (Mahdi and Al-Rabaiwi, 2020; MFONTE Colette et al., 2019; Saad et al., 2002). The model also shows that the marketing-like approach influences job satisfaction, which directly affects the level of customer orientation together with inter-functional coordination and integration, and employee empowerment (Magatef and Ahmad Momani, 2016; Sarker and Ashrafi, 2018). Therefore, according to this model, service quality is a result of customer orientation as directly influenced by inter-functional coordination, marketing-like approach, employee empowerment, employee motivation and job satisfaction (Abbas and Tayyeb Riaz, 2018; Ramos, 2015). This model is as shown below in Fig 3.4

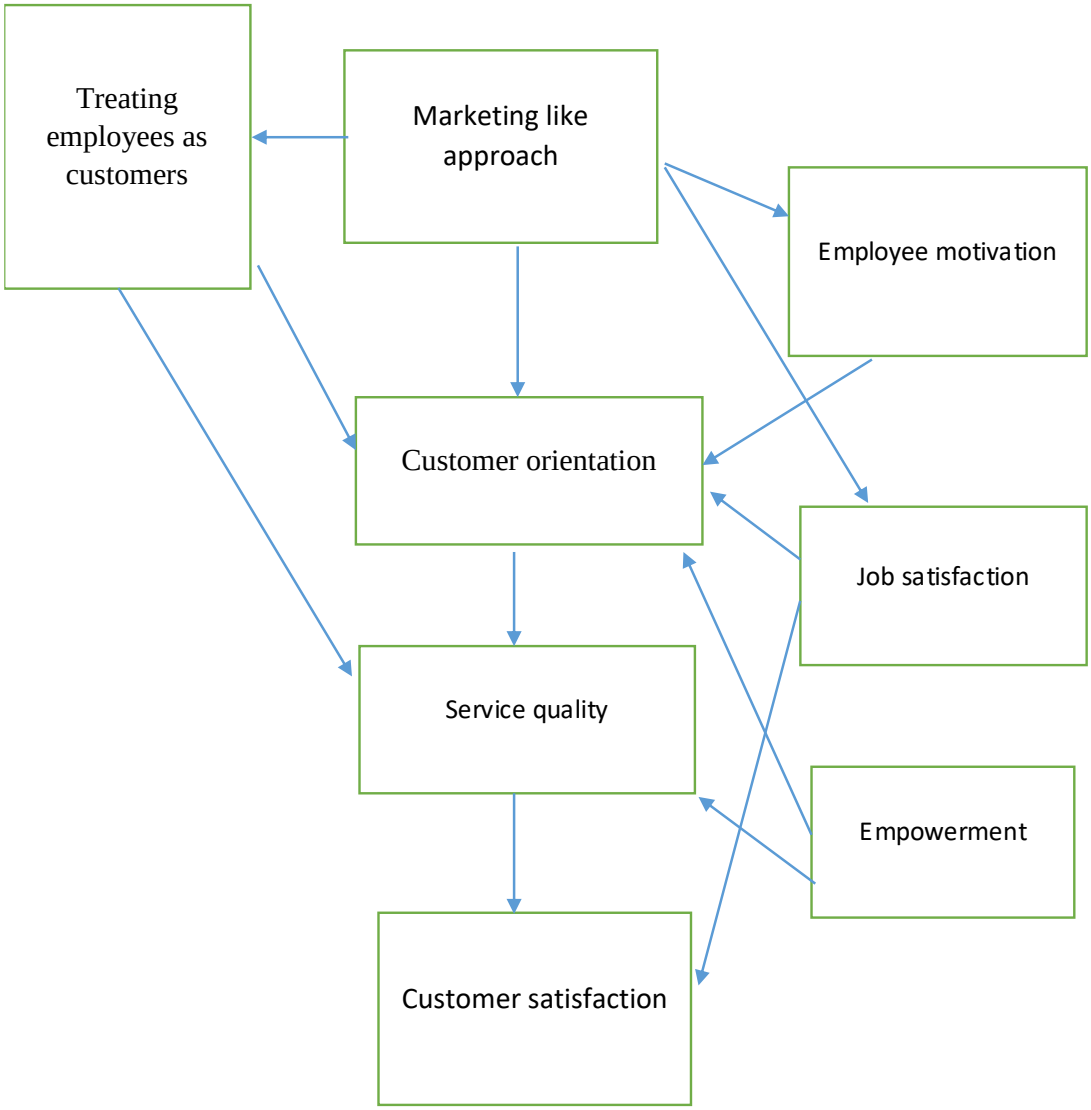


Fig 3.5: Rafiq and Ahmed IM Model 1
Source: (Haque and Sultan, 2019)

Berry and Gronroos, in their model, only showed that by treating an employee like an internal customer, JS is created, leading to SQ and, eventually, customer satisfaction. However, Rafiq and Ahmed (2016) argued that employees are conscious of their job feelings and are able to separate feelings and actual job performance. Thus, job satisfaction should be directly linked to customer orientation and not indirectly through an internal customer approach (Nimer Qayum and Amin Sahaf, 2013; Sharifabadi and Bideh, 2016). This model also informed this study in the coming up with the

research model peculiar to the current study. formulation of the conceptual framework for the study as it concentrates on internal marketing and SQ.

3.4 Service quality models

Service quality has remained difficult to define as many researchers have failed to agree on a common definition (Oh, 2009, as cited in Soni, 2015, p.15). While it is difficult to define service quality, customers know it when they see it. For organisations to achieve service quality, they need to create value for the customer focus. The extent of customer conscience determines the firm's level of service excellence (Gilmore, 2003). These customers' expectations are not similar to all customers; hence perceived quality is a determination of individual customers or a group of customers with similar expectations (Kotler, 2003).

Achieving service quality gives organisations a competitive edge over their rival, given the wind of globalisation blowing across all nations and the rate of technological advancement (Dominic, Goh, Wong, and Chen, 2010). The concentration of firms is now on managing customer relationships through the provision of high service quality (Jobber, 2012). Service quality is directly crucial for firms' survival as it has a positive relationship with profitability (Goyit and Mmadu, 2016; Kotler, 2003). Only firms that fight for service quality are able to meet their customers' expectations and retain the customers (Sibanda and Makwata, 2017). Failure to provide quality service might lead to customer dissatisfaction and defection to competing brands (Journal and Sciences, 2017).

Gronroos (2007) opined that customers perceive quality based on their experiences and anticipations. As such, customers view service quality from two perspectives (Gilmore, 2003). Functional quality denotes means incorporated for performing the service and how a customer feels about such interactions, (Fiala, 2012), interactive quality (Fergus et al. (1999) as cited in Fiala, 2012, p 752) and perception of the way or how the service is delivered (Hamid and Yip, 2016). On the other hand, technical quality is the degree of conformity to industry specifications (Faila, 2012). It is actually what the consumer gets as an outcome of a service encounter (Hamid and Yip, 2016).

Various models were developed for measuring quality delivered, which include the SERVPERF and SERVQUAL Models (Terzakis, Zisis, Garefalakis, and Arvanitis, 2012), although researchers differ in various ways (Shahin, 2006; Markovic and Raspor, 2010).

3.4.1 Gronroos' Model

According to Gronroos (2007), only firms that are able to understand their customers' perception of the service provided succeed (Sarker and Ashrafi, 2018; Bakar et al., 2017). He viewed SQ matching

the buyer's perceptions of the service to their expectations (Rahman et al., 2012; Teeroovengadum et al., 2019). With that thinking, he designed the technical-functional quality model of service quality. This model suggests a triple-dimensional view of service quality, and these dimensions include technical, functional and image (Al-Damen, 2017; Sharma et al., 2016). In Gronroos' model, the level of perceived quality of service depends with the customer's experience and his/her expectations (Gronroos, 2007). As such, it views expectations as a result of word of mouth, consumer needs, image, market communications, and customer learning, whereas customer experience is a function of the technical and functional quality (Nsour, 2013; Suleiman et al., 2011). Technical quality is the quality of the outcome received by the customer out of the interaction the result of the service interaction, the functional quality refers to the quality of the process with which the customers receives the technical outcome, and the third dimension, image refers to how the service customer views the service firm (Gulc, 2017; Yu and Hyun, 2019). It is between the customer's actual experiences and his/her expectations that the perceived service quality gap emanates from (Polyakova and Mirza, 2015). Thus, by matching the technical (the outcome of the service received) and functional (the process of receiving the service outcome), the firm can have an understanding of the perceived service quality. The service image, on the other hand, influences the customer's expectations (Alshurideh et al., 2017; Vaseer and Shahzad, 2016)

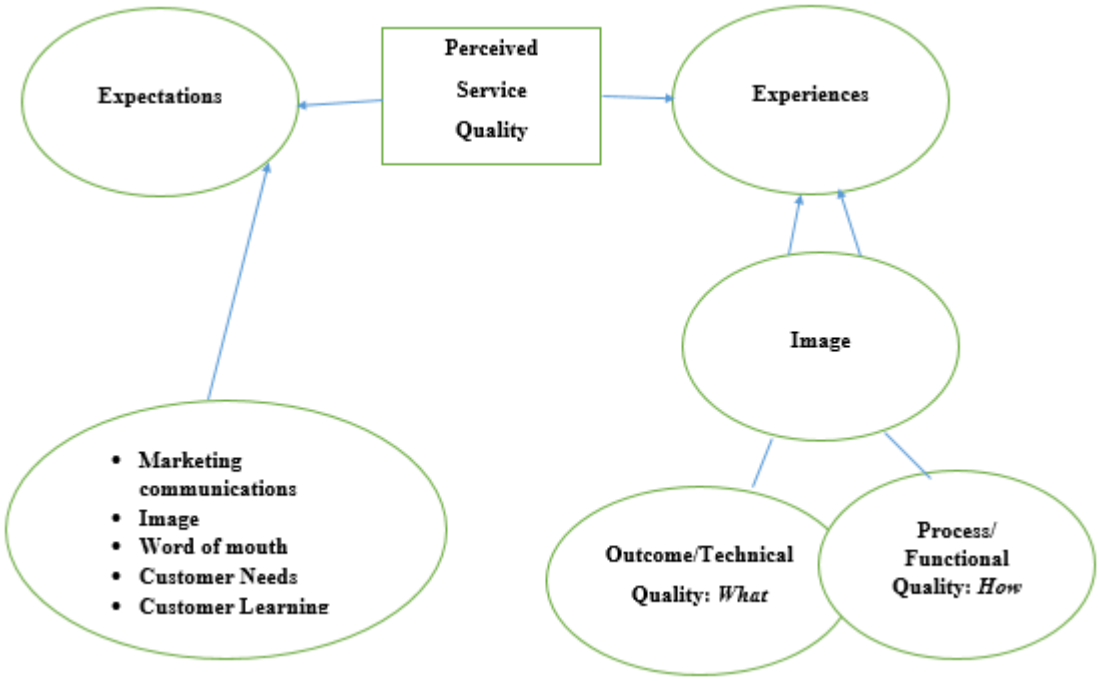


Fig 3.6: Gronroos Model SQ
Source: Adopted from Gronroos/ http://www.degromoboy.com/cs/gronroos.htm

3.4.2 SERVPERF Model (Cronin and Taylor, 1994)

Another model used to gauge service quality is the SERVPERF Model, created by Cronin and Taylor (1992). The model is quite similar to the SERVQUAL Model in that it measures service quality by

employing the same five dimensions and 22-item statements. The SERVPERF examines customers' impressions of the service they received, whereas the SERVQUAL assesses both the customers' demands of the service and their perception of the actual service supplied (Carrasco et al., 2018; Hossain et al., 2014; Ingaldi, 2016). It is premised on the estimation of the actual service perceived other than the anticipations of the customers' expectations towards the service (Lee and Kang, 2019; Rasyida et al., 2016; Yu and Hyun, 2019).

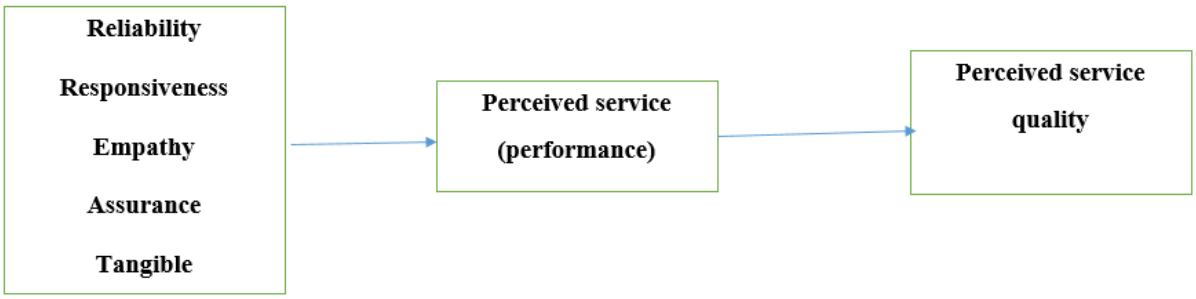


Fig 3.7: SERVPERF Model
Source: Adapted from Cronin and Taylor (1992)

The developers of this model argue that service quality is better measured by perceptions of the actual performance than by the difference between expectations and perceptions (Haque and Sultan, 2019; Rodrigues et al., 2011). As such, in their assessment of the service quality, Cronin and Taylor utilised the performance-only items of the original SERVQUAL Model and avoided the confusion created by the expectation variables of the SERVQUAL (Ghotbabadi et al., 2015a). The SERVPERF is arguably more efficient as compared to the SERVQUAL as it cuts the number of assessment items by half (S. Lee and Kang, 2019; Mahmoud and Khalifa, 2015; Rasyida et al., 2016). Since the SERVPERF is a modification of the SERVQUAL Model, it uses 22 items out of 44 items of the SERVQUAL, taking performance-only items and leaving the expectation items (Al-Damen, 2017; Lee and Kang, 2019; Mahmoud and Khalifa, 2015). This model views quality as an attitude and not as satisfaction. Thus, it is able to link quality to purchase intention (Alshurideh et al., 2017). They also stated that by ignoring expectations and upholding performance-related items, the service quality become easy to measure.

3.4.3 SERVQUAL Model

The SERVQUAL model was developed by Parasuraman, Zeithaml, and Berry in 1988 as an instrument used for measuring service quality performance (Terzakis, Zisis, Garefalakis, and Arvanitis, 2012). The SERVQUAL model was developed as a method of assessing the difference between customers' service perception and their service expectations premised on the fifth gap of the gap model (Carrasco et al., 2018; S. Lee and Kang, 2019; MFONTE Colette et al., 2019). The model measures service quality using the SERVQUAL instrument, which is a questionnaire with 22 statements that assess the expectations and perceptions of customers regarding service quality based

on five dimensions (Yousfani, Solangi, and Lakhiar, 2019). A 7-point Likert scale is used to rate the level of disagreement or agreement with a specific item as given by the instrument (Zisis, Garefalakis, and Sariannidis, 2009). The results from the 22-item instrument are then categorised into the five service quality dimensions. The five service quality dimensions include responsiveness, assurance, tangibles, empathy, and reliability (Abdelkrim, 2015; Ghotbabadi et al., 2015b). The model is premised on the assumption that service quality is a result of the variances between expectations and perceptions as measured along the five service quality dimensions, which include responsiveness, assurance, reliability, empathy, and tangibles (Jean and Colette, 2020; and Yu and Hyun, 2019).

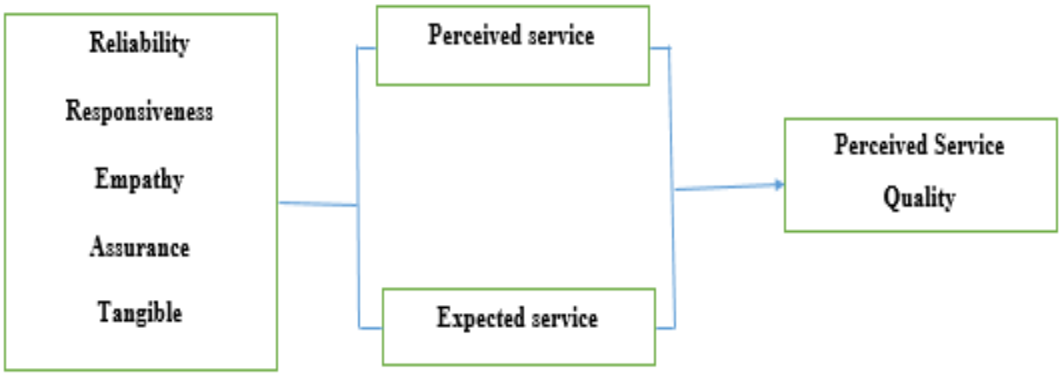


Fig 3.8: SERVQUAL Model
Source: Pakurár et al. (2019)

3.4.4 Internal Service Quality (ISQ) Model

The Internal Service Quality Model (ISQ) is a borrowed concept from the original SERVQUAL Model. Internal Service Quality is viewed as the employees' attitude towards each other, how they serve each other, the support they receive from other stakeholders within the same organisation (Fawad Latif and Baloch, 2015). The model views employees as internal customers and embraces the notion of treating these employees like customers (Sun et al., 2020a). The proponents of this model believed that the extent of service quality received by employees from different units of the same organisation positively influences the extent to which the external customers' service expectations are met (Nazeer et al., 2014; Susanti et al., 2015) This brought the concept of internal customers and internal suppliers hence the need to measure the extent of internal service quality to the internal customer (Odeh and Alghadeer, 2014). To measure the nature of internal service quality, the SERVQUAL instrument was adopted and made to suit the internal customer's assessment (Gjurašić and Marković, 2017a). However, it is believed that internal service quality is a function of the various internal marketing activities of the service firm (Nafi et al., 2018). The model emphasised on bringing in the employees in service quality planning

3.4.5 The GAP Model

The GAP Model is a formulation by Parasuraman, Berry and Zeithmal (year). The model is premised on the possible service short comings that emanates from the mismatch what the customer is looking for and what he/she feels has been (Vaseer and Shahzad, 2016). The researchers outlined the gaps that exist between expectation and perception along the five SQ dimensions of the SERVQUAL instrument, which include reliability, empathy, tangibles, responsiveness, and assurance (Nazeer et al., 2014). This model outline five possible gaps of service quality discrepancy in relation to management's perceptions and the actual delivery of service to the customers, and customer expectation and the actual service performance (Haque and Sultan, 2019; Nazeer et al., 2014; Ushantha et al., 2014). The gap model has five gaps with which service quality can be measured (Yarimoglu, 2014). Gap 1-4 assess the means by which service quality is delivered, whereas the 5th gap deals with the customer. The gaps in the model stand for pertinent service quality problems (Al-Damen, 2017; Ghotbabadi et al., 2015b; Rasyida et al., 2016). The gaps are as discussed and shown in the figure below;

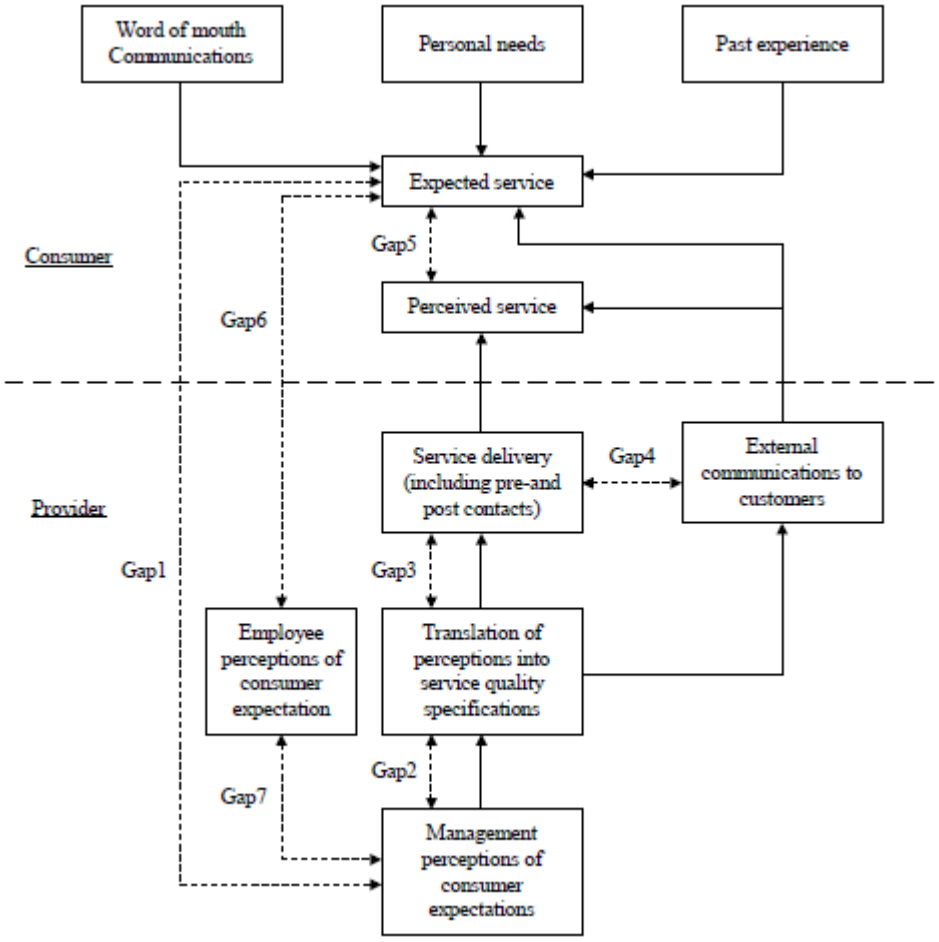


Fig 3.9: GAP Model Service Quality

Source: Ghotbabadi et al. (2015b)

Gap 1-Positioning

Positioning gap is premised on the discrepancy of what the customers' demands and the management believes of customer demands (Haque and Sultan, 2019). According to Ushantha et al. (2014), the users are the only people who can assess the quality of service by contrasting what they expected with what they actually received and experienced. Therefore, without having a thorough knowledge of the customers' expectations, managers should refrain from providing services based purely on their perceptions. This gap emanates from the assumption that as management draft their service quality strategy without the input of the customer, a lot is missed of the customer's expectation (Naidoo et al., 2012). Gronroos (2001) also mentioned that organisations should make an effort to conduct some consumer research in an effort to identify how the customers perceive the service delivery of their organisation

Gap 2 (The Specification Gap)

Specifications gap emanates from the discrepancy that might exists between the management's feeling of what they think is what the customers is looking for and the service prescriptions. Under this instance, the management of the service organization is aware of the expectations of the clients but lacks the ability to provide the desired level of service, which may be brought on by a shortage of skills, a financial constraints, or current marketplace conditions.

Gap 3-Delivery Gap

The third component of the service quality model is the discrepancy between the service quality standards and the actual service that the service organization provides to the client. In other words, even if customer expectations and service quality criteria are accurate, a subpar service may nevertheless be provided because of ineffective resource allocation in terms of staffing, systems, and technological development. According to Baron and Harrison (2003), there may be ambiguity or conflicting duties, staff may not be highly motivated, may not have the proper authority or training, or standards may be unnecessarily strict or complex.

Gap 4-Communication

It is a result of the mismatch of what the customer really got and what was communicated in the promotional communications. When a service provider makes promises to a consumer but then falls short of those expectations, this situation is also referred to as a communication gap. The goal of interactive marketing is to provide customers with high-quality service while upholding the organization's promise to them. It is also the real contact between the consumer and the service personnel, according to Booms and Bitner (2003). This gap can be avoided through service employee training and motivation.

Gap 5-The Perceptions Gap

The Perceptions gap is premised on the customers' expectation and their perceptions of the final service they received (Soni, 2015). Gap 5 is the only gap that can be examined solely on the basis of data from the customers traditionally by using the research instrument called SERVQUAL. However, this gap is a function of the preceding four (4) gaps.

As such, quality is measured in terms of customers' expectations and perceptions of actual service quality received. The model puts the customer in a central role in terms of quality service delivery and believes that quality is high only if the customer feels as such (Lovelock, 2011).

3.4.6 Behavioural Service Quality Model

This is another model used in the assessment of service quality. The model was designed by Beddowes et.al. (n.d) This model takes into consideration the need to create a balance between the expectations of the customers and those of the employees. The model is as shown and discussed below;

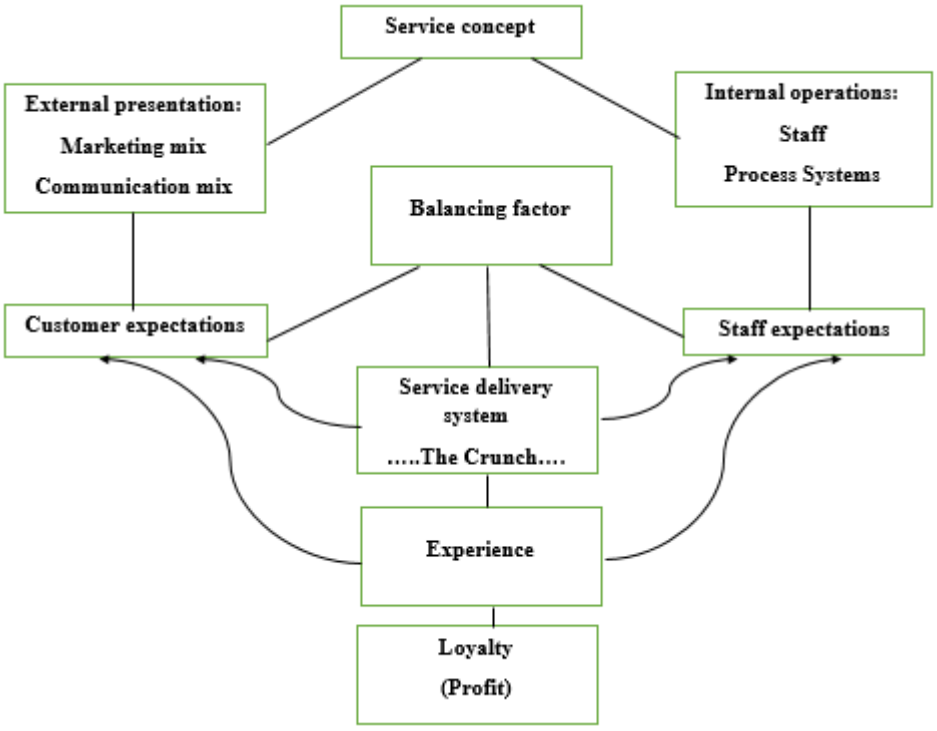


Fig 3.10: Behavioural SERVQUAL Model
Source: Beddowes et al. (n.d)

Beddowes et al. (n.d) argued that service failure is a result of overemphasising on customer expectations through marketing campaigns in the absence of a proper internal system and staff development. The model, therefore, puts more emphasis on striking a balance between the external presentations made by the service organisation through its communication mix and other marketing

mix variables and internal operations, i.e. staff and systems. Thus, the organisation should make sure that whatever effort it puts into meeting customer expectations, the same effort should be put into meeting the employees' expectations. The model also puts emphasis on the actual delivery system as a key factor in service quality success. It advocates for a proper and effective service delivery system. The creation of a happy customer and employee is a function of the service delivery processes and systems. However, the model outlines the variables that influence the achievement of service quality but falls short of how these problems can be solved.

3.4.7 Tri-component

The tri-component proposed three elements deemed to influence service quality. These three elements are stated as a service product, service delivery and service environment. The model sees the service product as the outcome of a service process, service delivery as the processes and means by which the service is consumed, and the service environment as the atmospherics in which the service is consumed (Ko and Pastore, 2005). Rust and Oliver premised this model on the assumption that for service quality to be achieved, it is a function of the service outcome, delivery processes and the physical surroundings in the service context (Sanchez-Hernandez and Grayson, 2012). Any shortfall in one of these will influence service quality negatively. The model is as shown below;

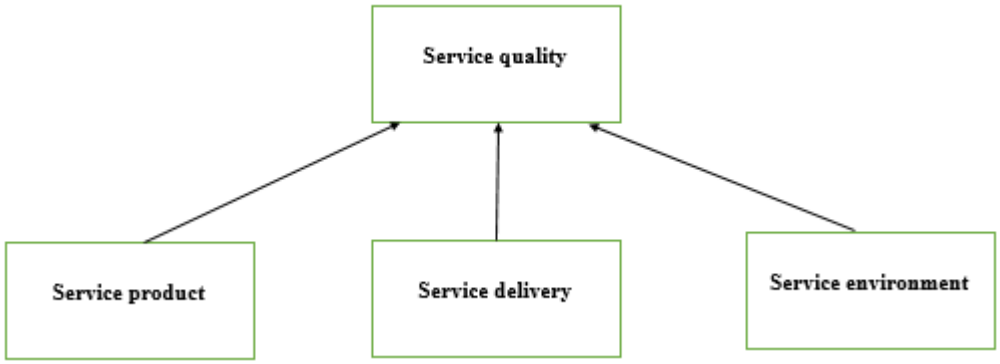


Fig 3.11: Tri-component Model
Source: (Sanchez-Hernandez and Grayson, 2012)

3.4.8 IT Model

The It-Based model is premised on the use of Information Technologies by service firms to improve service quality. According to this model, Information Technology plays a critical role in the improvement of service quality. By using IT-based service delivery, service organisations are able to reduce the cost of the service product, increase responsiveness to customers, increase add-ons to services and create value-added services. This model provides a linkage between the traditional quality dimensions with IT-based service options to influence service quality.

3.5 Conceptual Model

The conceptual model for the current investigation was created using the aforementioned model as a starting point. The internal marketing-based model and the service quality-based model's constructs and variables were combined to create the research model for the current study. The current research model is as shown below;

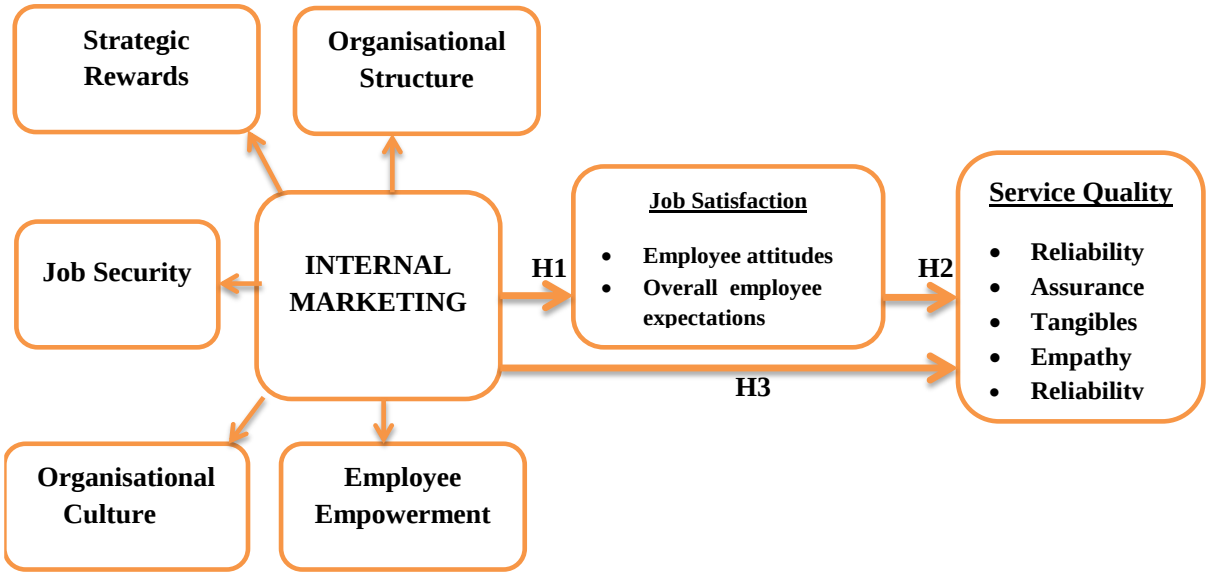


Fig 3.12: Research Model

Source: Researcher's own development

Internal marketing is done out of several elements, which include organisational structure, generous rewards, leadership, reduced status distinctions, employee empowerment, job security, coordination within groups, organisational culture, and surrounding environment (Ayse and Isil's 2008). This study covers only five of these elements, which are organisational structure, organisational culture, employee empowerment, generous rewards, and job security. The assumption is that if internal marketing is practised within an organisation, the resultant effect is worker satisfaction among employees. Job satisfaction induces improved worker conduct and sensible consumer member of staff, which translates to improved service quality. A study carried out by Ong'unya, Kowa, Wakabi, and Ssenyange (2019) states that, " that the joint impact of internal marketing and staff satisfaction positively impacts service quality". Ugandan health directors, inspectors, administrators, and human resources directors and patients were the respondents for primary data. A study carried out by Vaseer and Shahzad (2013) in Pakistan higher education found out that internal marketing dimensions/elements (recognition and empowerment) are positively associated with service quality. A similar research with equally the same results was done in Cameroon (Simo Mfonte, Douanla, and Fangue, 2019). These results were also confirmed by Gebril (2011) and Sadeghloo and Tiger (2013) in separate studies. Sohail and Jang (2017) also revealed the same relationship in Saud Arabia.

Table 3.1: The link among IM, JS, and SQ

Author and year	Focus	Methodology	Findings/conclusions/recommendations
(Gordon et al., 2019a)	IM and worker delight in the Ugandan health service	Case study with a questionnaire as data collection tool.	Internal marketing is significantly linked to provision of high-quality healthcare services, according to the correlation data (r=0.695, p0.001).
(Khajuria, 2019)	Understanding the Interface of practicing IM and worker satisfaction in the Indian banking sector	The survey was conducted through questionnaires	Service providers/Banks are suggested to implement the Internal Marketing approach in order to increase satisfaction among the employees.
(Abbas and Tayyeb Riaz, 2018)	Explored IM practices and how they foster employees' commitment to work in the insurance sector of Parkistan	Data was collected through questionnaires	The study found Job satisfaction, strategic rewards, employee empowerment, and leadership strongly affect workers commitment
(Alshura et al., 2016)	Internal Marketing Techniques' Effect on Employee Organizational Commitment at Jordanian Insurance Companies	A quantitative methodology was used	Results of the study indicated that all techniques of internal marketing have the effect of improving the organisational commitment of staff in the insurance companies in Jordan and was the highest-dimensional effect in terms of rewards and incentives.
(Bohnenberger et al., 2019) (Costeira et al., 2018)	Internal marketing and its causal effect on worker satisfaction in Brazil	Structural equation model	Results indicated a strong correlation between the two.
(Atiqur Rahman Sarker and Mehrab	Internal marketing and job satisfaction.	Used a regression analysis	Worker satisfaction is enhanced through practicing internal marketing..

Ashrafi, 2018)			
(Sun et al., 2020b)	Internal Marketing in Korean Public Health	Confirmatory factor analysis	According to the findings, it is critical for higher and middle-level managers to comprehend the role that IM plays in gaining a competitive edge.
(Finaritra, 2021)	Examined various constructs of IM and their influence on SQ	400 participants was used	The findings show how internal marketing factors might affect how quality and satisfaction are viewed.
(Jean and Colette, 2020)	Investigating how internal marketing affects service quality in Cameroon	The analysis was based structural Equation Model (SEM)	The findings demonstrate a favorable and significant impact of IM to medical staff conduct.

3.6 Chapter Summary

The chapter presented the various models of internal marketing and service quality that informed the current study model. In internal marketing, the service triangle concept, Berry's Model, Gronroos's Model, and Rafiq and Ahmed's Model were considered. The service quality models that were covered included the Gronroos Model, Servperf Model, Serviqual Model, Internal Service Quality Model, The Gap Model, Tri-component Model, and the IT-based Model. Also covered in the chapter was the discussion on the research model, which involved internal marketing elements such as job security, strategic rewards, organisational structure, organisational culture, employee empowerment; job satisfaction; and service quality. The next chapter focuses on the research methodology.

CHAPTER FOUR
RESEARCH METHODOLOGY

4.1 Introduction

An outline of research techniques is provided in this section. The study aims, questions, and hypotheses that the study attempted to answer are briefly summarized at the beginning. The research methodology that underpins the study is described in the chapter. Going further, the discussion of the research design and methodology used in this study is done. The approach together with design that the study followed are also covered. The population is defined, and its sampling frame, sample size, and sampling procedures for qualitative and quantitative studies are also looked at. The numerous methods for collecting qualitative and quantitative data, as well as their analysis, are further covered.

4.2 Research focus

The current study was premised on evaluating the effect of IM and job satisfaction on quality of service delivered in the context of public service in Zimbabwe. The study's independent variables included IM and job satisfaction, with service quality as the dependent variable. Employee empowerment, rewards, job security, organisational structure, and organisational culture were considered internal marketing variables, whereas responsiveness, assurance, tangibles, empathy and reliability were used as service quality constructs. Using Chitungwiza Central Hospital as a case study, the study population included nurses and doctors working in the public health. The study had the following objectives, questions, and hypotheses;

4.2.1 Study objectives

The following are the research objectives that the study focuses on;

iv. To determine the influence of internal marketing on job satisfaction at Chitungwiza Central Hospital.
v. To establish the impact of job satisfaction on service quality at Chitungwiza Central Hospital.
vi. To assess the effect of internal marketing on service quality at Chitungwiza Central Hospital.

4.2.2 Research questions

Given the above-mentioned objectives, the study focuses on answering the following research questions,

v. What is the influence of internal marketing on job satisfaction at Chitungwiza Central Hospital?
vi. What is the impact of job satisfaction on service quality at Chitungwiza Central Hospital?
vii. What is the effect of internal marketing on service quality at Chitungwiza Central Hospital?

4.3 Research philosophy

Every research is premised on specific assumptions and beliefs that shape the development of knowledge (Sim, Saunders and Waterfield, 2018). According to Burrell and Morgan (2016), every researcher will make some assumptions at every stage in his or her research, whether consciously or subconsciously. Research philosophy is a wide perspective of what surrounds the research and, therefore, should be regarded as the backbone of the research (Goertzen, 2017). The researcher's conduct in carrying out the research is subject to the assumptions and beliefs that the researcher makes. These presumptions influence how well the researcher interprets his or her research questions, methods, and conclusions (Oshagbemi, 2017). Philosophical assumptions to research are inevitable and cannot be avoided by the researcher either actively or passively. These inform all the preceding methods to be followed in the study. The research methods and choice of techniques in the research are also informed by the type of philosophy that the researcher adopts in the study (Tichapondwa, 2013). There are two types of research philosophies from which a researcher has a choice.

These two research philosophies include the positivist and interpretivist philosophies (Flick, 2015). Researchers who believe in positivism and those that believe in interpretivism have different assumptions on what should be known, what techniques and designs are best, what standards should be adhered to and used to assess the quality of research (Feilzer, 2010). Researchers who are positivists in their thinking have a fixation on quantitative approaches and assume that a single and objective reality exists which can be assessed and measured without any bias with the help of standardised research instruments using already existing theories to test hypotheses through statistical analysis (Tichapondwa, 2013). Opposed to positivists' thinking, researchers who believe in interpretivism assume that reality is not static but constantly changing and that there is no single version of the truth. Instead, interpretivism believes that there are multiple versions of the truth as emanating from people's interaction with social reality and the way they interpret it (Creswell and Clark 2011; Morgan 2014a)."While positivists are mostly focused on the universal truth based on a phenomenon that always holds, so as long as the specified conditions hold, interpretivism believes that what is discovered is embedded in a complex and changing reality from which it cannot be reasonably abstracted"(Flick, 2015). Given the two extremes, one might choose not to follow the positivist or interpretivist philosophy holistically but choose to have a mixture of both philosophies in the same study. By so doing, one is said to be using the pragmatism philosophy. The researcher in this study employed the pragmatism philosophy.

4.3.1 Pragmatism

The pragmatism philosophy emphasises the plurality of research methods. Pragmatism is focused on the principle that researchers should use the conceptual and/or analytical approach that works best for the specific research problem being studied (Creswell and Clark, 2011). The emphasis is on the

research question and its consequences rather than on methods and in this case, the need for internal marketing and work satisfaction on SQ. Proponents of this school are against the belief that inquiry accesses reality absolutely through a mono method (Ahmad, Wasim, Irfan, Gogoi, Srivastava, and Farheen, 2019). Pragmatists assume that the process of gaining information is a spectrum than just two conflicting and mutually exclusive extremes of either objectivity and subjectivity, contrary to the positivists thinking that objective knowledge is found through the analysis of empirical evidence and testing of hypothesis or the interpretivism thinking that knowledge is a conditional and very complex social reality (Ahmad et al., 2019). Therefore, in terms of the mode of investigation, pragmatism is somewhere in the middle of the paradigm spectrum. Traditionally, post-positivism advocates quantitative methodology and deductive reasoning, while constructivism embraces qualitative methods and inductive reasoning, but pragmatism accepts the two extremes and provides a versatile and more reflexive approach to research design (Feilzer, 2010). Thus, researchers following this stance are to choose the best design and techniques appropriate to profer solutions to the problem under investigation. The pragmatist embraces an abductive reasoning approach which entails moving forth and backwards between inductive and deductive reasoning (Flick, 2015).

4.4 Research approach

Research approach can take three different forms which include a blended approach, qualitative and quantitative (Flick, 2015). The researcher has the prerogative to choose among the three depending on the nature of the problem to be solved. The qualitative strategy is used for exploring and understanding the meaning that people assign to a social or human problem normally in its natural setting. It is subjective and makes use of opinions and views on a subject matter (Mackey and Gass, 2015). On the other side, the quantitative strategy notes that reality can be objectively established using mathematical and statistical techniques of counting and measurement (Flick, 2015). Mixed-method bring together the qualitative reasoning together with quantitative reasoning through triangulation. The mixed-method ensures that the weaknesses of the qualitative approach are covered by the strengths of the quantitative approach and vice versa.

The current study utilised a blended approach. A mixed-method research methodology, according to Creswell (2007), employs quantitative and qualitative methodologies in a single study to see the phenomenon from several angles and have a thorough knowledge. With a quantitative approach, the researcher can measure and examine relationships that exist between variables, and generalise findings across the population, while qualitative in the same research permits the researcher to have a piece of complete information on the phenomenon, and experiences, including the perception of the respondents (Maree, 2007). Some of the reasons why a mixed-method approach was used are shown in Table 4.1 below.

Table 4.1 Rationale for using a mixed-method approach to research

Rationale	Description
Triangulation	By using different methods from different methodologies, mixed-method enables the researcher a solid confirmation of the study findings
Complementarity	Different methods from different approaches can be used to clarify, elaborate, and enhance the findings of another
Initiation	New insights can be obtained, which will then stimulate new research questions
Development	The results from one method of a certain methodology may be used to shape another method
Expansion	By utilizing techniques for various lines of inquiry, the use of multiple methodologies broadens and widens the scope of research.
Over-reliance	Using statistical and thematic approaches in the same study avoids over-reliance on any one of the two.

Source: (Murphy and Maguire, 2011)

4.4.1 Sequential explanatory design

In a sequential explanatory design, quantitative data are first gathered and analysed, and then qualitative research is used to interpret and validate the results (Ahmad et al., 2019). This approach is premised on the quantitative study. However, it uses the qualitative study to validate the results and put them into context. In this study, a similar approach is used where adopted the questionnaire as the main tool, collects data, and analyses it to arrive at findings. A qualitative study using interviews was also used to collect data which then complemented the findings from the quantitative study for confirmation.

4.5 Research design

Research design is a complete strategy for finding solutions to the study problem (Saunders et al., 2012). Research design is a way of determining the means of data collection, the data sources, and how it is going to be organised and analysed (Bloomfield and Fisher, 2019). Burns and Bush (2010) see it as list of laid down processes and advanced decisions that determine the processes and techniques for collecting and analysing the necessary information in answering the research questions. In short, a research design is summarised as a system by which research findings are gathered, evaluated, interpreted, and recorded for management decision-making purposes. In this study, the

design was taken as a plan to guide the researcher throughout his study to answer the objectives and research questions.

Research designs range from experiments, surveys, case studies, and theorem-proof to simulation (Bloomfield and Fisher, 2019). Their choice of designs depends on the type of the study and the phenomenon (Creswell, 2012). Some studies intend to explore the phenomenon, describe, measure and evaluate the causal and effect relationships between research variables. This study aims to both describe and measure the linkage between research variables. To fulfil this, a case study research design was adopted.

Table 4.2 Taxonomy of research designs

Scientific/Positivist		**Interpretivist/Anti-positivist**	
Laboratory Experiments		Subjective/Argumentative	
Field Experiments		Reviews	
Case Studies		Case Studies	
Surveys		Action Research	
Theorem Proof		Descriptive/Interpretive	
Forecasting		Future Research	
Simulation		Role/Game Playing	

Source: (Marchant, 2012; Tiwari, 2012)

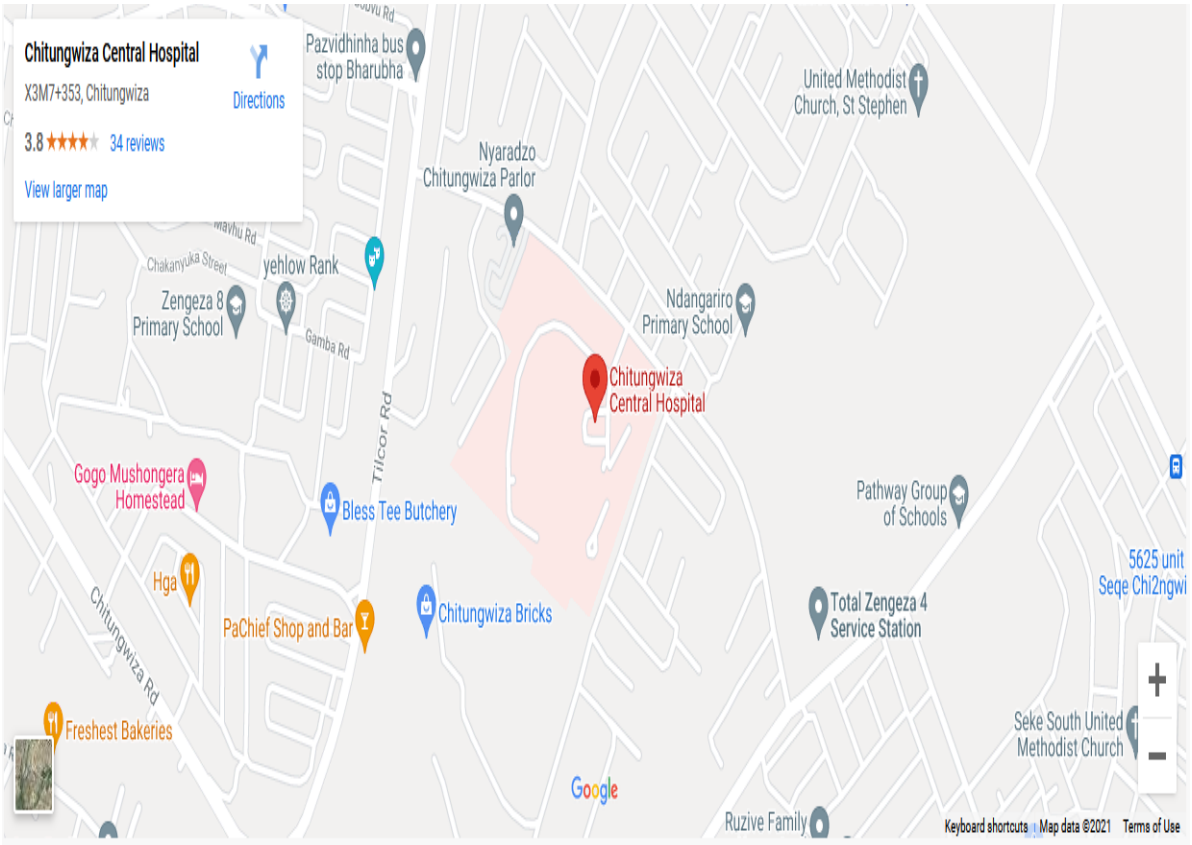
4.5.1 Case study method

This is a detailed analysis of a restricted system based on a large volume of data (UTAMU, 2014). The restricted system might be an individual, specific event, institution, group, process, or activity. It fulfils the desire to acquire comprehensive information and an exhaustive appreciative inquiry of a phenomenon in its natural setting (Birks, 2016). The primary assumption is that if an event, group, or individual is examined in its complex and context situation, it offers a better understanding of the case under study. Case study entails a deep and exhaustive investigation of a single company to better understand the individuality and peculiarities of the given individual, event, or group (Oshagbemi, 2017). In this current study, the researcher employed the case study method, where health workers and patients at Chitungwiza Central Hospital participated in the study. A case study was used in this study because it provides an insightful appreciation of the problem in its natural context (Sim et al., 2018). While a questionnaire, interviews, or other research instruments can be used to study certain

situations, doing it as a case study enables the researcher to go a leap further in understanding the situations. Its ability to use multiple methods in data collection favoured its use in this study (Out et al., 2020). However, the case study design has limitations which include researcher bias and subjective analysis (Kivunja and Kuyini, 2017). Regardless of these limitations, the researcher went on to adopting the case study design in this study was appropriate.

4.6 Study site

The study site was Chitungwiza Central Hospital, which is 30km South East of the capital of Zimbabwe, Harare. The hospital is built on a 50000 square meters (www.chitungwizacentralhosp.org. Premised under the Chitungwiza Central Hospital complex are the Eye Unit, Maternity Home, School of Nursing and Medicine and the Annexe Psychiatric Unit. As such, all the participants were drawn from Chitungwiza Central Hospital.



Source: https://mapcarta.com/34490714

4.7 Target population

The population is a complete frame containing observations formulating the main group from which required subjects to participate in the study are drawn (Pandey and Pandey, 2015). A research

population is a well-defined group of people or items known to share comparable features (Young and Hren, 2017). All members who meet the specific criteria for a research study are referred to as the target population (Whitehead and Whitehead, 2016). The study population involved health staff (management, nurses and doctors), and patients at Chitungwiza Central Hospital. The sample frame below shows the distribution of the population elements accordingly;

4.8 Sample frame

A sample frame involves categorisation of subjects that makes up a population (Oshagbemi, 2017). It forms the basis for the selection of the study sample, as all the individuals that make up the population are involved in the sample frame. The sampling frame, in this case, was made up of health workers (management, doctors and nurses), and patients of the public health sector. The study sample frame is shown I Table 4.3 below.

Table 4.3: Sample frame

Population element	**Element size**
Patients	2000
Employees (Doctors and nurses)	638
Management	20
Total	2658

Survey data (2021)

The sample frame for the health workers' population consisted of 638 health workers (doctors and nurses) and 20 members of the management. The patients' population sample frame consisted of 2000 patients

4.9 Sample size

It is part of individuals from a group with characteristics of interest related to those of the whole assembly drawn to represent the entire group (Pandey and Pandey, 2015). A sample was used in this study instead of using the entire population, given that it is cheaper, saves time, and covers greater scope as compared to studying the whole population (Mohajan, 2018). Table 4.4 below shows some of the reasons the researcher opted to use a sample the whole population.

Table 4.4: The rationale for using a sample over a population

Rationale	Description
Cost	Expenses incurred when dealing with the population would be too expensive. A sample represents a small percentage of a larger population. As a result, if data is collected for a sample of the population, the cost will be cheaper, which is a significant benefit.
Time	Using a sample consumes less time than required when doing a census
Scope of sampling	The investigator is worried about data generalisation. It would be impractical to research an entire population to make broad generalisations.
Data accuracy	Because of the small operating area, it allows for a great degree of precision. Furthermore, precise fieldwork execution is possible.
Exhaustive and intensive data	In sample studies, just a small number of people are measured or observed. As a result, extensive and detailed data is gathered.
Resources	If the resources are limited, studying the whole population might not be feasible; hence using a sample can be wise.

Source: (Almalki, 2016)

Since the current study is mixed research, the researcher went on to determine the sample sizes separately for both quantitative and qualitative studies as shown below;

4.9.1 Quantitative study

4.9.1(a) Sample size for health workers

The sample size for the quantitative side of the study was determined by Crochran Formula (Cochran, 1977). This was used in determining the sample size for health workers from a population of 638 health workers.

Crochran Formula:

$$n = \frac{p(1-p)z^2}{e2}$$

n=sample size

p=the population proportion (p=0.1)

e=acceptable sampling error (e=0.05)

Thus: $n = \frac{(0.1)(1-0.1)2.58^2=240}{(0.05)\text{^}2}$

Therefore, using Cochran (1977) Formula, the sample size for health workers was 240

4.9.1(b) Sample size for patients

Cochran Formula (Cochran, 1977) was also adopted in calculating the patients sample from the population of 2000 covering three months from April-June 2022.

Thus: $$n = \frac{\frac{p(1-p)}{e^2}}{\frac{z^2}{}} + \frac{p(1-p)}{N}$$

$$n = \frac{\frac{0.5(1-0.5)}{0.05^2}}{1.96^2} + \frac{0.5(1-0.5)}{2000} = 333$$

Therefore, the sample size for patients used was 333

4.9.2 Qualitative study

Despite the researchers' efforts to find the correct sample size, sample sizes used in qualitative research are rarely justified (Abutabenjeh and Jaradat, 2018; Hammarberg et al., 2016; Sönmez, 2013). Boddy (2016) states that when selecting a sample for qualitative research, researchers should ensure sufficient data to ensure saturation of facts, but not unnecessary data. There are no definite sample sizes in qualitative sampling, as the focus is on saturating facts (Mason (2010). In light of this literature, the researcher thought it was fair to use a sample of at least 5 participants for the qualitative investigation. This was used for determining the sample size for the hospital management only. However, more will be sampled if the information received is not yet exhausted.

4.10 Sampling method

Sampling involves selecting individuals, items, or objects from the target population to form a sample (Mohajan, 2018). Because of the cost and time implications, researchers prefer using a sample of the study other than doing a census. Sampling can take two forms: quantitative and qualitative. With quantitative, every item of the group of interest will have a known probability of inclusion. Contrary, qualitative sampling presents a situation where the chances of the items in group of interest have unknown probability of inclusion (Bhat, 2018). The researcher opted to go for a mixed-method approach. Thus, used both non-probability and probability techniques. The specific techniques that were used and how they were conducted in this study are shown below;

4.10.1 Quantitative study

Sampling for the quantitative study was done using a stratified technique. With stratification, the target population is divided into non-overlapping layers based on specific interesting qualities that represent the complete target population, and then a random picking is carried out of each layer (Bhat,

2018). Using stratified random sampling ensures that every part of the group of interest is properly represented (Samuels, 2016). As a result, stratified random sampling provides superior population coverage because the researchers have more control over the subcategories and can ensure that all of them are included in the sampling (Sim et al., 2018). This technique was used to choose the sample units from the hospital health workers.

a. Identify the population
b. Design your sample frame.
c. Choose a stratification variable of interest
d. Use the stratification variable to divide the population into layers
e. Determine the study sample size.
f. Calculate each stratum's sample size, which might be either disproportionate or proportionate.
g. Conduct a simple random in each stratum to choose the sample units

Following these steps, the research conducted the stratified sampling as follows;
The target populations for this study included the management, employees (nurses and doctors), and patients of the public health sector of Zimbabwe. The population was 2658 made up of 2000 patients covering the period April-June 2022, 20 members of the management, and 638 health workers (nurses and doctors). However, patients and health workers were selected using a stratified sampling technique and management was selected through purposive sampling. The different hospital units were used as the stratification variable of interest for the patients and health workers. Using this stratification variable, the following sample frames with nine (9) layers were designed as shown in Table 4.5.

4.10.1.1 Stratified sampling for health workers (proportionate)

The researcher used a proportionate stratified sampling technique for the health workers. Proportionate sampling was used to avoid over-representation of one section over the other.

Table 4.5: The strata and their size for health workers (Nurses and doctors)

Strata	**Strata size**	**Minimum Sample size**
Maternity unit	110	41
Casualty and Accidents	115	43
Eye unit	40	15
Surgery	40	15
Medicine	108	41
Paediatrics	70	26
Dental	20	8
Out Patient Department (OPD)	120	45
Radiography	15	6
Total	638	240

Using the strata shown in table 4.5, the researcher conducted a proportionate stratified sampling. With proportionate stratified sampling, the sample size selected out of every layer is dependent on the size the layers with respect to the overall.

4.10.1.2 Stratified sampling for patients (disproportionate)

Using disproportionate stratified sampling, with a sample size of 322, every section of the hospital had a minimum sample size of 36.

4.10.2 Qualitative study

Sampling for the qualitative part of the study was done using purposive sampling (haphazard sampling), which is type of non-probability selection of participants using own knowledge of the respondents' characteristics in terms of knowledge of what is being sought (Smith and Albaum, 2012). In this case, only those that were present on duty during the study were included. This sampling type was conducted for the members of the hospital management. Judgemental sampling was used owing to its cost-effectiveness and less time-consuming factor (Kivunja and Kuyini, 2017). From this sampling, at least five (5) members were chosen as the sample.

4.11 Data collection instruments

4.11.1 Questionnaire

Questionnaires can either be open or closed ended (Shukla, 2018). In open ended questionnaire, the respondent is free to insert their answers of choice whereas in closed ended questionnaire, the respondents have to select answers from a list provided (Saunders, 2018). A questionnaire entails a compilation of questions about a specific topic or topics developed for respondents to input their answers (Abawi, 2013). It is a document methodically designed with a collection of questions specifically developed to seek responses from respondents, with the main aim being data collection (Sim et al., 2018). With questionnaires, respondents are given a series of questions to answer either by writing or by mere selection of answers from a list of predetermined answers (Chaouki, 2016). A questionnaire is usually used when seeking quantitative data. As such, a questionnaire is not just a list of questions or a piece of document to be completed. It is a scientific means of data gathering that enables the collection of large data amounts using large numbers as well as ease the analysis of such information. This study opted for the questionnaire to gather data from the patients and health workers, given their large numbers. By using questionnaires for data gathering, the researcher enjoyed and, at the same time, suffered the following pros and cons, as shown in Table 4.6 below.

Table 4.6: Pros and Cons of using questionnaires

Instrument	Advantage	Disadvantage
Questionnaire	Researchers are able to collect data from large sample	Respondents can skip some questions
	Relatively inexpensive	It can be difficult for some respondents to interpret some of the questions
	Relatively less time consuming	
	The anonymity of respondents can be maintained easily	
	Data can be organized, tabulated, and analysed easily	
	Data is scalable	
	Simple to administer	
	Enables standardisation of question and answers	

Source: (Mishra and Jaisankar, 2007)

There are two types of questionnaires: closed-ended and open-ended. In contrast to closed-ended questions, which force respondents to select from a list of prepared answers, open-ended questions allow respondents to write their responses without regard to the answers. For this study, the researcher preferred closed-ended questions because they were easy for the respondents to answer and easy for the researcher to quantify and analyse.

Two questionnaires were developed, one for the patients and another for the health workers. Refer to appendix A and B. The objectives of the study were used as the basis for question development. The objectives were used to draft the questionnaire to avoid asking unnecessary and irrelevant questions.

4.11.1.1 The questionnaire for health workers

The questionnaire for health workers had eight (8) sections that ranged from sections A-H. The sections covered the following;

Table 4.7: Sections of the health worker questionnaire

Section	Variable covered
A	Respondents' demographic data
B	Employee empowerment
C	Strategic rewards
D	Job security
E	Organisational culture
F	Organisational structure
G	Job satisfaction
H	Service quality

4.11.1.2 Questionnaire for patients

The questionnaire for patients contained two (2) sections ranging from sections A-B. The sections are shown in table 4.8 below;

Table 4.8: Sections of the patients' questionnaire

Section	Variable covered
A	Respondents' demographic data
B	23 Service quality questions

4.11.1.3 Measurement

The scales of measurement used in this study were premised on the Likert scale. A 6-point Likert scale was used. A Likert scale is made up reflecting related questions, all of which are summed into a single composite score or variable (Saunders et al., 2009). The scale measures the participant's positivity or negativity with part the particular statement. The Likert scale is the most known and commonly used scale of measurement in most research; hence, it is easily understood. The answers to a Likert scale have more scope as it ranges from 1-6, making it better than a no/yes response. It is easy for the respondents to rate items since the items will be numbered from low to high. With this in mind, the researcher opted for a 6-point Likert scale. A 6-point scale was adopted for the instruments.

4.11.2 Interview guide

A guide was used for conducting in-depth interviews in this study (Appendix C). The guide permitted the questions to asked to be asked and make sure that the questions were standardised for all respondents for ease of analysis. The interviews were conducted with the top management at Chitungwiza Central Hospital. These were meant to complement the data collected through the structured questionnaire for triangulation.

4.12 Data Quality Control

4.12.1 Validity

It is the potential of an instrument to quantify what it was designed to assess (Saunders and Lewis, 2012). It is the degree to which a research tool accurately measures the thing that it is intended to measure (Mohajan, 2017). It is paramount that every researcher ensures that his/her measures are valid. When validity is guaranteed, then the research findings and conclusions can be deemed as correct (Abutabenjeh and Jaradat, 2018). The content and construct validity of the study were designed as discussed below.

4.12.1.1 Content validity

Bush (2018) states that content validity determines if a test adequately covers every pertinent aspect of the subject, concept, or activity that it seeks to measure. As such, an instrument should include all the essential items that measure the construct domain. Content validity can be established through the use of a literature review and expert evaluation of the content of the measurement instrument (Oluwatayo, 2012). In this study, content validity was maintained as follows;

Pilot testing is the limited administration of a research instrument to test its suitability or appropriateness to collect data that it seeks to gather (Bryman and Bell, 2015). The researcher sought the help of some fellow marketing lecturers to fine-tune the instrument, including his thesis supervisor. Some errors were identified and corrected as advised. Through convenience sampling, five patients and five health workers were selected at Chitungwiza Central Hospital and given the questionnaire to complete. The pre-testing enabled the researcher to adjust the inefficiencies and inadequacies of the instrument. It is a good exercise that gives the researcher ample time to attend to short comings of the instruments before the actually survey commences (Zimkund, 2000). Concentration was put on checking the time taken to complete, whether the questions were correctly asked, how much the respondents seem to comprehend the contents of the instrument. Relevant suggestions from the respondents were used to improve the questionnaire. This exercise improved the content and construct validity of the questionnaire. The pilot test exercise also resulted in the removal of ambiguous questions and technical jargon, which helped improve the practical collection of data on constructs measuring IM, job satisfaction and SQ.

The qualitative research interview guide was also piloted with one senior manager at Chitungwiza Central Hospital. This piloting of the interview questions enabled the researcher to purify the question and remove some redundancy and ambiguity in the questions. Further, the researcher had to change the flow of the questions on the interview guide after the piloting as this removed confusion on how the question were asked and answered.

4.12.1.2 Construct validity

This is one of the many different metrics that may be used to evaluate tests (Brannen, 2017). It also speaks about truly measuring what is supposed to be measuring (Bryman and Bell, 2012). In other words, a test that successfully tests what it claims to test is said to have construct validity. In the current investigation, factor analysis was utilized to examine the concept validity to see if all the scales employed in the study had both convergent and discriminant validity (Wilson, 2011).

4.12.2 Reliability

Brannen (2017) defines reliability as the potential of a research tool to repeatedly assess what it is intended to assess (Brannen, 2017). Reliability refers to the extent that a test repeatedly assesses what it intends to assess (Brannen, 2017). A test is deemed reliable when it can give stable and consistent results (Tavakol and Dennick, 2011). Hence, any instrument should have internal consistency for its results to be considered reliable (Bryman and Bell, 2015). Internal consistency examines the components of a measuring instrument or test, and is thus related to how closely related the components are in a test (Bryman and Bell, 2015). A researcher should make sure to preserve reliability of the scales within the instrument in order to obtain results that are acknowledged and

trusted as valid (Travakol and Dennick, 2011). Cronbach's Coefficient Alpha, a widely used metric for determining how well a test captures the interrelationships among the measuring tool's elements, can be used in this process (Dunn, Baguley, and Branden, 2014).

The current study adopted the Cronbach's coefficient alpha to assess whether the instrument items were inter-related. Connelly (2018) argues that a Cronbach's coefficient alpha ranging from 0-5 is generally viewed as unsatisfactory whereas one that ranges from 0.6-0.8 is said to be satisfactory.

4.13 Analysis of data

4.13.1 Analysis of quantitative data

After completion of the field survey, the researcher took time to code the questionnaires and data analysed quantitatively with the aid of some statistical packages. Some descriptive statistics were drawn. Cooper and Schindler (2008) defines descriptive analysis as a process of transforming a mass of raw data into tables and charts with frequency distribution and percentages, which are a vital part of making sense of the data (Gulc, 2017). The descriptive statistics presented in the tables, charts and graphs enabled the researcher to conduct some inferential analysis. The two were used in this study thus: inferential and descriptive.

4.13.1.1 Descriptive statistics

Descriptive statistics means the procedures incorporated in making summaries of data and organising it in order to derive sense from it. Presentations in descriptive statistics are normally done through graphs, tables and summary statistics. This is the initial step in data analysis, whose purpose is to describe the observed variables.

a. Measures of central tendency

These entail a descriptive summary of specific data set made through a single value that locates the central position of the data set (Blumberg et al., 2011). The measures include median, mean, and mode. The mean is the average, the mode being the value that appears most, whereas the median is the centre score of a ranked data set.

b. Measure of dispersion

A measure of how data of a numeric nature varies from an average value. It helps the researcher understand the data distribution of observed variables. It concentrates on the scatter of the data. They assist the researcher to comprehend the variability of the data. There are two dispersion measures -the variance and standard deviation. Standard deviation entails the distance of each value from the mean (Blumberg et.al., 2011). Values with a high standard deviation are far from the mean, whereas those

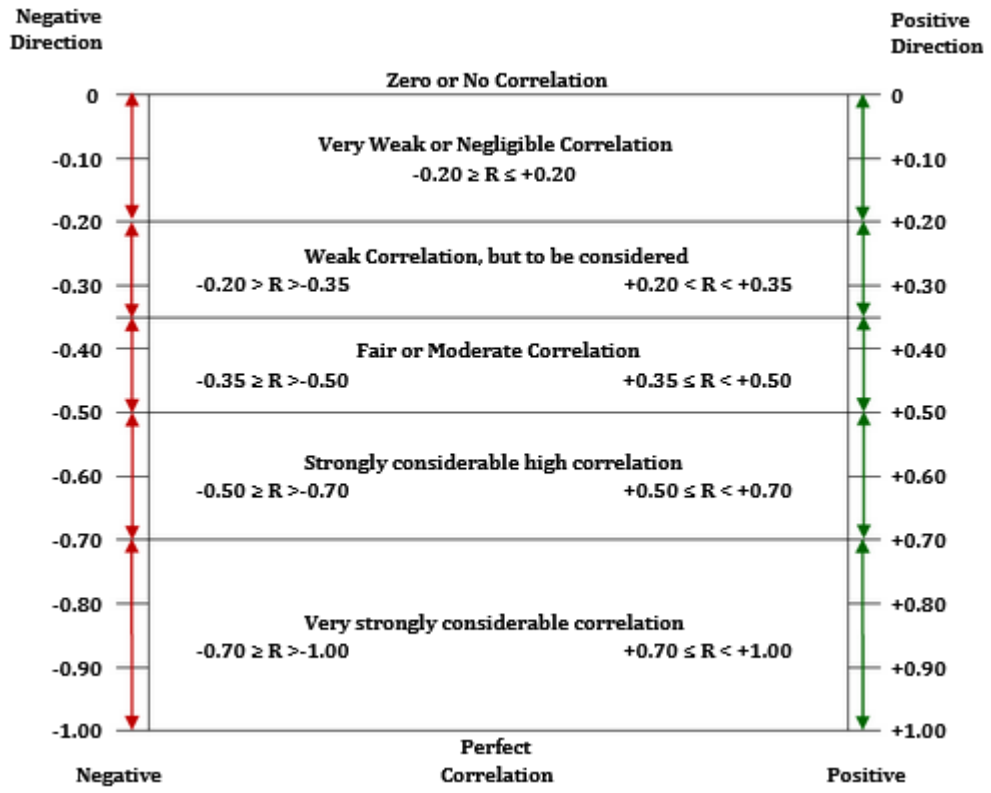
with a low standard deviation are cluttered within the mean. It helps determine the degree of spread of data values within a data set (Saunders et al., 2009).

4.13.1.2 Inferential statistics

In most instances, researchers are not able to study the whole population elements due to several factors (Blumberg et al., 2011). Because of this impossibility, researcher resort to inferential statistics. Depending on the findings of the sample, inferential statistics involves making certain generalizations about the population (Bryman and Bell, 2012). Its main function is to estimate the population values, hypothesis testing and establish relationships.

4.13.1.3 Correlation analysis

This is a process used to check how closely two (2) study variables are related (Gulc, 2017). A correlation coefficient is used as a measure for quantifying the degree of association between research variables. Basically, there are two (2) correlation coefficients, namely: Pearson Correlation Coefficient and Spearman's Rank. According to Chaouki, (2016), the coefficient R normally ranges between -1 and +1. Therefore, the interpretations are made as follows;



Source: Gogtay and Thatte (2017)

4.13.1.4 Regression

Regression studies the association that one variables hold with another, assuming that the relationship is linear. Abutabenjeh and Jarada (2018) views regression analysis as establishing various values of the independent variables that are used estimate the corresponding values of a dependent variable. The explanatory variable is always denoted by the letter X. In contrast, the dependent variable (response variable) is denoted by the letter Y**.** The analysis serves to generate a function that best describes the relationship existing between variables. The primary function of linear regression analysis is to monitor, control and predict the response factors. For the current inquiry, the response factor is service quality. The explanatory variables were elements of internal marketing and job satisfaction. The regression equation is as shown below;

$Y = a + b_1*X_1 + b_2*X_2 + ... + b_p*X_p$

Y=dependent variable

a= (the predicted value of Y when X=0)

b= (number of points that Y changes, on average for each one-point change in X)

X= independent variable

4.13.1.5 Factor analysis

Factor analysis is a procedure for reducing the dimensions of a set of data and analysing their interrelationships. The main purpose of this analysis is to remove the underlying latent variables that seem to be measuring the same factor and identify the real factors explaining the interrelationships among original variables. The assumption here is that the covariation structure of certain variables can be analysed through a linear combination of unobservable variables. Thus, it is key that the researcher removes all the redundant or duplicate variables from the set of data. This was utilised in this study to clean the IM and JS variables against service quality.

4.13.2 Data analysis for the qualitative study

Discourse analysis was used to analyse the qualitative data. Inductive reasoning, which took into account some developing themes and categories from the data, was distinctive to discourse analysis. In order to extract crucial information for making decisions, the statements of the respondents were examined exactly as they were provided by the respondents.

Table 4.9: Analysis by objective

Construct	**Internal marketing**		**Job satisfaction**		**Service quality**	
Objective	To determine the influence of elements of internal marketing on job satisfaction at Chitungwiza Central Hospital		To establish the impact of job satisfaction on service quality at Chitungwiza Central Hospital.		To assess the effect of elements of internal marketing on service quality at Chitungwiza Central Hospital.	
Literature Review/Question	Zeithamal et al., 2010 Berry (1985) Gronroos (2007) Rafiq and Ahmed (2007)	Section C-G	Gronroos (2007) Berry, Zeithmal and Parasuraman (1988) Beddowes (1999) Rust and Olive (1994)	Section B	Armstrong (2006) Spector (1997) Castle (2006)	B-F of patients' questionnaire
Type of data sought	Quantitative and qualitative		Quantitative and qualitative		Quantitative and qualitative	
Data collection tool	Questionnaire and In-depth interviews		Questionnaire and In-depth interviews		Questionnaire and In-depth interviews	
Data analysis	Quantitative analysis and qualitative analysis for all research objectives Quantitative analysis- One sample t-test, independent t-test, Factor Analysis, SM and Regression analysis were conducted Qualitative analysis- discourse analysis was used					

Source: Researcher's own development

4.13.3 Analysis by objective

4.13.3.1 To determine the influence of internal marketing on job satisfaction at Chitungwiza Central Hospital

The objective is addressed using descriptive and inferential analysis. The independent variable, internal marketing elements-employee empowerment, strategic rewards, organisational structure, organisational culture, and job security, average scores were calculated. The higher scores realised show positivity with lower scores indicating negativity. The statements of this objective were put on a 6 Point Likert scale.

One sample t-tests were conducted to assess how the respondents' feelings towards items on employee empowerment, strategic rewards, organisational structure, organisational culture and job security. Factor analysis with Promax rotation was applied to all the items measuring internal marketing elements (elements-employee of empowerment, strategic rewards, organisational structure, organisational culture, and job security). Several items were dropped during this process either because they cross-loaded onto multiple factors or because they did not load strongly enough onto any factor. A Structural Modelling was done with a series of regression analyses conducted to establish the association between elements of internal marketing (worker empowerment, strategic rewards, organisational structure, organisational culture and job security) and job satisfaction.

4.13.4 To establish the impact of job satisfaction on service quality at Chitungwiza Central Hospital

One sample t-test was performed to determine the degree to which respondents were positive or negative with the measurement items in order to achieve this objective. There were 23 items in the predictor variables, "job satisfaction," which underwent a principal component analysis using Promax. Items that cross-loaded or did not sufficiently load onto any component were eliminated. The correlation between the dependent variable, service quality, and the predictor variables, work satisfaction, was examined using regression analysis.

4.13.5 To assess the effect of internal marketing on service quality at Chitungwiza Central Hospital

In addressing this objective, one sample t-test was conducted as well to assess how the research participants felt about the variables under measurement. A 6-Point Likert scale was used ranging from strongly disagree to strongly agree. A series of regression analyses were done to assess the association among employee empowerment, strategic rewards, organisational structure, organisational culture, and job security and service quality.

4.14 Chapter summary

This part covered some methodological aspects that were adopted. The study's philosophy was defined together with the research design and approach. The research subjects were well defined, population define together with the sample. with the researcher outlining the population, its sample frame and the sample size. The different techniques were discussed, and those most applicable ones to the study were outlined. The research instrument used in data collection was identified and explained, including the how data would be analyses. The following chapter looks at data presentation.

CHAPTER 5
DATA PRESENTATION AND ANALYSIS OF RESULTS

5.1 Introduction

The current chapter presents the data and analyses the results of the study against the study objectives so as to establish and better understand the relationship between Internal Marketing and Job Satisfaction on service quality in the context of the public health sector in Zimbabwe. The data were obtained from questionnaires and interviews that were administered to patients and health staff at Chitungwiza Central Hospital. Presented first is the quantitative data from health employees and patients, followed by qualitative data from health management. Statistical Packages for Social Sciences version 20 was used to analyse quantitative data, which was presented in tables and graphs, and discourse and content analysis was used for analysing qualitative data. The objectives and questions that the study sought to answer and prove are as shown below;

5.1.1 Research objectives

vii. To determine the influence of elements of internal marketing on job satisfaction at Chitungwiza Central Hospitals.

viii. To establish the impact of job satisfaction on service quality at Chitungwiza Central Hospitals.

ix. To assess the effect of elements of internal marketing on service quality at Chitungwiza Central Hospitals.

5.1.2 Research questions

viii. What is the influence of elements of internal marketing on job satisfaction at Chitungwiza Central Hospitals.?

ix. What is the impact of job satisfaction on service quality at Chitungwiza Central Hospitals.?

x. What is the effect of elements of internal marketing on service quality at Chitungwiza Central Hospital.

5.2 Response rate

Two sample were utilised, one on health workers, which only included doctors and nurses and another group for hospital patients. Data collection involved the distribution of a questionnaire to the study respondents, who included health staff (nurses and doctors) and patients from Chitungwiza Central Hospital. 578 questionnaires were given to respondents, with 240 for health workers and 333 to patients. Out of 240 questionnaires that were sent to health staff, 217 were successfully returned, giving a response rate of 90%. For patients, a total of 300 were returned out of 333, representing a

response rate of 90%. This was a big enough response rate to derive meaningful research conclusions about the target population. A response rate that is between 30% and 50% is said to be enough for performing survey analysis (M. Alshurideh et al., 2015). The table below shows the responses accordingly.

Table 5.1 Response rate by hospital sector

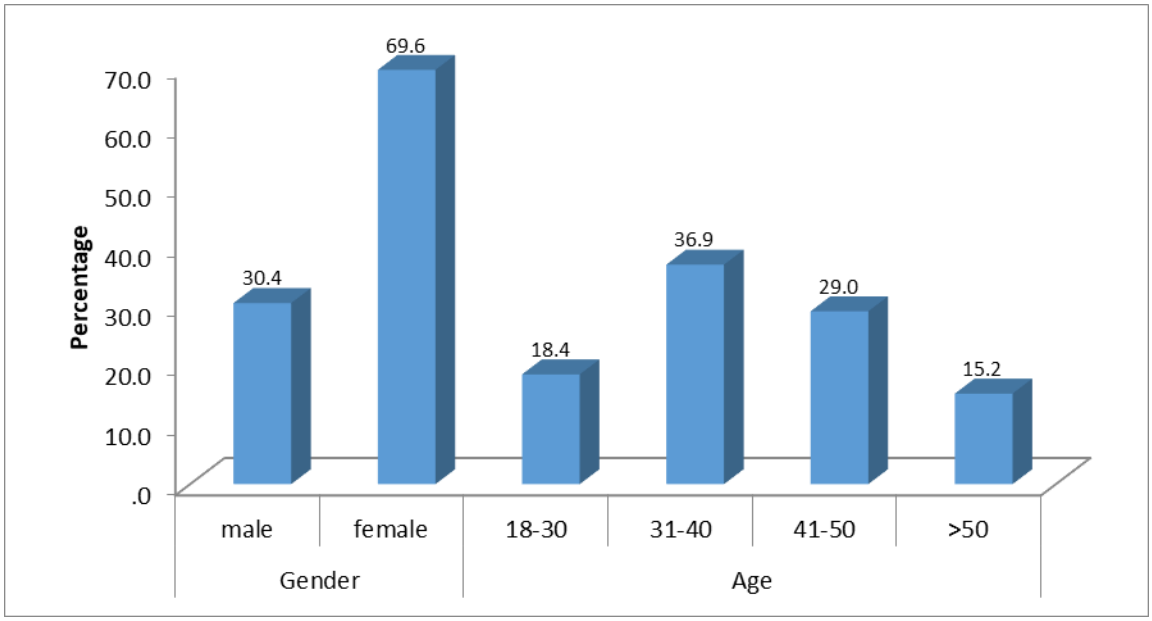
Sample Category (Hospital sectors)	**Expected response (Health staff)**	**Actual response (Health staff)**	**Expected response (Patients)**	**Actual response (Patients)**
Maternity unit	41	38	37	35
Casualty and Accidents	43	36	37	36
Eye unit	15	14	37	35
Surgery	15	14	37	36
Medicine	41	38	37	36
Paediatrics	26	23	37	34
Dental	8	8	37	31
Out Patient Department	45	40	37	34
Radiography	6	6	37	35
Total questionnaires	**240**	**217**	**333**	**300**
Response rate	**100%**	**90%**		**90%**

Source: Primary data

5.3 Demographic characteristics of respondents

Demographic characteristics of participants were considered in this study as they aid in determining the expectations of both employees and patients, for instance, age and gender (Ali, 2017). The demographics for both patients and health staff are shown in the following graphs accordingly;

5.3.1 Age and Gender of Staff

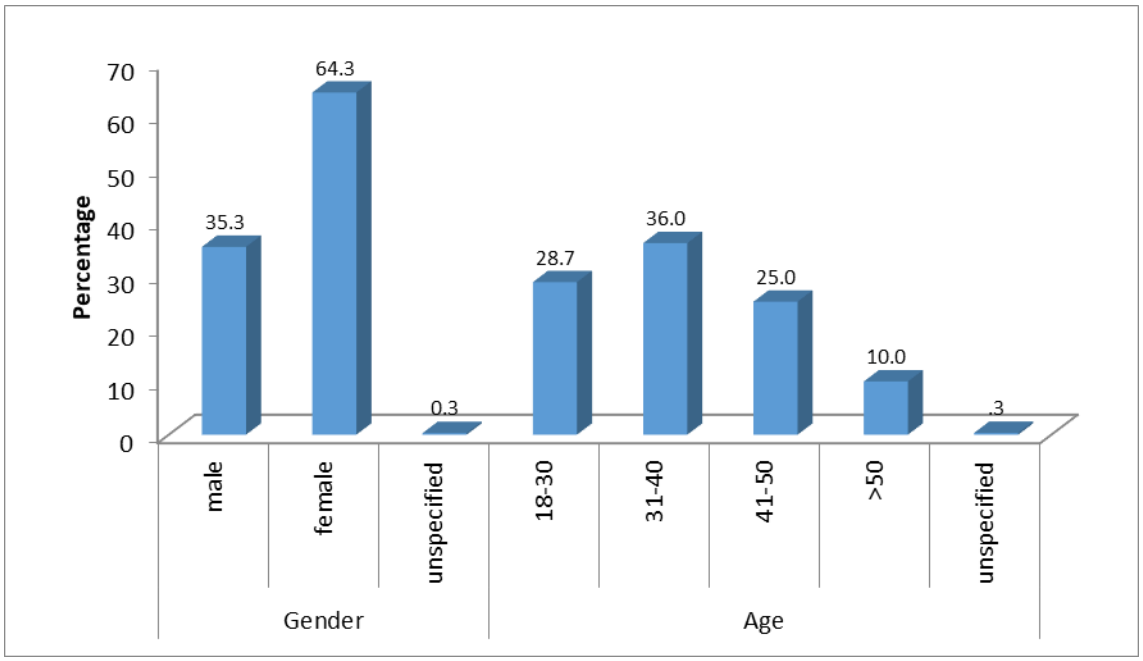


Age and gender of employees

The majority of the sample participants were females (69.6%), while nearly 67% of them were from 31-50 years of age. The results indicate that the majority of the respondents were females. This could be true given that the health sector is dominated by female health workers.

5.3.2 Age and gender of patients

The age and gender of the patients were also considered in this study, as shown in the graph below;



The majority of the sample patients were females (64.3), with nearly 89.7% of the sample in the category 18-50 years of age.

5.4 Elements of Internal Marketing Variables

5.4.1 Employee empowerment

Respondents were asked to rate their level of agreement, using the scale 1 = strongly disagree to 6 = strongly agree, with 16 items measuring employee empowerment. A one-sample t-test was conducted to determine whether they agreed or disagreed significantly with each statement.

Table 5.2: Summary statistics on Employee Employment

Item	Responses as Frequency (%)						n	Mean (SD)	t	df	p-value
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree					
I am confident in my ability to do my job	0.5	4.1	8.3	21.2	36.4	29.5	217	4.77 (1.114)	16.853	216	<.001*
The work that I do is important to me	0.9	5.1	8.3	21.7	39.2	24.4	216	4.67(1.141)	15.094	215	<.001*
I have significant autonomy in determining how I do my job	24.0	26.7	13.8	13.8	12.0	9.7	217	2.92(1.649)	-5.165	216	<.001*
My impact on what happens in my department is large	23.5	23.5	17.1	10.1	17.5	8.3	217	3.00(1.654)	-4.493	216	<.001*
My job activities are personally meaningful to me	8.3	20.3	20.7	18.0	18.4	14.3	217	3.61 (1.542)	1.034	216	.302
I have a great deal of control over what happens in my department	23.0	29.0	19.4	10.1	16.1	2.3	217	2.74 (1.452)	-7.689	216	<.001*
I can decide on my own how to go about doing my own work	19.4	29.0	18.0	18.0	11.1	4.6	217	2.86 (1.446)	-6.501	216	<.001*
I really care about what I do on my job	2.3	4.1	12.0	18.9	38.7	24.0	217	4.59 (1.222)	13.198	216	<.001*

My job is well within the scope of my abilities	0.9	4.1	7.4	24.0	39.6	(24.0	217	4.69 (1.098)	15.985	216	<.001*
I have considerable opportunity for freedom in how I do my job	7.4	45.2	15.2	16.1	12.9	2.3	215	2.89 (1.281)	-6.999	214	<.001*
I have mastered the skills necessary for my job	0.5	4.6	5.5	21.7	37.3	30.4	217	4.82 (1.097)	17.727	216	<.001*
My opinion counts in departmental decision-making	22.6	28.1	18.0	12.0	14.7	4.6	217	2.82 (1.512)	-6.621	216	<.001*
The work I do is meaningful to me	9.2	21.7	19.8	13.4	18.9	17.1	217	3.62 (1.623)	1.108	216	.269
I have significant influence over what happens in my department	24.0	28.6	16.6	11.1	16.1	3.7	217	2.78 (1.514)	-7.015	216	<.001*
I am self-assured about my capabilities to perform my work activities	1.8	2.3	9.7	18.4	42.4	25.3	217	4.73 (1.233)	16.167	216	<.001*
I have a chance to use personal initiative in carrying out my work	21.7	31.3	14.3	10.1	15.2	7.4	217	2.88 (1.597)	-5.717	216	<.001*

* indicates significant at the 95% level

Results (Table 5.2) show that there was significant agreement that the employees were confident in their ability to do their job; that their jobs were important, that they cared about their jobs; their job is well within the scope of their abilities; they have mastered the skills necessary for their job, and they are self-assured about their capabilities to perform work activities.

5.4.2 Strategic rewards

Participants were requested to rate the statements on strategic rewards as shown in table 5.3. The instrument had 17 items on strategic rewards rated on a 6 point Likert scale. A one-sample t-test was applied to determine if respondents confirmed or disconfirmed the statements.

Table 5.3: Summary statistics on strategic rewards

Item	Responses as Frequency (%)						n	Mean (SD)	t	df	p-value
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree					
2.1 My salary is equivalent to the job that I am doing	56.2	28.1	7.4	6.0	2.3	0	217	1.70 (0.999)	-26.538 (-1.800)	216	<.001*
2.2 The hospital rewards employees who provide excellent service	42.4	39.6	9.7	4.1	4.1	0	217	1.88 (1.025)	-23.282	216	<.001*
2.3 I get rewarded for overtime work done	49.8	35.9	8.3	5.5	0.5	0	217	1.71 (0.873)	-30.201 (-1.790)	216	<.001*
2.4 I am given a reward for outstanding work	44.7	37.8	10.6	6.0	0.5	0	216	1.79 (0.893)	-28.101	215	<.001*
2.5 When I excel in my work, I receive a memorandum of good work	41.0	39.6	12.0	5.5	1.8	0	217	1.88 (0.952)	-25.144	216	<.001*
2.6 I always receive praise for a job well done	33.2	34.1	13.8	11.1	7.4	0.5	217	2.27 (1.259)	-14.421	216	<.001*

2.7 I feel I am being paid a fair amount for the work I do	57.6	28.6	7.4	3.7	1.8	10.5	216	1.64 (0.959)	-28.464	215	<.001*
2.8 I receive medical aid assistance	39.6	38.7	7.4	1.4	12.0	0.9	217	2.10 (1.3322)	-15.579	216	<.001*
2.9 I like the benefits I am getting	53.0	30.4	9.7	5.5	0.9	0.5	217	1.72 (0.966)	-27.101	216	<.001*
2.10 I get recognition for good performance	42.9	31.3	13.8	6.5	5.1	0.5	217	2.01 (1.167)	-18.824	216	<.001*
2.11 Raises are given regularly	20.7	38.7	20.7	14.7	4.6	0.5	217	2.45 (1.138)	-13.571	216	<.001*
2.12 I receive benefits that compare with other organisations	84.4	32.7	7.4	3.7	1.4	0.5	217	1.66 (0.924)	-29.215	216	<.001*
2.13 My work is appreciated	38.7	30.4	12.9	9.7	7.4	0	215	2.16 (1.250)	-15.735	214	<.001*
2.14 My pay makes me feel appreciated	52.1	30.9	9.2	2.8	3.7	0	214	1.73 (1.002)	-25.790	213	<.001*
2.15 The benefits package we have is equitable	50.2	34.6	9.2	4.1	1.8	0	217	1.73 (0.925)	-28.207	216	<.001*

2.16 There are rewards for those who work here.	43.8	35.5	16.6	5.5	0.9	0	217	1.87 (0.946)	-25.450	216	<.001*
2.17 I have a greater chance of pay increase	51.2	35.5	9.2	2.8	1.4	0	217	1.68 (0.859)	-31.252	216	<.001*

* indicates significant at the 95% level

Results (Table 5.3) gives the opinions of the respondents on the the following statements:

- My salary is equivalent to the job that I am doing
- The hospital rewards employees who provide excellent service
- I am given a reward for outstanding work
- When I excel in my work, I receive a memorandum of good work
- I always receive praise for a job well done
- The pay is fair
- I am given medical aid assistance
- I like my benefits
- I get recognition for good work
- Raises are given regularly
- I receive benefits that compare with other organisations
- The work I do is appreciated
- My pay makes me feel appreciated
- The benefits package we have is equitable
- There are rewards for those who work here
- I have a greater chance of pay increase

5.4.3 Job Security

The researcher requested participants to provide their responses to the following statements on job security as shown in table 5.4. There were 6 items measuring job security using a six-point scale. A one-sample t-test was applied to determine if there was agreement or disagreement with each statement.

Table 5.4: Summary statistics on job security

Item	Responses as Frequency (%)						n	Mean (SD)	T	Df	p-value
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree					
3.1 my job is secure	6.0	22.6	18.4	18.9	28.1	5.5	216	3.57 (1.402)	0.776	215	0.438
3.2 There is only a small chance that I will become unemployed.	4.6	26.3	19.4	25.3	22.1	2.3	217	3.41 (1.277)	-1.036	216	0.301
3.3 I think my future prospects within the hospital are good.	6.0	33.2	19.4	18.9	19.8	2.8	217	3.22 (1.328)	-3.144	216	0.002
3.4 My job security gives me a feeling of safety.	6.0	33.2	17.1	19.8	21.7	1.8	216	3.24 (1.328)	-2.921	215	0.004
3.5 I am comfortable with my job tenure	5.5	33.6	16.6	21.2	21.7	1.4	217	3.24 (1.308)	-2.932	216	0.004
3.6 The assurance/surety that I can keep working here makes me feel at ease	6.9	34.6	18.4	19.8	18.4	1.8	217	3.14 (1.309)	-4.072	216	<.001*

Results (Table 5.4) give clear evidence of a significant disagreement: that workers' future prospects within the hospital are good; security gives me a feeling of safety; that their jobs are and that they work tenure is safe.

5.4.4 Organizational structure

Respondents were asked to rate their level of agreement, using the scale 1 = strongly disagree to 6 = strongly agree, with 13 items measuring organisational structure. A one-sample t-test was applied to determine if there was significant agreement or disagreement with each statement.

Table 5.5: Summary statistics on organisational structure

Item	Responses as Frequency (%)						n	Mean (SD)	T	df	p-value
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree					
4.1 The work roles in my department are highly structured	0	4.1	6.0	12.0	49.8	27.2	215	4.91 (1.005)	20.528	214	<.001*
4.2 There are rule that govern our conduct	0	0.5	4.6	14.7	50.7	29.5	217	5.04 (0.818)	27.750	216	<.001*
4.3 The organisation has standardised behaviour through formal training and mechanisms	0	0.5	7.8	16.1	46.5	28.6	216	4.95 (0.898)	23.781	216	<.001*
4.4 The organisation observes workers' needs	33.2	25.8	13.4	16.1	9.2	2.3	217	2.49 (1.441)	-10.297	216	<.001*
4.5 There exists group leadership and teamwork	3.7	22.1	18.9	22.1	24.0	9.2	217	3.68 (1.386)	1.934	216	.054
4.6 The organisation takes into consideration the ideas of the employees	35.9	25.3	516.1	14.3	6.0	1.4	215	2.33 (1.331)	-12.936	214	<.001*
4.7 Decision making is centralized	0.5	2.8	6.0	14.7	46.5	29.5	217	4.93 (1.002)	20.970	216	<.001*
4.8 There are few written procedures and rules	30.4	28.1	18.4	7.8	13.4	1.4	216	2.50 (1.414)	-10.440	215	<.001*
4.9 Decision making is shared	28.1	32.3	13.8	12.4	11.5	1.8	217	2.53 (1.408)	-10.198	216	<.001*
4.10 Decision making takes place at the upper levels of the organisation	0	2.8	4.1	12.9	52.1	28.1	217	4.99 (0.910)	24.052	216	<.001*
4.11 there centralisation	0	2.3	2.3	15.7	50.7	28.1	217	5.02 (0.866)	25.834	216	<.001*
4.12 There are authoritative communication channels	0	3.7	15.9	15.2	44.7	29.5	217	4.89 (1.024)	20.051	216	<.001*
4.13 Information comes as instructions	0	4.6	6.9	14.7	46.5	27.2	217	4.85 (1.005)	18.997	216	<.001*

Results (Table 5.5) indicates strong agreement: that work is structured, their rules that govern conduct, the organisation has standardised behaviour through formal training and related mechanisms; that there is centralisation: that decision are not shared, there are authoritative communication

channels, and information flows down to provide directions to the lower levels of the hierarchy where lower levels are expected to implement the decisions with little or no modifications.

The results (Table 5.5) also show significant disagreement that: the organisation observes the workers' needs; the organisation takes into consideration the ideas of the employees; that rule and procedures are too many; that decision are not shared

5.45.5 Organizational Culture

Participants rated the following statement on organisational culture as shown in the table 5.6 below. 13 items measuring organisational culture were used. A one-sample t-test was applied to determine the level of agreement or disagreement.

Table 5.6: Summary statistics of organisational culture

Item	Responses as Frequency (%)						n	Mean (SD)	t	df	p-value
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree					
5.1 Risk-taking	23.5	27.6	16.1	13.4	16.6	2.3	216	2.79 (1.482)	-7.070	215	<.001*
5.2 Collaborative	2 0.9	3.2	12.4	22.6	41.9	18.4	217	4.57 (1.084)	14.557	216	<.001*
5.3 Hierarchical	2 0.9	1.4	5.1	11.1	48.8	32.7	217	5.04 (0.957)	23.664	216	<.001*
5.4 Procedural	0	2.8	6.9	10.6	48.8	31.3	217	4.99 (0.974)	22.473	216	<.001*
5.5 Relationship-orientated	0.5	7.4	10.1	25.8	36.9	18.9	216	4.49 (1.157)	12.523	215	<.001*
5.6 Results-oriented	0.9	0.9	6.9	11.5	53.9	28.8	217	4.94 (0.938)	22.606	216	<.001*
5.7 Creative	20.3	24.0	19.8	21.2	11.5	2.8	216	2.88 (1.406)	-6.486	215	<.001*
5.8 Encouraging	24.4	25.3	18.4	17.1	12.9	1.4	216	2.73 (1.409)	-8.064	215	<.001*
5.9 Sociable	0.5	8.8	10.6	18.0	46.1	16.1	217	4.49 (1.171)	12.434	216	<.001*
5.10 Structured	0	2.8	6.0	13.4	46.5	31.3	217	4.98 (0.969)	22.449	216	<.001*
5.11 Pressurized	0.9	3.7	5.5	18.4	41.9	29.0	216	4.85 (1.078)	18.363	215	<.001*
5.12 Ordered	0.5	3.2	4.6	20.7	44.2	26.3	216	4.85 (1.002)	19.756	215	<.001*
5.13 Stimulating	20.7	24.4	19.4	18.9	14.3	1.8	216	2.87 (1.415)	-6.540	215	<.001*

5.14 Regulated	0	2.8	6.9	13.8	48.8	26.7	215	4.91 (0.967)	21.333	214	<.001*
5.15 Personal freedom	24.9	25.8	17.5	21.7	7.4	0.9	213	2.63 (1.324)	-9.599	212	<.001*
5.16 Equitable	24.9	29.0	21.7	14.3	9.7	0	216	2.55 (1.275)	-10.993	215	<.001*
5.17 Safe	27.2	32.3	13.8	11.5	12.9	0.9	214	2.53 (1.393)	-10.207	213	<.001*
5.18 Challenging	1.4	4.6	6.5	20.3	48.4	17.5	214	4.64 (1.081)	15.490	213	<.001*
5.19 Enterprising	1.4	7.4	13.4	27.6	34.6	15.2	216	4.33 (1.188)	10.248	215	<.001*
5.20 Established, solid	0	3.2	8.3	23.0	42.4	22.1	215	4.73 (1.007)	17.854	214	<.001*
5.21 Cautious	0	4.6	6.9	26.7	42.4	18.9	216	4.64 (1.015)	16.556	215	<.001*
5.22 Trusting	0.5	5.5	8.3	26.7	41.0	17.5	216	4.56 (1.077)	14.406	215	<.001*
5.23 Driving	0.5	11.1	16.1	24.0	33.6	14.3	216	4.23 (1.23)	8.677	215	<.001*
5.24 Power-orientated	0.9	6.9	4.6	17.5	45.2	24.4	216	4.73 (1.146)	15.791	215	<.001*

Results (Table 5.6) show that there was significant agreement that: Collaborative; hierarchical; procedural; relationship oriented; results-oriented; sociable; structured; pressurised; ordered; regulated; challenging; enterprising; established solid; cautious; trusting; driving, and power-oriented. The same results (Table 5.6) also show significant disagreement that: Risk-taking; creative; encouraging; stimulating; personal freedom; equitable; safe.

5.6 Job Satisfaction

Respondents were asked to rate their level of agreement, using the scale 1 = strongly disagree to 6 = strongly agree, with 23 items measuring job satisfaction. A one-sample t-test was applied to determine if there was significant agreement or disagreement with each statement.

Table 5.7: Summary statistics on job satisfaction

Item	Responses as Frequency (%)						n	Mean (SD)	t	df	p-value
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree					
6.1 There is adequate chance for promotion on my job.	30.0	29.5	12.0	16.1	9.7	2.3	216	2.53 (1.430)	-9.990	215	.000
6.2 We have competent supervision	1.9	5.5	8.8	20.0	48.1	15.7	216	4.54 (1.146)	13.424	215	.000
6.3 The rules and procedures in place do not hamper my ability to do a good job.	18.6	29.8	20.0	11.2	18.6	1.9	215	2.87 (1.434)	-6.442	214	.000
6.4 I like the people I work with.	1.9	2.3	4.6	20.8	52.3	18.1	216	4.74 (1.007)	18.043	215	.000
6.5 I sometimes feel my job is meaningless.	7.4	13.0	8.3	14.8	39.4	17.1	216	4.17 (1.526)	6.465	215	.000
6.6 Communications seem good within this organisation.	4.2	29.6	25.0	21.8	16.7	2.8	216	3.25 (1.24)	-2.906	215	.004
6.7 There is promotion for best performers	24.1	43.1	11.1	9.3	11.1	1.4	216	2.44 (1.325)	-11.710	215	.000
6.8 My supervisor is always fair to me	2.8	7.4	10.7	24.2	40.9	14.0	215	4.35 (1.251)	10.133	214	.000
6.9 Rules affect my performance	2.4	9.4	10.8	18.9	45.3	13.2	212	4.35 (1.251)	9.883	211	.000
6.10 It is easy to work with my colleagues since they are all competent at their jobs	0.5	2.8	8.8	22.2	54.2	11.6	216	4.62 (0.993)	17.578	215	.000
6.11 I am happy with my job	3.2	13.9	17.6	28.2	28.7	8.3	216	3.90 (1.281)	4.620	215	.000
6.12 Our vision is clear	0.5	5.1	6.9	15.3	57.9	14.4	216	4.68 (1.005)	17.272	215	.000
6.13 People get ahead as fast in this hospital as they do in other places.	3.7	13.5	34.0	23.7	20.9	4.2	215	3.57 (1.189)	.889	214	.375

6.14 My superior is caring	3.3	0.7	16.0	28.6	39.4	5.6	213	4.11 (1.163)	7.633	212	.000
6.15 I like my work load	5.1	25.9	22.7	18.1	25.5	2.8	216	3.41 (1.323)	-.977	215	.330
6.16 I enjoy my co-workers.	0.5	3.3	6.5	17.2	60.9	11.6	215	4.70 0.910	19.291	214	.000
6.17 Matters in the organisation are shared	3.7	15.7	24.5	24.5	25.9	5.6	216	3.70 (1.268)	2.308	215	.022
6.18 I feel a sense of pride in doing my job.	13.9	25.9	21.8	18.5	13.4	6.5	216	3.11 (1.455)	-3.927	215	.000
6.19 I like my supervisor.	1.9	5.6	0.6	30.1	46.8	9.7	216	4.44 (1.059)	12.979	215	.000
6.20 I am satisfied with the amount of paperwork I have to do.	23.1	33.8	15.3	12.5	13.4	1.9	216	2.65 (1.406)	-8.902	215	.000
6.21 There is peace at the work place	8.8	22.2	25.5	20.4	21.8	1.4	216	3.28 (1.304)	-2.452	215	.015
6.22 My job is enjoyable.	15.7	33.8	14.4	15.3	15.7	5.1	216	2.97 (1.489)	-5.255	215	.000
6.23 Work assignments are always fully explained.	2.3	9.7	12.0	31.0	38.9	6	216	4.13 (1.157)	7.942	215	.000

Results (Table 5.7) show that there was significant agreement on their supervisor were competent,; on how the employees liked it each; on that their jobs are meaningless, I sometimes feel my job is meaningless; my supervisor is always fair to me; My efforts to do a good job are seldom blocked by red tape; it is easy to work with my colleagues since they are all competent at their jobs; I like doing the things I do at work; the goals of this organisation are clear to me; my supervisor shows interest in the feelings of subordinates; I enjoy my co-workers; I feel that I know what is going on with the organisation; I like my supervisor, and work assignments are always fully explained.

The results (Table 5.7) also showed that there was a significant disagreement that: There is an adequate chance for promotion on my job; the rules and procedures in place do not hamper my ability to do a good job; communications seem good within this organisation; those who do well on the job stand a fair chance of being promoted; I feel a sense of pride in doing my job; I am satisfied with the amount of paperwork I have to do; there is no bickering and fighting at work; my job is enjoyable

5.7 Service Quality as Perceived by the Employees

Respondents were asked to rate their level of agreement, using the scale 1 = strongly disagree to 6 = strongly agree, with 22 items measuring service quality. A one-sample t-test was applied to determine if there was significant agreement or disagreement with each statement.

Table 5.8: Summary statistics on service quality as perceived by employees

Item	Responses as Frequency (%)						n	Mean (SD)	t	df	p-value
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree					
7.1 I am always willing to help patients	0	2.3	6	21.7	42.4	27.6	217	4.87 (0.963)	20.968	216	.000
7.2 I always adopt a friendly manner when dealing with the patients	0	1.4	8.8	17.5	47.0	25.3	217	4.86 (0.942)	21.285	216	.000
7.3 I always respond to patients' needs straight away	0.9	14.3	24.9	24.9	23.0	12.0	217	3.91 (1.270)	4.732	216	.000
7.4 I am never too busy to attend to patients' requests	0.9	14.7	35.9	20.7	13.4	14.3	217	3.74 (1.295)	2.700	216	.007
7.5 I am always sincerely interested in solving my patients' problems	2.3	23.0	17.5	17.5	26.3	13.4	217	3.82 (1.442)	3.318	216	.001
7.6 I always try to provide the right medical service the first time	0	1.4	5.5	6.5	55.8	30.9	217	5.09 (0.845)	27.763	216	.000
7.7 I am always conscious of the cleanliness of the environment in which I work	0	2.3	4.1	10.1	54.4	29.0	217	5.04 (0.876)	25.848	216	.000
7.8 I always make sure that I give patients the right medicines for their problems	0	1.4	4.6	7.4	31.8	54.8	217	5.34 (0.905)	29.979	216	.000
7.9 I am prepared to work extra hours in serving the patient	10.1	34.6	21.7	15.7	12.4	5.5	217	3.02 (1.383)	-5.082	216	.000
7.10 I always go the extra mile in helping the patients	9.7	26.7	22.6	14.7	16.6	9.7	217	3.31 (1.500)	-1.878	216	.062
7.11 I make sure that I get to work on time	5.5	18.0	29.0	21.7	17.1	8.8	217	3.53 (1.347)	.328	216	.744
7.12 When I make appointments with patients, I always make it to the appointments.	6.0	17.1	30.9	24.0	14.3	7.8	217	3.47 (1.309)	-.337	216	.736
7.13 I always try to give my patients individualised attention	0.9	16.1	29.0	22.1	21.7	10.1	217	3.78 (1.265)	3.248	216	.001

7.14 I don't wait to be greeted by patients instead I always try to greet them first	0	12.0	24.0	23.0	29.5	11.5	217	4.05 (1.216)	6.614	216	.000
7.15 I am always prepared to go the extra mile in explaining unclear health issues to the patients	8.8	27.3	19.4	16.7	16.7	11.1	216	3.38 (1.324)	-1.116	215	.265
7.16 I always try to put a smile on my face regardless of my mood	0.5	1.4	9.7	12.0	50.9	25.5	216	4.88 (0.976)	20.772	215	.000
7.17 I always give the patients appropriate references for further attention where necessary	0	1.8	6.9	10.1	54.4	26.7	217	4.97 (0.902)	24.039	216	.000
7.18 I am always alert when on duty	0	12.0	22.6	22.1	27.2	16.1	217	4.13 (1.270)	7.296	216	.000
7.19 When I am on call, I always make sure that I am reachable to patients when needed	0.5	16.1	25.3	22.6	24.4	11.1	217	3.88 1.272)	4.349	216	.000
7.20 I am always willing to listen to the patients' problem	2.3	23.5	15.7	19.4	25.8	13.4	217	3.83 (1.441)	3.368	216	.001
7.21 I pay careful attention to patients when they are telling me about their problems	0	12.0	20.7	22.1	31.8	13.8	217	4.14 (1.241)	7.632	216	.000
7.22 I always attend to patients' needs, regardless of the time	5.1	27.2	19.4	23.5	17.1	7.8	217	3.44 (1.383)	-.662	216	.508

Results (Table 5.8) show a that there was significant agreement that: I am always willing to help patients; I always adopt a friendly manner when dealing with the patients; I always respond to patients' needs straight away; I am never too busy to attend to patients' requests; I am always sincerely interested in solving my patients' problems; I always try to provide the right medical service the first time; I am always conscious of the cleanliness of the environment in which I work; I always make sure that I give patients the right medicines for their problems; I always try to give my patients individualised attention; I don't wait to be greeted by patients, instead I always try to greet them first; I always try to put a smile on my face regardless of my mood; I always give the patients appropriate references for further attention where necessary; I am always alert when on duty; when I am on call, I always make sure that I am reachable to patients when needed; I am always willing to listen to the patients' problems; I pay careful attention to patients when they are telling me about their problems.

5.8 The model constructs – forming composite variables

Factor analysis with Promax rotation was applied to all 121 items in the questionnaire measuring the proposed constructs of internal marketing, job satisfaction and self-rated service quality. Several items were dropped during this process either because they cross-loaded onto multiple factors or because they did not load strongly enough onto any factor. Of the 121 items, 25 were dropped because their factor loadings were below .4; and 13 were dropped because they cross-loaded onto multiple factors. Nine factors were extracted, which account for 68.44% of the variance in the data. A Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) of .856 and a significant Bartlett's test indicates that the data was adequate for successful and reliable extraction. Rotation converged in 7 iterations. The structure of the data showing the factors and factor loadings is summarised in Table 5.10.

Table 5.9: Structure of the data showing factor loadings

	Factor								
	1	2	3	4	5	6	7	8	9
5.10 Structured	.875								
5.14 Regulated	.863								
5.21 Cautious	.839								
5.20 Established, solid	.802								
5.6 Results-oriented	.793								
4.11 Power and authority are centralised at the hands of top management	.771								
4.1 The work roles in my department are highly structured	.768								
4.2 All the activities of employees are governed by rules and procedures	.764								
5.22 Trusting	.763								
5.4 Procedural	.762								
5.3 Hierarchical	.756								
4.12 There are authoritative communication channels	.733								
5.12 Ordered	.725								
4.10 Decision making takes place at the upper levels of the organisation	.723								
4.3 The organisation has standardized behaviour through formal training and related mechanisms	.718								
5.23 Driving	.660								
5.11 Pressurized	.633								
4.13 Information flows down to provide directions to the lower levels of the hierarchy where lower levels are expected to implement the decisions with little or no modifications	.627								
4.7 Decision making is centralized	.599								
5.18 Challenging	.529								
2.4 I am given a reward for outstanding work		.890							
2.5 When I excel in my work I receive a memorandum of good work		.841							
2.16 There are rewards for those who work here.		.818							
2.3 I get rewarded for overtime work done		.809							
2.2 The hospital rewards employees who provide excellent service.		.804							
2.12 The benefits we receive are as good as most other organisations offer.		.796							
2.15 The benefits package we have is equitable.		.774							

2.14 I feel appreciated by theorganisation when I think about what they pay me.	.771							
2.9 I am satisfied with the benefits I receive.	.750							
2.10 When I do a good job, I receive the recognition for i that I should receive.	.739							
2.7 I feel I am being paid a fair amount for the work I do.	.732							
2.17 I feel satisfied with my chances for salary increases.	.725							
2.1 My salary is equivalent to the job that I am doing	.650							
2.13 The work I do is appreciated.	.629							
2.6 I always receive praise for a job well done	.579							
7.10 I always go the extra mile in helping the patients		.864						
7.15 I am always prepared to go the extra mile in explaining unclear health issues to the patients		.847						
7.12 When I make appointments with patients, I always make it to the appointments.		.833						
7.4 I am never too busy to attend to patients' requests		.814						
7.22 I always attend to patients' needs, regardless of the time		.776						
7.13 I always try to give my patients individualized attention		.766						
7.20 I am always willing to listen to the patients' problem		.755						
7.5 I am always sincerely interested in solving my patients' problems		.752						
7.3 I always respond topatients' needs straight away		.732						
7.11 I make sure that I get to work on time		.724						
7.9 I am prepared to work extra hours in serving the patient		.664						
7.19 When I am on call, I always make sure that I am reachable to patients when needed		.514						
1.12 My opinion counts in departmental decision-making			1.001					
1.14 I have significant influence over what happens in my department			.982					
1.6 I have a great deal of control over what happens in m department			.926					
1.16 I have a chance to use personal initiative in carrying out my work			.911					
1.7 I can decide on my own how to go about doing my own work			.853					

1.3 I have significant autonomy in determining how I do my job				.813					
1.10 I have considerable opportunity for freedom in how I do my job				.803					
1.4 My impact on what happens in my department is large				.627					
6.19 I like my supervisor.					.819				
6.8 My supervisor is always fair to me					.803				
6.14 My supervisor shows interest in the feelings of subordinates					.745				
6.2 My supervisor is quite competent in doing his/her job					.731				
6.4 I like the people I work with.					.572				
6.23 Work assignments are always fully explained.					.565				
6.10 It is easy to work with my colleagues since they are all competent at their jobs					.478				
3.6 The assurance/surety that I can keep working here makes me feel at ease.						.929			
3.4 My job security gives me a feeling of safety.						.924			
3.5 I feel at ease in that I will keep my job in/for the near future						.894			
3.3 I think my future prospects within the hospital are good.						.801			
3.2 There is only a small chance that I will become unemployed.						.795			
5.17 Safe							.877		
5.16 Equitable							.828		
5.15 Personal freedom							.720		
5.13 Stimulating							.699		
5.7 Creative							.653		
5.1 Risk-taking							.614		
5.8 Encouraging							.515		
1.9 My job is well within the scope of my abilities								.891	
1.15 I am self-assured about my capabilities to perform my work activities								.829	
1.8 I really care about what I do on my job								.764	
1.11 I have mastered the skills necessary for my job								.706	
7.7 I am always conscious of the cleanlinessof the environment in which I work									.737
7.6 I always try to provide the right medical service the first time									.715

7.17 I always give the patients appropriate references for further attention where necessary								.620
7.8 I always make sure that I give patients the right medicines for their problems								.532
7.16 I always try to put a smile on my face regardless of my mood								.528
7.2 I always adopt a friendly manner when dealing with the patients								.480

A summary of the above factors extracted, including a measure of their reliability, is found in Table 5.10.

Table 5.10: Summary of factors extracted

Factor	Construct	Label	Variance extracted	Cronbach's alpha
1	Organisation-Hierarchical structure	ORG_HIER	29.77	.962
2	Strategic rewards	SR	15.35	.956
3	Service quality – Patient centred	SQP	6.00	.951
4	Employee empowerment	EE	4.49	.962
5	Job satisfaction	JSat	3.23	.952
6	Job security	JSec	3.34	.879
7	Organisation-Entrepreneurial culture	ORG_ENT	2.31	.941
8	Personal capabilities	PC	1.99	.890
9	Service quality – Medical centred	SQM	1.53	.906

Reliability

Results from Cronbach's alpha indicate that these factors are reliable (there is consistency in what the items on each factor are measuring). As a result, single composite variables are formed to represent each factor/construct by calculating the average of the agreement scores across the items within a construct. These composite variables are analysed further using a one-sample t-test to determine if there is sig agreement/disagreement to each. The statistics for these are summarised below.

Table 5.11: Agreement/disagreement with construct variables

Construct	n	Mean (SD)	t	Df	p-value
Organisation- Hierarchical structure	217	4.88 (.759)	26.154	216	<.001*
Strategic rewards	217	1.80 (.778)	-32.114	216	<.001*
Service quality: Patient centred	217	3.59 (1.109)	1.236	216	.218
Employee empowerment	217	2.86(1.351)	-6.949	216	<.001*
Job satisfaction	217	4.42(.839)	16.074	216	.002*
Job security	216	3.25(1.199)	-3.090	215	<.001*
Organisation- Entrepreneurial culture	217	2.72(1.193)	-9.613	216	<.001*
Personal capabilities	217	4.71(.986)	18.080	216	<.001*
Service quality: Medical centred	217	5.03(.750)	30.076	216	<.001*

The results (Table 5.11) they have the personal capabilities to do their jobs, and that there is service quality.

In organisational hierarchical structures, the organisation has a hierarchical structure/autonomous structure in which the employees can easily understand and follow what to do in their work. Because of this, they can enjoy the work since they are aware of what to do at a particular period and where to go when they need to report on something.

There is also a significant agreement that the employees enjoy job satisfaction. This shows that they are being offered some benefits and favourable working conditions which make it enjoyable to work at the hospital.

Furthermore, there is a significant agreement that they provide quality service (medical) since they agreed that they were always willing to help patients. Also, the employees agreed that they always adopt a friendly manner when dealing with the patients, always try to provide the right medical services the first time, are always alert when on duty and so on. All of these intentions towards patients were to prove that they offer quality medical service to their patients.

There is also a significant agreement that the employees perceive themselves to have the necessary skills for their job. This motivates them to do their job since their skills match the job requirements, and at the end, this will make the job enjoyable.

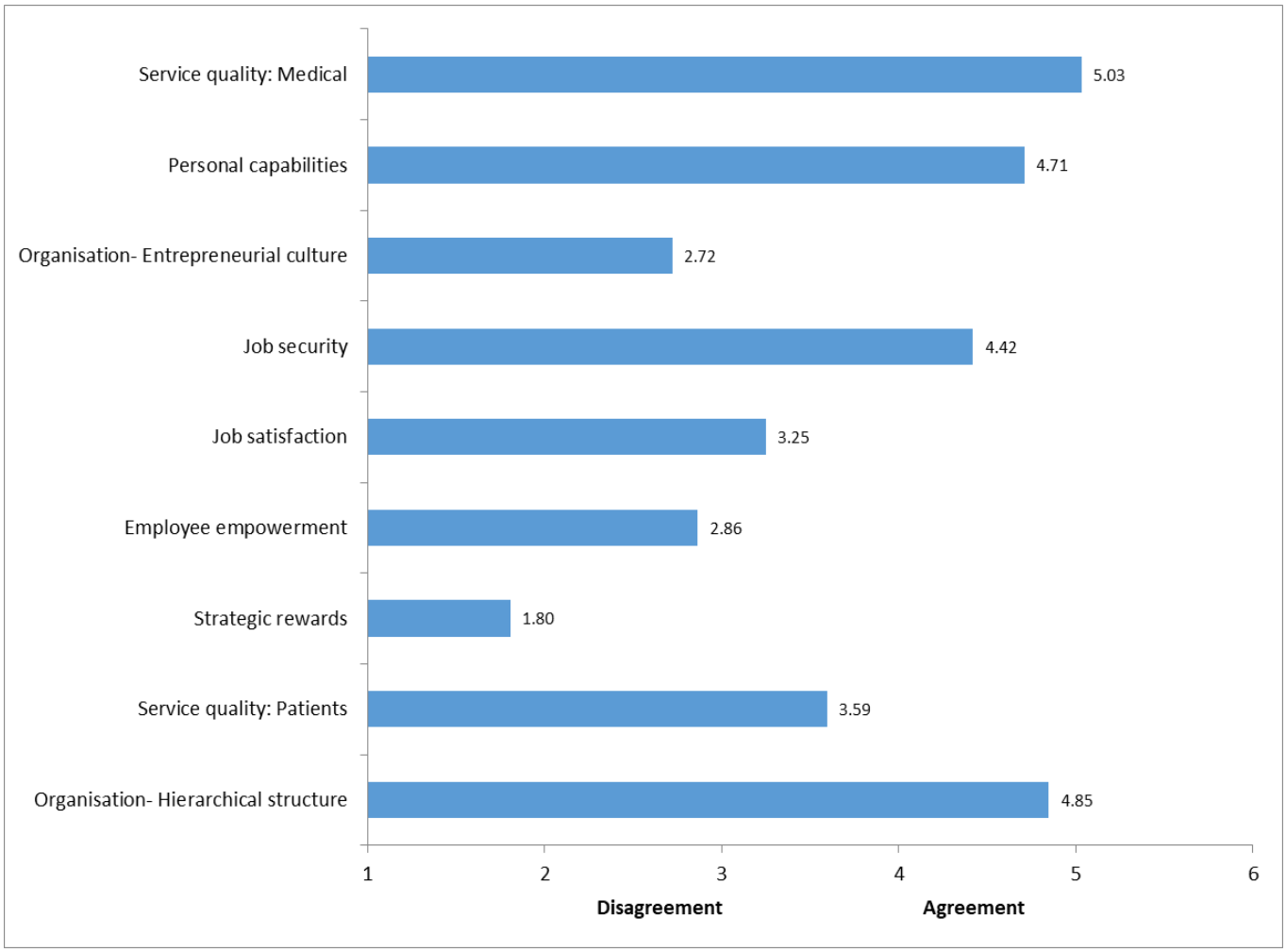
There is significant disagreement that they receive adequate rewards. From the study, employees were saying that their salary is not equivalent to the job that they are doing, they won't be rewarded for overtime work done, they were not receiving medical assistance and they were also not given other employee benefits which they are supposed to have. This reduces job satisfaction and poor service quality since they won't volunteer to work extra time attending to patients as they don't get paid for that extra job.

Moreover, there is a significant disagreement that they are empowered in their work. From the employees' views, they said that they don't have significant autonomy in determining how to do the job, they have a small impact on what happens in their departments, and also their opinions do not count in departmental decision-making. In this sense, they were trying to prove that there is a lack of employee empowerment hence it will result in job dissatisfaction.

There is also a significant disagreement that they have job security. This is proved by their views that they don't have future prospects at the hospital, they don't have the feeling of job security, and they don't feel at ease in that they will keep their job in/for the near future. These result in job dissatisfaction as well as poor medical service quality.

Also, there is a significant disagreement that the organisation has an entrepreneurial culture. The employees were saying there is no creativity, no encouragement, no personal freedom, no equitable in the organisation and so on; hence the job won't be enjoyable.

There is neither sig agreement nor sig disagreement that they provide quality service: patient centred.



5.9 Testing the relationships between the constructs of the model

In order to test the proposed model and determine the relationships between the constructs, structural equation modelling (SEM) is applied.

There are two stages to SEM. The first stage is about the measurement model. In this stage, analysis is done using confirmatory factor analysis (CFA) to explore the measurement of the latent constructs as achieved using the measured variables. (As a starting point, the structure found above from EFA is used) Adjustments are made to the latent constructs in which some measured variables are dropped. This process is done in order to achieve adequate model fit. The second stage involves converting the measurement model found in stage 1 into a path model that shows the relationships between the latent variables.

The measurement model

Analysis is done using CFA (confirmatory factor analysis) to explore the measurement of the latent constructs as achieved using the measured variables. The following tables, one for each construct,

show all the measured variables included in the original measurement model. Also in the tables are the loadings for those that were retained in the final model, as well as final reliability and validity statistics.

Table 5.12: Construct loading

CONSTRUCT	Measured variables		Loadings	
			Initial	Final
Organisation – Hierarchical structure	4.1	The work roles in my department are highly structured	0.701	
	4.2	All the activities of employees are governed by rules and procedures	0.708	0.703
	4.3	The organisation has standardised behaviour through formal training and related mechanisms	0.703	0.71
	4.7	Decision making is centralized	0.641	
	4.10	Decision making takes place at the upper levels of the organisation	0.671	0.638
	4.11	Power and authority are centralised at the hands of top management	0.727	0.717
	4.12	There are authoritative communication channels	0.717	0.692
	4.13	Information flows down to provide directions to the lower levels of the hierarchy where lower levels are expected to implement the decisions with little or no modifications	0.721	
	5.3	Hierarchical	0.811	
	5.4	Procedural	0.87	0.862
	5.6	Results-oriented	0.811	
	5.10	Structured	0.87	0.874
	5.11	Pressurised	0.736	0.745
	5.12	Ordered	0.833	0.835
	5.14	Regulated	0.834	0.832
	5.18	Challenging	0.663	
	5.20	Established, solid	0.747	
	5.21	Cautious	0.745	0.725
	5.22	Trusting	0.716	0.709
	5.23	Driving	0.57	
		Average variance extracted (AVE)	.585	.573
		Composite reliability (CR))	.957	.941
		Maximum shared square variance (MSV)	.489	.464

CONSTRUCT	Measured variables		Loadings	
			Initial	Final
Strategic rewards	2.1	My salary is equivalent to the job that I am doing	0.661	
	2.2	The hospital rewards employees who provide excellent service.	0.761	0.748
	2.3	I get rewarded for overtime work done	0.683	0.678
	2.4	I am given a reward for outstanding work	0.828	0.824
	2.5	When I excel in my work, I receive a memorandum of good work	0.833	0.859
	2.6	I always receive praise for a job well done	0.735	
	2.7	I feel I am being paid a fair amount for the work I do.	0.754	
	2.9	I am satisfied with the benefits I receive.	0.778	0.79
	2.10	When I do a good job, I receive the recognition for it that I should receive.	0.823	0.802
	2.12	The benefits we receive are as good as most other organisations offer.	0.812	0.81
	2.13	The work I do is appreciated.	0.734	
	2.14	I feel appreciated by the organisation when I think about what they pay me.	0.8	0.816
	2.15	The benefits package we have is equitable.	0.785	0.791
	2.16	There are rewards for those who work here.	0.799	0.798
	2.17	I feel satisfied with my chances for salary increases.	0.659	
		Average variance extracted (AVE)	.585	.629
		Composite reliability (CR))	.955	.944
		Maximum shared square variance (MSV)	.283	.272

CONSTRUCT	Measured variables		Loadings	
			Initial	Final
Service quality: Patient centred	7.3	I always respond to patients' needs straight away	0.671	0.667
	7.4	I am never too busy to attend to patients' requests	0.666	0.644
	7.5	I am always sincerely interested in solving my patients' problems	0.777	0.765
	7.9	I am prepared to work extra hours in serving the patient	0.805	
	7.10	I always go the extra mile in helping the patients	0.922	
	7.11	I make sure that I get to work on time	0.823	
	7.12	When I make appointments with patients, I always make it to the appointments.	0.825	
	7.13	I always try to give my patients individualized attention	0.818	0.852
	7.15	I am always prepared to go the extra mile in explaining unclear health issues to the patients	0.907	
	7.19	When I am on call, I always make sure that I am reachable to patients when needed	0.666	
	7.20	I am always willing to listen to the patients' problem	0.785	0.769
	7.22	I always attend to patients' needs, regardless of the time	0.725	
		Average variance extracted (AVE)	.619	.552
		Composite reliability (CR))	.951	.859
		Maximum shared square variance (MSV)	.476	.452

CONSTRUCT	Measured variables		Loadings	
			Initial	Final
Employee empowerment	1.3	I have significant autonomy in determining how I do my job	0.887	0.883
	1.4	My impact on what happens in my department is large	0.805	
	1.6	I have a great deal of control over what happens in my department	0.874	0.874
	1.7	I can decide on my own how to go about doing my own work	0.846	0.841
	1.10	I have considerable opportunity for freedom in how I do my job	0.82	0.822
	1.12	My opinion counts in departmental decision-making	0.943	0.945
	1.14	I have significant influence over what happens in my department	0.928	0.938
	1.16	I have a chance to use personal initiative in carrying out my work	0.888	0.886
		Average variance extracted (AVE)	.766	.783
		Composite reliability (CR))	.963	.962
		Maximum shared square variance (MSV)	.364	.334
CONSTRUCT	**Measured variables**		**Loadings**	
			Initial	**Final**
Job security	3.2	There is only a small chance that I will become unemployed.	0.777	
	3.3	I think my future prospects within the hospital are good.	0.848	0.84
	3.4	My job security gives me a feeling of safety.	0.943	0.943
	3.5	I feel at ease in that I will keep my job in/for the near future	0.949	0.953
	3.6	The assurance/surety that I can keep working here makes me feel at ease.	0.938	0.938
		Average variance extracted (AVE)	.799	.846
		Composite reliability (CR))	.952	.956
		Maximum shared square variance (MSV)	.306	.317

CONSTRUCT	Measured variables		Loadings	
			Initial	Final
Job satisfaction	6.2	My supervisor is quite competent in doing his/her job.	0.83	0.809
	6.4	I like the people I work with.	0.659	0.688
	6.8	My supervisor is always fair to me	0.675	
	6.10	It is easy to work with my colleagues since they are all competent at their jobs	0.625	0.634
	6.14	My supervisor shows interest in the feelings of subordinates	0.705	0.716
	6.19	I like my supervisor.	0.796	0.801
	6.23	Work assignments are always fully explained.	0.708	0.711
		Average variance extracted (AVE)	.514	.532
		Composite reliability (CR))	.880	.871
		Maximum shared square variance (MSV)	.335	.362

CONSTRUCT	Measured variables		Loadings	
			Initial	Final
Organisation-Entrepreneurial culture	5.1	Risk-taking	0.778	0.774
	5.7	Creative	0.827	0.806
	5.8	Encouraging	0.845	0.847
	5.13	Stimulating	0.836	
	5.15	Personal freedom	0.774	0.782
	5.16	Equitable	0.827	0.838
	5.17	Safe	0.809	0.818
		Average variance extracted (AVE)	.663	.658
		Composite reliability (CR))	.932	.920
		Maximum shared square variance (MSV)	.476	.452

CONSTRUCT	Measured variables		Loadings	
			Initial	Final
Personal capabilities	1.8	I really care about what I do on my job	0.782	
	1.9	My job is well within the scope of my abilities	0.888	0.823
	1.11	I have mastered the skills necessary for my job	0.798	0.852
	1.15	I am self-assured about my capabilities to perform my work activities	0.823	0.855
		Average variance extracted (AVE)	.701	.711
		Composite reliability (CR))	.875	.881
		Maximum shared square variance (MSV)	.237	.248

CONSTRUCT	Measured variables		Loadings	
			Initial	Final
Service quality: Medical centred	7.2	I always adopt a friendly manner when dealing with the patients	0.695	
	7.6	I always try to provide the right medical service the first time	0.846	0.821
	7.7	I am always conscious of the cleanliness of the environment in which I work	0.76	0.695
	7.8	I always make sure that I give patients the right medicines for their problems	0.799	
	7.16	I always try to put a smile on my face regardless of my mood	0.78	0.809
	7.17	I always give the patients appropriate references for further attention where necessary	0.849	0.879
		Average variance extracted (AVE)	.624	.646
		Composite reliability (CR))	.908	.879
		Maximum shared square variance (MSV)	.489	.464

Table 5.13: Summary for CR, AVE and MSV extracted above

CONSTRUCT	Measured variables	Loadings	
		Initial	Final
Organisation – Hierarchical structure	Composite reliability (CR)	.585	.573
	Average variance extracted (AVE)	.957	.941
	Maximum shared square variance (MSV)	.489	.464
Strategic rewards	CR	.585	.629
	AVE	.955	.944
	MSV	.283	.272
Service quality: Patient-centred	CR	.619	.552
	AVE	.951	.859
	MSV	.476	.452
Employee empowerment	CR	.766	.783
	AVE	.963	.962
	MSV	.364	.334
Job satisfaction	CR	.514	.532
	AVE	.880	.871
	MSV	.335	.362
Organisation- Entrepreneurial culture	CR	.663	.658
	AVE	.932	.920
	MSV	.476	.452
Personal capabilities	CR	.701	.711
	AVE	.875	.881
	MSV	.237	.248
Job security	CR	.799	.846
	AVE	.952	.956
	MSV	.306	.317
Service quality: Medical centred	CR	.624	.646
	AVE	.908	.879
	MSV	.489	.464

Reliability for CFA

There are two conditions used to test reliability. Reliability is attained when CR>0.7 and when all loadings >0.5. From the above results, all the final factor loadings across the constructs are greater than 0.5, and all values of CR exceed .7, which indicates that reliability is attained.

Validity for CFA

The two types of construct validity are convergent and discriminant validity. Convergent validity is attained if CR > AVE and AVE > 0.5, and discriminant validity is attained if AVE > MSV. The results (Table 5.13) indicate that both convergent and discriminant validity are attained for all the constructs.

Model Indices

Initial model fit indices, as well as the proposed cut-off values are shown in Table 5.14.

Table 5.14 Initial Model fit

Fit Indices	**Initial fit values**	**Criteria**
χ^2 / df (p-value)	2.323 (<.001)	<5
IFI	0.769	>.9
CFI	0.767	>.9
RMSEA	0.078	<.08

The above results show that the chi-square/df (2.323) statistic is less than the required upper bound value (5) and RMSEA (0.078) is also below the required upper bound cut-off criteria of 0.08. However, IFI (0.769) and CFI (0.767) are both below the required lower bound cut-off criteria of 0.9, and this made the model to be unacceptable since all the conditions for the fit indices criteria are not met. In order to improve the model fit, the standardised residual covariance statistics were examined, and if a variable had standardised residual covariance values that were>2 or <-2, it was dropped. So, the items that were in the initial solution but were dropped from the final solution all had several SRC values outside of the accepted range. The output for the final model fit is below.

Table 5.15: Final Model fit

Fit Indices	Final Fit values	Criteria
χ^2 / df (p-value)	1.774 (<.001)	<5
IFI	0.901	>.9
CFI	0.900	>.9
RMSEA	0.060	<.08

The results (Table 5.15) show that all the fit indices have met the required cut-off criteria and so the measurement model is acceptable to take forward into the next step.

The Structural Model (SM)

The measurement model is now converted to a structural model (SM) showing the directional paths between the latent variables/ constructs, as shown below. Once the paths are specified, the causal relationships between the constructs in the structural (path) model are tested using a series of regression analyses.

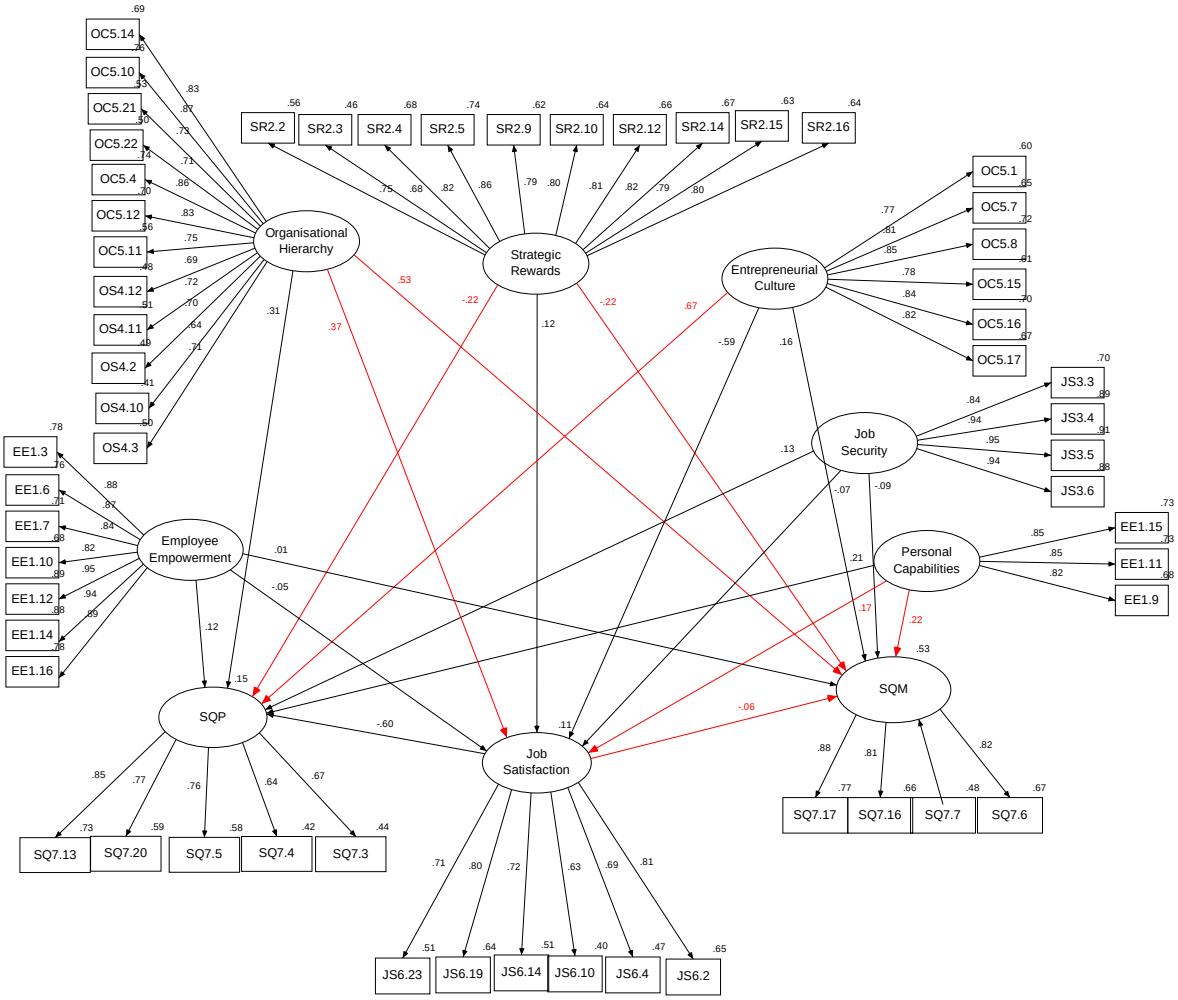


Table 5.16: Regression weights

Independent variable	Dependent variable	Standardised Regression coefficient	p-value
EE	Job sat	.041	.603
ORG_HIER	Job sat	.421	<.001*
SR	Job sat	-.050	.565
ORG_ENT	Job sat	.015	.883
Job Sec	Job sat	.029	.721
PC	Job sat	.234	.006*
Job sat	SQM	.281	<.001*
Job sat	SQP	.153	.051
EE	SQM	-.002	.981
ORG_HIER	SQM	.388	<.001*
SR	SQM	-.203	.006*
ORG_ENT	SQM	.157	.074
Job Sec	SQM	-.101	.132
PC	SQM	.144	.047*
ORG_HIER	SQP	-.005	.954
SR	SQP	-.182	.029*
EE	SQP	.088	.241
ORG_ENT	SQP	.661	<.001*
Job Sec	SQP	.105	.167
PC	SQP	.036	.660

SEM: Hypothesis and Conclusions

H1a: There is a positive relationship between Organisational Hierarchy and Job Satisfaction.

On the basis of the results (Beta=0.421 and p<0.001), we cannot reject the hypothesis that there is a positive relationship between organisational culture hierarchical and job satisfaction.

H1b: There is a positive relationship between Employee Empowerment and Job Satisfaction.

Given that Beta=0.041 and the p-value (0.603) is not significant, the hypothesis of a relationship between employee empowerment and job satisfaction is rejected.

H1c: There is a positive relationship between Strategic Rewards and Job Satisfaction

On the basis of the results (Beta= -0.050 and p-value 0.565), the relationship between strategic rewards and job satisfaction is not significant; we reject the hypothesis.

H1d: There is a positive relationship between Entrepreneurial Culture and Job Satisfaction

Given that (Beta= 0.015 and the p-value (0.883) is not significant, the hypothesis of a positive relationship between organisational culture-entrepreneurial and job satisfaction is rejected.

H1e: There is a positive relationship between Job Security and Job Satisfaction

The result (Beta= 0.029 and the p-value 0.721) shows that there is no significant relationship between job security and job satisfaction; hence the hypothesis is rejected.

H1f: There is a positive relationship between Personal Capabilities and Job Satisfaction.

Given that (Beta=0.234 and the p-value (0.006) is significant, the hypothesis that there is a relationship between employee empowerment-personal capabilities and job satisfaction is accepted

H2a: There is a positive relationship between Job satisfaction and service quality –patient rated

Given that Beta=0.153 and the p-value (0.051) is not significant, the hypothesis that there is a positive relationship between job satisfaction and service quality-patient rate is rejected.

H2b: There is a positive relationship between job satisfaction and service quality-employee rated

The result (Beta=0.282 and $p<0.001$) show that there is a significant relationship between job satisfaction and service quality-employee rated

H3a: There is a positive relationship between organisational structure (hierarchical) and service quality (employee rated)

Basing on the result (Beta=0.388 and ($p<0.001$), the hypothesis that there is a significant relationship between organisational structure (hierarchical) and service quality (employee rated) is accepted.

H3b: There is a positive relationship between employee empowerment and service quality (employee rated).

The result (Beta= -0.002 and p-value 0.981) show that the is no significant relationship between employee empowerment and service quality (employee rated)

H3c: There is a positive relationship between strategic rewards and service quality (employee rated)

On the basis of the results Beta=-0.203 and the p-value (0.006), the relationship between strategic rewards and service quality is significant; thus, the hypothesis is accepted.

H3d: There is a positive relationship between organisational culture (entrepreneurial) and service quality (employee rated)

The results Beta=0.157 and the p-value (0.074) show that there is no significant relationship. Based on the results (Beta=0.157 and p-value=0.074), the hypothesis that there is a positive relationship between organisational culture (entrepreneurial and service quality (employee rated) is rejected.

H3e: There is a positive relationship between employee empowerment-personal capabilities, and service quality (employee rated)

The results (Beta=0.144 and p-value 0.047) show that there is a significant relationship between employee empowerment-personal capabilities, and service quality (employee rated); the hypothesis is therefore accepted.

H3f: There is a positive relationship between job security and service quality (employee rated).

Based on the results (Beta=-0.101 and p-value 0.132), the relationship between job security and service quality (employee rated) is not significant; we reject the hypothesis.

H3ga: There is a positive relationship between organisational culture-hierarchy and service quality (patient-rated)

Given that Beta=-0.005 and the p-value (0.954), there is no significant relationship between organisational culture-hierarchical and service quality (patient-rated)

H3h: There is a positive relationship between employee empowerment and service quality (patient-rated)

Basing on the results (Beta=0.088 and p-value 0.241), there is no significant relationship between employee empowerment and service quality; we reject the hypothesis.

H3i: There is a positive relationship between strategic rewards and service quality (patient-rated)

Basing on the result Beta=-0.182 and the p-value (0.029), there is a significant relationship between strategic rewards and service quality (patient-rated), and the hypothesis is accepted.

H3j: There is a positive relationship between organisational culture-entrepreneurial and service quality (patient-rated)

The results (Beta=0.66 and $p<0.001$) show that there is a significant relationship between organisational culture-entrepreneurial and service quality (patient-rated), hence we accept the hypothesis.

H3k: There is a positive relationship between employee empowerment-personal capabilities and service quality (patient-rated)

Given that Beta=0.036 and the p-value (0.660), there is no significant relationship between employee empowerment-personal capabilities and service quality (patient-rated)

H3l: There is a positive relationship between job security and service quality (patient-rated)

Results (Beta=0.105 and p-value=0.167) show that the relationship between job security and service quality patient rated is not significant; the hypothesis is rejected.

5.10 Service quality as perceived by the patients

Table 5.17: Summary statistics on service quality as perceived by patients

Item	Responses as Frequency (%)						N	Mean (SD)	t	df	p-value
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree					
1.1 The hospital staff are always willing to help me	3.3	13	12.3	23.7	35.7	12	300	4.11 (1.332)	7.978	299	.000
1.2 The hospital staff always adopt a friendly manner when dealing with me	3	17.3	14.0	30.7	25.3	9.7	300	3.87 (1.316)	4.869	299	.000
1.3 The nurses and doctors respond to my needs promptly	11.7	21.5	20.8	22.5	19.3	4	298	3.29 (1.406)	-2.638	297	.009
1.4 The nurses and doctors are never too busy to attend to my requests	9	25.7	23	22	17.7	2.7	300	3.22 (1.320)	-3.718	299	.000
1.5 The nurses and doctors are always sincerely interested in solving my medical problems	5	16	17.1	25.1	31.1	5.7	299	3.78 (1.327)	3.682	298	.000
1.6 The staff always provide the right medical service the first time	4.7	16.8	19.5	18.8	33.2	7	298	3.80 (1.367)	3.813	297	.000
1.7 The hospital environment (wards, bathrooms, waiting rooms etc) are kept clean	8.7	20	16	21	28	6.3	300	3.59 (1.452)	1.034	299	.302
1.8 The staff always make sure that they give me the right medicines for my problems	4.7	12.4	19.8	19.5	35.2	8.4	298	3.93 (1.344)	5.559	297	.000
1.9 The nurses and doctors seem to be prepared to work extra hours in serving me	11.4	30.8	18.7	18.4	16.1	4.7	299	3.11 (1.416)	-4.759	298	.000
1.10 The doctors and nurses always do their best to help me	5.7	14	20	27.3	29.3	3.7	300	3.72 (1.279)	2.935	299	.004
1.11 The doctors and nurses make it to the wards on time	8.7	27.4	17.1	18.4	20.7	7	299	3.36 (1.464)	-1.639	298	.102
1.12 When the doctor and nurses make appointments with patients, they always make it to the appointments	13.3	26.3	21.7	16.3	18.7	3.7	300	3.12 (1.425)	-4.660	299	.000

1.13 The doctors and nurses provide counselling to me as assurance	3	22.5	19.1	21.5	28.5	5.4	298	3.66 (1.324)	2.100	297	.037
1.14 The doctors and nurses give me individualized attention	18.3	22	22	19	24.7	4	300	3.42 (1.387)	-1.041	299	.299
1.15 The doctors and nurses don't wait to be greeted by me; instead, they always try to greet first	6	22.7	19.4	17.7	29.1	5	299	3.56 (1.397)	.766	298	.444
1.16 The doctors and nurses are always prepared to go the extra mile to explain unclear health issues to the patients	10	23.7	21.7	17.7	21	6	300	3.34 (1.444)	-1.919	299	.056
1.17 The nurses and doctors always putt a smile on their faces	10.7	26.8	14.8	23.8	19.8	4	298	3.27 (1.423)	-2.769	297	.006
1.18 I always receive appropriate references for further attention where necessary	8.8	24.7	14.5	19.3	28.4	4.4	296	3.47 (1.452)	-.360	295	.719
1.19 The nurses and doctors are always alert when on duty	13.3	31.6	17.3	19.4	14.6	3.7	294	3.02 (1.403)	-5.902	293	.000
1.20 When on-call, the doctors and nurses are always reachable to me when needed	13.3	30.8	26.1	16.6	10.5	2.7	295	2.88 (1.288)	-8.201	294	.000
1.21 Always willing to listen to my problems	7.4	27.2	18.5	23.2	20.1	3.7	298	3.33 (1.355)	-2.223	297	.027
1.22 'Employees' pay careful attention to me when I am telling them about my problems	8	26.1	20.1	20.1	22.7	3	299	3.32 (1.365)	-2.224	298	.027
1.23 Always attend to my needs, regardless of the time	20.7	29.7	19.3	16	11.7	2.7	300	2.76 1.393)	-9.160	299	.000

The results from table 5.9 show that patients' responses had a significant agreement with the following statements;

- The hospital staff are always willing to help me. This has a mean score of 4.11, a t-value of 7.978 and a p-value of 0.000 hence a significant agreement.
- The hospital staff always adopt a friendly manner when dealing with me. This has a mean score of 3.87, a t-value of 4.869 and a p-value of 0.000 hence a significant agreement.
- The nurses and doctors are always sincerely interested in solving my medical problems. This has a mean score of 3.78, a t-value of 3.682 and a p-value of 0.000 hence a significant agreement.
- The staff always provide the right medical service the first time. This has a mean score of 3.80, a t-value of 3.813 and a p-value of 0.000 hence a significant agreement.
- The staff always make sure that they give me the right medicines for my problems. This has a mean score of 3.93, a t-value of 5.559 and a p-value of 0.000 hence a significant agreement.
- The doctors and nurses always do their best to help me. This has a mean score of 3.72, a t-value of 2.935 and a p-value of 0.000 hence a significant agreement.
- The doctors and nurses provide counselling to me as assurance. This has a mean score of 3.66, a t-value of 2.100 and a p-value of 0.000 hence a significant agreement.

The results from table 5.9 show that patients' responses had a significant disagreement with the following statements;

- The nurses and doctors respond to my needs promptly. This has a mean score of 3.29, a t-value of -2.638 and a p-value of 0.000 hence a significant disagreement.
- The nurses and doctors are never too busy to attend to my requests. This has a mean score of 3.22, a t-value of -3.718 and a p-value of 0.000 hence a significant disagreement.
- The nurses and doctors seem to be prepared to work extra hours to serve me. This has a mean score of 3.11, a t-value of -4.759 and a p-value of 0.000 hence a significant disagreement.
- When doctors and nurses make appointments with patients, they always make it to the appointments. This has a mean score of 3.12, a t-value of -4.660 and a p-value of 0.000 hence a significant disagreement.
- The nurses and doctors always put a smile on their faces. This has a mean score of 3.27, a t-value of -2.769 and a p-value of 0.06 hence a significant agreement.
- The nurses and doctors are always alert when on duty. This has a mean score of 3.02, a t-value of -5.902 and a p-value of 0.000 hence a significant disagreement.
- When on-call, the doctors and nurses are always reachable to me when needed. This has a mean score of 2.88, a t-value of -8.201 and a p-value of 0.000 hence a significant disagreement.

- Always willing to listen to my problems. This has a mean score of 3.33, a t-value of -2.223 and a p-value of 0.027 hence a significant disagreement.
- Employees pay careful attention to me when I am telling them about my problems. This has a mean score of 3.32, a t-value of -2.224 and a p-value of 0.027 hence a significant disagreement.
- Always attend to my needs, regardless of the time. This has a mean score of 2.76, a t-value of -9.160 and a p-value of 0.000 hence a significant disagreement.

5.11 Comparison of Items: Employees Vs Patients

In order to determine if there is concordance between what the employees indicate regarding the quality of service they give to patients and the perceptions of the service quality received by the patients, each item was tested using an independent samples t-test.

Both the employees and patients were asked the same questions. Table 5.18 below itemises the questions as given to each group.

Table 5.18: Service Quality questions as worded for each group

Patients	Employees
The hospital staff are always willing to help me	I am always willing to help patients
The hospital staff always adopt a friendly manner when dealing with me	I always adopt a friendly manner when dealing with the patients
The nurses and doctors respond to my needs promptly	I always respond to patients' needs straight away
The nurses and doctors are never too busy to attend to my requests	I am never too busy to attend to patients' requests
The nurses and doctors are always sincerely interested in solving my medical problems	I am always sincerely interested in solving my patients' problems
The staff always provide the right medical service the first time	I always try to provide the right medical service the first time
The hospital environment (wards, bathrooms, waiting rooms etc) are kept clean	I am always conscious of the cleanliness of the environment in which I work
The staff always make sure that they give me the right medicines for my problems	I always make sure that I give patients the right medicines for their problems
The nurses and doctors seem to be prepared to	I am prepared to work extra hours in serving the

work extra hours in serving me	patient
The doctors and nurses always do their best to help me	I always go the extra mile in helping the patients
The doctors and nurses make it to the wards on time	I make sure that I get to work on time
When the doctor and nurses make appointments with patients, they always make it to the appointments	When I make appointments with patients, I always make it to the appointments.
The doctors and nurses provide counselling to me as assurance	I always try to give my patients individualized attention
The doctors and nurses don't wait to be greeted by me; instead, they always try to greet first	I don't wait to be greeted by patients instead I always try to greet them first
The doctors and nurses are always prepared to go the extra mile to explain unclear health issues to the patients	I am always prepared to go the extra mile in explaining unclear health issues to the patients
The nurses and doctors always put a smile on their faces	I always try to put a smile on my face regardless of my mood
I always receive appropriate references for further attention where necessary	I always give the patients appropriate references for further attention where necessary
The nurses and doctors are always alert when on duty	I am always alert when on duty
When on-call, the doctors and nurses are always reachable to me when needed	When I am on call, I always make sure that I am reachable to patients when needed
Always willing to listen to my problems	I am always willing to listen to the patients' problem
'Employees' pay careful attention to me when I am telling them about my problems	I pay careful attention to patients when they are telling me about their problems
Always attend to my needs, regardless of the time	I always attend to patients' needs, regardless of the time

Table 5.19: Independent t-test on service quality: employee and patient views

Item	Group	n	Mean (SD)	t	df	p-value
Willing to help patients	Patients	300	4.11 (1.332)	-7.507	515	<.001*
	Employees	217	4.87 (0.963)			
Adoption of a friendly manner	Patients	300	3.87 (1.332)	9.840	515	<.001*
	Employees	217	4.23 (0.945)			
Responsiveness to patients' needs	Patients	298	3.29 (1.406	5.251	513	<.001*
	Employees	217	4.86 (.942)			
Never too busy to attend to patients' requests	Patients	300	3.22 (1.320)	4.462	515	<.001*
	Employees	217	3.74 (1.295)			

Sincerely interested in solving my medical problems	Patients	299	3.78 (1.327)	.340	514	<.734
	Employees	217	3.82 (1.442)			
Providing the right medical service the first time	Patients	298	3.80 (1.367)	-13.193	513	<.001*
	Employees	217	5.09 (.845)			
Cleanliness of the environment	Patients	300	3.59 (1.452)	-14.108	515	<.001*
	Employees	217	5.04 (.876)			
Providing the right medicines	Patients	298	3.93 (1.344)	-14.199	513	<.001*
	Employees	217	5.34 (.905)			
Prepared to work extra hours in serving the patient	Patients	299	3.11 (1.383)	.701	514	>.484

	Employees	217	3.02 (1.383)			
Staff always doing their best	Patients	300	3.72 (1.279)	3.243	515	<.001*
	Employees	217	3.31 (1.500)			
Making it to the wards on time	Patients	299	3.36 (1.464)	1.354	514	>.176
	Employees	217	3.53 (1.347)			
Meeting appointment times	Patients	300	3.12 (1.425)	2.879	515	<.004*
	Employees	217	3.47 (1.309)			<.005
Providing counselling	Patients	300	4.22	13.199	515	<.000
	Employees	217	5.04 (.876)			

Greeting patients	Patients		3.77 (1,231)	4.192	514	<.001*
	Employees		4.12 (1.212			
Prepared to go an extra mile in explaining health issues to patient	Patients	299	3.32 (1.365)	.336	514	>.737
	Employees	217	4.14 (1.241)			
Always put a smile	Patients	298	3.27 (1.423)	15.191	512	<.001*
	Employees	216	4.88 (.976)			
Making references to patients	Patients	296	3.47 (1.452)	14.413	511	<.001*
	Employees	217	4.97 (.902)			
Always alert on duty	Patients	294	3.02 (1.403)	9.216	509	<.001*

	Employees	217	4.13 (1.270)			
Always reachable to patients	Patients	295	2.88 (1.288)	8.645	510	<.001*
	Employees	217	3.88 (1.272)			
Always willing to listen to patients	Patients	298	3.33 (1.355)	4.057	513	<.001*
Paying careful attention to patients	Employees	217	3.83 (1.441)			
	Patients	299	3.32 (1.365)	7.089	514	<.001*
Attending to patients' needs regardless of time	Employees	217	4.14 (1.241)			
	Patients	300	2.76 (1.393)	5.449	515	<.001*
	Employees	217	3.44 (1.383)			

Results (Table 5.19) show that employees agree significantly more than patients that the staff is always willing to help.

Both patients and employees agreed significantly that the health workers were friendly in their way of handling patients. However, employees agreed more with the statement than the patients.

On the statement on nurses' and doctors' responsiveness to patients' problems, employees agreed more than patients, although they both agreed significantly.

Rating the statement on whether health workers are never too busy at the hospital to help the patients, the employees agreed more despite all agreeing significantly.

Both patients and health workers agreed significantly that the health workers provide the right medicines the first time.

Although both patients and employees agreed with the statement that health workers were conscious about the cleanliness of their environment, provided the right medicines, always did their best to help, always met their appointments, provided counselling, greet patients, and prepared to go an extra mile in explaining health issues to patients, employees tend to significantly agree more to the statement than do patients.

The results also show that the health workers provide effective referrals to patients, are always alert on duty, always reachable to patients, willing to listen to patients, pay careful attention to patients, and attend to patient's needs regardless of time; the employees significantly agreed more than employees agreed.

5.12 Qualitative data analysis

5.12.1 What are your experiences with internal marketing at Chitungwiza Central Hospital?

5.12.1.1 Employee empowerment

Respondent	***Response***	***Analysis of Responses***
Principal Nursing Officer (PNO)	*"….with the nature of our job which is to save life, our staff should have limited autonomy in conducting their duty, much off our work as health workers is procedural, there are protocols that should be followed and the job is routine….."*	The respondents frequently pointed out that the nature of hospital jobs does not require too much freedom for staff to make work decisions. They indicated that there is limited autonomy to avoid putting people's lives at risk. They clearly showed that the health work is procedural and staff are

		not allowed to use their initiatives to avoid unnecessary hazards. Based on this discourse, it is evident that employee empowerment is very limited.
Clinical Director (CD)	*"….our work is very procedural, you need to follow proven step in providing health care, you can't use your initiative…."*	

5.12.1.2 Strategic rewards

Respondent	***Response***	***Analysis of Responses***
Human Resources Manager	*"….as you can see nurses have just been on strike recently, a clear sign of remuneration, specifically the salary levels are too low. The majority of our health staff are renting outside the hospital, I wish we had enough accommodation at the hospital so we could reduce their financial burdens.."* *He further said,* *"long ago we used to have transport for those who stay outside the hospital accommodation but with the economic hardships they have all broken down…."*	Results clearly show that the health staff are not paid enough in terms of salaries. Other benefits like accommodation are also not enough as the majority were said to be staying outside of the hospital accommodation. For those staying outside, there is no transport provided to them, leaving many with little disposable income. It also shows that staff are not paid for overtime work. This is a clear indication that the rewards at the hospital are poor.
Matron	*"our salaries come from the government, and as you know the government salary levels are too low, on top of that promotions are very limited in the health sector otherwise people could earn more through promotions. We used to be paid for overtime work but now the government has stopped it…"*	

5.12.1.3 Organisational structure

Respondent	***Response***	***Analysis of Responses***
Majority of respondents (91%)	*"…We are highly centralised, our decisions are centralised, we don't make strategic decision here as everything comes from the Ministry of Health through the Health Service Board, we do more of operational than strategic planning here…."* *"…we are procedure and rules bound that we don't decide anything here, decision making is centralised at the top i.e. from the CEO to the Health Service Board to the Ministry…"* *"…everything comes from the Ministry, the hospital doesn't make strategic decisions, our structure is more of an authoritative one than anything else, too many bureaucracies…"*	The majority of the respondents echoed that the hospital structure was highly centralised and that much of the key decisions came from the central government as a central hospital. Because of this, the hospital was authoritative in terms of leadership. The hospital reported to the central government as well as taking instructions from it, resulting in its structure being tall, centralised and bureaucratic. As such, the results show that the hospital structure is centralised.

5.12.1.4 Organisational culture

Respondent	***Response***	***Analysis of Responses***
Majority of respondents (89%)	*"…our profession deals with people's lives hence we highly procedural in doing our work, the profession doesn't require any initiatives to avoid any death…."* *"…every that we do is highly standardised and well regulated all the work is challenging…"* *"…the protocols are too many here and everything is hierarchical and well structured…"*	From the excerpts, it is clear that the hospital culture is more structured, hierarchical, regulated, and well-standardised. This could be true given that its structure is highly centralised and rules-bound.

5.12.1.5 Job security

Respondent	***Response***	***Analysis of Responses***
Majority of respondents (89%)	*"…the most enjoyed benefit as a health worker is that you can serve as long as you wish until you get old, the only bad thing is you die poor…."* *"…with the civil service you can retire at the age of 65years so there are high chances that one can remain employed for more than three decades…"* *"…for the period I have been here, it looks like job security is very high except for those who go against the rules and procedures…"*	From the extracts by the researcher, the health sector has high job security for those who follow the rules and procedures. A person can serve up to the age of 65years, showing that there is job security.

5.12.2. How have internal marketing practices at CCH influenced service delivery at the hospital?

Respondent	***Response***	***Analysis of Responses***
Majority of respondents (89%)	*"….as you can see nurses have just been on strike recently, a clear sign of poor internal marketing practices, specifically the salary levels are too low, no meaningful housing and transport allowance, but that has not affected the performance of our staff that much… service delivery has remained a priority among the health workers…"* *"…public health services sector has recently been made an essential service sector through the Public Health Act. As such, the health workers are mandated to serve first and prioritise life before anything else. Failure to do is tantamount to mutiny. The public health sector is no longer allowed to*	The reality is that despite the nature of internal marketing practices the management may put in place, the health workers have no option besides serving lives. They may not be satisfied with their rewards, but they are told to complain after duty hence they may provide a quality service since they are mandated to do so.

	carry out demonstrations or strikes despite the bad situation prevailing. This is another reason why health services have remained average or high in the circumstances…. "…	
	"…we are an arm of government, we can't do anything except save lives, a lot of bad things happen but we continue to serve because it is our mandate to save lives…"	

5.12.3 What could be some internal marketing challenges faced by the hospital?

Respondent	***Response***	***Analysis of Responses***
	"….our worst challenge is that we have limited power to decide on the benefits of our staff, the salary system is government centralised…" *"…we may want to practice laisse faire or democratic leadership but the type of our sector requires an authoritative and rules bound leadership, people can't be left to decide how they want to do their jobs as this involves people' health and deaths…"* *"…another challenge is the poor performing economy, if things were okay, we could be paying some extra allowance and even paying for overtime, but as it is we can't…"* *"…decision making is centralised to the central government…."*	The respondents felt that the management has no power to decide on the benefits, instead, they are also on the receiving end. The quotations extracted by the researcher also show that the biggest challenge in the public health service is that the sector is highly centralised with a lot of bureaucracies that do not allow workers to use their own initiatives.

5.12.4 With your experience, how do you view internal marketing in terms of building job satisfaction amongst your employees?

Respondent	***Response***	***Analysis of Responses***
	"...yah definitely internal marketing plays a key role in creating job satisfaction, people are happy when their expectation are met at work, if not then people become bored...." *"...yah proper practices can create job satisfaction, last time we device a compressed working week which gives the staff more days as off days, they were so happy...."* *".....when the government increases the salaries, so many times you see the employees reporting for duty with difficult and even meeting their targets...."*	The results clearly show that when the expectation of the employees are met, job satisfaction is created.

5.12.5 Do you think you are doing enough to create job satisfaction amongst your employees?

Respondent	***Response***	***Analysis of Responses***
Operations Director	*"as the hospital management, we try our level best to make sure that we remain fair in everything that we do to promote equality among our workers so that our health staff feel respected. We do appreciate those who perform outstandingly as encouragement for others to emulate. However, there are other things that we wish we could do but we can't e.g. increasing the employees' salaries, making their salaries*	The results of the interviews show that there was a need for salary increase despite the fact that the hospital management had no power over the health staff salaries. The results also indicated that health workers were concerned with the level of fairness and equity in treatment by their superiors. These results correspond with the results from the quantitative.

	equitable with the private health sector…"	

5.12.6 From your experience, do you think job satisfaction has influenced service delivery at Chitungwiza Central Hospital?

Respondent	***Response***	***Analysis of Responses***
Operations Director	*We have had some demonstration recently disrupting service delivery. It's a clear sign of lack of job satisfaction. But in our sector now in Zimbabwe, service delivery remains above average despite lack of job satisfaction because we are mandated to do so. We have heard patients complain sometimes that they are not being served on time due to failure to meet the expectations of the workers. It is our wish as management to create job satisfaction and improve on service delivery.*	The results acknowledged the lack of job satisfaction at the hospital among the workers.
Human resources manager	*We have been doing enough to our limit but we can't compare with the private health sector which is profit making. They have enough to give to their workers in terms of salaries and other benefits.*	Results show that the hospital has few resources to be able to offer the workers any meaningful salaries as compared to the private sector hospital

5.12.7 What do you think needs to be done to improve internal marketing and job satisfaction?

Respondent	***Response***	***Analysis of Responses***
Operations Director	*"….the government should improve the salaries for the nurses and doctors probably they should compare the salaries with other regional hospital such as in South Africa, Zambia, and Botswana….."*	The result shows that doctors and nurses are not being paid enough compared to their regional counterparts.
	"….need to increase the grades or notches of staff levels so as to reduce the need for promotion…, government can	There is a little stretch for promotion as the results show the need to increase some notches in the grades so as to

	also build more hostels here at the hospital so they improve on accommodation…"	earn more
	"…There is need for the government to allow us to use the funds that we realise to pay some retention allowance to our staff…."	The respondent thought it could be better if the hospital was allowed by the government to use funds they collect from a patient as a way to cushion themselves from the economic hardships

5.13 Chapter Summary

The current chapter presented results derived from the quantitative and qualitative approaches of the study. Quantitatively, the chapter presented the demographic data, the one sample t-test statistics, independent t-tests, confirmatory factor analysis CFA, Path analysis, and structural model (SM). Reliability and construct validity were also tested to ensure the generalisability of the study results. The qualitative results of the study were presented, establishing some new factors that failed to come up from the quantitative study. The next chapter focuses on the discussion of the study results.

CHAPTER SIX
DISCUSSION OF RESULTS

6.1 Introduction

The chapter concentrates on the discussion of results to address the research objectives, questions and hypotheses. In the context of Zimbabwe's public health sector, the study's main objective was to assess the impact of internal marketing and job satisfaction on service quality. To determine if the previous studies' literature supports the study findings, findings from relevant literature are compared with empirical data. In this part, the study's hypotheses are either confirmed or rejected by the findings.

6.2 Objective 1: To determine the influence of aspects of internal marketing on job satisfaction at Chitungwiza Central Hospital.

Practising internal marketing is of paramount importance in creating a motivated workforce that is dedicated to delivering a superior service to the external client (Salehzadeh et al., 2017). Without a motivated and satisfied workforce, the organisation will not achieve service excellence, no matter how much they plan and strategize. As such, planning and designing excellent strategies may not work for the organisation if the workers are not interested and willing to perform, hence the need to secure their loyalty (Robledo, 2016). Internal marketing practices foster an incessant perfection of services and the formation of customer satisfaction and loyalty (Ahmed, Rafiq, Saad, 2003) and foster the competitiveness of service organisation through the creation of customer orientation (Dalvi and Sefid-Dashti, 2013). Organisations can communicate with employees and create a shared vision within the whole firm (Mahdi and Al-Rabaiwi, 2020).

Internal marketing is achieved through implementing various elements, which include employee empowerment, training and development, employee selection and motivation (Azzam, 2016), internal communication and retention efforts (Wambugu, 2015), rewards and organisational culture (Magatef and Momani, 2016). Some authors view internal marketing elements as organisational structure, generous rewards, leadership, reduced status, distinctions, employee empowerment, job security, coordination within groups, and surrounded environment (Bansal, Mendelson, and Sharma (2001) and Ayse and Isil’s 2008).

Basing on this objective, some hypotheses were formulated to confirm the relationship between the elements of internal marketing and job satisfaction. According to Mishra (2018), these aspects of internal marketing include strategic rewards, job security, organisational structure, organisational culture and employee empowerment. In this study, elements of internal marketing that were used were

strategic rewards, job security, organisational structure, organisational culture and employee empowerment

H1a: There is a significant positive relationship between Strategic rewards and satisfaction at Chitungwiza Central Hospital

The study established through the data gathered in this study that strategic rewards play a moderately substantial role in creating job satisfaction. Bernardin (2007, p.352) alluded that rewards refer to all form of financial outcomes and real rewards received by employees as part of the employment relationship (Sihombing et al., 2018, p.507). While according to Mihardjo and Ahmed (2021), rewards refer to all forms of cash payments and all goods and commodities used based on the value of money to give to employees. The full impact of rewards on employee performance can be better appreciated when viewed from the angle of total rewards (Lee et al., 2017). Strategic rewards are used as a tool by the management to create job satisfaction among its employees. According to Kozaic (2015), job satisfaction is a function of the member's values, expectations, and needs which might be psychological or physical. Studies reviewed show that when employees are given enough rewards, they will develop a positive attitude towards their jobs. As such, research has shown that satisfied employees perform highly at work and offer a better service to external customers than unsatisfied employees (Khajuria, 2019). A study by Hilz, Westerlund, Jönköping, et al. (2019) discovered that rewards given to workers positively influence the employee's feelings and liking of his/her job. The majority of empirical case studies reviewed in chapter 2 of the study demonstrate that rewards are a key factor in the creation of job satisfaction in service organisations.

The results of this study support the above arguments, as strategic rewards were found to have a somewhat positive influence on job satisfaction in the public health sector of Zimbabwe (Beta= -0.050 and p-value=0.565). Therefore, the hypothesis that strategic rewards positively influence job satisfaction is accepted.

H1b: There is a significant positive relationship between job security and job satisfaction at Chitungwiza Central Hospital

Job security is defined as the level of confidence and assurance that the employees possess in their job that they will not lose their current employment (Stapleton, 2019). It is the assurance that the employee has over the continuity of their current jobs (businessdictionary.com), considering the economic conditions of a specific country (Nosita et al., 2020). Gjurašić and Marković, (2017b) view job security as freedom from the fear of job loss. Organisations whose workers feel secure tend to create a high level of job satisfaction and will execute their duties extremely well (Sanyal, Hisam and BaOmar, 2018). According to the Global Workforce Study (2014), job security serves as bait for attracting, retaining the best skill in organisations and fostering satisfaction with work tasks among

employees. When employees feel that they have guaranteed long tenure of work at a particular organisation, they will develop a high level of satisfaction in their work and will perform to impress. In a study by Khajuria (2018), job security was found to be positively related to job satisfaction. Another study by Kukreja (2019) discovered that job security gives an employee a sense of belonging to the organisation, creates a comfort zone for them, and enables them to exhibit their best performance. As such, job security creates the much-needed job satisfaction in any organisation, including service organisations and hospitals in particular. In another research, Fleischmann (2017) discovered that when organisations fail to provide job security to their workers, the workers will suffer job insecurity resulting in depression, stress, decreased well-being and unwillingness to perform. Therefore, job security was confirmed by literature that it positively influences job satisfaction.

The results from the current study do not support the above arguments, as job security was found not to have a positive and significant influence on job satisfaction in the public health sector of Zimbabwe (Beta= 0.029 and p-value=0.721). The result evidently shows that there is no significant relationship between job security and job satisfaction in the public health sector in Zimbabwe. Therefore, the hypothesis that job security positively influences job satisfaction is rejected. This result lacks support from previous literature. This result that job security does not influence job satisfaction in the public health sector of Zimbabwe could be because of the nature of the civil service. In the civil service, where the public health sector in Zimbabwe is included, job security is guaranteed when one joins the sector as all health workers sign a contract that gives them the room to serve until they reach 65 years of age. As such, job security ceases to be a concern in the public health sector as it is guaranteed.

H1c: There is a significant positive relationship between Organisational structure and job satisfaction at Chitungwiza Central Hospital

An organisational structure is a formal system within organisations that signifies authority relationships and tasks meant to coordinate and control individual employees' actions and his/her behaviour in a bid to achieve the firm's goals and vision (Louadi, 2008; Jones, 2013). The structure of the firm influences the actual execution of jobs, including tasks within organisations (Mensah, 2014), spelling out the reporting structure, allocation of tasks and their coordination (Kay et al., 2018). As such, organisational structure considers the hierarchy of roles within an institution. The structure of an organisation was found to influence the level of job satisfaction by a number of researchers in previous studies. In their study, Chigozie, Chijioke, and Abele (2015) focused on assessing the relationship between Organisational structure and job satisfaction in the Jordan Hospital and found that the intensity of the hierarchical nature of an organisational structure positively affects job satisfaction. This view is supported by Srivastava (2017), who argues that job satisfaction and worker productivity rest upon the right organisational structure. In the same view, Thomas (2015), in his

study in Nigeria examining how organisational structure affects job satisfaction, discovered that the nature of structure determines the extent of work satisfaction considering achievement, dominance and autonomy. The organisational structure affects staff dedication and happiness in the export sector. In terms of structure, the study delimited itself to formalisation and centralisation (Gordon et al., 2019a).

The results from this study support the above arguments, as the organisational structure was found to have a positive and significant influence on job satisfaction in the public health sector of Zimbabwe (Beta=0.421 and p-value=0.001). The hypothesis that organisational structure positively influences job satisfaction is confirmed.

H1d: There is a significant positive relationship between Organisational culture and job satisfaction at Chitungwiza Central Hospital

It has been discovered from the literature that organisational culture outlines the traditions, opinions, standards, norms and behaviours shared collectively by members of a specific organisation (Hilz, Westerlund, and Schmidt, 2019). Culture plays a key role in organisations. It gives members of a specific organisation a shared perception that makes them bound together. Mohanty and Bhusan Mishra (2019b) believe that organisational culture increases employee commitment, gives them a sense of identity, shapes behaviour and is used as reinforcement of organisational values. As such, organisations use organisational culture to distinguish themselves from other firms as it gives them a unique identity (Mullock, 2014). According to Imani et al., (2020) "the success of organisations rests on their culture as better firms are distinguished from bad firms based on their organisational cultures". Various studies in the literature review confirmed the importance of organisational culture in creating job satisfaction and service quality. A study by Rehman (2012) discovered that if members of an organisation share the same values and norms, their performance will improve, leading to the attainment of its vision and goals and, eventually, positive job satisfaction. Gantsho and Sukdeo (2018), in their study, discovered that there is a positive and significant relationship between culture and job satisfaction. On the other hand, Kotter (2012), argues that culture enhances the performance of members of an organisation, creates job satisfaction, and aids problem-solving.

The results of the study on the relationship between organisational culture as an aspect of internal marketing and job satisfaction do not support the above arguments, as organisational culture was found to have an insignificant influence on job satisfaction in the public health sector of Zimbabwe (Beta=0.015 and p-value=0.883). The hypothesis that organisational culture positively influences job satisfaction is rejected. These results do not concur with any previous study, given that all previous studies confirm a positive and significant relationship between organisational culture and job satisfaction. This is quite a unique and surprising result, given that literature from previous studies

disconfirms this finding. Arguably, this unique result could be so given that the culture at Chitungwiza Central Hospital was said to be highly procedural, hierarchical, structured and standardised. Probably the health workers are used to the rules and procedures (culture) that they no longer consider it significant to their jobs, hence an insignificant influence on their job satisfaction.

H1e: There is a significant positive relationship between employee empowerment and job satisfaction at Chitungwiza Central Hospital

The interview results showed that the influence of employee empowerment on job satisfaction in the public health sector is significant. The hospital executives highlighted that the nature of public health work does not require too much freedom on the part of the workers in decision-making. They indicated that their job is to save lives through already laid down procedures that all health practitioners should follow. From the executives' sentiments on employee empowerment, it shows that empowerment does not matter much in the health sector as the employees consider their jobs highly procedural and that that's the nature of the job.

The quantitative results showed that the was no significant relationship between employee empowerment and job satisfaction in the public health sector (Beta=0.041 and p-value=0.603). Therefore, the study can confidently and firmly confirm that employee empowerment has an insignificant influence on job satisfaction. These results could not be supported by literature as there is a vacuum in the literature on the influence of employee empowerment and job satisfaction. There are no previous studies on this. In conclusion, the results of this study showed that empowerment does not influence job satisfaction in the public health sector in Zimbabwe.

6.3 Objective 2: To establish the impact of job satisfaction on service quality at Chitungwiza Central Hospital

The personal view towards a firm, work, workmates and including job environment is also viewed as job satisfaction (Maung, 2020). It is caused by the difference in the gap between the staff's observation of their job and the employee's expectations related to his or her job (Janjua, Ahmad and Afzal, 2014). The feeling and/or attitude that the employee has over his or her job is important because, according to research, satisfied employees perform highly at work and offer a better service to external customers than unsatisfied employees. It is through job satisfaction that employees feel motivated to work to achieve organisational goals and hence achieve high service quality (Leider et al., 2020). Organisations should guarantee that job happiness is high among their employees to increase responsiveness, efficiency, quality and loyalty (Qureshi et al., 2019).

The objective was to establish the impact of job satisfaction on service quality at Chitungwiza Central Hospital Group of Hospitals looked at in a two-way approach where the service quality was viewed from the perspective of the employee (self-rated) and from the perspective of the patients. As such, two hypotheses were tested relating to job satisfaction and service quality patients rated and another one relating to service quality employee rated. These are discussed below;

H2a: There is a significant positive relationship between job satisfaction and service quality in the public health sector (employee side)

The results from this study indicate that there is a statistically significant positive relationship between job satisfaction and service quality as viewed from the perspective of the employee (Beta=0.282 and $p<0.001$). The hypothesis was accepted. This indicates that job satisfaction in the public health sector influences the level of service quality in the public health sector. This result concurs with literature from previous studies. A study by Kadir, Kamariah and Saleh (2017) found that the creation of job satisfaction among hospital workers enhances service quality delivery. The study finding is also supported by Choi et al. (2020), who found in their study that employees are willing to perform their work perfectly if they are satisfied with their jobs and that there is a positive correlation between job satisfaction and service quality in the public and private hospitals.

H2b: There is a significant positive relationship between Job Satisfaction and service quality at Chitungwiza Central Hospital (patient side)

In a multiple regression analysis conducted, the regression equation between the independent latent variable job satisfaction and the dependent latent variable service quality indicated a positive and almost statistically significant relationship (Beta=0.153 and p-value=0.051). The results clearly show that the more the level of job satisfaction through internal marketing, the higher will be service quality delivery in the public health sector. These results show that job satisfaction is able to positively influence service quality in the public health sector.

The results are consistent with previous studies in which job satisfaction was found to be a significant predictor of service quality. In his study, Kadir, Kamariah, and Saleh (2017) found that the creation of job satisfaction among hospital workers enhances service quality delivery. A study that was done in South Africa focusing on how job satisfaction influenced service quality at Mafikeng provincial hospitals discovered that job satisfaction can be created through empowering the employees, paying them equitably, and training them is a key determinant of worker delight and morale which leads to service quality delivery (Gordon et al., 2019b).

6.4 Objective 3: To assess the effect of aspects of internal marketing on service quality at Chitungwiza Central Hospital

Based on this objective, some hypotheses were formulated to confirm the relationship between the aspects of internal marketing and service quality. Internal marketing is composed of various items, which include strategic rewards, job security, organisational structure, organisational culture and employee empowerment. These are the same aspects that were used in the study (Jobber, 2012).

H3a: There is a significant positive relationship between strategic rewards and service quality at Chitungwiza Central Hospital

Multiple researchers have confirmed that strategic rewards influence service quality in the public health sector. According to Rahayu et al. (2019), rewards are vital in enhancing the commitment of employees and ensuring high standards of performance. A positive correlation between rewards offered and worker attitude towards service delivery was noticed in a study that was conducted in Iranian Hospitals (Jehanzeh, Rasheed, and Amir, 2016). It was also found in another study that a good reward package inspires employees to offer their highest performance towards work tasks and the provision of quality service (Chasanah, 2020). Further to that, Magatef, Ahmad (2016) discovered in Jordan Hospital that strategic rewards offered by a company to its employees are strongly linked to quality of service delivered. Similarly, Haas (2010) discovered that workers develop a positive mind towards delivering a high quality service if they realise that the management is doing enough and that being rewarded equitably relative to their friends working in other entities. He emphasised that management should have a proper and effective reward plan in place so as to influence positive behaviour towards service quality delivery.

The research findings indicate a statistically significant association between strategic rewards and service quality as viewed from the perspective of the employee (Beta=-0.203 and P=(0.006). The hypothesis was accepted. This shows that strategic rewards influence the level of service quality in the public health sector. This result concurs with the above literature arguments.

Looking from the patients' opinion, the findings indicate a strong association between strategic rewards and service quality (patients rated) (Beta=-0.182 and p-value=0.029). The p-value was less than 0.05. Hence the hypothesis was accepted. This also shows the importance of strategic rewards in influencing service quality in public hospitals.

The two results above, service quality employee rated and patients rated, concur with the above literature as the two depict a strong association between strategic rewards and service quality in the public health sector.

H3b: There is a significant positive relationship between job security and service quality at Chitungwiza Central Hospital

The results from this study with service quality rating from the employee side give evidence of lack of association between job security and service quality (Beta=-0.101 and p-value=0.132). The hypothesis was rejected. This indicates that job satisfaction in the public health sector does not influence the level of service quality in the public health sector. This result is not consistent with previous studies.

With service quality rated from the patient side, evidence from findings indicated an insignificant relationship between job security and service quality (Beta=0.105 and p-value=0.167). The hypothesis was rejected. The result implies that job security does not influence the level of service quality in the public health sector. This result is also inconsistent with previous literature.

Both the results, with service quality rating from the patient perspective and employee rated, are not consistent with previous literature. This shows that job security does not influence service quality in the public health sector in Zimbabwe. This could be true given that job security in the public service sector (civil service) is guaranteed as employees sign a tenure of 20 years when they join the public health sector and can work and retire at the age of 65 years (Health Service Charter, 2021).

H3c: There is a significant positive relationship between organisational culture and service quality at Chitungwiza Central Hospital

The study results with service quality rating from the employee view indicate that organisational culture (entrepreneurial) and service quality are correlated (Beta=0.209 and p-value (0.001). This hypothesis was accepted. This indicates that organisational culture (entrepreneurial) in the public health sector impact on the quality of service delivered in the public health sector. This result is in line with past literature.

The study results with service quality rating from the patient view indicate that organisational culture (entrepreneurial) and service quality are positively associated (Beta=0.66 and p<0.001). The hypothesis was accepted. This indicates that organisational culture (entrepreneurial) in the public health sector influences the level of service quality in the public health sector.

Both the results from the patient view and employee view indicate that positive correlation between organisational culture (entrepreneurial) and service quality in the public health sector. The result is supported by Mokaddem and Adnani, (2019) and Mohanty and Bhusan Mishra (2019), who maintain that organisational culture has a major impact on the delivery of better service.

H3d: There is a significant positive relationship between organisational structure (hierarchical) and service quality at Chitungwiza Central Hospital

The study results indicate the presence of a positive relationship between organisational structure (hierarchical) and service quality (Beta=0.388 and (p<0.001). P=0.001, which is less than 0.05; hence the hypothesis was accepted. This indicates that the organisational structure (hierarchical) in the public health sector influences the level of service quality. It is clear from the finding that quality of service delivery increases at the hospital if the organisational hierarchy is well managed in the public health sector.

The finding is similar to recent findings from literature on organisational structure and service quality in the public health sector (Jaiyeoba et al., 2015; Mekonnen et al., 2021; Tajeddini, 2014). In a study that was carried out by Hilz et al. (2019), the findings clearly indicate positive relationship between hierarchical organisational culture and service quality delivery in the public health sector in Iran (Beta=0.283 and p-value=0.001). Similarly, Downar (2018), in his study on the effect of organisational structure as an aspect of internal marketing on service quality in Sweden, found that there is a statistically positive correlation between organisational culture and service quality.

H3e: There is a significant positive relationship between employee empowerment and service quality Chitungwiza Central Hospital

Firstly, with service quality rating from the staff's view, the findings indicate the existence of a positive association between employee empowerment (personal capability) and service quality (Beta=0.144 and p-value (0.047). The hypothesis was accepted. The result indicates that employee empowerment (personal capabilities) positively influences the level of service quality in the public health sector. This means that service quality increases at the hospital if employee empowerment (personal capabilities) is well managed and maintained in the right shape.

Secondly, with service quality rating from the patient's view, the findings from the study indicate that there is a somewhat significant relationship between employee empowerment (personal capability) and service quality (Beta=0.036 and p-value=0.060). The hypothesis was accepted. The result indicates that employee empowerment (personal capabilities) positively influences the level of service delivery in the public health sector. This means that service quality increases at the hospital if employee empowerment (personal capabilities) is well managed and maintained in the right shape.

The results from the two tests are supported by literature on employee empowerment and service quality in the public health sector (Baird et al., 2018; Choi et al., 2020; Hirzel and Leyer, 2017). The result was confirmed in a research done by (Baird et al., 2018), in which they evaluated how empowerment affects service quality. The study found that the two variables are positively correlated.

6.5 Decisions on hypotheses

Some hypotheses were formulated against the study objectives so as to establish the relationship between the independent variables and dependent variables. The hypotheses were between the elements of internal marketing (strategic rewards, employee empowerment, organisational culture, organisational structure, and job security) and job satisfaction, job satisfaction and service quality, elements of internal marketing and service quality. Decisions established on each hypothesis are shown in the tables below.

Table 6.1: Relationship between elements of internal marketing and job satisfaction

HYPOTHESIS	DECISION ON HYPOTHESIS
H1a: There is significant positive relationship between Strategic rewards and job satisfaction at Chitungwiza Central Hospital	Accepted
H1b: There is significant positive relationship between job security and job satisfaction at Chitungwiza Central Hospital	Rejected
H1c: There is significant positive relationship between Organisational structure and job satisfaction at Chitungwiza Central Hospital	Accepted
H1d: There is significant positive relationship between Organisational culture and job satisfaction at Chitungwiza Central Hospital	Rejected
H1e: There is significant positive relationship between employee empowerment and job satisfaction at Chitungwiza Central Hospital	Rejected

Table 6.2: Relationship between job satisfaction and service quality

Hypothesis	Decision on hypothesis	
H2a: There is a positive relationship between job satisfaction and service quality (employee rated)	Accepted	
H2b: There is a positive relationship between job satisfaction and service quality (patient rated)	Accepted	

Table 6.3: Relationship between elements of internal marketing and service quality-employee rated

Hypothesis	Decision on hypothesis
H3a: There is a positive relationship between strategic rewards and service quality (employee rated)	Accepted
H3b: There is a positive relationship between job security and service quality (employee rated).	Rejected
H3c: There is a positive relationship between organisational culture-entrepreneurial and service quality	Accepted
H3d: There is a positive between relationship organisational structure (hierarchical) and service quality	Accepted
H3f: There is a positive relationship between employee empowerment and service quality (employee rated).	Accepted

Table 6.4 Relationship between elements of internal marketing and service quality-patient rated

Hypothesis	Decision on the hypothesis
There is a positive relationship between strategic rewards and service quality-patient rated	Accepted
H3h: There is a positive relationship between job security and service quality-patient rated	Rejected
H3i: There is a positive relationship between organisational structure and service quality-patient rated	Accepted
H3j: There is a positive relationship between organisational culture-entrepreneurial and service quality-patient rated	Accepted
H3l: There is a positive relationship between employee empowerment and service quality (patient-rated)	Accepted

6.6 Chapter Summary

The current chapter concentrated on the discussing of the findings as presented in chapter five. The discussion of these findings was done in line with the research objectives in light of the study objectives, questions and hypotheses. The discussion centred on the main elements of internal marketing and their impact on job satisfaction and service quality in the public health sector. The next chapter seven winds up the study with an outline of the study conclusions, recommendations, limitations, and direction for future studies.

CHAPTER SEVEN
CONCLUSIONS AND RECOMMENDATIONS

7.1 Introduction

The study aimed at examining the relationship between internal marketing and job satisfaction on service quality in public health service of Zimbabwe. This part of the study dwells on drawing conclusions and recommendations in light of the study objectives. The discussion in this chapter will show the extent to which the research problem has been addressed. It evaluates the empirical research's degree of support or lack thereof for the linkages established in the internal marketing research model. Results from the discussion of findings chapter are reviewed in light of what is previously known about the issue at hand as well as any fresh insights gained from this investigation. This chapter, therefore, connects the research findings with the reviewed literature on the relationship between aspects of internal marketing and job satisfaction on service quality.

7.2 Conclusions

The following were the conclusions drawn from the results.

7.2.1 To determine the influence of elements of internal marketing on job satisfaction at Chitungwiza Central Hospital

The elements of internal marketing that were considered in this study included strategic rewards, job security, organisational structure, organisational culture and employee empowerment (Magatef and Momani, 2016). Out of these elements, only organisational structure-hierarchical has a significant and positive relationship with job satisfaction with (p-value=0.001) in the public health sector. On the other hand, strategic rewards (p-value=0.603), job security (p-value=0.721), organisational culture (0.883), and employee empowerment (0.60) had no significant influence on service quality in the public health sector. Organisational structure emerges as the most important element of internal marketing that organisations should manage in order to create job satisfaction. In light of these findings, it can be concluded that these elements of internal marketing do not influence service quality in the public health sector except for organisational structure-hierarchical. While literature supports that organisational structure influences job satisfaction, the lack of a significant relationship with job satisfaction on the other four elements (organisational culture, strategic rewards, job security and employee empowerment) is not supported by the literature. This is a unique finding. However, it should be noted that despite the quantitative findings, qualitative results indicated the importance of managing the strategic rewards, job security, organisational culture, and employee empowerment as these could somewhat affect the quality of service delivery in the public health sector, as also discovered in the previous studies (Jaiyeoba et al., 2015; Mekonnen et al., 2021; Tajeddini, 2014). Given that the public health sector in Zimbabwe has been made an essential service prohibiting

demonstrations and strikes for better working conditions, the structure has become more important in the sector. In conclusion, the elements of internal marketing do not influence job satisfaction in the public health sector. Further more, in support of the above finding, a study by Artanti, Hartini, Widyastuti, and Untarini (2020a) found out that internal marketing practised through employee empowerment, offering better rewards, and internal communication has a significant and positive effect on employee job satisfaction. In another survey of internal marketing and job satisfaction and service quality by Basyazicioglu and Akdonan (2018), it was found out that internal marketing has a great influence on the employee's job satisfaction which influences the performance of the employee in his/her job. The same study found out that once the employees are satisfied, they will deliver a better service to the external customer hence creating a high service quality. Therefore, institutions should make sure that they correctly implement internal marketing practices to influence the performance of their employees for better service quality delivery (Dharmawan, Ilmi, and Wijaya, 2022). The work environment in which the employee provides his/her service must be conducive to create booth psychological and physical satisfaction which translates to job satisfaction and eventually service quality (Tadeka et al., 2005).

7.2.2 To establish the impact of job satisfaction on service quality at Chitungwiza Central Hospital Group of Hospitals

Based on the evidence from the examined literature and the results of this study, the researcher concluded that job satisfaction among public health employees leads to better service quality delivery. Findings on this objective revealed a positive association between job satisfaction and service quality from both views of the employee and patients. A strong association exists between job satisfaction and service quality as viewed from the perspective of the employee (Beta=0.282 and $p<0.001$) and a positive and almost statistically significant relationship from the patient perspective (Beta=0.153 and p-value=0.051). The results show that when job satisfaction is high in the public health sector, the more service quality delivery improves. As supported by literature, it is through job satisfaction that employees feel motivated to work to achieve organisational goals and hence achieve high service quality (Rane, 2011). It, therefore, means that the hospital employees can deliver a good quality service if their job expectations are met, and that management can achieve an improved service delivery in the public health sector through the creation of job satisfaction among their employees. A similar study also found that once the employees are satisfied, they will deliver a better service to the external customer hence creating a high service quality (Putri et al., 2022). The qualitative results also give evidence of the importance of job satisfaction, as it is only when the employee is satisfied that he/she is willing to perform positively. Research has shown that job satisfaction positively influences service quality (Muh. Asriadi et al., 2022). According to Dharmawan et al. (2022) satisfied employees exhibit high job performance and fewer blunders at work, whereas unsatisfied employees perform lowly and make a lot of mistakes, and are not willing to work (Armstrong, 2006). A study by Helmi et

al. (2022) discovered that job satisfaction results in high customer orientation by employees translating to high service performance and high service quality. It is through job satisfaction that employees feel motivated to work to achieve organizational goals and hence achieve high service quality (Rane, 2011). Thus, this conclusion is heavily supported by literature.

7.2.3 To assess the effect of elements of internal marketing on service quality at Chitungwiza Central Hospital

Five elements of internal marketing were used to assess the extent to which internal marketing affects service quality in the public health sector, four of these elements showed a statistically significant and positive relationship with service quality from both the employee's view and patients' perspective except for job security. From the results: strategic rewards from the perspective of the employee ($p<0.05$) and patients view ($p<0.05$); organisational culture-entrepreneurial employee side ($p<0.05$) and patient side ($p<0.05$); organisational structure (hierarchical) ($p<0.001$); and employee empowerment-personal capability employee side ($p<0.05$) and patient side ($p=0.05$) have a positive association with service quality in the public health sector, except for job security which is not statistically significant (employee view ($p>0.05$) and patient-rated ($p>0.05$)). In light of these results, it is concluded that internal marketing elements positively affect service quality in the public health sector despite job security not having a significant relationship. Given that the results on the four elements of internal marketing are similar in both the view of the patient and employees shows that service quality is truly a function of internal marketing elements. The results are supported by literature (Magatef, Ahmad (2016); Mohanty and Bhusan Mishra, (2019); Downar (2018); Choi et al., 2020; Hirzel and Leyer, 2017). By implementing internal marketing service firms can meet their service quality goals, create worker satisfaction, retain best quality employees, increase staff performance, reduce staff turnover and eventually improve service quality (Costeira et al., 2018). These results were also supported in the qualitative study, where the management emphasised on making sure that all the elements were maintained in the right form to enhance service quality. The results from the interviews show that internal marketing is being practised at Chitungwiza Central Hospital and that it is a crucial exercise if the public health sector wants to improve its service quality delivery. Therefore, in conclusion, internal marketing elements positively influence service quality in the public health sector. This conlusion is backed by a lot of litearature. The more firms emphasis on handling employees as if they were customers, the more workers satisfaction is developed and eventually service delivery is enhanced (Sarker and Ashrafi, 2018). A study by Shabbir and Salaria (2014) focused on how internal marketing can be used to influence employee satisfaction in the Parkistan's Higher Education sector and discovered that the more institution satisfies their workers through internal marketing, the more these institution achieve service excellence. The same results

were confirmed in another research by Al-Hawary, Al-Qudah, Abutayeh, Abutayeh and Al-Zyadat in (2013) in the Jordan banking sector. A similar study was also done by Al-Khasawneh (2016) looking at the application of internal marketing factors and their effect on staff satisfaction in Islamic Banks. It was discovered that a positive relationship exist between inter-functional coordination, staff development, empowerment and strategic rewards as factors of internal marketing and level of job satisfaction. Through internal marketing, satisfied employees are highly loyal and less likely to leave their jobs thereby building a great experience curve, their experience curve will translate to high employee performance resulting in the creation of high service quality for the external customer (George and Prakash, 2019). With the intangibility nature of services, service organization relies more on the frontline employees who interact with the customers (Jean, and Colette, 2020). As such the practice of internal marketing has been discovered to positively influence employee job satisfaction which if achieved, will influence a positive attitude of the employee towards the job (Kaynak, 2022). A positive attitude means positive performance and high service quality. Berry and Parasuraman assert that "internal marketing entails the company's effort to improve its attractiveness as a potential employer so that the company can attract, select and retain the best employees in delivering excellent quality of service to external customers" (as cited in Haghighikhah, Khadang & Arabi, 2016).

7.3 Recommendations

The following are the objective-specific recommendations and general recommendations that need attention to continue to offer or to improve the level of service quality in the public health sector. These are discussed below;

7.3.1 Objective-specific recommendations

7.3.1.1 Strategic rewards

The management of the public health sector should put in place a reward system that recognises the individual's effort towards his/her job. This will create a sense of positive feeling to the employee and hence a positive performance. There should also be an equitable reward system that is comparable with other workers doing the same job in other organisations so as to retain and foster a culture of service quality. The hospital may consider non-monetary rewards like delegation, job rotation, empowerment, and issuing memorandum for good work done. These non-monetary rewards might not have any cost implications but go a long way in winning the hearts of the employees to deliver high service quality. There is also need for the public health sector to offer non-monetary rewards that include accommodation and free transport as this will enhance service delivery (Froese et al., 2019)`.

7.3.1.2 Job security

The public health sector needs to continue to provide job security to its staff through long-tenure contracts and make sure the employees feel secure. The lack of it will lead to some leaving to

competing institutions; hence the hospital will lose its skilled personnel, which will affect service quality eventually. Job security enables the hospital to retain its staff and enjoy its experience curve. Various authors have confirmed that employee who feel secure with their jobs tend to execute their duties extremely well (Sanyal, Hisam and BaOmar, 2018). According to the Global Workforce Study (2014), job security services as bait for attracting and retaining the best skill in organizations. As such, job security enhances the commitment and loyalty of employees towards their organizations (Bhuian and Islam, 1996), leading to employees becoming service quality conscious (Heibutzki, 2013). Kaynak (2022) in his study on how job security affects service quality found a strong and positive correlation between the two variables.

7.3.1.3 Organizational structure

The management of the public health sector, together with the government as the employer, should attempt to change the structure of the hospitals from a centralised structure to one that is decentralised in order to encourage quick decisions on matters that affect patients' service quality experience. If the institutions are decentralised, it will enable quick decisions, smooth flow of information, and encourage a bottom-up type of communication. This will give the health workers room to share ideas with management. This is supported by literature, for instance, a study by Katsikea, Theodosiou, Perdikis, and Kehagias (2011) discovered that organizational structure affects staff dedication and happiness in the jobs, in terms of structure, the study delimited itself to formalization and centralization. The results of a study by Johnson (2019) found that autonomy achieved through decentralization affects the work conduct of managers and staff. It is through an appropriate organizational structure that organizations can create job satisfaction which will positively influence the willingness of the workers to perform highly at work thereby achieving service quality (Bernd, 2007).

7.3.1.4 Organizational culture

Culture is one element of internal marketing that shapes the way health workers do their work. The hospital should put in place rewards for actions to foster a cultural change towards customer-centric culture. Service quality should be a culture that everyone in public health emulates. Some bonuses can be given for outstanding work together with some certificates for good work done, like worker of the year to encourage other staff members in the health sector to change their behaviour towards quality service delivery.

7.3.1.5 Employee empowerment

An employee should be awarded the power to make a decision which is in their line of duty to the limit of their work jurisdiction. They should be allowed to make a binding decision. This will reduce complaints and service delays in serving the patients, hence better service delivery. Abdullah (2022) suggests that employee empowerment is one of the key initiatives that management of service firms should practice in order to influence their employee to be committed with their jobs and offered their best. Alahbabi and Al-Dhaafri (2022) found that correctly applying employee empowerment can be highly effective in improving performance, organizational productivity, and work satisfaction as well as service quality (Sashkin, 1984; Torlak et al., 2021). According to Yesin Hussin (2022) empowerment has a direct impact on the employees, to which employees have a direct impact on service quality. Putri et al. (2022) discovered that poor employee empowerment practices leads to customer dissatisfaction and may lead to loss of customers. As such, empowered workers can be in a position to be responsive to customer queries, quickly recover in situations of service failure, and increase their willingness to provide quality services (Marketing et al., 2023).

7.3.2 General recommendations

7.3.2.1 Developing a service quality culture

The hospital should aggressively involve its workers at all levels, starting at the top and down the ranks to the newest employee, to foster and promote a culture of high-quality service. All levels of management and employees should take satisfaction in serving the hospital with pride and assurance and in treating patients and other important stakeholders in the public health sector with courtesy and integrity. Management must make wise hiring decisions, provide excellent staff education and training, consistently praise and reward employees, and be open and honest with both staff and patients about hospital operations if they are to foster a culture of high-quality service.

7.3.2.2 Building stakeholder relationships

Stakeholders at the hospital include clients, employees, donors, etc. The public health sector and the Chitungwiza Central Hospital should cultivate partnerships with all of its stakeholders that are founded on openness, trust and integrity. Long-term benefits would include increased or maintained donor financing, staff loyalty and continuing patient support.

7.3.2.3 Putting a customer relationship management system in place

Data on patients and employees can be gathered via a solid customer relationship management strategy or system to help management spot issues with service delivery, customer loyalty, staff and patient satisfaction, complaints, disputes or grievances, and compliments received.

7.4 Value of the study, limitations, and direction for future research

7.4.1 Value of the study

Significant contribution was made in this study as it concentrated on both patients and staff at Chitungwiza Central Hospital. It also included samples from members of the staff and patients, unlike earlier research. Internal marketing and service quality gaps between patients and staff were found in the study; this added to the body of knowledge as the majority of earlier studies solely focused on employees. The study's recommendations and findings may assist Chitungwiza Central Hospital administration in identifying the hospital's service quality deficiencies and coming up with solutions to solve them, which is another contribution. The Ministry responsible for health and other hospitals in Zimbabwe conduct towards their employees will be informed by the findings drawn from this study together with the recommendations that come from this study. The study will help them understand benefits of internal marketing, how to provide high-quality services, and why hospitals should invest more time and money in learning about and implementing these practices.

Strategic rewards, employee empowerment, and job security are listed as common internal marketing components in a number of studies. By including additional dimensions like organisational structure and culture, this study adds more to the existing theory. In addition, the study introduced job satisfaction as an intermediary variable, combining internal marketing and job satisfaction for the first time in a single study and evaluating the impact on service quality, specifically in the public health sector.

7.4.2 Limitations

The study was a case study of Chitungwiza Central Hospital, which is one of the six central hospitals in the public health sector of Zimbabwe, the results from a case study might not be well representative of the broader health care issues at a national level.

In the study sample, only doctors and nurses were selected to participate in the survey leaving administrative workers out of the sample. This might compromise the results as some of the responses could require knowledge from the administrative workers as they are equally affected.

7.4.3 Direction for future research

The current study used an investigation of Chitungwiza Central Hospital, one of Zimbabwe's six public referral hospitals, to focus on aspects of internal marketing, job satisfaction and service in the context of the public health sector. Future research may use the same variables and be carried out in the private health sector of Zimbabwe and other regional countries with thriving health sectors, such as South Africa and Botswana. Due to its scope, a larger study may be able to offer solutions that go beyond those offered by the existing research.

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Appendix A: Employee questionnaire

Greetings,

My name is Peter Mutanho (student Number: 219082415), a PhD in Marketing student in the School of Management, IT and Governance at the University of Kwa-Zulu Natal: my contact numbers are +263717005835 or +263776297278 and emails:p5mutanho@gmail.com or 219082415@stu.ukzn.ac.za.

You are being invited to consider participating in a study that involves the evaluation of internal marketing practices and job satisfaction on service quality in the Public Health Sector. The aim and purpose of this research are to evaluate whether the improvement of conditions of service among health workers through practicing internal marketing leads to the delivery of better quality of service in Zimbabwe's Public health. The study is expected to include 393 participants, including doctors, nurses, management, and patients at Harare Central Hospital Hospitals. It will involve the following procedures: interviewing and recording interviewees' responses and administering the research questionnaires. The duration of your participation, if you choose to participate and remain in the study, is expected to be less than 30mins. The study is self-funded.

The study has no foreseen risks and/or discomforts that may be suffered by participants. The study might not provide direct benefits to the participants. However, some of the general benefits of this study include the development of better strategies that will improve the working condition for health workers, provision of a quality health service to patients, achievement of government's vision for the provision of quality public health care, and assessment of the scientific relationship between internal marketing, job satisfaction a, and service quality.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number_____).

In the event of any problems or concerns/questions, you may contact the researcher at +263717005835/+263776297278 or email-p5mutanho@gmail.com/219082415@stu.ukzn.ac.za or the UKZN Humanities and Social Sciences Research Ethics Committee; contact details are as follows:

HUMANITIES and SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

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Your participation in the study is voluntary, and by participating, you are granting the researcher permission to use your responses. You may refuse to participate or withdraw from the study at any time with no negative consequence. Your anonymity will be maintained by the researcher and the School of Management, I.T. and Governance and your responses will not be used for any purposes outside of this study.

All data, both electronic and hard copy, will be securely stored during the study and archived for 5 years. After this time, all data will be destroyed.

If you have any questions or concerns about participating in the study, please contact me or UKZN Humanities and Social Sciences Research Ethics Committee at the numbers listed above.

Sincerely

Peter Mutanho

Section A: Demographic data

1. What is your gender?

Male	
Female	

2. What is your age?

18-30 years	
31-40years	
41-50years	

Above 50years	

3. In which section of the hospital do you work?
   ……

4. EMPLOYEE EMPOWERMENT						
This section assesses the extent to which you feel empowered in your job. Indicate your level of agreement with the following statements:						
Statement	**Strongly disagree**	**Disagree**	**Slightly disagree**	**Slightly agree**	**Agree**	**Strongly agree**
4.1 I am confident about my ability to do my job.						
4.2 The work that I do is important to me						
4.3 I have significant autonomy in determining how I do my job						
4.4 My impact on what happens in my department is large						
4.5 My job activities are personally meaningful to me						
4.6 I have a great deal of control over what happens in my department						
4.7 I can decide on my own how to go about doing my own work						
4.8 I really care about what I do on my job						
4.9 My job is well within the scope of my abilities						
4.10 I have considerable opportunity for freedom in how I do my job						
4.11 I have mastered the skills necessary for my job						

4.12 My opinion counts in departmental decision-making						
4.13 The work I do is meaningful to me						
4.14 I have significant influence over what happens in my department						
4.15 I am self-assured about my capabilities to perform my work activities						
4.16 I have a chance to use personal initiative in carrying out my work						

5. STRATEGIC REWARDS						
This section assesses the nature of strategic rewards at the hospital. Indicate your level of agreement with the following statements:						
Statement	**Strongly disagree**	**Disagree**	**Slightly disagree**	**Slightly agree**	**Agree**	**Strongly agree**
5.1 My salary is equivalent to the job that I am doing						
5.2 My salary encourages me to offer extra effort to my job						
5.3 The hospital rewards employees who provide excellent service.						
5.4 I get rewarded for overtime work done						
5.5 I am given a reward for outstanding work						
5.6 When I excel in my work I receive a memorandum of good work						
5.7 I always receive praise for a job well done						

5.8 I feel I am being paid a fair amount for the work I do.						
5.9 I receive medical aid assistance						
5.10 I am not satisfied with the benefits I receive.						
5.11 When I do a good job, I receive the recognition for it that I should receive.						
5.12 Raises are too few and far between.						
5.13 The benefits we receive are as good as most other organisations offer.						
5.14 I do not feel that the work I do is appreciated.						
5.15 I feel unappreciated by the organisation when I think about what they pay me.						
5.16 The benefits package we have is equitable.						
5.17 There are few rewards for those who work here.						
5.18 I feel satisfied with my chances of salary increases.						
5.19 There are benefits we do not have that we should have.						
5.20 I am satisfied with my chances for promotion						

6 JOB SECURITY						
This section assesses the extent of your job security at the hospital. Indicate your level of agreement with the following statements:						
Statement	**Strongly disagree**	**Disagree**	**Slightly disagree**	**Slightly agree**	**Agree**	**Strongly agree**
6.1 I am very sure that I will be able to keep my job.						
6.2 There is only a small chance that I will become unemployed.						
6.3 I think my future prospects within the hospital are good.						
6.4 My job security gives me a feeling of safety.						
6.5 I feel at ease in that I will keep my job in/for the near future						
6.6 The assurance/surety that I can keep working here makes me feel at ease.						

7. ORGANISATIONAL CULTURE						
This section rates your personal perception of organisational culture at the hospital. Indicate your level of agreement that the following descriptions APPLY TO YOUR ORGANISATION:						
Description	**Strongly disagree**	**Disagree**	**Slightly disagree**	**Slightly agree**	**Agree**	**Strongly agree**
7.1 Risk-taking						
7.2 Collaborative						
7.3 Hierarchical						
7.4 Procedural						
7.5 Relationship-orientated						

7.6 Results-oriented						
7.7 Creative						
7.8 Encouraging						
7.9 Sociable						
7.10 Structured						
7.11 Pressurized						
7.12 Ordered						
7.13 Stimulating						
7.14 Regulated						
7.15 Personal freedom						
7.16 Equitable						
7.17 Safe						
7.18 Challenging						
7.19 Enterprising						
7.20 Established, solid						
7.21 Cautious						
7.22 Trusting						
7.23 Driving						
7.24 Power-orientated						

8 ORGANISATIONAL STRUCTURE						
This section assesses the nature of the organisational structure at the hospital. Indicate your level of agreement with the following statements:						
Statement	**Strongly disagree**	**Disagree**	**Slightly disagree**	**Slightly agree**	**Agree**	**Strongly agree**
8.1 The work roles in my department are highly structured						
8.2 All the activities of employees are governed by rules and procedures						
8.3 The organisation has standardized behaviour through formal training and related mechanisms						
8.4 The organisation takes into consideration the need of their employees						
8.5 There exists group leadership and teamwork						
8.6 The organisation takes into consideration the ideas of the employees						
8.7 Decision making is centralized						
8.8 There are few written procedures and rules						
8.9 Decision making is distributed across all levels of the organisation						
8.10 Decision making takes place at the upper levels of the organisation						
8.11 Power and authority are centralized at the hands of top management						
8.12 There are authoritative communication channels						

8.13 Information flows down to provide directions to the lower levels of the hierarchy where lower levels are expected to implement the decisions with little or no modifications						

9. Job Satisfaction						
This section assesses the nature of the job satisfaction at the hospital. Indicate your level of agreement with the following statements:						
Statement	**Strongly disagree**	**Disagree**	**Slightly disagree**	**Slightly agree**	**Agree**	**Strongly agree**
9.1 There is really too little chance for promotion on my job.						
9.2 My supervisor is quite competent in doing his/her job.						
9.3 Many of our rules and procedures make doing a good job difficult.						
9.4 I like the people I work with.						
9.5 I sometimes feel my job is meaningless.						
9.6 Communications seem good within this organisation.						
9.7 Those who do well on the job stand a fair chance of being promoted						
9.8 My supervisor is unfair to me						
9.9 My efforts to do a good job are seldom blocked by red tape						

9.10 I find I have to work harder at my job because of the incompetence of people I work with						
9.11 I like doing the things I do at work.						
9.12 The goals of this organisation are not clear to me.						
9.13 People get ahead as fast here as they do in other places.						
9.14 My supervisor shows too little interest in the feelings of subordinates						
9.15 I have too much to do at work.						
9.16 I enjoy my co-workers.						
9.17 I often feel that I do not know what is going on with the organisation.						
9.18 I feel a sense of pride in doing my job.						
9.19 I like my supervisor.						
9.20 I have too much paperwork.						
9.21 There is too much bickering and fighting at work.						
9.22 My job is enjoyable.						
9.23 Work assignments are not fully explained.						

10 Service Quality						
This section rates CCH employees' perception of the overall service quality provided by the hospital. Indicate your level of agreement with the following statements:						
Statement	**Strongly disagree**	**Disagree**	**Slightly disagree**	**Slightly agree**	**Agree**	**Strongly agree**
10.1 I am always willing to help patients						
10.2 I always adopt a friendly manner when dealing with the patients						
10.3 I always respond to patients' needs straight away						
10.4 I am never too busy to attend to patients' requests						
10.5 I am always sincerely interested in solving my patients' problems						
10.6 I always try to provide the right medical service the first time						
10.7 I am always conscious of the cleanliness of the environment in which I work						
10.8 I always make sure that I give patients the right medicines for their problems						
10.9 I am prepared to work extra hours in serving the patient						
10.10 I always go the extra mile in helping the patients						
10.11 I make sure that I get to work on time						

10.12 When I make appointments with patients, I always make it to the appointments.						
10.13 I always try to give my patients individualised attention						
10.14 I don't wait to be greeted by patients instead I always try to greet them first						
10.15 I am always prepared to go the extra mile in explaining unclear health issues to the patients						
10.16 I always try to put a smile on my face regardless of my mood						
10.17 I always give the patients appropriate references for further attention where necessary						
10.18 I am always alert when on duty						
10.19 When I am on call, I always make sure that I am reachable to patients when needed						
10.20 I am always willing to listen to the patients' problem						
10.21 I pay careful attention to patients when they are telling me about their problems						
10.22 I always attend to patients' needs, regardless of the time						

THANK YOU

Appendix B: Patient questionnaire

Greetings,

My name is Peter Mutanho (student Number: 219082415), a PhD in Marketing student in the School of Management, IT and Governance at the University of Kwa-Zulu Natal: my contact numbers are +263717005835 or +263776297278 and emails:p5mutanho@gmail.com or 219082415@stu.ukzn.ac.za.

You are being invited to consider participating in a study that involves the evaluation of internal marketing practices and job satisfaction on service quality in the Public Health Sector. The aim and purpose of this research are to evaluate whether the improvement of conditions of service among health workers through practicing internal marketing leads to the delivery of better quality of service in Zimbabwe's Public health. The study is expected to include 393 participants, including doctors, nurses, management, and patients at Chitungwiza Central Hospitals. It will involve the following procedures: interviewing and recording interviewees' responses and administering the research questionnaires. The duration of your participation, if you choose to participate and remain in the study, is expected to be less than 30mins. The study is self-funded.

The study has no foreseen risks and/or discomforts that may be suffered by participants. The study might not provide direct benefits to the participants. However, some of the general benefits of this study include the development of better strategies that will improve the working condition for health workers, provision of a quality health service to patients, achievement of government's vision for the provision of quality public health care, and assessment of the scientific relationship between internal marketing, job satisfaction a, and service quality.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number_____).

In the event of any problems or concerns/questions, you may contact the researcher at +263717005835/+263776297278 or email-p5mutanho@gmail.com/219082415@stu.ukzn.ac.za or the UKZN Humanities and Social Sciences Research Ethics Committee; contact details are as follows:

HUMANITIES and SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001
Durban 4000 KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604557- Fax: 27 31 2604609

Email: HSSREC@ukzn.ac.za

Your participation in the study is voluntary, and by participating, you are granting the researcher permission to use your responses. You may refuse to participate or withdraw from the study at any time with no negative consequence. Your anonymity will be maintained by the researcher and the School of Management, I.T. and Governance and your responses will not be used for any purposes outside of this study.

All data, both electronic and hard copy, will be securely stored during the study and archived for 5 years. After this time, all data will be destroyed.

If you have any questions or concerns about participating in the study, please contact me or UKZN Humanities and Social Sciences Research Ethics Committee at the numbers listed above.

Sincerely

Peter Mutanho

Section A: Demographic data

1. What is your gender?

Male	
Female	

2. What is your age?

18-30 years	

31-40years	
41-50years	
Above 50years	

3. In which section of the hospital have you been attended?

……

4 Service Quality						
This section rates Chitungwiza Central Hospital patients' perception of the overall service quality provided by the hospital. Indicate your level of agreement with the following statements:						
Statement	**Strongly disagree**	**Disagree**	**Slightly disagree**	**Slightly agree**	**Agree**	**Strongly agree**
4.1 The hospital staff are always willing to help me						
4.2 The hospital staff always adopt a friendly manner when dealing with me						
4.3 The nurses and doctors respond to my needs promptly						
4.4 The nurses and doctors are never too busy to attend to my requests						
4.5 The nurses and doctors are always sincerely interested in solving my problems						
4.6 The staff always provide the right medical service the first time						
4.7 The hospital environment (wards, bathrooms, waiting rooms etc) are kept clean						
4.8 The staff always make sure that they give me the right medicines for my problems						

4.9 The nurses and doctors seem to be prepared to work extra hours in serving me						
4.10 The doctors and nurses always do their best to help me						
4.11 The doctors and nurses make it to the wards on time						
4.12 When the doctor and nurses make appointments with patients, they always make it to the appointments on time						
4.13 The doctors and nurses provide counselling to me as assurance						
4.14 The doctors and nurses give me individualized attention						
4.15 The doctors and nurses don't wait to be greeted by me; instead they always try to greet first						
4.16 The doctors and nurses are always prepared to go the extra mile to explain unclear health issues to the patients						
4.17 The nurses and doctors always putt a smile on their faces						
4.18 I always receive appropriate references for further attention where necessary						
4.19 The nurses and doctors are always alert when on duty						
4.20 When on-call, the doctors and nurses are always reachable to me when needed						

4.21 Always willing to listen to my problems						
4.22 'Employees' pay careful attention to me when I am telling them about my problems						
4.23 Always attend to my needs, regardless of the time						

THE END: THANK YOU

Appendix C: Key Interview Questions

Date if interview:

Name of interviewee:

Name of department/position:

1. How do you view the concept of internal marketing, job satisfaction and service quality?
2. What are your experiences with internal marketing at Chitungwiza Central Hospital? ***(Probe more on the practices)***
3. How have internal marketing practices at Chitungwiza Central Hospital influenced its service delivery?
4. What could be some the internal marketing challenges faced by Chitungwiza Central Hospital?
5. With your experience, how do you view internal marketing in terms of building job satisfaction amongst your employees?
6. Do you think you are doing enough to create job satisfaction amongst your employees? ***(How)***
7. From your experience, do you think job satisfaction has influenced service delivery at Chitungwiza Central Hospital? ***(Probe how)***
8. What do you think needs to be done to improve internal marketing and job satisfaction at the hospital?

Appendix D: Ethics Clearance Certificate

UNIVERSITY OF KWAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

28 March 2022

Peter Mutanho (219082415)
School Of Man Info Tech & Gov
Pietermaritzburg Campus

Dear P Mutanho,

Protocol reference number: HSSREC/00003950/2022
Project title: An analysis of the impact of internal marketing and job satisfaction on service quality in public health sector: The case of Zimbabwe
Degree: PhD

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 09 March 2022 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 28 March 2023.
To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

HSSREC is registered with the South African National Research Ethics Council (REC-040414-040).

Yours sincerely,

_____
Professor Dipane Hlalele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee
Postal Address: Private Bag X54001, Durban, 4000, South Africa
Telephone: +27 (0)31 260 8350/4557/3587 **Email:** hssrec@ukzn.ac.za **Website:** http://research.ukzn.ac.za/Research-Ethics
Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

INSPIRING GREATNESS

Appendix E: Ethics Clearance Certificate

UNIVERSITY OF K'WAZULU-NATAL
INYUVESI YAKWAZULU-NATALI

28 June 2022

Peter Mutanho (219082415)
School of Man Info Tech & Gov
Pietermaritzburg Campus

Dear P Mutanho,

Protocol reference number: HSSREC/00003950/2022
Project title: An analysis of the impact of internal marketing and job satisfaction on service quality in public health sector: The case of Zimbabwe

Approval Notification – Amendment Application

This letter serves to notify you that your application and request for an amendment received on 23 June 2022 has now been approved as follows:

- Change in research instruments

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

All research conducted during the COVID-19 period must adhere to the national and UKZN guidelines.

Best wishes for the successful completion of your research protocol.

Yours faithfully

Professor Dipane Hlalele (Chair)

/dd

Appendix F: Ethics Clearance Certificate

05 May 2023

Peter Mutanho (219082415)
School Of Man Info Tech & Gov
Pietermaritzburg Campus

Dear P Mutanho,

Protocol reference number: HSSREC/00003950/2022
Project title: An analysis of the impact of internal marketing and job satisfaction on service quality in public health sector: The case of Zimbabwe
Amended title: The impact of internal marketing and job satisfaction on service quality in the public health sector:The case of Zimbabwe
Degree: PhD

Approval Notification – Amendment Application

This letter serves to notify you that your application and request for an amendment received on 04 May 2023 has now been approved as follows:

- Change in title

Any alterations to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form; Title of the Project, Location of the Study must be reviewed and approved through an amendment /modification prior to its implementation. In case you have further queries, please quote the above reference number.

PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

HSSREC is registered with the South African National Health Research Ethics Council (REC-040414-040).

Best wishes for the successful completion of your research protocol.

Yours faithfully

Professor Dipane Hlalele (Chair)

/dd

Humanities & Social Sciences Research Ethics Committee
UKZN Research Ethics Office Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Tel: +27 31 260 8350 / 4557 / 3587
Website: http://research.ukzn.ac.za/Research-Ethics/
Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville