REVIEWED JOURNAL of INTERNATIONAL SOCIAL SCIENCE & HUMANITIES
[ISSN 2663-127X]

Vol. 6, Iss.1 (2025), pp 603 – 610, October 16, 2025. www.reviewedjournals.com, ©Reviewed Journals

INTERNAL COMMUNICATION AS A SERVICE DELIVERY ESSENTIAL IN MACHAKOS LEVEL V HOSPITAL, KENYA

Evan Muuo Mbaluto[1] & Jane Gakenia Njoroge, PhD [2]

[1] Student, Kenyatta University, Kenya
[2] Lecturer, Department of Public Policy and Administration, School of Humanities and Social Sciences, Kenyatta University, Kenya

Accepted: October 8, 2025

ABSTRACT

The pursuit of quality service delivery in Kenya's public health sector remains a persistent challenge, particularly in devolved healthcare units that face resource limitations and organizational inefficiencies. This study examined the essence of internal communication on service delivery at Machakos Level V Hospital. Guided by Deming's Theory of Quality Management, the study employed a descriptive research design targeting 728 hospital personnel, from whom a sample of 171 respondents was drawn through stratified and purposive sampling. Data were collected using self-administered questionnaires and key informant interviews, and analyzed using descriptive statistics and Pearson correlation analysis. The findings revealed a statistically significant positive relationship between internal communication and service delivery, indicating that effective communication among hospital staff enhances coordination, responsiveness, and overall service quality. However, gaps were identified in feedback mechanisms and information flow between departments, which limited timely decision-making and performance monitoring. The study concludes that strengthening internal communication structures is essential for improving service delivery outcomes in public hospitals. It recommends that health administrators adopt clear communication protocols, regular staff briefings, and digital communication systems to enhance operational efficiency and patient satisfaction.

Keywords: *Internal Communication, Service Delivery, Total Quality Management*

CITATION: Mbaluto, E. M., & Njoroge, J. G. (2025). Internal communication as a service delivery essential in Machakos Level V Hospital, Kenya. *Reviewed Journal of Social Science & Humanities*, 6 (1), 603 – 610.

INTRODUCTION

The delivery of quality healthcare services remains a central challenge for many developing countries, including Kenya, where public hospitals continue to struggle with limited resources, systemic inefficiencies, and weak internal communication structures that affect service quality. Total Quality Management (TQM) has gained prominence as a management approach that emphasizes continuous improvement, employee involvement, effective communication, and customer satisfaction (Sadikoglu & Olcay, 2014). In the healthcare sector, TQM principles have been widely applied to improve efficiency, accountability, and patient-centered service delivery (Ross, 2017).

Globally, studies have shown that effective communication and leadership are central to the success of TQM in enhancing coordination and reducing inefficiencies in healthcare systems (Garcia, Rama, & Alonso, 2014). However, in sub-Saharan Africa, and Kenya in particular, the implementation of TQM practices remains constrained by limited infrastructure, inadequate funding, and weak managerial systems (Oleribe et al., 2019). Although Kenya's devolved healthcare system has increased local autonomy, many public hospitals still face persistent challenges in internal communication, coordination, and information flow. Ineffective communication channels between departments often lead to delays, duplication of work, and low staff morale, ultimately compromising service delivery (World Bank, 2018).

Machakos Level V Hospital, a key county referral facility, mirrors these challenges. Communication lapses between administrative and operational departments have frequently hindered timely decision-making and disrupted the coordination of patient care. While previous research in Kenya has examined TQM adoption and leadership in healthcare, few studies have focused specifically on the role of internal communication, a core pillar of TQM, in influencing service delivery outcomes. This limited empirical evidence presents a critical research gap, particularly within county-level hospitals operating under devolved management structures.

This study, therefore, assessed the effects of internal communication on service delivery at Machakos Level V Hospital. By exploring how communication practices influence coordination, accountability, and responsiveness, the study contributes to the growing body of knowledge on quality management in public health institutions and provides insights to guide hospital administrators in strengthening internal communication for improved healthcare performance.

LITERATURE REVIEW

Internal Communication and Service Delivery

Effective internal communication is fundamental to ensuring high-quality healthcare delivery. It facilitates coordination among staff, promotes efficiency, reduces medical errors, and enhances patient satisfaction. According to Mutunga (2022), communication within health institutions plays a central role in shaping staff responsiveness and patient experience. The study conducted in Meru County, Kenya, revealed that open and timely communication between management and employees enhances teamwork and service quality. However, the research did not consider how institutional structures or feedback systems influence communication effectiveness in public hospitals.

Similarly, Vermeir et al. (2015) found that poor communication in healthcare settings is strongly associated with adverse outcomes such as compromised patient safety, dissatisfaction, and care discontinuity. Their systematic review of international studies underscored the importance of integrating communication skills into medical training and professional practice. However, they focused largely on patient safety, leaving out operational aspects of communication such as inter-departmental coordination and performance feedback.

Serafino (2020), in examining Total Quality Management (TQM) implementation at Aga Khan University Hospital in Nairobi, emphasized that communication across all managerial levels significantly improves service delivery. The study highlighted that information flow enhances decision-making and accountability,

though its findings were limited to private healthcare institutions. Likewise, Samsudin et al. (2017) observed that poorly planned internal communication policies in Malaysian manufacturing firms hindered the success of TQM programs. These studies collectively suggest that effective internal communication is a key determinant of organizational performance and quality service delivery.

However, few studies in Kenya's public health sector have empirically analyzed how internal communication affects service delivery within devolved hospital settings. This gap is particularly evident in county referral hospitals such as Machakos Level V Hospital, where communication inefficiencies often delay service provision and reduce patient satisfaction. Therefore, the present study investigates the essence of internal communication on service delivery in a public healthcare context, aiming to contribute to the understanding of how communication systems shape service outcomes.

Theoretical Literature Review

Deming's Theory of Quality Management

This study is grounded in Deming's Theory of Quality Management, which emphasizes continuous improvement, teamwork, and systemic thinking as essential components of quality performance (Millar, 2017). Deming proposed that organizations should view themselves as integrated systems where every process and individual contributes to the final outcome. One of the theory's central principles is the need to break down barriers between departments to enhance communication, collaboration, and efficiency.

In the context of healthcare, Deming's philosophy underscores that effective internal communication is critical to maintaining consistent service standards, minimizing errors, and fostering a culture of continuous learning. When information flows freely among administrative, clinical, and support units, it strengthens coordination and patient-centered care. Thus, this theory provides a strong foundation for examining how internal communication influences service delivery in public hospitals such as Machakos Level V Hospital.

METHODOLOGY

The study employed a descriptive research design to examine the relationship between internal communication (independent variable) and service delivery (dependent variable) at Machakos Level V Hospital. This approach was suitable as it allowed the collection of both quantitative and qualitative data to capture employees' perceptions, institutional communication structures, and their influence on service outcomes. The research was conducted at Machakos Level V Hospital, a key county referral facility serving diverse urban and rural populations. The target population consisted of 728 staff members, including hospital managers, departmental heads, medical practitioners, nurses, and administrative officers, all of whom contribute to internal communication and service delivery processes. A sample size of 171 respondents was derived using Yamane's (1967) formula at a 95% confidence level. Stratified random sampling ensured equitable departmental representation, while purposive sampling identified key informants such as senior administrators for detailed interviews.

Data collection involved structured questionnaires and key informant interviews. The questionnaires gathered quantitative data on communication practices, reporting systems, and perceived service efficiency, while interviews provided qualitative insights into communication barriers and institutional policies. The instruments were pre-tested for validity and reliability before full deployment. Quantitative data were analyzed using descriptive statistics (mean, frequency, and standard deviation) and Pearson's correlation coefficient (r) to measure the relationship between internal communication and service delivery, while qualitative data were thematically analyzed to enrich interpretation of statistical results.

The study conceptualized the relationship between the variables through the model:

$$Y = \beta_0 + \beta_1 X + \varepsilon$$

Where:
Y = Service Delivery (Dependent Variable)
X = Internal Communication (Independent Variable)
β_0 = Constant
β_1 = Regression Coefficient measuring the effect of internal communication on service delivery
ε = Error term representing unexplained variation

This model guided the analysis by quantifying the extent to which variations in internal communication practices influenced the quality, efficiency, and responsiveness of healthcare service delivery at Machakos Level V Hospital.

FINDINGS

Descriptive Analysis

The study examined the essence of internal communication on service delivery at Machakos Level V Hospital by assessing the existing communication systems, monitoring structures, and technological support mechanisms. As shown in Table 4.7, the results indicate an overall positive perception of internal communication effectiveness among hospital staff.

Table 1. Internal Communication at Machakos Level V Hospital

	Disagree		Neutral		Agree		Strongly Agree		Mean	Std. Dev
	%	F	%	F	%	F	%	F		
Clear communication structures are in place for timely communication in Machakos Level V hospital	7.3	12	32.7	54	46.7	77	13.3	22	3.66	.800
There is a fully functional monitoring and evaluation unit in place	13.9	23	25.5	42	54.5	90	6.1	10	3.53	.808
There are clear structures in place for timely and effective reporting	0.0	0	18.2	30	70.3	116	11.5	19	3.93	.543
Upwards, downward and horizontal communication channels are well established	6.7	11	33.3	55	46.7	77	13.3	22	3.67	.791
The hospital has adopted adequate and the right technology to enhance effective communication	6.7	11	18.8	31	61.8	102	12.7	21	3.81	.740

The following are the responses given by the respondents; Most respondents agreed that clear communication structures were in place to facilitate timely information exchange (M = 3.66, SD = 0.800), with 46.7% agreeing and 13.3% strongly agreeing. This suggests that the hospital has established mechanisms that enable prompt and coordinated communication essential for efficient patient care and operational decision-making. However, the relatively high proportion of neutral responses (32.7%) implies that some departments may still experience inconsistencies in the effectiveness or accessibility of these communication structures.

Similarly, perceptions regarding the existence of a fully functional monitoring and evaluation (M&E) unit were moderately positive (M = 3.53, SD = 0.808), with 54.5% of respondents agreeing that such a system was in place. Given that M&E units play a central role in performance assessment and feedback integration, the presence of notable neutrality and disagreement (39.4%) suggests potential weaknesses in feedback mechanisms and continuous improvement processes, which could affect the institution's ability to enhance

service delivery outcomes. On the other hand, respondents overwhelmingly acknowledged the presence of clear and effective reporting structures (M = 3.93, SD = 0.543), with 70.3% agreeing and 11.5% strongly agreeing. This finding demonstrates that the hospital's reporting mechanisms are perceived as robust and reliable, which supports accountability, transparency, and timely dissemination of operational information across departments.

Regarding the establishment of multidirectional communication channels, 60% of the respondents agreed that upward, downward, and horizontal communication flows were functional (M = 3.67, SD = 0.791). Effective multidirectional communication is essential in ensuring collaboration and minimizing operational errors, yet the high proportion of neutral responses (33.3%) indicates that such communication may not be consistently institutionalized across all units. Finally, most respondents (74.5%) agreed that the hospital had adopted adequate technology to enhance communication (M = 3.81, SD = 0.740). The integration of digital communication tools supports faster information flow, improved responsiveness, and greater efficiency in service coordination. Nonetheless, the presence of dissenting and neutral views underscores the need for continuous investment in technology upgrades and staff training to maximize utilization.

Overall, the findings suggest that while Machakos Level V Hospital has made significant progress in establishing communication frameworks that support service delivery, gaps persist in monitoring systems, interdepartmental feedback mechanisms, and uniformity of information flow. Strengthening these aspects could substantially enhance operational efficiency, staff coordination, and ultimately the quality of healthcare services provided.

Inferential Analysis

Correlation Analysis Between Internal Communication and Service Delivery

To determine the direction and strength of the relationship between internal communication and service delivery at Machakos Level V Hospital, a Pearson correlation analysis was conducted. The results are presented in Table 4.1.

Table 2: Correlation Between Internal Communication and Service Delivery

Variables	Service Delivery	Internal Communication
Service Delivery	1	
Internal Communication	0.793**	1
Sig. (2-tailed)	0.000	
N	165	165

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

The results indicate a strong positive and statistically significant correlation between internal communication and service delivery ($r = 0.793$, $p < 0.001$). This implies that improvements in communication flow, both vertical (management to staff) and horizontal (inter-departmental), enhance coordination, responsiveness, and overall healthcare quality. The findings affirm that effective internal communication fosters teamwork, operational clarity, and timely service provision within the hospital context.

Regression Analysis Between Internal Communication and Service Delivery

A simple linear regression analysis was conducted to determine the extent to which internal communication predicts service delivery.

Table 3: Model Summary

Model	R	R Square	Std. Error of the Estimate
1	0.793	0.629	0.251

The model summary shows that internal communication explains 62.9% of the variance in service delivery ($R^2 = 0.629$), signifying a strong explanatory power. This means that nearly two-thirds of the variation in service delivery outcomes can be attributed to differences in internal communication practices within the hospital.

Table 4: ANOVA Table

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	24.920	1	24.920	395.764	0.000
Residual	14.707	163	0.090		
Total	39.627	164			

The ANOVA results indicate that the regression model is statistically significant ($F = 395.764$, $p < 0.001$), confirming that internal communication has a meaningful predictive effect on service delivery. The high F-value underscores the robustness of the relationship between the two variables.

Table 5: Coefficients of Regression

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	(B)	Std. Error	(Beta)		
(Constant)	0.732	0.092		7.957	0.000
Internal Communication	0.842	0.042	0.793	19.887	0.000

Dependent Variable: Service Delivery

The resultant equation, as outlined in the following description, was as follows;

$Y = 0.732 + 0.842X_1 + \varepsilon$

Whereby Y = Service Delivery

X_1 = Internal Communication

The regression results reveal that internal communication is a strong and statistically significant predictor of service delivery ($\beta = 0.793$, $t = 19.887$, $p < 0.001$). The unstandardized coefficient ($B = 0.842$) implies that a one-unit improvement in internal communication corresponds to a 0.842-unit increase in service delivery.

These findings highlight that effective internal communication, through timely feedback, open information sharing, and clarity in directives, significantly enhances service delivery performance. Improved communication flow enables better coordination of healthcare services, reduced operational delays, and stronger teamwork across departments.

SUMMARY OF FINDINGS

The inferential results establish a strong, positive, and statistically significant relationship between internal communication and service delivery at Machakos Level V Hospital. The correlation ($r = 0.793$) and regression results ($R^2 = 0.629$, $\beta = 0.793$, $p < 0.001$) jointly confirm that internal communication substantially predicts service quality outcomes. Therefore, enhancing communication systems, particularly across hierarchical and departmental levels, can significantly improve the efficiency, responsiveness, and reliability of hospital services.

CONCLUSIONS AND RECOMMENDATIONS

This study examined the essence of internal communication on service delivery at Machakos Level V Hospital within the framework of Total Quality Management (TQM). The inferential analysis revealed a strong and statistically significant positive relationship between internal communication and service delivery. Regression results confirmed that effective communication substantially contributes to improved healthcare outcomes.

The findings underscore that efficient internal communication, characterized by clarity, openness, and timely exchange of information, is vital for ensuring quality service delivery in public hospitals. Well-structured communication enhances teamwork, coordination, and accountability, leading to better patient experiences and operational efficiency.

The study concludes that internal communication is a strategic enabler of performance excellence in healthcare institutions. Strengthening communication systems not only supports service quality improvement but also promotes a culture of collaboration, transparency, and patient-centered care. Deming's Theory of Quality Management provides a fitting foundation for these findings, highlighting communication and system integration as essential components of continuous organizational improvement.

Hospital management should develop formal communication frameworks that facilitate smooth and consistent information flow across departments and hierarchical levels. Regular inter-departmental briefings and digital communication platforms can help minimize delays and enhance coordination.

Both vertical and horizontal communication should be improved to ensure that staff at all levels can freely share feedback, challenges, and innovative ideas. This can be achieved by promoting an open-door policy and fostering teamwork across clinical, administrative, and support functions.

The use of technology should be expanded to support real-time information sharing. Implementing hospital intranets, integrated patient management systems, and electronic reporting tools would enhance accuracy, responsiveness, and overall service efficiency.

Continuous professional development programs should emphasize communication and interpersonal skills training. Empowering healthcare workers with these competencies will enhance clarity, empathy, and coordination during service delivery.

Finally, policymakers should consider integrating communication effectiveness as a performance indicator in hospital quality assessments. Embedding communication metrics in county and national health evaluation systems would institutionalize effective communication as a core determinant of healthcare excellence.

REFERENCES

Adawiyah, W. R., Pramuka, B. A., & Sholikhah, Z. (2020). *Deming's quality management practices by small businesses in rural areas.* SHS Web of Conferences, 86, 01030. EDP Sciences. https://doi.org/10.1051/shsconf/20208601030

Balasubramanian, M. (2016). *Total quality management (TQM) in the healthcare industry – Challenges, barriers, and implementation: Developing a framework for TQM implementation in a healthcare setup.* Science Journal of Public Health, 4(4), 271–278. https://doi.org/10.11648/j.sjph.20160404.11

Mutunga, S. L. (2022). *Effects of communication on quality service delivery in mission hospitals in Meru County, Kenya*. International Journal of Business and Management Review, 10(3), 39–50. https://doi.org/10.1108/INMR-04-2019-0041

Serafino, J. G. (2020). *Implementation of total quality management at Aga Khan University Hospital, Nairobi City County, Kenya.* [Master's thesis, Kenyatta University]. https://ir-library.ku.ac.ke/handle/123456789/21224

Samsudin, A., Jalil, A., & Ibrahim, R. (2017). *Exploring the pattern of internal communication in total quality management implementation in manufacturing companies.* SHS Web of Conferences, 23, 67–89.

Vermeir, P., Vandijck, D., Degroote, S., Peleman, R., Verhaeghe, R., Mortier, E., & Vogelaers, D. (2015). *Communication in healthcare: A narrative review of the literature and practical recommendations.* International Journal of Clinical Practice, 69(11), 1257–1267. https://doi.org/10.1111/ijcp.12686

Versluijs, Y., Lemmers, M., Brown, L. E., Gonzalez, A. I., Kortlever, J. T., & Ring, D. (2021). *The correlation of communication effectiveness and patient satisfaction.* Journal of Patient Experience, 8, 2374373521998839. https://doi.org/10.1177/2374373521998839

Oluoch, G. B., Nyonje, R., & Awiti, L. (2018). *Total quality management practices and service delivery in public health facilities in Kisumu East Sub-County, Kenya.* International Journal of Academic Research in Business and Social Sciences, 8(3), 634–653. https://doi.org/10.6007/IJARBSS/v8-i3/3954

Ross, J. E. (2017). *Total quality management: Text, cases, and readings.* Routledge.

Miller, E. (2017). *Dr. W. Edwards Deming: Hero of quality.* QAD Blog. https://www.qad.com/blog/2017/10/dr-w-edwards-deming-hero-quality

Theory Hub. (2023). *Customer focus theory.* https://open.ncl.ac.uk/academic-theories/5/customerfocustheory

Deming, W. E. (as cited in Millar, 2017). *Deming's theory of quality management.*