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TOTAL QUALITY MANAGEMENT ON PERFORMANCE OF ELECTRONIC CLAIMS SYSTEMS IN MEDICAL INSURANCE FIRMS IN KENYA: A CASE OF NATIONAL HEALTH INSURANCE FUND, KENYA

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ABSTRACT

This study established the effect of TQM on performance of E-Claims Systems in medical insurance firms in Kenya; a case of NHIF, Kenya. The specific objectives were to establish the effect of leadership on performance of E-Claims systems in medical insurance firms in Kenya; to assess the effect of training on performance of E-Claims system in medical insurance firms in Kenya and to examine the effect of teamwork on performance of E-Claims Systems in medical insurance in Kenya. The specific objectives of the study were quided by three variables: leadership practices, training interventions and teamwork activities. The study was guided by Public Value Theory and Stakeholders Theory which informed the study variables. The study adopted descriptive research design because the study was intended to gather quantitative and qualitative data, which described the effect of TQM and performance of E-Claims System in medical insurance firms in Kenya. The target population consisted of 300 employees drawn from NHIF. The study sample size relied on primary data collection. Data was analyzed using quantitative technique, descriptive statistics (mean and standard deviation), inferential statistics (Pearson correlation and regression analysis) as well as statistical package of social sciences (SPSS version 21.0) to develop regression model for the study. The study findings established that there is significant positive relationship between leadership practices, training interventions, teamwork activities and performance of E-Claims Systems. The study recommended that government should help in formulating policies and laws that govern public sector organizations whose main mandate is service delivery to ensure quality of service to customers. The study further indicated that further studies should be undertaken to determine the extent of how other total quality management practices can influence performance of the e claims systems in medical insurance. Further studies should also be done in the private insurance firms for comparative analysis.

Key Words: Total Quality Management, Leadership, Training and Teamwork, Performance

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BACKGROUND OF THE STUDY

Organizations are continuously seeking ways on how to improve quality of services, products and processes to meet customer requirements and expectations. Quality in a company is typically associated with reliability, durability, delivery and usability of a product, service or processes. When a company builds on its quality capacity, it makes the organization stand out from other industry players and possibly increase its market share (Merhi, 2018). Total Quality Management (TQM) is a process that is critical in determining a project's operational, financial, and innovative performance (Al Idrisi & Ozutler, 2021). According to PMBOK (2022), total quality management is a project management practice that is enforced to verify the use of quality and to ascertain that quality requirements are entrenched in all cycles of the project from the initial phase to the close out phase. In addition, total quality management as a management principle is applied to improve the quality of products or services in an organization to meet customers' requirements, continuous improvement of quality and ultimately gain competitive advantage. Heyns & Boikanyo (2019) stated that consumers are becoming increasingly conscious of rising cost of living within the market thus leading to the creation of a broad range of products and services to select from. This development has also generated demand for quality within the market forcing organizations to invest substantial resources in adopting and implementing total quality management strategies in company goods and services. Darkazanali (2019) noted that the introduction of TQM strategies in organizational processes has improved the quality level of deliverables which is desirable to stakeholders.

Companies universally are undergoing shifts in the business environment due to growing consumer awareness of quality, technological advancement, innovation, globalization and intense competition. To address these challenges and to ensure business continuity, many organizations have implemented mixed quality improvement drives for total quality management to improve on competitiveness and organizational performance (Nyaga and Gakobo, 2020).

In the context of NHIF, a claim is a formal request to a purchaser of health care services (insurance company, government, or employer) asking for payment or reimbursement based on agreed terms of a contract. NHIF has a hospital claim and a general claim. A hospital claim refers to a formal request for reimbursements made by a HCP for payments of benefit covered. A general claim is one made by an active NHIF member after having accessed in-patient care individually or through a declared beneficiary in a HCP recognized by the Fund. Both the hospital claim and general claim follow the following steps of claims application and submission, claim capturing, verification and approval process, then payment of claims (NHIF Research and Policy Division, 2021).

Total Quality Management (TQM) is a variety of practices that are adopted in a company that provides gains for increasing company profits and will upgrade the quality of resources in the company. TQM is said to be an approach to consumers regarding changes that occur in management in a systematic way and these improvements are made from various aspects such as products, or services in the organization. The main goal of TQM is continuous improvement to get results, namely getting good performance (Mardikaningsih, 2020).

Samsul and Arifin (2022) assert that leadership in TQM involves management having a vision of propelling employees towards a desired goal. Establishment of a clear vision by leaders of a company and taking into consideration TQM will allow for employee commitment to quality by focusing all organizational efforts on satisfying customer needs, nurturing a sense of team in work life, fostering standards of merit, and bridging the current and future state of the company. According to Cooney(2020), employees require training in order to manage the expansion of their work role following the delegation of responsibilities. They also require some training in non-technical skills to be able to participate in quality improvement activities and they need a broader range of skills in order to flexibly respond to changing consumer and market requirements. Training for quality management requires the development of specific skill sets that support quality management practices. Such training is important, not only to ensure the successful adoption of quality practice, but also to ensure the achievement of the broader quality mission of improved firm competitiveness (Misztal, 2019). The success of the quality strategies adopted by the firm and the effectiveness of the quality management system employed within the firm, are dependent upon the supply of appropriately skilled labour (Cooney, 2020). Training also increases the concern for creativity, innovation and team work. The role of training is critical as it directly enhances firm performance by raising the general level of skills. As employees become more highly motivated and more highly skilled, so their task performance improves and organizational effectiveness is directly enhanced (Jalali, 2020).

According to Cooney (2020), a well-structured team is important in effective provision of services through the integration of activities involved in an organization. Teamwork allows the employees to be committed to the company goals, objectives and improvement leading quality to customer satisfaction. The composition of individuals in a team should comprise of persons with the right attitude towards working in groups with a shared common vision of meeting company goals. Teamwork is essential in an organization because firstly, it allows for the effectual solving of complex tasks that are beyond the capability of a single individual. Secondly, there is also access to a wealth of knowledge amongst people working in teams as opposed to individuals working alone. Ideas and suggestions can be shared to improve a task leading

to quality output in a department. Thirdly, teamwork has the ability to boost staff morale and ownership through involvement in decision and problem solving (Jalali,2020). Samsul and Arifin (2022) state that a good team creates an environment where each member can contribute to the achievement of a company objective thus increasing employee confidence. Collaboration is necessary for tasks that require creativity, problem solving, and innovation. Collaboration is a competitive method for achieving difficult goals and tasks. As globalization keeps forcing organizations to face more challenges, more tasks are assigned to and performed by work teams.

According to Korir (2020), medical insurance in Kenya is divided into two, public insurance and private insurance. The government administered NHIF is the only public insurance company and is mandatory to all salaried Kenyans while on the other hand, it is on a voluntary basis for selfemployed individuals. NHIF relies on the NHIF Act 1998 that requires all employed persons to be deducted medical insurance based on the salary bracket. IRA (2019) states that there are 22 private medical insurance companies in Kenya which provide health insurance plans such as inpatient services, outpatient services, hospitalization costs, consultation costs, medicine costs and the protection of family finances in case of sudden illnesses. Justus (2018) argues that medical claims management by insurance companies involves billing, filing, updating and possessing of medical claims related to patient diagnosis, treatment and medications. The medical claims management process has to strike a balance between customer expectations and maintaining cost efficiency.

In Kenya there exists the National Health Insurance Fund (NHIF) which is a parastatal created by an Act of parliament in 1966. The NHIF has an autonomous network in all the 77 branches around the country, 32 satellite offices and Huduma centers across all counties. Each branch is independently capable of providing all the services offered by NHIF including registering members, collecting contributions and payment of claims to HCPs. The Government of Kenya through the presidency singled out quality health care as a key contributor to vision 2030. The president in 2017 announced a new plan which was coined 'the Big 4 agenda' which is premised on guiding the development agenda of the country for the period 2018-2023. Amongst the 4 agendas is the Universal Health Coverage (UHC) which is a global development agenda as detailed in the sustainable development goals (SDGs). NHIF was identified as the main vehicle in the achievement of UHC through issuance of financial risk protection to members and access to quality essential health care services (NHIF, 2018).

Statement of The Problem

According to Deloitte (2020), there are a total of 30 million medical claims that are processed in Kenya annually. The biggest challenge in a defective claims management system is the high expenses, time consumed and increased cases of medical fraud. Automation of health claims and adoption of an advanced claims management system is important in ensuring quality patient health care (Thomson, Sagan and Massialos, 2020). Luhach, et.al assert that claims processing is the most important function for any insurance firm. The speed and convenience with which claims are settled has a bearing on the general reputation of the insurance company. Langlois (2022) stated that a huge challenge faced by most medical insurance firms in Kenya is the lengthy turnaround time for processing of insurance claims. HCPs on the other hand have become aggrieved due to the delays in disbursement of funds to them by insurance companies affecting their quality of service to members. Thus, this situation has led to a lot of frustration witnessed by the insured party whenever accessing health care in a facility.

According to research done on value chain and gap analysis of the NHIF electronic claims process (2021), findings of the study highlighted concerns of the respondents that include incessant system downtime was affecting operations, periodical system updates without staff training was hampering system use and interaction, poor system integration between NHIF and HCPs was leading to delayed payments of claims. Notably, amnesty International (2023) states that one of the key challenges facing NHIF is inadequate funding which has led to delays in provider payments and a shortage of funds for critical operations. Additionally, NHIF has faced challenges in curbing fraud and abuse, which has led to the loss of resources.

To comply with the Fund's service delivery charter, stakeholder obligation and quality statement, there is a need for the e claims process to be streamlined/improved. This can be done by adopting key performance indicators in the system such as average time to settle claims, claims in litigation, claims settlement cycle time, cost per claim and most importantly claims fraud detection rate. It is against this background that this study determined the effect of total of quality management on performance of the e claims system in medical insurance firms in Kenya; A case of NHIF, Kenya.

Objectives of The Study

The general objective of this study was to determine the effect of TQM on performance of E-Claim system in medical insurance, A case of NHIF. The specific objectives were;

- To establish the effect of leadership practices on performance of E-Claims Systems in Medical Insurance in Kenya.
- To assess the effect of training interventions on performance of E-Claims Systems in Medical Insurance in Kenya.
- To examine the effect of teamwork activities on performance of E-Claims Systems in Medical Insurance in Kenya.

The study was guided by the following research hypothesis;

 H₀₁ There is no significant relationship between Leadership Practices and performance of the E claims system in medical insurance firms in Kenya.

- H₀₂ There is no significant relationship between Training Interventions and the performance of the E claims system in medical insurance firms in Training Interventions Kenya.
- H₀₃ There is no significant relationship between Teamwork Activities and the performance of the E claims system in medical insurance firms in Kenya.

LITERATURE REVIEW

This study anchored only two theories namely Public Value Theory and Stakeholder Theory.

Public Value Theory

This theory was created by Mark Moore in 1995. According to Moore (1995) the basis of this theory was to provide a framework that guides the management of public sector organizations. The theory states that it is the work of the government to ensure that investment made through public offices should deliver what is valuable to its citizens. Just as it is the work of private entities to maximize shareholder value through profit maximization, similarly, it is the work of public entities (ministries, state corporations and parastatals) to create public value through developmental projects.

White (1998) states that desirable and impactful government projects are developed first as policies in government parastatals, then programmes and thereafter culminate to targeted projects that provide valuable goods or exemplary services to the citizens. Notably, Moore (1995) asserts that the Public Value Theory describes the role of a government in a society, using a public office as a vehicle to provide a service or a social need. Benington (2003) also states that this theory insists on the importance of public offices managers as the stewards of public assets entrusted to them by the government or through their own revenue and have the mandate to help the government provide a service to its citizens.

This theory is relevant to this study because it elaborates the mandate of a government which is the creation of public value to its citizens. This is carried out through the creation of critical developmental projects by a public office to create valuable services such as health care or infrastructure, in this case it is the E- claims system.

Stakeholder Theory

This theory was developed by Freeman in 1984. According to Freedman (1984), a stakeholder is anyone who has an interest in the running of an organization and will be affected if the organization achieves or fails to achieve its objectives. In other words, a stakeholder can also be defined as any person, group or organization that can place a claim on an organization's attention, resources or output, or is affected by that output. Freedman (1984) advises that this theory is also applicable to public sector management in government organizations to assist in decision making. Stakeholder theory explains how different factors of an environment that is micro, and macro affect each other and how the company conducts its activities around this matter (Filippone, 2012).

This theory is relevant to this study because it exhibits how the success of a project in a state corporation has an impact to the society at large. The key stakeholders of the E claims system include health care providers, NHIF customers, NHIF staff (Benefits, Claims and Quality Assurance officers), the government and top management who are responsible for decision making. A project engineered by the government, or a government affiliate has many stakeholders and thus it is important to ensure their expectations and needs are met.

Conceptual Framework

A conceptual framework explains, either graphically or diagrammatically or even in narratives form, the main things to be studied, the key factors, constructs or variables and the presumed relationship among them (Murphy, Shaw and Casey, 2015). The below conceptual framework depicts the link between leadership practices, training interventions and teamwork and how they can improve the performance of the e claims system through ensuring client retention, customer satisfaction and profitability.

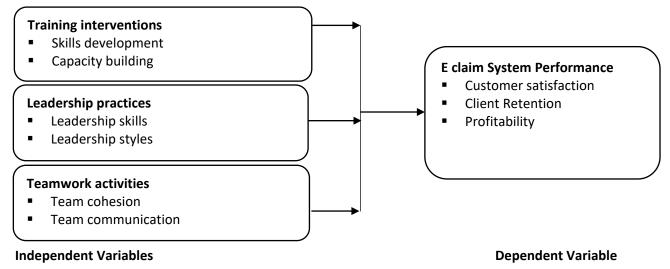


Figure 1: Conceptual Framework Source: Author (2023)

METHODOLOGY

The study adopted descriptive research design that was of importance in gaining deeper insights in regards to TQM. Moreover, it enabled the researcher to be in a position of understanding the issues that constituted to effective TQM on performance of the e claims system in NHIF. The descriptive design helped in gaining deeper insights as regards the issues on the effect of TQM practices. The target population for this study was 300 employees based at the headquarters of the National Hospital Insurance Fund which consisted of top management, middle Management and operational staff. Data analysis started by examining the collected questionnaires to ensure they are accurately and comprehensively filled. Data cleaning was done to ascertain that analysis only include questionnaires that were sorted and found out to be accurately filled. After examination of questionnaires, coding was carried out as well as entering the responses into a software application. Statistical Package for Social Sciences (SPSS) software version 24 assisted in the analysis of data.

The study was conducted using Pearson correlation analysis to predict the relationship between TQM and performance of E-Claims systems in medical insurance firms in Kenya. Correlation analyses was performed to determine if any variables will be correlated. The Pearson correlation coefficient (r) was used to identify the magnitude and the direction of the relationships between the variables. For example, the value can range from -1 to +1, with a +1 indicating a perfect positive relationship, 0 indicating no relationship, and -1 indicating a perfect negative or reverse relationship. Further analysis of variance (ANOVA), and multiple linear regressions analysis was applied.

The regression equation was as follows:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Where:

vilere.

Y is the dependent variable (performance of e claims system).

X1 is Training interventions

X2 is Leadership practices

X3 is Teamwork activities

Results of the regression analysis will be used to test the hypotheses of this study.

FINDINGS

Effect of Leadership Practices on Performance of E-Claims System

In reporting the effects of leadership practices on performance of electronic claims systems in medical insurance firms in Kenya, this study sought to find out participant's level of agreement with various statements related to how leadership practices on performance of e-claims systems in medical insurance firms in Kenya. Agree, neutral, and disagree Likert scale findings together with mean and standard deviation were used to demonstrate the results. According to the findings, in the first statement: Management has the requisite skills to oversee and ensure performance of the electronic claims systems had a mean of 4.08 and Standard deviation of 0.686.

The second statement: Management has exhibited creativity and innovation that has helped to improve performance of the e-claims systems had a mean of 4.15 and standard deviation of 0.638. The third statement: Management periodically communicates to employees on the e-claims systems upgrades to keep them informed had a mean of 3.90 and standard deviation of 0.716. The fourth statement: Management make all the

decisions and dominates team members when seeking ways to improve system performance had a mean of 3.83 and a standard deviation of 0.686. The fifth statement: Management allows participation of employees when seeking ways of improving the electronic claims system had a mean of 3.94 and standard deviation of 0.798. Finally, the sixth statement: Managers have constantly been identifying and exploiting new ideas to enhance performance of the electronic claims system had a mean of 3.89 and a standard deviation of 0.813. The computed average mean for the respondents' views on the effect of leadership practices on performance of the e claims system is 3.97 (SD = 0.72), indicating that respondents agree that leadership practices wield an influence on the performance of insurance companies the e claim system.

Table 1: Effect of Leadership Practices on Performance of E-Claims System	tem
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Statement -		Outcome (F, %)					Std.
		2	3	4	5	Mean	Dev
Management has the requisite skills to	-	2(1.1)	24(16.1)	86(56.3)	40(26.4)	4.08	0.686
oversee and ensure performance of the							
electronic claims systems					-		
Management has exhibited creativity and	-	-	21(13.8)	87(57.5)	44(28.7)	4.15	0.638
innovation that has helped to improve							
performance of the e-claims systems		- /			/		
Management periodically communicates	-	3(2.3)	37(24.1)	84(55.2)	28(18.4)	3.90	0.716
to employees on the e-claims systems							
upgrades to keep them informed		2(2.2)	40/26 4)		22/42 0	2.02	0.000
Management make all the decisions and	-	3(2.3)	40(26.4)	87(57.5)	22(13.8)	3.83	0.686
dominates team members when seeking ways to improve system performance							
Management allows participation of	_	4(2.4)	37(24.1)	72(47.1)	39(25.3)	3.94	0.798
employees when seeking ways of		4(2.4)	57(24.1)	/2(4/.1)	55(25.5)	5.54	0.758
improving the electronic claims system							
Managers have constantly been	-	12(8.0)	23(14.9)	87(57.5)	30(19.5)	3.89	0.813
identifying and exploiting new ideas to		(===)	(,	()	()		
enhance performance of the electronic							
claims system.							
Composite Mean and Standard						3.97	0.72
Deviation							

Effect of Training Intervention on Performance of E-Claims Systems

Similarly, this study reports the results participants' level of agreement with various statements related

to training interventions on performance of E-Claims Systems in medical insurance firms in Kenya. Again, Agree, Neutral, and Disagree Likert scale results together with mean and standard deviation were used to indicate participants' level of agreement (Table 2). According to the findings, in the first statement: Employees who interact with the electronic claims system are routinely trained on new system updates and modules had a mean of 4.20 and Standard deviation of 0.729. The second statement: Management considers training of employees as important in the improvement of the performance of the electronic claims system had a mean of 3.72 and standard deviation of 0.742. The third statement: Training of system users is key in improving performance of the electronic claims systems

had a mean of 3.85 and standard deviation of 0.815. The fourth statement: Conducting a training needs assessment of the system users is key in enhancing performance of the electronic claims

system had a mean of 3.80 a standard deviation of 0.83. The fifth statement: Management should ensure system users have the requisite qualification of the position e.g., Quality Assurance Officers, ICT Officers, Accountants and Claims Officers had a mean of 3.75 and standard deviation of 0.918. Finally, the sixth statement: The current number of employees interacting with the system is enough for workload of processing claims had a mean of 3.72 and a standard deviation of 0.907. The computed average mean for the respondents' views on the effect of training interventions on performance of the e claims system is 3.84 (SD = 0.824), indicating that respondents agree that training interventions wield an influence on the performance of insurance companies the e claim system.

1-Strongly Disagree, 2-Disgree, 3- Neutral, 4- Agree, 5- Strongly Agree

			Outcome ((F, %)		Mea	Std.
Statement	1	2	3	4	5	n	Dev
Employees who interact with the electronic claims system are routinely trained on new system updates and modules.	-	77(50.6)	18(11.5)	3(2.3)	54(35.6) -	4.20	0.729
Management considers training of employees as important in the improvement of the performance of the electronic claims system	-	7(4.6)	79(51.7)	47(31.0)	19(12.6)	3.72	0.742
Training of system users is key in improving performance of the electronic claims systems	-	9(5.7)	37(24.1)	75(49.4)	31(20.7)	3.85	0.815
Conducting a training needs assessment of the system users is key in enhancing performance of the electronic claims system	-	12(8.0)	33(21.8)	79(51.7)	28(18.4)	3.80	0.833
Management should ensure system users have the requisite qualification of the position e.g., Quality Assurance Officers, ICT Officers, Accountants and Claims Officers.	-	19(12.6)	30(19.5)	73(48.3)	30(19.5)	3.75	0.918
The current number of employees interacting with the system is enough for workload of processing claims.	-	10(6.9)	45(29.9)	72(47.1)	24(16.1)	3.72	0.907
Composite Mean and Standard Deviation						3.84	0.824
*Percent are in Brackets; F – Frequency							

Effect of Teamwork Activities on Performance of E-Claims Systems

This study also presented participants' level of agreement with various measures on teamwork activities and how it affected performance in the organization. Again, agree, neutral, and disagree Likert analysis together with means and standard deviations were used to indicate to the level of agreement as indicated in Table 3. According to the findings, in the first statement: There are clear roles and responsibilities of systems users to ensure good performance of the e-claims systems had a mean of 4.22 and a standard deviation of 0. 689. The second statement: Structures and procedures exist to guide system users on how to interact with the system to ensure performance had a mean of 3.93 and a standard deviation of 0.860. The third statement: There exists a conflict management mechanism to guide members on how to resolve disputes that does not hamper system performance had a mean of 3.57 and a standard deviation of 0.960. The

fourth statement: Management frequently organizes open meetings for team members to share their ideas and opinions on system performance had a mean of 3.48 a standard deviation of 0.878. The fifth statement: There exists a two-way feedback between management and team members to update on issues concerning the e-claims systems had a mean of 3.71 and standard deviation of 0.820. Finally, the sixth statement: Proper communication amongst team members creates the basis of unique skills and coordination of members to allow the system to work efficiently had a mean of 3.56 and a standard deviation of 0.788. The computed average mean for the respondents' views on the effect of teamwork activities on performance of the e claims system is 3.75 (SD = 0.833), indicating that respondents agree that teamwork activities wield an influence on the performance of insurance companies the e claim system.

1-Strongly Disagree, 2-Disgree, 3- Neutral, 4- Agree, 5- Strongly Agree

Statement	Outcome (F, %)					Mean	Std.
Statement	1	2	3	4	5	Ivieali	Dev
There are clear roles and responsibilities of systems users to ensure good performance of the e-claims systems	-	2(1.1)	17(11.5)	79(51.7)	54(35.6)	4.22	0.689
Structures and procedures exist to guide system users on how to interact with the system to ensure performance	2(1.1)	7(4.6)	30(19.5)	75(49.4)	38(25.3)	3.93	0.860
There exists a conflict management mechanism to guide members on how to resolve disputes that does not hamper system performance	2(1.1)	68(44.8)	37(24.1)	23(14.9)	23(14.9)	3.57	0.960
Management frequently organizes open meetings for team members to share their ideas on system performance There exists a two-way feedback	2(1.1)	61(40.2)	54(35.6)	17(11.5)	16(10.3)	3.48	0.878
between management and team members to update on issues concerning the e-claims systems Proper communication amongst team	-	70(46.0)	47(31.0)	11(6.9)	24(16.1)	3.71	0.820
members creates the basis of unique skills and coordination of members to allow the system to work efficiently	-	14(9.2)	52(34.5)	72(47.1)	14(9.2)	3.56	0.788
Composite Mean and Standard Deviation						3.75	0.833
*Percent are in Brackets; F – Frequency							

Performance of E-Claims Systems

Finally, this study sought participants' level of agreement with various statements related to performance of electronic claims systems in medical insurance firms in Kenya as the dependent variable. Agree, neutral, and disagree together with means and standard deviation were used to present results. The descriptive results as shown in Table 4.

According to the findings, in the first statement: A high performing E-Claims system will allow for the retention of existing customers of NHIF had a mean of 4.37 and a standard deviation of 0. 631.The second statement: Currently, the existing E-Claims system is ideal and claims payment and reimbursement to HCPs is fast had a mean of 3.99 and a standard deviation of 0.723. The third statement: NHIF members are contented with the duration of claims approval in the system had a mean of 3.93 and a standard deviation of 0.759.

The fourth statement: The existing e-claims systems allow for timely reimbursement of monies to HCPs had a mean of 3.62 a standard deviation of 0.686. The fifth statement: There is increased return on investment with the shift from a manual system to an automated system had a mean of 3.78 and standard deviation of 0.799. The sixth statement: The shift from manual system to electronic system has led to the increase in revenue generation had a mean of 3.75 and a standard deviation of 0.918. Finally, the seventh statement: The Shift from manual system to electronic system has led to the decrease in fraud cases had a mean of 3.87 and a standard deviation of 0.818.

The computed average mean for the respondents' views on performance of the e claims system is 3.90 (SD = 0.762), indicating that respondents are concerned about the performance of the e claims system

1-Strongly Disagree, 2-Disgree, 3- Neutral, 4- Agree, 5- Strongly Agree

Table 4: Performance of E-Claims Systems Descriptive Results

Statement		Outcome (F, %)					Std.
	1	2	3	4	5	Mean	Dev
A high performing E-Claims system will allow for the retention of existing customers of NHIF	-	-	12(8.0)	72(47.1)	68(44.8)	4.37	0.631
Currently, the existing E-Claims system is ideal and claims payment and reimbursement to HCPs is fast	-	84(55.2)	30(19.5)	3(2.3)	35(23.0)	3.99	0.723
NHIF members are contented with the duration of claims approval in system.	-	75(49.4)	38(25.3)	3(2.3)	35(23.0)	3.93	0.759
The existing e-claims systems allow for timely reimbursement of monies to HCPs	-	70(46.0)	65(42.5)	2(2.3)	14(9.2)	3.62	0.686
There is increased return on investment with the shift from a manual system to an automated system.	-	3(2.3)	58(37.9)	59(39.1)	31(20.7)	3.78	0.799
The shift from manual system to electronic system has led to the increase in revenue generation.	-	19(12.6)	30(19.5)	73(48.3)	30(19.5)	3.75	0.918
The E-Claim system has promoted productivity and efficiency in the Fund.	2(1.1)	7(4.6)	30(19.5)	75(49.4)	38(25.3)	3.93	0.860
The Shift from manual system to electronic system has led to the decrease in fraud cases	-	7(4.6)	40(26.4)	70(46.0)	35(23.0)	3.87	0.818
Composite Mean and Standard Deviation						3.90	0.762
*Percent are in Brackets; F – Frequency							

Inferential Statistics

Correlation Analysis

Correlation test was performed to test the strength linear relationship between variables of independently. The results indicated that all the independent variables had a positive correlation on performance of the dependent variable of the study. Independently, the study indicated a moderate positive correlation between leadership practices on the performance of electronic claims system, r = 87 = 0.462, p < 0.01. The results imply that leadership practices determines the performance of E-Claims systems in medical insurance firms in Kenva. Secondly, the study assessed the correlation between teamwork activities and performance of the e claims system.

Table 5: Correlation Analysis Outcome

The evidence presented exhibited a positive strong relationship between teamwork activities on performance of E-Claims systems in medical insurance firms in Kenya, r(87) = 0.522, p < 0.01. The results imply that teamwork enhances performance of the E-Claims systems. Third, the study investigated the correlation between training interventions on performance of electronic claims system in medical insurance firms in Kenya. The results highlighted the correlation between training interventions output to provide a moderate relationship on performance r(87) = 0.417, o < 0.01. The findings suggest that training interventions is of significance in determining performance of the E-Claims system.

			Performance of E-Claims System	Leadership	Teamwork	Training
Performance	of	E-Claims	Pearson Correlation	1		
System			Sig.(2-tailed)			
			N	87		
Leadership			Pearson Correlation	.462**	1	
			Sig.(2-tailed)	.000		
			Ν	87	87	
Teamwork			Pearson Correlation	.522**	.522**	1
			Sig.(2-tailed)	.000	.000	
			N	87	87	87
Training			Pearson Correlation	.639**	.443**	.417**
_			Sig.(2-tailed)	.000	.000	.000
			N	87	87	87

**. Correlation is significant at the 0.01 and 0.05 level (2-tailed)

Regression Analysis

As briefly explained in the inferential analysis introduction section, this study also conducted a regression analysis to examine the relationship between the study variables as well as to test hypotheses of the study independently. However, prior to testing the study hypothesis, the regression analysis provided a model summary output and ANOVA output. Regarding the model summary result, the outcome in Table 6 reported a coefficient of determination or R of 0.704 which demonstrated a strong positive correlation between the independent and dependent variables of the study. Likewise, the table presented an R² of 0.494 which indicated that the TQM included in the study (leadership practices, training interventions and teamwork activities) explains approximately 49.4% changes on the performance of electronic claims systems in the medical insurance firms where($R^2 = .496, F, P < 0.05$)

Table 6: Model Summary Output

			Adjusted R Square	Std. Error of the Estimate1
1 .70	704ª .4	496 .	477	.3062169

a. Predictors: (Constant), Leadership Practice, Training Interventions, Teamwork Activities

b. Dependent Variable: Performance of E-Claims

Similarly, the regression analysis further provided ANOVA results which illustrated the overall significance of the model in explaining variances in performance of electronic claims systems as a result of changes in the TQM practices (leadership practices, training interventions and teamwork activities). And so, the ANOVA results demonstrated that the model of the study was significant in explaining positive changes of TQM practices on performance of electronic claims system in medical insurance firms in Kenya $(F(3,83) = 27.177, P < 0.05, R^2 = 0.496)$ as shown Table 7.

Tab	le :	7:	AN	O	VA

Model	Sum of Squares	df	Mean Square	F	Sig.
1. Regression	7.645	3	2.548	27.177	.000 ^b
Residual	7.783	83	.094		
Total	15.428	86			

a. Dependent Variable: Performance of E-Claims Systems

b. Predictors: (Constant), leadership practices, training interventions, teamwork activities

Finally, the regression analysis provided a regression analysis coefficient results to demonstrate that combined effects or relationships between independent and dependent variables of the study. Also, the study established regression coefficients results to test the hypothesis of the study individually.

 H_{01} : Leadership practices do not have a significant influence on performance of the E-Claims systems in medical insurance firms in Kenya, the results showed a significant positive relationship between leadership practices and performance of E-Claims Systems (B=0.126, p=0.024). The findings, therefore, confirms that the study accepted the stated alternative hypothesis and concluded that there is a significant and positive effect of leadership practices on performance of E-Claims systems. H_{02} : Training interventions do not have significant influence on performance of the E-Claims system in medical insurance firms in Kenya, the findings showed that there is a positive relationship between training intervention on performance with (B=.247, P=0.006). The study, thus, accepted the alternative hypothesis and rejected the null hypothesis. The conclusion was that there is a significant and positive effect of training intervention on performance.

 H_{03} : There is a significant and positive effect of teamwork activities on performance of E-Claims systems in Kenya. Finally, this study tested the third hypothesis of the study. The regression coefficient results demonstrated that there is a strong and significant positive relationship between teamwork activities on performance E-Claims systems in Kenya (B=0.399, P=0.000).

	Unstandard	ized Coefficients	Standardize		
Model	В	Std. Error	Beta	t	Sig.
1(Constant)	.986	.375		2.631	.010
Leadership Practices	.126	.107	.113	1.180	.024
Training Intervention	.247	.088	.263	2.795	.006
Teamwork Orientation	.399	.075	.479	5.343	.000

Table 8: Regression Coefficients

a. Dependent Variable: Performance of E-Claims

Generally, the study estimated a regression model Y = .986 + 0.126L + 0.247T + 0.638TO. Where L is Leadership practices, T is Training Interventions and TO is Teamwork Orientation. From the model highlighted, the results confirm that when all factors are held constant, performance of electronic claims in the organization like leadership practices, training intervention and teamwork activities would increase on performance of e-claims systems by .126, 0.247 and 0.399 respectively. This suggest that all the TQM practices included in the study have a significant positive effect on performance of e-claims systems in the medical insurance firms in Kenya. Thus, the study accepted all the three-research hypothesis as indicated in Table 9.

Tab	le 9:	Summary	y of	Hypot	hesis	Tests
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Hypothesis	p-value	Decision
H _{01:} There is a significant and positive of between leadership on performance of E-	0.24	Accept
Claims System		
H ₀₂ : There is a significant and positive effect of training intervention on performance	0.003	Accept
of E-Claims Systems		
H ₀₃ : There is a significant and positive effect teamwork activities on performance of E-	0.000	Accept
Claims Systems		

DISCUSSIONS

Leadership Practices on Performance of Electronic Claims Systems in Medical Insurance Firms in Kenya

Statements were developed to measure the extent to which leadership practices affect performance of the e claims system in medical insurance. This section sampled two statements. Statement (1) Management has requisite skills to ensure the performance of the e claims system. Out of 152 respondents who participated in the study, 2(1.1%) Disagreed, 24(16.1%) were neutral, 86(56.3%) Agreed with the statement, while 40(26.4%) Strongly Agreed. This finding shows that 126 (82.9%) respondents Agreed with the statement, 2(1.3%) respondents Disagreed while 24(16%) respondents were Neutral. This item had a mean of 4.08 and a standard deviation of 0.686 implying that the statement positively influences the performance of the e claims system in medical insurance.

Statement (2) Management make all the decisions and dominates team members when seeking ways to improve system performance. Out of 152 respondents who participated in the study 0(0%) Strongly Disagreed, 3(2.3%) Disagreed, 26.4(40%) were neutral, 87(57.5%) Agreed with the statement, while 22(13.8%) Strongly Agreed. This finding shows that 109(72%) respondents Agreed with the statement, 3(2%) respondents Disagreed while 40(26%) respondents were Neutral. This item had a mean of 3.83 and a standard deviation of 0.686 implying that the statement positively influences the performance of the e claims system in medical insurance.

These statements agreed with Khwae and Amoozegar (2021) who analyzed the importance of leadership on project performance of construction projects in Malaysia. The statement supports the study's gap in the that states organizational culture, employee commitment and leadership have a huge influence in performance in an organization. Additionally, the respondents stated that despite management having the requisite skills, they failed to implement it within the organization to propel the employees towards a common goal of e claim system performance. Additional information from the respondents stated that management in the organization should be innovative and seek new ideas on how the e claims system can be improved. Suggestions given was benchmarking with other private insurance companies within the country benchmarking with other countries who have been able to implement and effective and efficient e claims system.

This statement also agreed with Kassahun (2021) who conducted a study on the effect of leadership styles on project performance; a case of Ethiopian Road Authority (ERA). This study concluded that leadership styles adopted by management has a way motivating employees towards achievement of a company goal. The respondents agreed that a

democratic and a charismatic leader has an easier time leading a team as opposed to an authoritative leader who demands compliance. Additional information from respondents stated that the leaders in the organization do not adopt democracy since instructions come from above without any consultations from staff and most importantly system users. They stated that key changes and policies were instituted without staff discussion putting the Quality Assurance officers in a difficult situation when explaining abrupt system changes to NHIF members. Finally, these studies suggest that the more adaptive leadership is practiced, the higher the goal attainment and organizational effectiveness will be.

Training Initiatives on Performance of Electronic Claims Systems in Medical Insurance Firms in Kenya

The second objective of this study was to assess the effect of training interventions on performance of electronic claims systems in medical insurance firms in Kenya. Generally, the results indicated that there is a significant and positive effect of training interventions on performance. Statements were developed to measure the extent to which leadership practices affect performance of the e claims system in medical insurance. This section sampled one statement. Statement (1) Employees who interact with the electronic claims system are routinely trained on new system updates and modules. Out of 152 respondents who participated in the study, 0(0%) Strongly Disagreed, 77(50.6%) Disagreed, 18(11.5%) were neutral, 3(2.3%) Agreed with the statement, while 54(35.6%) Strongly Agreed. This finding shows that 57(37.5%) respondents Agreed with the statement, 77(50.7%) respondents Disagreed while (12%) respondents were Neutral. This item had a mean of 4.20 and a standard deviation of 0.729 implying that the statement positively influences the performance of the e claims system in medical insurance. Interpretation of these findings shows that employees are not routinely trained so as to acquire skills and capacities to interact with the new

modules and updates in the system. Respondents who agreed with the statement stated that the management does not take training seriously but only offers on desk training which has a minute impact. Trainings with the service provider would be more ideal so as to see the impact in performance since they are the creators of the system. Additionally, majority of the respondents 73(43.5%) agreed that management should ensure proper mapping of staff based on their qualifications e.g. an accounts professional should not be placed in the Quality Assurance section. Finally, 75(49.4%) of the respondents were neutral on the statement that management conducts a training needs assessment. This proves that a gap exists and management can take up this task to critically itemize training needs of staff. Additional information from respondents stated that the current workforce for claims processing is not adequate to handle the amount of workload currently experience in the office. NHIF has a lot of members based on the fact that it is a statutory requirement to remit funds to NHIF. Respondents suggested that more staff need to be employed and proper mapping to be done to ensure Quality Assurance Officers have a medical background. Lack of a medical expertise makes it difficult to offer proper judgement on claims forwarded by health care facilities.

This statement agrees with Kanapathipillali (2021) who conducted a study on the impact of training of employees in enhancing project performance in the Hospitality Industry in Malaysia. The findings of this study agreed that training is a key component in an organization that uses work force to achieve its objectives. By embarking on training and capacity building initiatives, companies remain productive, and maintain competitiveness in the industry. The statement also agrees with Samwel (2020) who examined a study on employee training in enhancing performance of Drilling Companies in Geita, Shinyanga and Mara Regions in Tanzania. Results of the study showed that effective performance of any organization depends on the

performance of its employees; therefore, employee training is something unavoidable in the organization and should not be overlooked or undermined.

Teamwork Initiatives on Performance of Electronic Claims Systems in Medical Insurance Firms in Kenya.

The third and final objective of this study was to investigate the effect of teamwork on performance of electronic claims systems in medical insurance firms in Kenya. Precisely, teamwork included team cohesion and team communication. The results reported that significant and positive examine teamwork of electronic claims systems in medical insurance firms in Kenya. Statements were developed to measure the extent to which leadership practices affect performance of the e claims system in medical insurance. This section sampled one statement. Statement (1) Proper communication amongst team members creates the basis of unique skills and coordination of members to allow the system to work efficiently. Out of 152 respondents who participated in the study, 0(0%) Strongly Disagreed, 14(9.2%) Disagreed, 52(34.5%) were neutral, 72(47.1%) Agreed with the statement, while 14(9.2%) Strongly Agreed. This finding shows that 86(56.6%) respondents Agreed with the statement, 14(9.2%) respondents Disagreed while 52(34.2%) respondents were Neutral. This item had a mean of 3.56 and a standard deviation of 0.788 implying that proper communication amongst team members positively influences the performance of the e claims system in medical insurance.

Interpretation of these findings shows that employees agree that good team work fosters coordination and collaboration which heavily impacts on organizational performance. Results of the study also indicated that the organization does not have a conflict management system with 68(44.8%) of the respondents disagreeing on the existence of such a mechanism. A conflict management system is key in ensuring team members work cohesively and issues are resolved so as not to hamper performance of the general group. Additionally, majority of the respondents 61(40.2%) disagreed on the existence of open meetings held by management so as to allow employees to air their grievances and suggestions. Open meetings ensure that management are updated on the suggestions, failures and recommendations of the system and how the specifications can be improved to be adopted by the next service provider. Finally, majority of the respondents 70(40.6%) disagreed on the existence of a two-way feedback mechanism. Respondents stated that management hoarding information and not communicating to employees interferes with performance since they are unaware of the current issues.

This statement agrees with Yap, Leong, and Skitmore, (2020) who conducted a study on capitalizing teamwork for enhancing project performance and management in construction firms in Malaysia. The findings noted that It should be highlighted that indeed, the aspect of teamwork is important in performance considering the fact that it enhances employees' productivity. Additionally, the core value of teamwork is the reduction of workload which helps employees to perform better without any kind of work pressure because the tasks were distributed equally that positively impacts project completion. This statement also agrees with Eijke and Nelson, (2021) examined a study on teamwork and performance in Nigeria, a case of Nigeria Bottling Company. The study examined the effect of team work on organizational performance in Nigeria using Nigeria Bottling Company Owerri, Imo State as the study unit. The study revealed that there is significant relationship between of teamwork and customer satisfaction.

Performance of Electronic Claims Systems in Medical Insurance Firms in Kenya

Statements were developed to measure the extent to which staff felt on the performance of the existing e claims system currently in use by NHIF. This section sampled two statements. Statement (1) The existing e-claims systems allows for timely reimbursement of monies to Health care providers. Out of 152 respondents who participated in the 0(0%) Strongly Disagreed, study, 70(46%) Disagreed, 65(42.5%) were neutral, 2(2.3%) Agreed with the statement, while 14(9.2%) Strongly Agreed. This finding shows that 16 (10%) respondents Agreed with the statement, 71(47%) respondents Disagreed while 65(43%) respondents were Neutral. This item had a mean of 3.62 and a standard deviation of 0.686 implying that the statement positively influences the performance of the e claims system in medical insurance. Analysis of this finding showed that a majority of staff, 65(42.5%) disagreed with this statement and advised that more needs to be done to improve the systems. Additional information from respondents stated that the current e claim system has a low response time and frequently lapses affecting the health care facilities. When health care facilities are unable to receive their payments on time, they refuse to issue medical care to NHIF members who visity their hospitals.

Statement (2) NHIF members are contented with the duration of claims approval in the system by Qualiy Assurance officers. Out of 152 respondents who participated in the study, O(0%) Strongly Disagreed, 75(49.4%) Disagreed, 38(25.3%) were neutral, 3(2.3%) Agreed with the statement, while 35(23%) Strongly Agreed. This finding shows that 38 (25%) respondents Agreed with the statement, 76(50%) respondents Disagreed while 38(25%) respondents were Neutral. This item had a mean of 3.93 and a standard deviation of 0.759 implying that the statement positively influences the performance of the e claims system in medical insurance Analysis of the study results showed that a majority of staff 75(49.4%) Disagreed with this statement. This is out of their own personal experience of vising health care facilities or from complaints received by friends or relatives. They agreed that medical claims approval takes too long to be approved. The respondents exhibited total dissatisfaction when visiting hospitals and claimed

that prompt response can only be achieved when one knows a Quality Assurance officer personally and only then can their claim be worked on.

The staff who agreed with this statement claimed that they knew the Quality Assurance officers personally because they had worked with them before and thus it was not difficult to seek assistance. Respondents who were neutral with the stament claimed that they did not receive any difficulty in approval because there was no urgency in the procedure requested. However, they stated that if there was any emergency, they were sure to be disappointed when awaiting approvals.

These statements agreed Kanmani (2021) who analyzed the importance of medicare Claims Management System. The findings noted proper implementation of TQM in medical insurance companies can be a very effective alternative or solution in improving the health care service issued to patients in health care facilities. Additionally, quality of care is the vital issue for every health care institution and there is an immediate need for health care reforms in order to address and resolve the problems associated with quality of care, as well as patient preferences, safety, and choice.

This statement also agrees with Wambui, (2021) who examined a study on the effects of strategy on the performance of medical insurance firms in Kenya. The study examined that the Government of Kenya through the Insurance Regulatory Authority should institute suitable policies that offer support to medical insurance firms. Part of this is to ensure the medical insurance firms have a functioning claims system preferably an automated system to promte efficiency and quality customer service. Respondents of this study agreed that a high performing e claims system will assist in curbing medical fraud, lead to return in investment and the general profitability of the Fund. A high performing e claims system will also allow for the Fund to attract other voluntary members by providing a comprehensive medical insurance cover apart from the statutory deduction. This will increase the profit margins of NHIF.

CONCLUSIONS AND RECOMMENDATIONS

The study concluded that employee training and capacity building is key in enhancing employee skills, knowledge and professional capacity needed in their respective functional areas. Periodical training equips the staff to be adequately prepared on interacting with both system and customers. Further, the study posits that management should anchor training interventions in the organizational work plan every year to ensure it is planned and budgeted for. This research revealed that training interventions are not taken seriously by management and thus more needs to be done to boost morale of the employees.

Secondly, the study concluded that leadership is one of the key forces that foster organizational performance. The kind of leadership adopted by an organization has an influence on how a company performs overall. The type of leadership style and skills exhibited my management is vital in a company because it has the ability to inspire employee performance, rally staff around a vision, shape institutional strategies. The results of this study established that there is need for NHIF management to strive to be innovative and visionary to identify opportunities for growth for the organization. Additionally, improved leadership capabilities is effective in aligning employees needs to organizational need by giving a sense of direction thus enhancing organizational performance.

Thirdly, the study concluded that teamwork activities also play a critical role in the performance of the electronic claims system. Proper teamwork in an organization amongst colleagues allows for good coordination and collaboration when working on claims. The ultimate goal of good teamwork actualizes to customer satisfaction and quality of care to members. This research found out that key departments (Quality Assurance, Accounts and Claims) that work with the e claims system management directly still operate in silos and there is no proper communication and coordination when processing claims. Finally, the study concludes that organizational culture plays a significant influence on the performance of medical insurance companies. Innovation and creativity is crucial in boosting overall company productivity and the overall organizational performance. Focusing on achieving goals and accruing positive results enhances the performance of medical insurance companies. Allocating operational tasks to teams made up of employees results in increased overall organizational performance. NHIF management should work hard to ensure that a positive culture in inculcated within the organization. Finally, recruiting employees with high levels of precision, focus and attention to detail improves the productivity of the company.

The study recommended the following;

Recommendation for Practice

The study recommended that public offices should commit financial resources towards technology and innovation advancement within the organization to improve organizational performance and customer satisfaction. The study also recommends that insurance companies embrace a future oriented approach towards adoption of strategic approaches through the investments on innovation. The investments on innovation should be geared towards improving the overall performance of the organization. Advancement in the electronic claim system will allow for timely reimbursements of monies to HCPs and also expediting the claims process leading to customer satisfaction. Timely payments of claims to hospitals will improve relationships between NHIF and HCPs.

Recommendation for Policy

The government should help in formulating policies and laws that govern public sector organizations whose main mandate is service delivery to the general public. Policies and laws should relate to customer satisfaction and efficiency in services delivered to the public.

Areas for Further Research

This study sought to examine the effect of Total Quality Management on performance of the electronic claims systems in Medical insurance, a case of NHIF. The study however recommends a need for further research on other aspects of Total Quality Management such as customer focus, continuous improvement and process approach and how they can influence performance of an e claims system. This study was carried out in NHIF which is a state corporation and a public medical insurance company. Future studies thus should be carried out in the private sector and NGOs in which dynamics and procedures are slightly different from state corporations.

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