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The Influence Of Attitude, Norms And Behaviour Control On Compliance With ISO 9001:2015 QMS Procedures At Kenyatta National Hospital

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Abstract: ***The study looks at how attitudes, norms and behavior control influence compliance with ISO 9001:2015 QMS procedures at Kenyatta National Hospital. This is against a backdrop of deteriorating service standards at Kenya's largest hospital despite ISO 9001:2015 QMS certification. Data was collected from 291 staff at Kenyatta National Hospital using self-administered questionnaires. Guided by the theory of planned behaviour, the study established that there is a positive correlation between attitudes, norms and behaviour control and compliance with ISO 9001:2015 QMS procedures. Behaviour control was found to have very weak correlation with compliance with ISO 9001:2015 procedures with Pearson's r of 0.365 compared to attitudes and norms that had Pearson's r values of 0.522 and 0.477 respectively. To improve compliance with ISO 9001:2015 QMS and by extension service delivery, the hospital needs to improve on change management as well as provide adequate support in implementation of the QMS procedures.***

Keywords: ***Attitudes; Norms; Behaviour Control; Compliance; ISO 9001:2015 QMS***

I. INTRODUCTION

Introduction of ISO Standards in the public sector in Kenya was meant to bolster service delivery and improve value for money for the citizenry. However, despite the introduction and attainment of ISO certification, anecdotal evidence suggest that Kenyatta National Hospital and many other public sector organizations still face the challenge of poor service delivery.

Service delivery is perceived as a set of activities performed by an organization that aims at creating value, which includes specific services, economic activities, performance to customers as well as other organizational activities. This is part of the value creation process such as leadership and management styles, structure of operations, organization cultures, customer relationship initiatives among others (Edvardsson, 2005). The significance of the service delivery involves the central thrust to the achievement of an excellent service for the Government and for the public as customers. (Stoker, 2012). It is also essential for economic reasons because of the importance for national competitiveness of the civil service.

Public servants therefore must continue with the improvement programmes to meet the challenges facing the country as well as achieving rapid economic and social development, a direct result of effective and efficient service delivery (Barrientos and Hulme, 2009). Effectiveness in customer service typically refers to doing the right things and measures constructs like customer satisfaction on dimensions such as service quality, speed, timing, and human interaction. Service delivery is effective whenever its outcomes and accomplishments are of value to its customers (Koech, 2016).

The Kenyan Health System has been facing many challenges that include declining trends of health indicators, health systems failure, dissatisfied customers/clients and health providers resulting to high attrition rates. There also exist wide disparities in the quality of services delivered not only between public and private institutions of similar categorization but also across regions and towns and in between institutions of disparate ownership and or sponsorship. Investments, particularly in infrastructure and human resources, have not been appropriately coordinated, with the result that these inputs are not rationalized or equitably distributed across the country. (Njunwa 2005). The Constitution of Kenya, 2010, in its chapter on Bills of Rights is clear on the need to address the citizens' expectations of the right to the highest attainable standards of health including reproductive health and emergency treatment.

According to the Public Sector Performance Management Unit, introduction of quality management systems was aimed at improving service delivery in the public sector. Under this performance target, public sector organizations were supposed to achieve quality certification within three years and subsequently maintain certification status by complying with the Quality Management System (QMS).

According to Ndirangu (2011), ISO Certification is a quality system that would meet the requirements of a recognized standard. Despite the apparent expense and bother, many organizations globally have quality systems that adhere to the requirement of the ISO and have received third party accreditation. The ISO certification ensures that a certified company maintains a quality management system that will enable it to meet its published quality standards relating to the processes and activities for delivering goods and services by providing guidelines for the development, implementation, and management of a quality management system. Organizations must document practices that affect the quality of their products and deliver the procedures consistently to gain and maintain ISO certification. In short, ISO certification could be viewed as a system for managing internal business processes from the beginning to the end of a value chain.

Ndirangu (2011) further notes that several Government Departments and State Corporations have undertaken ISO certification to enhance their quality reputation or to fulfil expectations from the customers. The underlying motive for certification has an orientation in the sense that firms implement ISO standards out of external pressure, mainly clients' demands. ISO certification standards on QMS have since graduated from 9001:2000 to 9001:2008 and 9001:2015 the latter being the latest standards.

The adoption of quality management systems is expected to improve organizational efficiency in competitiveness and improved business performance. (Muiruri, 2016). Regular third party audits by certification bodies and internal audits establishes both the effectiveness, whether the QMS has been developed to meet the needs of organizations and the certification standards; and the efficiency, whether the company is implementing its system optimally. The success of such implementation, in turn is heavily influenced by attitudes, perceptions and behaviour exhibited by the employees involved in the business processes. (Muiruri, 2016). Employee attitude has often been neglected in most quality endeavors. Both consultants and management hurry to get the project done and omit to measure and manage the soft aspects of the event.

II. LITERATURE REVIEW

There is not much literature on the implementation of ISO and its effects on employee behaviour. The diversity of perceptions in the organization, the influence of the standard's relevance, personnel mobilization, and other themes remain underexplored in the literature. There is also significant shortage of studies analyzing adoption of ISO 9001 from the workers' standpoint. There is therefore need to refocus attention on the employee and his everyday dealings with the standard, exploring how personnel interpret ISO 9001.

ISO is a Greek word meaning "Equal". International Organization for Standardization (ISO) is the world's largest non-profit organization to develop and publish international management system standards on various subjects such as ISO 9001:2015. Implementation of ISO 9001 Quality Management system represents the basic precondition of a company's success and entrance in the market (Gotzamani et al 2015). This implementation of QMS, it is a voluntary process supported by organization's own strategy, motivations, policies and goals. Curkovic and Pagell (1999) identify that ISO 9000 certification can result in greater efficiencies, cost reduction, and improved productivity. ISO 9001:2015 promotes the adoption of a process approach when developing, implementing and improving the effectiveness of a quality management system, to enhance customer satisfaction by meeting customer requirements.

ISO 9000 is a series, or family, of quality management standards, while ISO 9001 is a standard within the family. The ISO 9000 family of standards also contains an individual standard named ISO 9000. This standard lays out the fundamentals and vocabulary for quality management systems (QMS). ISO 9000 was first published in 1987 by the International Organization for Standardization (ISO), a specialized international agency for standardization composed of the national standards bodies of more than 160 countries. The standards underwent major revisions in 2000 and 2008. The most recent versions of the standards, ISO 9000:2015 and ISO 9001:2015, were published in September 2015.

According to ISO.org, the ISO 9000:2015 and ISO 9001:2015 standards are based on seven quality management principles that senior management can apply to promote organizational improvement. The principles include customer focus, leadership, engagement of the people, process approach, improvement, evidence based decision making and relationship management. Engagement of the people, which is the focus of this study, involves ensuring that people's abilities are used and valued; making people accountable; enabling participation in continual improvement; evaluating individual performance; enabling learning and knowledge sharing; enabling open discussion of problems and constraints; and learning more about employee involvement. This is the principle that puts people at the centre of the QMS.

Organizations need to identify and manage numerous linked processes to function effectively. The output of one process often forms the input of another process. "Process approach" is the "application of a system of processes within an organization, together with the identification and interactions of these processes, and their management to produce the desired outcome (ISO 2015). The concept of quality and the benefits it would confer on the health providers' work and the outcomes for their patients have not been completely understood by health managers and providers. (Mathauer & Imhoff, 2006).

The Performance Contract Guidelines introduced by the Government in 2003 (Kobia et al 2006), made it mandatory for all public sector organizations to attain ISO 9001 QMS certification. The main objective was to achieve higher operational efficiency; increase customer confidence; raise staff awareness and involvement; as well as respond to global demands for quality goods and services. As at 2017, over 200 public sector organizations, that included ministries, departments and agencies had obtained ISO certification. The focus now shifted to ensuring that this organizations continue to maintain the certification and upgrade to higher standards (Ndirangu et al 2011, Obura et al, 2018).

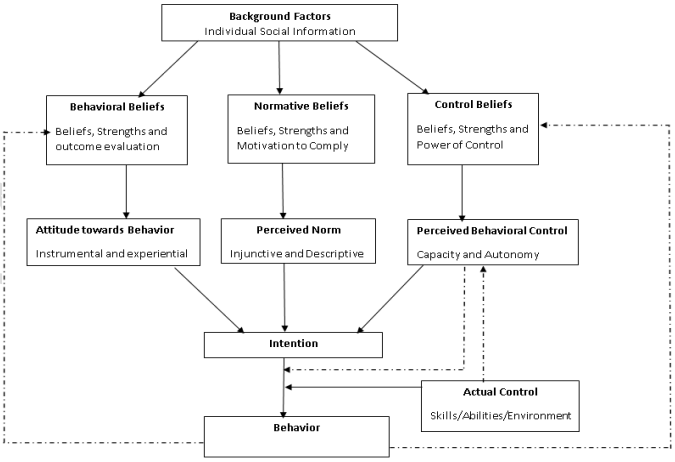
The importance of ISO 9001 QMS has been well documented in literature. The studies have shown that ISO 9001 QMS has clear benefits on organizational, operational, human resources and customer results (Boiral 2012). The latter has indicated that more benefits are achieved when the main motivation to implement the standards are internal as opposed to external.

Studies on attitudes, norms and behaviour control and ISO 9001 certification has shown that employee attitude has often been neglected in most quality endeavors. (Koo et al 1998). Additional literature has indicated that the successful implementation of the ISO 9001: 2008 quality management system standards depends on how the standard is perceived by the companies, therefore identification of managerial perception for ISO 9001 system is vital. Other studies have shown that employees have a positive attitude towards implementation of the quality management system. (Sivanskaar, 2013). On the other hand, norms have been looked at in the context of organization culture. The study of the reasons for success or failure of Quality Management Systems has highlighted the importance of organizational culture for the achievement of the expected results. The existence of an organizational culture favorable to the implementation for those changes and of the corresponding attitudes and behaviors of the employees are of great importance for success.

III. THEORETICAL FRAMEWORK

The study was guided by the theory of planned behaviour by Ajzen and Fishbein. The TPB is an improvement of The Reasoned Action Approach, which is one of the three classic models of persuasion. According to Ajzen (2013), attitude toward the behavior, subjective norm, and perception of behavioral control lead to the formation of a behavioral intention. As a general rule, the more favorable the attitude and subjective norm, and the greater the perceived control, the stronger should be the person's intention to perform the behavior in question. Finally, given a sufficient degree of actual control over the behavior, people are expected to carry out their intentions when the opportunity arises. Intention is thus assumed to be the immediate antecedent of behavior. An individual's decision to engage in a particular behavior is based on the outcomes the individual expects will come as a result of performing the behavior. (Hernan and Abdulla, 2016)

One of the major strengths of the Theory of Planned Behaviour is that it is widely applicable to a variety of behaviours in different contexts, including such diverse areas as health communications, environmental concerns, risk communication, mass transit use, and, more recently, technology adoption. The theory has been used successfully in hundreds of different studies in the last two decades (Ajzen, 2011), this is a theory about the link between beliefs and behavior. The theory states that attitude toward behavior, subjective norms, and perceived behavioral control, together shape an individual's behavioral intentions and behaviors (George, 2004).



Source: Kerali, Sofia (2013)

Figure 1: Theoretical Model

IV. STUDY OBJECTIVES AND HYPOTHESIS

The main objective of the study was to determine the influence of workers' attitude, norms and behaviour control on compliance with ISO 9001: 2015 Quality Management Systems at Kenyatta National Hospital. To address this objective, the study was guided by the following hypothesis:

H_1 There is a positive relationship between workers' attitudes, norms and behaviour control and compliance with ISO 9001:2015 Quality Management Systems at Kenyatta National Hospital.

The study is guided by a set of variables drawn from the hypotheses of the study and the theoretical framework. The dependent variable in the study is compliance with ISO 9001:2015 QMS procedures. On the other hand, independent variables are attitude, norms and behaviour control.

Compliance with ISO 9001:2015 QMS procedures refers to the degree or the extent to which workers can apply the various provisions of the quality management system

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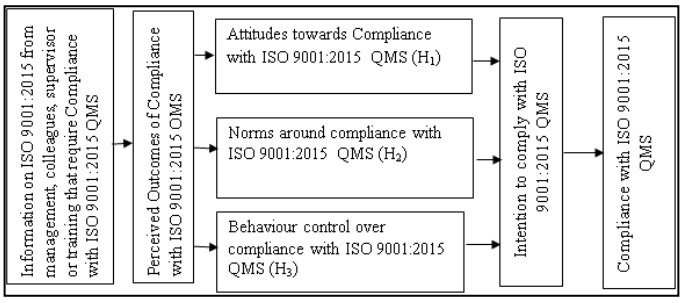
developed by Kenyatta National Hospital (KNH). This involves adhering to documented procedures and applying the quality management principles in their work. This is measured by assessing the behaviour of the workers towards compliance. In this study behaviour is measured on the strength of the individuals' intention to comply and is measured in a continuum that moves from weakest intention to strongest intention on a seven point Likert scale with 7 representing the strongest intention and 1 the weakest intention.

Attitude toward ISO 9001:2015 QMS Compliance measures the degree to which a person has a negative or positive evaluation toward his/her performance of the behaviour (Compliance). In this study, attitude is measured in a continuum that moves from weak (negative) to strong (positive) on a seven-point Likert scale with 7 representing the Strongest (positive) attitude and 1 the weakest (negative attitude). The midpoint of the scale represents moderate attitude.

Subjective Norms refer to what individuals believe other key people in their lives think about whether or not the individual should perform the behaviour. The perceived opinions of these key people help determine whether a person will perform the behaviour. In this study norms are measured on strengths of the influence of others on an individual's decision to comply with ISO 9001:2015 QMS. This is measured in a continuum that moves from weakest influence to strongest influence on a seven point Likert scale with 7 representing the strongest influence and 1 the weakest influence.

Behavioural Control refers to people's perceptions of whether or not they can comply with ISO 9001:2015 QMS and how easy it is to Comply. Perceived control is an individual's perceived amount of control over behavioural performance. In this study behaviour control is measured in a continuum that moves from weakest ability to strongest ability on a seven point Likert scale with 7 representing the strongest ability and 1 the weakest ability. The model is summarised in figure 2 below:



Source: Author's Own

Figure 2: Conceptual Model

V. METHODOLOGY

A. STUDY SITE

The study was conducted at Kenyatta National Hospital (KNH) in Nairobi, Kenya. Within the KNH complex are College of Health Sciences (University of Nairobi); the Kenya Medical Training College; Kenya Medical Research Institute and National Laboratory Service (Ministry of Health). However, the study focused only on the Kenyatta National Hospital. KNH has 50 wards, 22 out-patient clinics, 24 theatres (16 specialized) and Accident & Emergency Department. The Hospital has total bed capacity of 1800 out of which 209 beds are for the Private Wing.

B. SAMPLING

The study population comprised of 4700 employees working at KNH (Kenyatta National Hospital Report, 2015). Kenyatta National Hospital is composed of divisions, directorates and departments. The structure comprises of two divisions namely clinical services and corporate services. The unit of analysis for this study are the employees of Kenyatta National Hospital. On the other hand, the individual employees were the observation units.

To determine the desired sample size from the population, the Slovin formula was used. The Slovin's formula was selected for this study because it allows a researcher to sample the population with a desired degree of accuracy. It gives the researcher an idea of how large his sample size needs to be to ensure a reasonable accuracy of results (Stephanie, 2016). Stephanie (2016) further notes that Slovin's formula is used when nothing about the behaviour of a population is known at all. Therefore, using 4700 as the study population and 0.05 as the error tolerance levels, a Sample of 370 was selected for the study.

Multistage sampling procedure was used to arrive at the individual respondents. This is due to the complexity of the organization and the diversity among its staff. The procedure allowed for information to be collected from the different categories of staff at KNH. This included proportionate stratified sampling as well as systematic random sampling. Due to the expansive nature of the hospital, the departments from where the respondents were selected were sampled randomly.

C. DATA COLLECTION AND ANALYSIS

The primary data was quantitative and was collected through structured questionnaires. The questionnaire was used to collect information on demographics, behaviour intention, attitude, and subjective norms. The questionnaire was constructed and designed following the guidelines for TPB as described by (Ajzen, 2013). It was then modified to collect additional information required in the study.

The questionnaire was divided into broad sections and subsections, each meant to capture different types of information from the staff of KNH. The first subsection captured demographic data from the respondents including age, gender, job group, years of service and department. This information is useful for understanding the basic demographic characteristics of the staff in the institution and their distribution. The second subsection was used to capture levels of awareness and attendant attributes. The questions in this section were both closed and open ended to allow the staff give information on levels of awareness at the institution.

The third, fourth, fifth and sixth subsections were used to capture information on compliance with ISO certification, attitudes, norms and behaviour control. This section was done using guidelines of theory of planned behaviour as described by Ajzen (2013). For this section, a set of statements were given to the respondents. Respondents were required to list their responses on a 7 point Likert scale. Scoring was done based on the responses with 7 being the highest score and 1 being the lowest score. To ensure internal validity and reliability there were negative statements included in the set of statements. Scoring for the negative statements were inverted to get the actual score. For example if the respondent selected 1 on a negative question, the score would be 7; 2 would attract a score of six while 5 would attract a score of 3 and 4 would remain 4.

To assess the strength of attitude, different aspects of instrumental and experiential attitude were posed to the respondents. The respondents scored on a 7 point Likert Scale where 1 represented very weak and 7 represented very strong attitude. A seven-point Likert scale was used to evaluate the strength of the norms on compliance with ISO procedures where 1 represented a weak influence on norms while 7 represents a strong influence of norms. To determine the strength of behaviour control, statements on self-efficacy and personal agency were posed to the respondents. A 7 point Likert scale was used to determine the strength where 1 represented very weak control while 7 represented very strong control. Finally, three parameters were used to assess intention to comply with ISO procedures. These were expectation; intention and desire. The mean scores represents the strength of the intention with 1 being the weakest and 7 being the strongest. The overall mean score represents the strength of the Behaviour Intention which is compliance with ISO 9001:2015 QMS.

The use of the questionnaires was appropriate for the study since they collected information that is not directly observable as they inquired about feelings, motivations, attitudes, accomplishments, as well as experiences of individuals. The use of Questionnaires was also less costly, using less time as an instrument of data collection, and useful in obtaining objective data. The questionnaires were self-administered. For the lower cadre staff, the questionnaires were administered by the researcher and trained research assistants.

Key documents that were reviewed included the KNH Strategic Plans (2013-2017 and 2018 – 2022) and ISO management reports for 2019. The documents provided an insight into the strategic direction the hospital is taking and the role of reforms in driving the Hospital strategy. The management reports provided details of implementation and progress in the implementation of the QMS.

The data collection method was free from emotional harm to respondents and that only respondents competent enough to address the objectives were considered. Data was collected from 8th April to 30th April, 2019 at KNH. This was after all the necessary protocols and approvals had been granted.

The questionnaire was subjected to a pilot test before actual field work could begin. A total of 26 questionnaires were administered to staff of various cadres at KNH. The analysis involved running of tests for reliability as well as best fit tests to get a feel of the emerging trends. The reliability tests were administered using the Cronbach's Alpha on the questionnaires that were fully completed. The results yielded a Cronbach's Alpha Value of .757. A score of .7 and above indicates high reliability. The questionnaire was therefore considered reliable and consistent.

After data collection, the filled-in and returned questionnaires were edited for completeness. Invalid questionnaires were removed based on an established criteria. From 377 questionnaires that were administered, a total of 291 questionnaires were found to be valid. The quantitative data was coded and entries made into Excel worksheets. The data was later transferred to Statistical package for social sciences (SPSS version 20) for analysis. Analysed Data was presented using frequency tables. Tests for central tendency and dispersion including standard deviations and means were conducted. Cross tabulations for different variables were conducted against demographic characteristics of age, gender, job group, divisions and years of service. Relationships among variables was determined using chi-square and analysis of variance with attendant tests of significance including the p value and the Pearson's r. Factor analysis was also used to determine the significance of each of the constructs being measured under the variables. For this study the statistical levels of significance were set at $p \leq 0.05$.

VI. RESULTS

A. SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

From the responses, 58% of the respondents were from Clinical Services Division while 42% of the respondents were from Corporate Support Division. When compared across gender, amongst the males, 56% are from Clinical Services while 44% were from Corporate Support. On the other hand, amongst the females, 70% were from clinical services while 30% were from corporate support.

Generally, the bulk of the respondents (48%) were between 25 – 45 years. The mean age group for the staff at KNH was computed to be 32 – 38 years. From the responses given majority (27%) were between 25-31 years while those between 18-24 years and 53 – 59 years were 2% respectively.

The mean number of years of service was 7-9 years. This means that majority of staff have served the institution for a long time. Across the divisions, there were more staff with 1-3 years of service (43%) within the clinical division compared to 22% from the corporate support. This can be partly attributed to the expansion services provided within the hospital in the past three years. There is also a significant proportion of the staff 12% with over 16 years work experience. There are advantages and disadvantages associated with long serving employees.

KNH is a specialist institution. Therefore, 97% of the staff have post-secondary level of education. Additionally, 64% of the respondents have diploma or degree level of education. Of this category, 70% of staff in clinical division have diploma or degree qualifications while 55% of the staff in corporate support have diploma or degree qualifications.

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General awareness of ISO certification was high at 82%. This shows that majority of the staff are aware of ISO 9001:2015 being implemented at the hospital. There were high levels of awareness among corporate support staff (92%) compared to clinical support staff (73%) as shown in Table 1.

		Division		Highest Academic Qualification							Job Group			
	Total	Clinical	Corporate Support	Secondary	Certificate	Diploma	Degree	PG Diploma	Masters	PhD	Management	Officer	Clerical	Support
	287	164	123	10	11	89	96	14	18	2	13	96	25	10
YES	82%	74%	92%	40%	73%	80%	81%	93%	83%	100%	85%	91%	72%	40%
NO	18%	26%	8%	60%	27%	20%	19%	7%	17%	0%	15%	9%	28%	60%

Table 1: Awareness Levels on ISO QMS

B. HYPOTHESIS TESTING

a. COMPLIANCE WITH ISO 9001:2015 QMS

Behavioural intention (BI) is an indication of a person's readiness to perform a given behaviour or action. Behavioural intention is considered to be the immediate antecedent of behaviour (Knabe, 2009). In previous studies using the Theory of Planned Behaviour, behaviour intention variables included communication behaviour, health related risk prevention actions, and specific technological adoptions. Ajzen's behavioural model requires the target behaviour to be as specific as possible, including the time and, if appropriate, the context. (Ajzen, 2002). As applied in this study, behavioural intention is a workers' intention to comply with the ISO 9001:2015 QMS at KNH.

Ajzen (2013) contends intention items should have psychometric qualities when developing pilot studies, and final questionnaire items about behavioural intention should have high correlations with each other. The behavioral intention of the participants in this study was measured by three items on a 7 –point unipolar self-reporting scale with possible responses ranging from strongly disagree (1) to strongly agree (7). These were expectation; intention and desire. Expectation refers to the extent to which the staff expects to comply with ISO procedures. Intention refers to the extent to which the staff intends to comply with the ISO procedures while Desire refers to the extent to which the staff wants to comply with ISO procedures. Compliance is summarized in table 6.2 below:

Compliance with ISO 9001:2015 QMS Procedures	Mean	Standard Deviation	Factor Loading
I Expect to comply with all ISO procedures at KNH	5.97	1.46	0.728
I intend to comply with ISO procedures at KNH	2.35	2.16	0.222
I want to comply with ISO procedures at KNH	6.07	1.55	0.690
Overall Mean Score	4.80		

Table 2: Compliance Levels with ISO QMS

The study revealed strong intentions to comply with ISO 9001:2015 procedures with a mean of 4.8. From the parameters assessed, the desire to comply registered the highest scores 6.07 followed by expectation (5.97) and intention (2.35). Factor Analysis revealed that intention had a low factor loading of 0.22 and does not therefore contribute significantly to the overall mean.

C. REGRESSION ANALYSIS

The regression model was used to determine the how well the model fits. R-squared is a measure of the proportion of variability explained by the regression. It is a number between zero and one, and a value close to zero suggests a poor model. In a multiple regression, each additional independent variable may increase the R-squared without improving the actual fit. An adjusted R-squared is calculated that represents the more accurate fit with multiple independent variables. The adjusted R-squared takes into account both the number of observations and the number of independent variables. It is always lower than R-squared.

Model Summary									
Model 11	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.620[a]	.384	.378	.86691	.384	58.298	3	280	.000
a. Predictors: (Constant), Behavior control, Norms, Attitude									

Table 3: Regression Analysis

The Analysis yielded an Adjusted R^2 of .378 significant at 0.000. From the model summary, attitudes, norms and behaviour control explain 37.8% of the variation in compliance with ISO 9001:2015 QMS.

To test the hypothesis, the Analysis of Variance (ANOVA) was used. An ANOVA test is a way to find out if survey or experiment results are significant. In other words, they help to figure out if there is need to reject the null hypothesis or accept the alternate hypothesis. The statistic which measures if the means of different samples are significantly different or not is called the F-Ratio. Lower the F-Ratio, more similar are the sample means. In that case, we cannot accept the study hypothesis. This F-statistic calculated here is compared with the F-critical value for making a conclusion. In terms of the study hypothesis, if the value of the calculated F-statistic is more than the F-critical value (for a specific α/significance level), then we adopt the study hypothesis and can say that attitudes, norms and behaviour control had a significant effect on behaviour intention.

ANOVA[b]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	131.439	3	43.813	58.298	.000[a]
	Residual	210.430	280	.752		
	Total	341.869	283			
a. Predictors: (Constant), Behavior control, Norms, Attitude						
b. Dependent Variable: Behavior Intention						

Table 4: ANOVA

The model summary and the ANOVA table gave the value of F at 58.289 (3, 280). The critical value of F at the F table at p=0.01 was 3.872. Since the critical value of F is much lower than the F statistic, we confirm the study hypothesis as true and conclude that there is a relationship between workers' attitudes, norms, behaviour control and compliance with ISO 9001:2015 QMS at Kenyatta National Hospital.

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D. REGRESSION COEFFICIENT ANALYSIS

The analysis of the regression coefficients was done to determine the strength and predictive value of each of the coefficients using the beta value. The beta value is a measure of how strongly each predictor variable influences the criterion (dependent) variable. The beta is measured in units of standard deviation. For example, a beta value of 2.5 indicates that a change of one standard deviation in the predictor variable will result in a change of 2.5 standard deviations in the criterion variable. Thus, the higher the beta value the greater the impact of the predictor variable on the criterion variable. The analysis is shown in the table below.

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.765	.385		1.987	.048
	Attitude	.334	.058	.318	5.757	.000
	Norms	.351	.056	.334	6.327	.000
	Behavior control	.258	.065	.195	3.949	.000
a. Dependent Variable: Behavior Intention						

Table 5: Regression Coefficient Analysis

From the analysis, attitudes had a beta value of .318, norms had a beta value of .334 while behaviour control had a beta value of .195 which were all statistically significant at $p \leq 0.05$. This implies that behaviour control had the least predictor value of compliance with ISO 9001:2015 QMS followed by attitude while norms had the highest predictor value. Based on the findings, norms towards ISO 9001:2015 procedures then become the biggest determinant of compliance with the ISO 9001:2015 procedures. On the other hand behaviour control exhibited the weakest predictive value at .195 meaning that though a relationship exists, it does not have great predictive value towards compliance with ISO 9001:2015 QMS.

VII. DISCUSSIONS

The main objective of the study was to determine the influence of attitudes, norms and behaviour control on compliance with ISO 9001:2015 QMS at Kenyatta National Hospital. The study confirmed that compliance with ISO 9001:2015 standards is influenced by the workers attitude towards compliance with ISO 9001:2015 QMS procedures, organization norms around compliance with ISO 9001:2015 QMS procedures and behaviour control over compliance with ISO 9001:2015 QMS procedures.

The staff expressed favourable positive attitudes towards compliance with ISO 9001:2015 QMS procedures and this was due to the expected favourable outcomes associated with compliance. These outcomes included improved communication, improved decision making and improved workplace conditions. Stronger subjective norms were returned due to the high level of sociability. Sociability thrives on friendships and informal workplace groups. On the other hand, there was significant influence of perceived behaviour control over compliance with ISO procedures. This was expressed through abilities, skills and personal belief. There was however weaker correlations between perceived behaviour control and compliance with ISO procedures compared to attitude and norms.

A strong positive attitude is important aspect of social construction and in adoption of changes in the organization. There are several advantages to this. Joseph, (2019) identifies four key advantages of a strong positive attitude. First he notes that a strong positive attitude fosters management of change and adaptability. He notes that employees who display a positive attitude toward change may welcome and even embrace it, as they may view it as a chance to enhance their skills. As a result, they may adapt to change more quickly than an employee with a negative attitude, reducing the time it takes to implement change in a productive manner. The second advantage involves enhancement of team work. To him, employees who embrace diverse workers and are willing to assimilate them into their team can foster a spirit of cooperation, making the team more productive in the process. The third advantage includes innovation. Workplace attitude can affect the presence of innovation and creativity, which can lead to increased productivity.

Workers with a positive attitude toward their job and the company are more likely to make helpful suggestions or ideas that help the business grow. On the other hand, workers with a negative attitude may only be concerned with producing enough to get by while having little interest in innovation. Finally, he observes that a strong positive attitude contributes to retention of staff and reduces turnover. Employees who feel good about their jobs and workplace may be less likely to leave for greener pastures, helping companies to minimize the productivity gap associated with turnover. Employees with negative attitudes may eventually seek an improved work situation and decide to leave the company.

Descriptive norms refer to the perception of what is or, in other words, perceptions about how people do in fact behave. There was a significant relationship between the norms and compliance with ISO 9001:2015 QMS. A number of reasons were given by the employees on this. First, was that, employees believe that ISO procedures are good for organizational and patient outcomes. The second factor was on the expectations. The employees felt that it is expected of them to comply with ISO procedures from both the significant others and the hospital management. This underscores the important role played by supervision at KNH since the supervisor was identified as the most significant person in the workplace by the staff. Studies (Feldman, 1984) have shown that norms arise due to critical events in a social groups' history that established a precedent. For example, among the challenges identified as facing the implementation of ISO QMS was the culture of compliance versus commitment.

In the provision of health care, hospitals adhere to external compliance on government policies; national laws and standards; international laws and standards and declarations on human rights. Internally, the hospital has its own standard operating procedures; protocols and organizational policies. Focus Group Discussions with various respondents indicated that the introduction of ISO has brought the feeling that it is more of a compliance issue from the staff rather than a commitment to improving service delivery and patient outcomes. In fact, a statement from one of the

respondents summarized the perception of implementation of the QMS at KNH.

"..I hate this ISO thing especially when it comes to the audits. During this time, there is a let of frenzy in preparing documents and ensuring that they are in order. Everybody is expected to put their best foot forward and follow all documented procedures…however, after the audits everything goes back to normal….we should make implementation of ISO our everyday lives…" (Respondent)

The respondents note that ISO certification was first introduced at KNH as a performance-contracting requirement and that management was only concerned with earning positive scores and higher ratings rather than the overall improvement in service delivery. This further entrenched the culture of compliance as opposed to commitment.

Perceived behaviour control is defined as an individual's perceived amount of control over behavioural performance. It is determined by control beliefs (an individual's perception of the degree to which various environmental factors make it easy or difficult to perform a behaviour). Behaviour control is a function of personal agency and self-efficacy. Personal agency refers to individual's capability to originate and direct actions for given purposes. Self-efficacy is an individual's belief in his/her effectiveness in performing specific tasks as well as by their actual skill.

Personal Agency is closely related to what Psychologist Julian Rotter (1982) referred to as internal locus of control. It is characterised by statements such as I can make things happen, look what I can do or I can determine my future among other psychometric statements. He notes that people with a strong internal locus of control believe that the responsibility for whether or not they get reinforced ultimately lies with themselves. Internals believe that success or failure is due to their own efforts. In contrast, externals believe that the reinforcers in life are controlled by luck, chance, or powerful others. Therefore, they see little impact of their own efforts on the amount of reinforcement they receive. During focus group discussions, staff noted three main reasons as to why they feel implementation of ISO 9001:2015 QMS procedures is easy. Firstly, the staff felt that they have the right professional training and education to both understand and implement the QMS. Secondly, they observed that the documented procedures under the QMS are simplified and easy to understand hence the ease of implementation. Finally, the staff observed that the support from supervisors and co-workers make implementation of the QMS easy.

Self-efficacy was the other construct measured under behavioural control. As Ajzen (1991) stated in the theory of planned behaviour, knowledge of the role of perceived behavioural control came from Bandura's concept of self-efficacy. It refers to the conviction that one can successfully execute the behaviour required to produce the outcome. Bandura has defined self-efficacy as one's belief in one's ability to succeed in specific situations or accomplish a task. One's sense of self-efficacy can play a major role in how one approaches goals, tasks, and challenges. In the context of this study, respondents were asked psychometric questions that tested their belief that they can comply with ISO procedures. This included control over decisions, ability and skills. The majority of the respondents noted that implementation of the ISO QMS was easy and it was based on their day to day work. However, they also noted that despite being easy to implement, it involved a lot of work to achieve full compliance. On the other hand the workers also demonstrated self-efficacy by expressing ability to comply with the ISO 9001:2015 QMS. This is mainly due to their training in the various professional fields. As indicated earlier, the majority of staff at KNH have post-secondary education and a high level of understanding of their jobs which in turn gives them the ability to comply with the QMS.

VIII. CONCLUSIONS AND RECOMMENDATIONS

The paper sought to establish the influence of workers' attitudes, norms and behaviour control on compliance with ISO 9001:2015 QMS at Kenyatta National Hospital. The study established that compliance levels were high at KNH as determined by behaviour intention, with a mean score of 70%. The findings also established a moderate influence of attitudes and norms on compliance with ISO 9001:2015 QMS at KNH. However, the influence of behaviour control on compliance with ISO 9001:2015 QMS was weak though statistically significant. Given these results the study concluded that attitudes and norms affect the implementation of ISO QMS at Kenyatta National Hospital.

Attitudes are mainly influenced by what the workers perceive as the benefits and sanctions that accompany compliance. They are also influenced by their personal experiences with compliance especially where there is lack of management support. On the other hand norms are largely shaped by the prevailing organizational culture at KNH. Considering most of the employees have worked at the hospital for long (with an average of 7-9 yrs), the organization culture appears to be deeply ingrained in the institution. Introduction of the QMS may inadvertently attempt to change parts of the organizational culture. Resistance to these changes will result in cases of non-compliance and this affects service delivery.

It is therefore recommended that implementation of the ISO 9001:2015 QMS should be accompanied by a change management programme and should include the participation of all workers. This will ensure that the fears that accompany such changes are addressed while ensuring buy in from all the parties concerned. Additionally, there should management commitment and support for the process. This can be enhanced by developing a reward and sanction system that is based on implementation of the quality management system at Kenyatta National Hospital. Finally, the study findings only account for 37% of influences on compliance. Additional studies should be undertaken to determine the influence of other factors such as age, gender, leadership among others, on compliance with QMS.

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