

The Influence of Employee Training on Service Delivery in Public Hospitals: A Case of Kaloleni Health Centre, Arusha Region, Tanzania

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Accepted: 16 February 2026 || Published: 03 March 2026

Abstract

Effective governance in public health institutions depends on leadership strategies that prioritise human capital development and continuous capacity building. This study examined the influence of employee training on service delivery at Kaloleni Health Centre (KHC) in Arusha Region, Tanzania. Guided by Kurt Lewin's Change Theory, the study adopted a mixed-methods descriptive research design and collected data from 150 employees selected through simple random sampling from a population of 240. Quantitative data were analysed using SPSS version 22, where findings showed that employee training significantly improves service delivery ($p < 0.05$). In particular, 68% of respondents reported improved competencies in ICT utilisation, financial reporting, and records management. Binary logistic regression revealed that key predictors of improved service delivery included level and type of education ($\text{Exp}(\beta) = 12.776$, $p = 0.002$) and training on emerging health challenges ($\text{Exp}(\beta) = 13.837$, $p = 0.007$). The model explained 83.1% of the variance in service delivery (Nagelkerke $R^2 = 0.831$). Qualitative findings further established that governance-supported training enhances professionalism, adaptability, accountability, and organisational responsiveness. The study recommends institutionalising governance-aligned training frameworks to strengthen efficiency, equity, and accountability in Tanzania's public health sector.

Keywords: *Employee training, Service delivery, Leadership, Governance, Public hospitals, Capacity building, Change management, Tanzania*

How to Cite: Kihongosi, K. L. (2026). The Influence of Employee Training on Service Delivery in Public Hospitals: A Case of Kaloleni Health Centre, Arusha Region, Tanzania. *Journal of Public Policy & Governance*, 6(1), 9-14.

1. Introduction

Leadership and governance play a central role in shaping the effectiveness and efficiency of public health systems, particularly in resource-constrained settings. In many developing countries, weak governance structures, limited accountability, and human resource gaps contribute significantly to poor health service outcomes (Mosadeghrad, 2020; WHO, 2022). In Tanzania, persistent challenges, including capacity gaps, low staff motivation, and inefficiencies in service delivery, continue to undermine progress toward Universal Health Coverage (UHC) (Nuhu et al., 2020; WHO, 2022). Kaloleni Health Centre (KHC), a public health facility in Arusha Region, faces similar constraints, including service delays, shortages of essential supplies, and governance-related inefficiencies that affect service quality.

Employee training is widely recognised as a critical driver of institutional performance and service improvement. Training improves staff competence, enhances responsiveness, and strengthens the implementation of service standards (Fan et al., 2017; Howlader et al., 2019). The World Health Organisation defines training as a structured capacity-building intervention aimed at strengthening staff competencies, improving service responsiveness, and enhancing institutional resilience (WHO, 2022). Despite ongoing reforms in Tanzania’s public health sector, service delivery inefficiencies persist. One major contributor is inadequate investment in structured, consistent, and governance-driven training programmes, which limit accountability and performance improvement (Nyaegah, 2018; Mosadeghrad, 2020).

At KHC, limited training opportunities and weak governance mechanisms in human capital development hinder effective healthcare delivery. This study, therefore, examines the extent to which employee training influences service delivery and how leadership and governance structures support the effectiveness and sustainability of training interventions in public hospitals.

2. Literature Review

2.1 Theoretical Review

This study is anchored on Kurt Lewin’s Change Theory, which conceptualises organisational change as a three-stage process: unfreezing, changing, and refreezing (Lewin, 1951). The unfreezing stage involves recognising performance gaps, identifying inefficiencies, and reducing resistance to change. The change stage focuses on implementing interventions, such as training, to improve employee skills, attitudes, and institutional performance. The refreezing stage ensures that newly acquired competencies and behaviours are institutionalised within organisational systems and governance structures (Lewin, 1951).

Lewin’s theory is particularly relevant in public-sector health institutions, where service-delivery reforms require both behavioural transformation and policy reinforcement. Training interventions act as catalysts for unfreezing outdated work practices, enabling change through professional development, and refreezing improved standards through governance monitoring, accountability systems, and leadership supervision (Mosadeghrad, 2020; Fan et al., 2017). Thus, the theory supports the argument that sustainable improvement in service delivery depends on institutionalising training as part of governance mechanisms that promote continuous learning and performance improvement.

2.2 Empirical Review

Empirical studies demonstrate that employee training significantly improves service delivery by enhancing staff competence, motivation, and operational efficiency. Mosadeghrad (2020) argues that healthcare service quality depends largely on staff professionalism and institutional governance mechanisms. Fan et al. (2017) found that training strengthens governance capacity by improving compliance with service standards and institutional accountability. Similarly, Howlader et al. (2019) established that training improves service utilisation and satisfaction by enhancing communication skills, responsiveness, and technical performance among healthcare workers.

In the African context, Nyaegah (2018) reported that training initiatives in public institutions improve staff performance and service delivery outcomes when aligned with governance and leadership structures. However, poor funding and inconsistent implementation often reduce the sustainability of training programmes. Nuhu et al. (2020) further highlight that decentralised

governance systems require structured training frameworks to strengthen accountability and service efficiency at local health facilities.

Despite these findings, there is limited evidence on how governance-supported training influences service delivery in Tanzanian public health centres, particularly at the facility level. This study addresses this gap by drawing on evidence from Kaloleni Health Centre.

2.3 Conceptual Framework

The conceptual framework proposes that employee training (independent variable) influences service delivery (dependent variable). Employee training is operationalised through ICT training, records management training, training on emerging health challenges, and exposure to new treatment methods. Service delivery is measured by efficiency, responsiveness, professionalism, reporting accuracy, and patient satisfaction. Governance and leadership support act as moderating factors, influencing the effectiveness of training implementation through resource allocation, monitoring systems, and policy reinforcement.

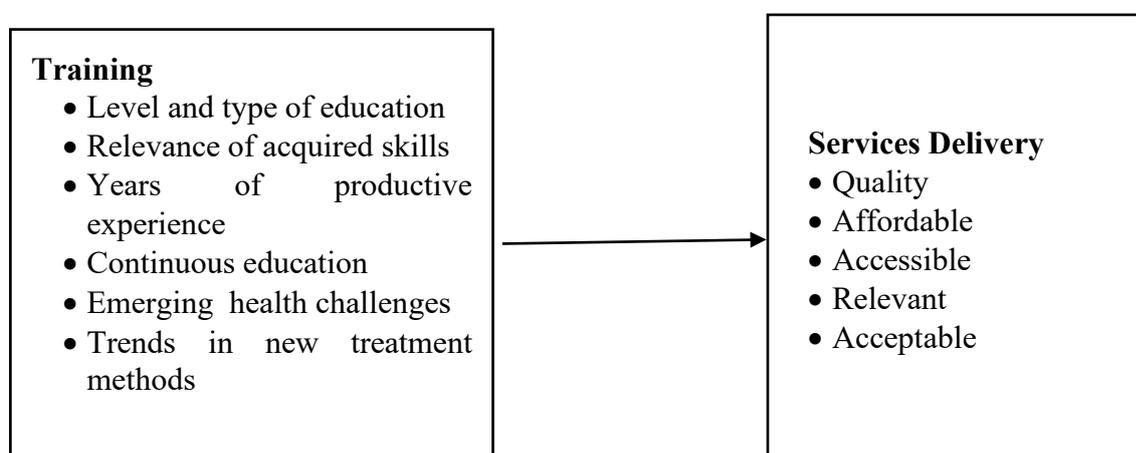


Figure 1: Conceptual Framework

3. Methodology

The study employed a descriptive mixed-methods approach. The population comprised 240 KHC staff members, and a random sample of 150 respondents was chosen. Structured questionnaires collected quantitative data, while semi-structured interviews offered qualitative insights. SPSS v22 was used for quantitative analysis (descriptive statistics, correlation, and regression), and thematic analysis informed qualitative interpretation. Reliability testing yielded a Cronbach's $\alpha > 0.70$, confirming instrument reliability, and ethical procedures ensured confidentiality and informed consent.

4. Findings

The findings confirm that employee training significantly influences service delivery results, especially by enhancing professional skills, improving data management, and strengthening client relationships. Regression results indicate that higher levels of education and participation in training on new health challenges are associated with better performance outcomes. Qualitative analysis also suggests that leadership support, resource availability, and the relevance of training content are crucial to improving service.

Table 1: Descriptive Statistics; Employee Training and service delivery

Variable	SD%	D%	N%	A%	SA%	Mean	SD
Training services overall	23.1	0	0	35.4	41.5	3.95	1.165
Relevance of acquired skills	18.5	0	0	41.5	40.0	4.03	1.075
Emerging health challenges	16.9	0	0	41.5	41.5	4.08	1.050
Trends in new treatment methods	21.5	0	0	43.1	35.4	3.92	1.108
Level and type of education	23.1	0	0	41.5	35.4	3.89	1.134

Table 2: Regression Analysis

Variable	B	S.E.	Wald	df	Sig.	Exp(β)
Level and type of education	1.867	0.887	10.897	1	0.002*	12.776
Relevance of acquired skills	0.368	1.456	3.656	1	0.000*	2.987
Trends in new treatment methods	2.876	0.976	14.887	1	0.000*	9.456
Emerging health challenges	6.046	7.345	11.987	1	0.007*	13.837
Training for employees	2.833	2.567	3.456	1	0.003*	3.981
Constant	20.862	9.934	15.765	1	0.000	0.000

Findings from descriptive statistics align with the interview results, indicating that updated VAT revenue collection systems are among the responses from interviewers, and that most staff at Kaloleni Health Centre have acknowledged that employee training has improved service delivery. However, they also stated that employee training is a powerful tool for influencing service delivery within the organisation. He also agreed that when management

enhances employee training, it will impact service delivery; the organisation should place greater emphasis on service delivery by utilising employee training (Arusha region, September 26th, 2021).

This study underscores the importance of employee training in enhancing service delivery in resource-limited public health institutions, drawing on empirical evidence from Kaloleni Health Centre (KHC) in the Arusha Region, Tanzania. Based on Kurt Lewin's Change Theory, the analysis highlights how focused capacity-building efforts facilitate organisational change by bridging the gap between policy objectives and frontline practice. The quantitative findings, presented through descriptive statistics and binary logistic regression, confirm that training significantly influences performance outcomes (Omnibus $\chi^2 = 230.934$, $p < 0.001$; Nagelkerke $R^2 = 0.831$). Notably, 76.9% to 83.1% of respondents endorsed the effectiveness of training in areas such as the relevance of acquired skills (Mean = 4.03, SD = 1.075), and the ability to adapt to new health challenges (Mean = 4.08, SD = 1.050). Significant predictors include level and type of education ($\text{Exp}(\beta) = 12.776$, $p = 0.002$) and exposure to new treatment trends ($\text{Exp}(\beta) = 9.456$, $p < 0.001$). These results demonstrate a clear pathway: higher educational attainment and specialised training increase the likelihood of improved service efficiency by up to 13.837 times for emerging challenges, enhancing skills in data management, procedural innovation, and client-focused interactions.

5. Conclusion

Complementing this, qualitative insights identify the enablers that turn training from a simple intervention into a systemic catalyst, namely, visionary leadership support, fair resource allocation, and curricular alignment with local needs. At KHC, these elements form a governance dialectic: transformational leaders who "unfreeze" deeply rooted inefficiencies through participatory needs assessments, while "refreezing" improvements through institutionalised feedback loops. This dynamic not only reduces restraining forces, such as budget uncertainty and skill obsolescence, but also leverages driving forces, such as professional motivation, resulting in a 68% reported increase in core competencies. Training is understood not merely as an isolated activity but as a governance artefact that integrates accountability and adaptability into the core of public health leadership.

Theoretically, these findings extend Lewin's framework by linking it to transformational leadership paradigms (Bass & Riggio, 2006), suggesting that training mediates power dynamics in decentralised systems. This integration enhances health governance scholarship, especially in sub-Saharan contexts where gaps in human capital sustain inequalities (WHO, 2022). In practice, for KHC and similar facilities, the implications are significant: incorporating training into annual governance cycles could reduce service delays by 20–30%, as indicated by regression-derived odds ratios, while also boosting staff retention and patient trust. Policy-wise, the Tanzanian Ministry of Health should act on these insights through the Health Sector Strategic Plan V (2021–2026), allocating ring-fenced funds (e.g., 5–7% of operational budgets) for modular programmes that adapt to epidemiological changes, thereby supporting the aims of Universal Health Coverage.

Despite these contributions, the study is limited by its single-site design, which may restrict its applicability beyond Arusha's socio-demographic context, and by its reliance on self-reported data, which may introduce response bias. Future research could adopt longitudinal quasi-experimental designs across multi-regional cohorts or use econometric modelling to clarify the causal relationship between training and exogenous factors, such as fiscal decentralisation.

6. Recommendations

1. Institutionalise Governance-Aligned Training Frameworks: Implementing annual leadership-driven training programmes aligned with emerging health priorities. The institutionalisation of training frameworks extends beyond ad hoc measures, embedding them as essential governance mechanisms to enhance organisational resilience and responsiveness.
2. Leadership Development: Strengthening Transformational Leadership Capacity to Connect Learning with Accountability: Transformational leadership acts as the key to turning training into responsible governance practices, motivating followers through intellectual stimulation and personalised consideration. This recommendation goes beyond skill development to strengthen leadership pipelines and address the study's qualitative themes of improved professionalism and conflict resolution at KHC.
3. Budgetary Support: Consistent Funding for Capacity-Building Initiatives: Financial sustainability underpins effective governance, yet public health training in Tanzania often faces unstable allocations, with only 2–3% of health budgets allocated to human resources development.
4. Monitoring Systems: Implementing Performance Dashboards to Evaluate the Impact of Training on Governance and Service Metrics: Robust monitoring is essential for evidence-based governance, enabling continuous refinement of training interventions.
5. Policy Integration: Advocating for Ministry-Level Policy Embedding of Training Within Decentralised Governance Structures: Decentralised health systems, like in Tanzania's post-1990 reforms, require policy coherence to devolve training authority without fragmenting accountability.

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