

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF COMMERCE

DEPARTMENT OF ECONOMICS



**COMPARATIVE ANALYSIS OF THE EFFECTS OF SUPPLIER SELECTION ON
SERVICE DELIVERY OF PUBLIC AND PRIVATE HOSPITALS IN ZIMBABWE. A
CASE OF PARIRENYATWA AND AVENUES CLINIC.**

BY

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE BACHELOR OF COMMERCE HONOURS DEGREE IN
PURCHASING AND SUPPLY**

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RELEASE FORM

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APPROVAL FORM

The undersigned certify that they read and recommended to the department of economics, Bindura University of Science Education for acceptance, a project titled “Comparative analysis of the effects of supplier selection on service delivery of public and private hospitals in Zimbabwe. A case of Parirenyatwa hospital and Avenues Clinic (2024)” submitted by Tinashe Rusipambi in partial fulfilment of the requirements for the Bachelor of Commerce (Honors) Degree in Purchasing and Supply.

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DECLARATION FORM

I, Tinashe Rusipambi, affirm that this research report is entirely my own work, as indicated by the acknowledgements, references, and comments included in the body of the report. I further declare that this work has never been submitted, either partially or wholly, for any other degree at any other university.



Signed.....

Date:

07-06-2024

DEDICATION

I devote my study endeavor to my family. In particular, I am grateful to Titus Rusipambi for believing in me and supporting me throughout the past four years.

ABSTRACT

This study provides a comparative analysis of the effects of supplier selection on service delivery in public and private hospitals in Zimbabwe. Specifically, the study focused on Parirenyatwa Hospital and Avenues Clinic. To achieve the set study objectives and answer the research questions, the study analyzed the current state of service delivery in public and private hospitals in Zimbabwe and examined the role played by supplier selection on service delivery at Parirenyatwa Hospital and Avenues Clinic. The study applied qualitative research methodology and collected data using questionnaires and in-depth interviews. The findings reveal significant differences in supplier selection practices between the public and private sectors. The findings indicated that supplier selection has significant effects on availability of medical supplies and equipment. The findings also indicated that Parirenyatwa Hospital is experiencing shortages of medicines and equipment. This has been attributed to supplier selection, being constrained by bureaucratic procurement processes, limited budgetary flexibility and susceptibility to political influences, leading to a negative impact on service delivery. Conversely, Avenues Clinic, a private healthcare facility, stands out for its exemplary service delivery attributed to a well-aligned and efficient supplier selection strategy that ensures a steady supply of medical resources. The clinic's success in this regard is underpinned by streamlined procurement procedures, enhanced financial autonomy and the establishment of enduring relationships with top-tier suppliers known for quality products. This study highlights the critical and universal importance of effective supplier selection in both public and private healthcare settings. The study recommends urgent attention from governmental and senior officials to address the systemic issues hindering optimal supplier selection practices in public hospitals, with a view to enhancing overall service delivery.

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LIST OF ACRONYMS

SBD:	Standard Bidding Documents
PRAZ:	Procurement Regulatory Authority of Zimbabwe
EGP:	Electronic Government Procurement
PHAZ:	Private Hospital Association of Zimbabwe
HRF:	Health Resilience Fund
UN:	United Nations
MCDA:	Multicriteria Decision Support Method
SA:	Strategic Alliances
OECD:	Organization for Economic Development
SSF:	Social Security Fund
MoH:	Ministry of Health
HMO:	Health Maintenance Organizations
NHIS:	National Health Insurance Scheme

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CHAPTER 1

1. Introduction

The study comparatively investigates the effects of supplier selection on service delivery of private and public hospitals in Zimbabwe. Chapter 1 of this study focuses on the background of the study. Background of the study is meant to establish a clear research framework making references to pertinent preceding studies, indicating why the investigation is critical and the problem meant to be addressed. The chapter also encompasses statement of the problem, research objectives, research questions, researcher assumptions, significance of the study, delimitations, limitations, definition of terms and the chapter summary.

1.1 Background of the study

Zimbabwe's health sector is made up of both private and public hospitals providing healthcare to citizens. Public Hospitals were long been defined as the main centers of healthcare of people as they were affordable and conveniently accessible from all corners of the country. Post independence's economic downturn weakened service delivery in Public Hospital. This paved way for multiple private players into healthcare sector. The private sector can be broadly defined as the part of a Zimbabwe's health and economic system that is owned and run by private entities and individuals incorporated and geared to make profits or privately owned non-profit organizations and households. By so doing, Zimbabwe health sector has a combination of both Public and private hospitals.

Public hospitals dominated the sector prior to independence and some years after but later faced competition from private hospitals. According to Mugwagwa et al (2017), empirical evidence has been presented over the years, for and against private sector participation in healthcare with critics that private sector health facilities' high prices limit the poor's access to health thereby undermining healthcare affordability, access and equity. Nevertheless, Private sector proponents argued that it improves access and equity, and more efficient delivery practices by bringing in much needed resources forcing government public health systems to increase focus on under-served populations.

Public Sector health systems leakages or weaknesses paved way for private players to enter the system as people health refugee camps. According to Mugwagwa et al (2017), economic

challenges that began in the late 1990s and hyperinflationary era of the 2000s reduced the public health system drastically as citizens were compelled to resort to out-of-pocket health expenditure for accessing healthcare. The urban and peri-urban healthcare seekers could similarly access private healthcare in their locality from doctor's surgeries or clinics with out-of-pocket or medical insurance payment methods. Therefore, private sector that gained many entry points include doctor's surgeries, private hospitals, church-run mission hospitals, pharmaceutical companies, health insurers with varying combinations of for-profit and not-for-profit motives.

Chimberengwa et al (2015) stated that since independence in 1980-1990, Zimbabwe has had a number of international organizations and donors, international and local corporate actors, civil society organizations and other non-state actors playing significant roles in health delivery. They added that these organizations drove Zimbabwe's once vibrant health system but the prolonged economic meltdown left public health centers severely incapacitated in terms of personnel, equipment and drug supplies. Pharmacies and private hospitals capitalized on this gap and started to maintain stocks and equipment that lured a large pool of Zimbabwe citizens to the private sector health facilities.

The creation and publication of Standard Bidding Documents (SBDs) and procurement guidelines have significantly enhanced transparency and fostered greater participation from the private sector in public markets. In accordance with Section 315 of the Zimbabwean Constitution, entities such as the Procurement Regulatory Authority of Zimbabwe (PRAZ) have been successfully established. PRAZ's mandate includes overseeing public procurement proceedings and ensuring principles such as transparency, fairness, accountability, honesty and cost-effectiveness.

The implementation of SBDs and standard tender documents by every public entity marks a significant improvement in procurement processes. These documents have been effectively integrated and have contributed to a more structured and transparent procurement framework. The strategic push towards Electronic Government Procurement (EGP) has been particularly noteworthy, aligning with business process re-engineering efforts. This evolution has led to the widespread adoption of internet-based sourcing, quotation requests, and tendering among both public health organizations. As a result, the procurement landscape seemed to have become more efficient and accessible, promoting better governance and enhanced market participation.

However, despite all the above developments by the government, public sector service delivery remained so low. The number of private health institution multiplied rapidly posing stiff competition on public hospital in Zimbabwe. Private hospitals were constructed in major cities and towns, and increased tremendously from 14 in 1991 to 209 in 1996 (Munyuki and Jasi 2009). Evidencing the growing impact of the private sector, the Private Hospitals Association of Zimbabwe (PHAZ) was formed in 1996, and the founding members were The Avenues Clinic (Harare), St Annes Hospital (Harare), Borrowdale Hospital (Marondera), Seventh Avenue Surgical Unit (Mutare), Clay bank Clinic (Gweru) and Colin Saunders (Triangle). PHAZ has grown from the initial four members to thirty-five with 1500 hospital beds (Mugwagwa et al 2017).

Mugwagwa et al (2017) argued that public health procurement system needs to be addressed and improved. Despite that many factors can be attributed to performance in the health sector, procurement recently has become significant factor in determining performance and service delivery. Nevertheless, this study focuses on supply chain activities specifically, supplier selection processes so as to examine their effects on service delivery in both public and private hospitals.

There are benefits that are realized when the rightful supplier is selected. Taherdoost and Brard (2019) stated that a suitable supplier would reduce purchasing costs, improve profits, decrease lead time, grow customer satisfaction and strengthen the competitiveness. Tracey (2016) identified the common steps in the selection process namely, identifying suppliers, gathering information from them, negotiating contract terms and evaluating their performance. The researcher dares to study supplier selection processes in two health institutions so as to establish its effect on operational performance.

Supplier selection has evolved into a vibrant global technique that many firms have effectually applied to improve performance. According to Liao, Hong and Rao (2010), a firm's success in providing quality services depends on its ability to select a capable supplier. Amin (2016) argued that if supplier selection is not optimized, serious performance and operational implications may follow. Supplier selection process is critical for enhancing the company's competitiveness and it requires the assessment of different alternative suppliers based on different criteria (Taherdoost and Brard 2019). Therefore, the study seeks to assist the government and health institutions to appreciate the effects of supplier selection on health service delivery in Zimbabwe.

1.2 Statement of the problem

Differences in service delivery between public and private hospitals are of great concern. Public hospitals are encountering massive operational challenges that are being aggravated by inadequate doctors and unavailability of equipment, medicines and beds. Service delivery in public hospitals has been drastically deteriorating and patients end up running around to buy medicines from pharmacies than to be treated at hospitals instead. The government launched the Health Resilience Fund (HRF) in partnership with United Nations (UN) agencies and other funding partners to try and improve service delivery but to no avail. Nevertheless, the situation is likely to be worsened by a decrease in the health sector budget allocation in 2024 which declined by 1.8% from 2023. Pembere (2023) stated that health ministry in Zimbabwe got 9.2% for 2024 which is about 6 percent shy of the Abuja declaration agreed 15 percent the country ratified. However, this is unlike the state of service delivery in the private sector hospital. Mugwagwa et al (2017) stated that private sector improved access and equity, and more efficient delivery practices by bringing in much needed resources whilst creating the space for government public health systems to increase focus on underserved populations. This study seeks to investigate the effects of supplier selection concept on service delivery in private and public hospitals in Zimbabwe.

1.3 Objectives of the study

The main objective of this study is to examine the effects of supplier selection on service delivery of public and private hospitals. The research specifically intends to:

- i. Examine the role of supplier selection on hospitals' service delivery in Zimbabwe
- ii. Analyze the current state of service delivery in private and public hospitals in Zimbabwe

1.4 Research questions

- What effect does supplier selection have service delivery of hospitals
- What is the current state of hospitals' service delivery in Zimbabwe

1.5 Assumptions

- The selected sample will well represent the targeted population.
- The researcher will manage to overcome potential limitations such as time and resources.

- The participants will respond in time and the researcher will finish the research in within the stipulated time frame.

1.6 Significance of the study

Outcomes of the study are of great importance to the following stakeholders:

1.6.1 Hospitals

This study is important to hospitals in and outside Zimbabwe as it uncovers vibrant procurement procedures to be followed when selecting suppliers and benefits that are likely to be reaped. The research helps improve ways of maintaining stocks in order to offer attractive health service to patients thereby gaining competitive advantage in the health sector.

1.6.2 University and Student

This research when submitted to the university in partial fulfilment of my program will add as a source of knowledge at Bindura university, and student or other researchers studying a related topics may find value in the study's findings.

1.6.3 Government

Since Government controls procurement activities in Public Hospitals, the study will provide to them comprehensive awarenesses and insights into why Zimbabwe Public Hospitals lagged behind in health service delivery. This could impact government decisions on budget allocations, law and regulation development, and policy formulations for health sector.

1.6.4 The researcher

The research is of benefit to me because its mandatory before fulfilling my Purchasing and supply program at Bindura University of Science Education. Therefore, finishing the research is a one step closer to the accomplishment of my program that I am currently doing.

Despite program accomplishment, the research will improve the researcher's profession by gaining full experience of what is taking place in industry. The aspects that can be learnt through the research include the effects of supplier selection on organizational performance.

1.7 Delimitations

The study will be conducted in Harare, a capital city of Zimbabwe. The study will be conducted at Parirenyatwa Hospital which is in public sector and also at Avenues clinic which is in the private sector. Therefore, this research seeks to comparatively investigate the effects of supplier selection on service delivery of private and public hospitals in Zimbabwe.

1.8 Limitations

There are certain challenges likely to be faced by the researcher during this process of collecting data. The challenges may include:

1.8.1 Respondents

The research findings are a result of the participants' autonomy and willingness to share the needed information. Some respondents may not fully disclose information deemed to be sensitive thereby compromising the validity of the findings. The researcher will give assurance that information is used for the purpose of research only and that the confidential information will not be disclosed to unnecessary users.

1.8.2 Time

The researcher undertakes the study whilst obligated to attend lectures and this affects the researcher's mobility and flexibility in trying to execute the project with excellence as lectures can call anytime. The researcher will make a big number of respondents participate through of questionnaires and phone calls for some interviews.

1.8.3 Resources

The researcher needs money to acquire secondary data from online source, buying stationery and travelling to research field, that is, from Bindura to Harare. The researcher is confident in getting help from family and friends.

1.9 Definition of terms

Supplier selection - is the process by which firms identify, evaluate, and contract with suppliers. The supplier selection process deploys a tremendous amount of an organization's financial resources and in return the organization expects significant benefits from contracting suppliers

who offer high value products and services (Lyson and Farrington, 2006). Dobler and Burt, (1996) defines the concept of "Supplier selection" as the process through which buyers identify the potential suppliers of goods and services in order to determine their capabilities to meet the needs of the organization.

Operational performance - refers to the measurable aspects of outcomes of an organization's processes such as reliability, production cycle time and inventory turns. Operational performance in turn affects business performance metrics such as market share and customer satisfaction. (Voss, Ahlstron and Blackmon, 1997)

A Public Hospital – is a hospital that is government owned, fully funded by the government and operated solely off the money that is collected from tax payers to fund healthcare.

A Private Hospital – refers to medical facility that is owned and operated by private entity or individuals rather than government.

1.10 Chapter Summary

This chapter introduced study and provided the background of the investigation, and the problem statement. It also provided the objectives of the study, assumptions, research questions, and its significance to different stakeholders. This chapter also highlighted the delimitations, limitations and definitions key terms on the research topic. Chapter 2 is going to focus on literature review where both the theoretical and empirical literature would be reviewed.

CHAPTER 2

2. Introduction

The previous chapter focused on the background of the study, problem statement, research objectives, research questions, assumptions, significance of the study and definition of terms. This chapter examines theories and empirical evidence from other scholars who contributed to the similar field of study. The purpose of reviewing literature is to explore research gaps and by so doing, the chapter would begin by examining the theoretical literature and then the empirical literature.

2.1 Theoretical literature review

There are many models relevant to the selection of suppliers propounded by different scholars. According to Aspuro (2015) theoretical framework brings in a model that is coherent to the topic studied and its useful in giving a summary explanation, representation and depiction of the topic in short. Resultantly, this section discusses the following promulgated theories or models: Agency theory, partner selection theory, stakeholder theory and lean supplier competence theory.

2.1.1 Agency Theory

The agency theory was proposed by Stephen Ross and Barry Mitnick in 1973. The theory centers on the relationship between agents or principals and the delegation of control. It is founded on two key ideas: firstly, the principal or employer determines what needs to be done, and secondly, the agent or employee executes tasks on behalf of the principal. Ross and Barry argued that the principal's ability to reward the agent's excellent behavior is a critical factor in performance, fostering a strong bond between the supplier and the organization. Eisenhardt (1989) further posited that the foundation of agency theory lies in the manner in which businesses perceive risk sharing among multiple agents working for the employer.

To ensure alignment with intended goals, agency theory asserts that the principal must supervise the agent in accordance with their agreement. Consequently, when the agent adheres to the agreement, the principal may perceive taking on additional risks. Burnham (1941) highlighted that if the agent expresses self-interest concerns, it may lead to poor performance if not addressed, potentially causing the agent to act against the principal's best interests.

Public hospitals are mandated to deliver satisfactory services to the general public as they serve as agents of the government. In Zimbabwe, citizens elect their government with the expectation of receiving essential services, including healthcare. By appointing administrators to act on their behalf, the government delegates the responsibility of managing public institutions, including public hospitals, to represent their interests to the public. Consequently, managers of public entities undertaking such tasks are effectively representatives of the elected authorities. Given that agency theory offers a comprehensive framework for delineating the principal-agent relationship in the public sector, it holds relevance for this investigation.

The agency model is equally applicable in private hospitals, where substantial financial investments are made by shareholders and private citizens, who uphold high standards for facility operations. Shareholders engage managers to represent their interests, aiming for satisfactory outcomes. Consequently, shareholders in private hospitals serve as principals, while management functions as agents. Managers bear responsibility for the quality of services provided. Therefore, it is imperative for managers to select suppliers professionally to ensure that the goods and services offered by hospitals meet stringent quality standards.

2.1.2 Partner selection theory

According to Vonderembse and Tracey (1999), partner selection strategies impact the performance of all organizations. This theory was developed to educate managers about how business or departmental goals influence partner selection, emphasizing the need to engage suppliers with specific or exceptional qualities. Iravo (2016) further emphasizes that suppliers should possess attributes that align with the procuring entity, such as value for money, quality of products and services, economic pricing, and process cost management. Organizations must select suppliers capable of driving them toward predetermined standards.

Scholars like Saffu and Mamman (2000) have argued that the proposed model has limitations, as it primarily emphasizes the principles of selecting partners without adequately considering contingency factors, such as environmental scanning. They assert that flexibility is crucial, as it requires the selection process to be adaptable and responsive to the dynamic demands of the environment. Moreover, they argue that the theory assumes a logical decision-making process

based on fixed selection criteria, overlooking the reality that decision-making often involves complexity and uncertainty.

2.1.3 Stakeholders Theory

The theory was proposed by Freeman in 1984 and underscores the importance of aligning the operations of a firm with the interests of stakeholders. According to this theory, the level of loyalty demonstrated by stakeholders is influenced by their perception of the organization. Harrison et al. (2015) further elaborates that stakeholders who are treated well are likely to reciprocate with positive attitudes and behaviors towards the organization. This may include actions such as sharing valuable information, increasing purchases of products and services, demonstrating dedication, and maintaining loyalty even in challenging times.

The aforementioned insight into stakeholder engagement, highlights the crucial role of stakeholders in all aspects of corporate operations and their capacity to impact an organization's success. According to Gesteland (2005), this approach enables the comprehensive evaluation of organizational performance and can result in stakeholder engagement that positively influences operations.

The selection of suppliers offers benefits to a business when it effectively retains its valued clients, who are the key success factor. Consequently, choosing the wrong suppliers means losing business to rivals in the same sector. This notion firmly underscores that the general public, whose issues businesses must address, holds the power to influence corporate operations through their interactions.

Suppliers play a crucial role in the operations of organizations as they significantly influence performance by providing quality raw materials, finished products, and services. It's imperative for organizations to recognize that suppliers have a stake in the organization's success and should be actively engaged in business networks. Organizations effectively become the suppliers' customers and must fulfill the terms of contracts to maintain a mutually beneficial relationship. Suppliers, as important stakeholders, expect timely payment for supplied products and services rendered. Moreover, suppliers often serve as valuable sources of information about dynamics in the business environment.

2.1.4 Lean supplier competence model

Marks (2007) developed the Lean Supplier Competency Model which was later changed to Kaizen model. Lean is a set of operating philosophies and methods that help to improve effectiveness and efficiency. The approach is a continuous production line system comprising of structured inventory management, waste reduction and quality improvement techniques. It is a collaborative technique where workshops were attended where different business stakeholders gather and identify the root cause of every problem, create solutions and implement the solution in the workplace.

This theory is relevant to the selection of suppliers as it calls for the engagement of suppliers. The model also appreciates the importance of long-term supplier relationships that entails a shared vision amongst all business partners. The author of lean model acknowledges the gestalt principle by Max Wertheimer (1912) which says “the whole is greater than some of its parts” meaning to say that working together achieves more than doing separately.

In addition, as the model is intended to identify and reduce waste, it also helps in selecting supplier especially when the organization adopts stock control method such as Just-in-Time. Suppliers who are capable of supplying products just-in-time are preferred first. Once unnecessary costs and wastes are reduced, the organization may tag affordable prices of their products and services. This reduces wastes associated with overstocking and other associated costs. The model is important in streamlining operations of the organization to its goals.

2.2 Empirical literature review

An investigation in supplier selection strategies and procurement processes in the healthcare sector indicates that many previous studies explored the inevitable rivalry between private and public hospitals in different countries. This section provides studies conducted in other countries by Yazdani, Torkayesh and Chatterjee (2020, Mafalda Prazeres (2018), Gimenez, Prior, and Keith (2020), Ferrera, Garcia, Lau-Cortes, Polo (2021), Modisakeng, Matlala, Godman and Meyer (2020) Makinde, Sule, Oyankogbe and Boone (2018) , and Mhazo, Maponga and Mossialos (2023).

2.2.1 Yazdani, Torkayesh and Chatterjee (2020)

Yazdani, Torkayesh and Chatterjee (2020) carried out a study on an integrated decision-making model for supplier evaluation in public healthcare system. The research was conducted at a public

hospital in Andalucía using interviews. The research found out that public hospitals in Spain get their products and services from many suppliers which they rank from most preferred to the least preferred supplier. In order to make a final selection of the best alternative supplier, a comparison of the ranking results which is done is their supplier selection method. The research highlighted that public sector dominates in Spain as public procurement became one of the vital market-based policy approach for smart, sustainable and modern growth.

Nevertheless, Yazdani et al (2020)'s research focused more on one public hospital in Spain. It gives a shallow investigation about the operations of other public as well as private hospitals contributions in the health sector. These gaps reignite the researcher's enthusiasm to try and review the contribution and procurement processes of private hospital in Spanish health sector. On the other hand, research was conducted in a developed country but this research is meant to be done in a developing country of Zimbabwe.

2.2.2 Mafalda Prazeres (2018)

Mafalda Prazeres (2018) carried out research in Lisbon, a city of Portugal on Multicriteria decision support method (MCDA) approach for the supplier selection in the healthcare units in Portugal. The research found out that government plays a big role in the operations of hospitals as the healthcare sector is dominated by public hospital. They discovered that the purchase of equipment and medicines involves the opening of a tender on digital platform with the specifications required. The requirements set out in the tender specifications are dictated by professionals who work directly with the equipment such as medical service directors, coordinating technicians Service of Facility and Equipment professionals.

Prazeres (2018) added that their supplier selection and the initiative to purchase or replace equipment is a political-administrative decision of the health service provider which ends with the opening of a public tender for suppliers in the sector. Multicriteria decision support methods (MCDA) appear as a branch of operational research, whose purpose is to support the resolution of issues associated with decision making and taking into account several criteria in selection of suppliers. Activeness of government in sponsoring and controlling supplier selection processes in Portugal gives public hospital monopoly over the private sector.

Prazeres's research has been successful exposing the dominance of the public sector in the healthcare system of Portugal. The research failed to apparently give details about operations of the private hospital and their contributions to healthcare system of this country. Resultantly, this study looks to also unveil the contributions of private hospitals. This research also seeks to give comparative account of supplier selection processes between public and private health sectors in Zimbabwe.

2.2.3 Gimenez, Prior, and Keith (2020)

Research on the effects of strategic alliances on hospital efficiency and capacity utilization was conducted in Mexico, a developing nation, by Gimenez, Prior, and Keith (2020). They discovered that private hospitals in Mexico made excellent use of a golden opportunity to enter the healthcare market, aiming to replace the public sector's inefficiencies and the lack of prompt medical care with high-quality standards. According to the report, private hospitals in Mexico are managing their resources more effectively and providing prompt patient care.

Gimenez, Prior and Keith (2020) found out that in an effort to integrate operations with the provision of high-quality services, private institutions in Mexico established the "strategic Alliances" organization (SA). According to the research, activities covered by the Strategic Alliances (SA) include supplier-buyer partnerships, proper supplier selection, outsourcing agreements, technical cooperation, cooperative research initiatives, shared product development, shared arrangements, common distribution agreements, cross-selling arrangements and franchising. The member institutions of the strategic alliance are independent and self-governing. As a result, private institutions' "Strategic Alliances" selects its suppliers in accordance with its overarching goal of providing the greatest services in healthcare industry.

In addition, Gimenez, Prior and Keith (2020) gave statistics provided by the Organization for Economic and Development (OECD) which indicate that 70% of hospitals in Mexico are private, despite large investments being made in public infrastructure between 2003 and 2013. The study also found that during the same period, the number of beds in privately owned hospitals climbed by 10% while those in public hospitals increased by 6%. This demonstrates how their procurement mechanism for private hospitals is committed to assist in the provision of high-quality services.

Notwithstanding the fact that the study was carried out in a developing nation and that private hospitals are expanding quickly, much as in Zimbabwe. This study is intended to look into the reasons behind the rapid growth of private hospitals in our nation to determine the effect of supplier in all health sectors.

2.2.4 Ferrera, Garcia, Lau-Cortés, Polo (2021)

Ferrera, Garcia, Lau-Cortés, Polo (2021) carried out their study in Panama, a Latin American nation and is still a developing country. Their research focuses on the study of the health sector in Panama, where they found out that volume of budgetary resources allocated to the public healthcare has experienced strong growth in recent years (almost doubling in size between 2005 and 2015, whereas population only increased by 20% in the same period). Public hospitals are more efficient as compared private healthcare centers. This increase in spending has been mainly due to the growth in salaries of healthcare personnel, the creation of new health facilities, and the large increase in budget allocations for medicines and, medical and surgical equipment.

One of the most characteristic features of the public health structure in this country is its dual nature, that is, there are two parallel financing systems or management schemes that coexist and provide health care services to the population. Financial systems include the Social Security Fund (SSF) and the Ministry of Health (MoH). These systems control the supplier selection process that guarantees coverage for the poor and those in the informal labor market. In the supplier selection, public healthcare systems ensures that the budgeted funds are directed to qualified suppliers thriving in their operations.

The health system of the country is organized according to the degree of complexity of the services provided, distinguishing three basic levels of care. The first one is mainly composed of different typologies of primary care centers; the second level includes area and regional hospitals; and the third level is formed by national hospitals and national and supra-regional hospitals as well as several specialized hospitals on mental health, rehabilitation, and oncology.

Nevertheless, the situation in Panama is completely different to Zimbabwe in that Panama public sector enjoys monopoly over private healthcare providers. This research can negotiate to proceed with this research because private sector in Zimbabwe is active and are rapidly growing.

2.2.5 Makinde, Sule, Oyankogbe, and Boone (2018)

Makinde, Sule, Oyankogbe, and Boone (2018) conducted their study in the southwest Nigerian city of Ibadan. The study compared private and state hospitals in Nigeria, focusing on the distribution of health facilities in the country. According to the study, 67% of healthcare facilities are held by the government, compared to 33% by private companies. This indicates that the majority of healthcare institutions in Nigeria are run by the state.

According to Makinde et al. (2018), because government-owned hospitals are supported by Health Maintenance Organizations (HMOs) and the National Health Insurance Scheme (NHIS), their procurement systems are better than those of privately owned facilities. The procurement procedure is made easier by the availability of necessary finances, as suppliers contend to win public hospitals' and clinics' tenders. As a result, government-owned healthcare facilities outperform private ones since they draw in competent and skilled suppliers.

Nonetheless, their research suggests that a combination of public and private healthcare facilities should be used to address the quality and choice concerns of various patient categories. In their study of Ibadan's civil servants, those who used public health facilities were more likely to be satisfied with the cost of care, while those who used private health care facilities reported much better quality in terms of waiting times and equipment. Studies indicated that both public and private health facilities' services needed to be improved.

Makinde, Sule, Oyankogbe and Boone's main focus was whether or not the Nigerian government controls the health industry. Their research did not provide us with information on supplier selection tactics employed by Nigerian health sector players that could have a quelling effect on the other. This provides the researcher with flexibility to conduct this study in order to understand the procedures used in Zimbabwe's public and private hospitals in supplier selection.

2.2.6 Modisakeng, Matlala, Godman & Meyer (2020)

Modisakeng, Matlala, Godman & Meyer (2020) carried out a research on Medicine shortages and challenges with the procurement process among public sector hospitals in South Africa. According to the research, there are two tiers to South Africa's healthcare system namely the public and private sectors. Twenty percent of South Africans receive their healthcare from the private sector,

which is financed by medical insurance and Eighty percent of South African population are supported by the public healthcare system.

Modisakeng et al (2020) advocated that progress to achieving South Africa's national health goals would be enhanced by improving government capacity to interact with the private sector in areas such as procurement, contracting and performance management. According to the research, the private healthcare sector's procurement mechanism seems to be superior to the public sector's.

According to Modisakeng et al (2020), the private sector contributes to the development of novel applications of technology including new diagnostics and mobile phones as well as advances in the provisions of services but these requires a tight, open connection with the public sector and the government.

Modisakeng, Matlala, Godman & Meyer (2020) gave reasons why procurement system in South Africa's Public sector health is underperforming as compared to private sector. Orders for the public sector are distributed more than 21 days after the scheduled delivery date. They added that suppliers occasionally fail to deliver orders in full or in the appropriate quantities. Researchers' participants noted that tenders were occasionally awarded to businesses that lacked the resources to complete the job, which has significant effects on hospital patient care. The other cause of the drug scarcity in public hospitals is the government's failure to pay suppliers for the services rendered.

Nevertheless, the reason why the public healthcare system is failing and the private sector only provides care for 20% of the population was not investigated in their study. Advocates of the public-private sector relationship highlight concerns about the private sector's ability to repair the performance gap left by the underperforming public sector. Therefore, since South Africa is Zimbabwe's neighbor there is need to investigate whether our country is in the same situation or not.

2.2.7 Mhazo, Maponga and Mossialos (2023)

Mhazo, Maponga and Mossialos (2023) researched on Equality and private health insurance in Zimbabwe. They discovered that the public and private sources including municipalities and the ministry of finance, jointly fund Zimbabwe's health system. Donors, families, businesses, and non-profits are examples of private financing sources. Nevertheless, with little capital investment, the majority of these funds go into salaries and other employee-related expenses. This suggests that

insufficient funding is available for public hospitals' core operations such as procurement processes. Public health is greatly compromised leading poor health service delivery in public institutions.

Mhazo et al (2023) also stated that globally, Zimbabwe has one of the highest rates of private health insurance expenditure as a share of total health expenditures. More than 80% of private health insurance expenditure are directed to private sector doctors, pharmacies, hospitals and providers of ancillary medical services. This showed how much resourced the private healthcare sector in Zimbabwe is, as compared to government-controlled healthcare systems. Thus, this promotes innovation and efficiency in the procurement procedures that guarantee the supply and availability of medications, medical supplies, and high-quality services in the private healthcare industry.

However, the study's findings generalized data regarding both governmental and private sector operations. The purpose of this study is to provide concrete steps that the private healthcare industry has done to support their explosive expansion and growth within Zimbabwe's healthcare system.

2.2.8 Chimberengwa, Masuka, Gombe, Tshimanga and Bangure (2015)

Chimberengwa et al (2015) conducted research on the Procurement Processes at Gwanda Provincial Hospital, Matebeleland South Province, Zimbabwe. The study found out that Procurement in Zimbabwe is guided by legislative policies, acts of parliament and supporting documents enabling companies to bid, thereby enhancing competitive advantage and thus the goods procured will be cheaper, but satisfying value for money. Proper procurement procedures are followed, the processes are auditable, verifiable and transparent which makes Gwanda hospital an attractive healthcare center.

However, the variance between Chimberengwa et al (2015) findings against that of Mhazo et al (2023) shows no conclusive results on procurement activities in Public health sector in Zimbabwe. This gives the researcher room to try and halt the tag-of-war on contradicting findings of different studies conducted in Zimbabwe health sector. In addition, this research is different in its approach as it is aimed at giving a comparative analysis between procurement processes in public and private hospitals in Zimbabwe.

2.3 Chapter summary

This chapter reviewed the theoretical literature and empirical literature related to the investigation. The theoretical framework explains the pertinent theories, proposes and discusses connections between the major topics in this study. The empirical evidence, that is, the results of other researchers in the fields connected to this study are provided. The next chapter is subjected to give details of the research methodology which covers the research design, data gathering strategy, data presentation method and data analysis method.

CHAPTER 3

3. Introduction

The previous chapter focused on theoretical and empirical literature review which shows that there is always a battle in different countries between private and public healthcare sectors. This chapter intends to give a roadmap on how the research is carried out, as it is composed of research design, targeted population, research techniques. This section unveils all methods and techniques to be used by the researcher in trying to gather the necessary information needed to achieve research objectives.

The theoretical and empirical literature analysis examined in the previous chapter demonstrates that the private and public healthcare sectors are constantly at odds with one another in many nations. This chapter, which covers research design, targeted population, and research methodology, aims to provide a road map for conducting the study. This chapter outlines all of the techniques the researcher uses in effort to obtain the data required to meet intended research result.

3.1 Research Design

According to Kumar (2012), research design comprises a set of methods, structures, techniques, employed to gather data for a study. In this study, the researcher uses qualitative research approach to gather data.

The researcher uses qualitative research. According to Burns and Burns (2008:19), qualitative research “captures expressive information not conveyed in quantitative data about perceptions, needs, feelings, and motivation that underlie behavior at an individual level”. Because gestures are crucial for communicating feelings and emotions, the qualitative research approach enables the researcher to occasionally interpret meanings through them.

Additionally, by having direct contact with the participants in the field, qualitative research enables the researcher to delve deeper into what is actually happening in the health sector. To assess and comprehend people's viewpoints, experiences, attitudes, interactions, and behavior, qualitative research methodologies are applied. It generates non-numerical data, such as responses and observations from participants or respondents regarding the procedures used by public and private hospital in selecting suppliers.

3.2 Target population

Kinnear and Taylor (2006) define the target population as the total set of people or objects about whom a researcher wishes to make inferences from their research study. Majid (2018) contended that as it is frequently inappropriate or impractical to recruit the complete population, the target population is selected as a representative from the population of interest at Parirenyatwa Hospital and Avenues Clinic. As a result, the researcher recruits a sample from the population of interest to include in this study.

Table 3. 1: Targeted sample

<i>Respondents</i>	<i>Public hospital</i>	<i>Private Hospitals</i>	<i>Total target population</i>
Operations	10	10	20
Finance	10	10	20
Administration	10	10	20
Transport and logistics	10	10	20
Procurement	20	20	40
Total	60	60	120

As indicated in the above table, there are a total of 120 persons in the research's target demographic. Public hospital participants share equally 50 percent of the total target population with the private hospital. Operations must take part since they can provide information on equipment and 20 respondents is targeted. 20 respondents from the finance department were the target population for this study, which sought to determine if hospitals have sufficient funding to sustain the procurement practices used in both public and private hospitals. Since administration is essential to all hospital operations and has information that is helpful to this study, they are also important to the research and 20 respondents from admin is targeted.

The study included 40 respondents from the procurement department and 20 respondents from the transportation and logistics departments. Numerous responses from the procurement department indicate that this is an important subject to consider. In order to obtain more and essential data, a large number of procurement strata must be placed because the research compares the supplier selection processes of two large hospitals and responses from procurers are essential.

3.3 Sampling

Majid (2018) defined sampling as the process of selecting a statistically representative sample of individuals from the population of interest. The representative sample is then known as the sample size. According to Creswell (2014), Sample size is the number of observations or participants in a study or survey.

3.3.1 Sampling technique

The researcher intends to employ quota sampling, a non-probability sampling technique (Bhardwaj (2019) states that in quota sampling, participants are selected based on certain attributes or characteristics that the researcher has identified. She continued by saying that these particular qualities operate as a quota for choosing sample members and that the number of participants is drawn from each group in a well-planned manner.

The researcher chooses quota sampling to have representatives from each group as they were categorized in accordance with their positions and responsibilities (shown in table 3:1) above. The researcher placed respondents in quotas like Operations, Finance, Administrations, Transport and Logistics, and procurement.

Participants are classified based on their roles and responsibilities (as indicated in table 3:1 above), the researcher decided to use quota sampling to include individuals from each category. Respondents were grouped by the researcher into quotas related to procurement, transport and logistics, finance, operations, and administration.

3.4 Research instruments

A research instrument is any tool that can be used to collect, measure, and analyze data relevant to the research topic (Discover PhDs 2020 in Matendere 2023). The research results will be gathered from both primary and secondary sources of data.

3.4.1 Primary sources of data

Primary data is "a first-hand information and eyewitness account of event," (Bolner and Poirier 1996:446), which means that the researcher gathers the data from a fresh, original source. Wilson (2010:135) states that during primary data collection, the researcher gathers information on their

own utilizing a variety of instruments, including questionnaires, observations, and interviews. To gather primary data, the researcher employed questionnaires and interviews.

a) Interviews

Armstrong (2009:182) asserts that interviews are crucial data collection techniques because they reveal people's thoughts and sentiments regarding particular topics. Interviews can benefit from social cues like voice, tone, and body language, among others, it all depends on what the interviewer wants to know (Opdenakker 2006).

According to Gilbert (2001:88), there must be some kind of written guide to help in interview questioning. This guide can include both pre-coded and open-ended questions. In order to get more crucial data, the research employs semi-structured interviews with open-ended questions. This allows for the asking of further questions based on the people's responses. The researcher can delve deeper into the responses that participants provide by using open-ended interviewing techniques.

b) Questionnaires

The researcher uses self-administered questionnaires with open-ended questions. Self-administered questionnaires need the presence of the researcher thereby enabling queries and uncertainties to be addressed immediately with the questionnaire design (Chikoko and Mhloyi 1995 in Ndlovu et al 2015). The researcher again uses open-ended questions to allow respondents to express themselves in terms of their feelings and insights about the question. The advantage of using questionnaires in research is that it is quicker than conducting interviews, and therefore, large number of participants are given questionnaires.

3.4.2 Secondary sources of data

According to Opdenakker (2006), secondary data is information that has previously been published and is easily accessible from other data sources. Secondary data is easily accessible and useful for the duration of the study. To obtain secondary data, the researcher may consult print and electronic media, journals, theses, reports, hospitals handbooks, and the internet.

3.5 Data collection procedure

In order to reach a larger number of participants both at work and outside the office, the researcher decided to use both questionnaires and interviews. Administrators and a small number of respondents from the procurement department will be interviewed. Phone interviews are another way that interviews can be performed with respondents who are not always available at work. However, while questionnaires are quicker, they are meant for a larger portion of the target population. Operations, transportation and logistics, finance, and a few responses from procurement are the target audiences for the questionnaires. It is possible to send questionnaires by email to managers.

3.6 Data presentation and analysis procedure

The researcher analyzes the data using thematic methodology. Finding themes that stand out as crucial to explaining the phenomenon is known as thematic analysis (Daly, Kellehear, and Gliksman 1997). The design of themes for data analysis and presentation aligns with the goals of the study. In order to further evaluate the data, the researcher first becomes familiar with it and then compare the research findings with the body of literature that already exists regarding the impact of supplier selection on hospitals' performance.

In order to identify themes pertinent to the study's goals, the researcher uses an interview guide when posing questions and takes notes that may be examined and compared to the responses on questionnaires. In order to guarantee the validity and reliability of the questionnaire responses, they were further categorized into topics or themes. Collected data from various participants is grouped and synthesized to come up with a critical analysis of the findings. The researcher then uses descriptive summaries or narrations to present and analyze qualitative data.

3.7 Validity and reliability of the research

According to Le Compe and Goetz (1982:32), validity in research is concerned with the veracity and accuracy of scientific findings. Brink (1993:1) stated that a valid study should show what is truly there, and a valid instrument or measure should really measure what it is intended to measure. The ability of the investigators to gather and record information accurately, as well as the consistency, stability, and repeatability of the informant's stories, are all factors that contribute to reliability (Seltiz et al 1976:182).

The researcher employed thematic analysis, which groups data from several respondents into themes and ignores data that appears just once, to make sure the research is credible and valid. Repeatedly occurring data from various participants lends authenticity and validity to the study findings.

The research test and control data analysis method (re-test) where one questionnaire is given to head of department of each research quota namely operations, finance, administration, transport and logistics and procurement department. Then, comparing the results obtained with other respondents' and researchers adds on the reliability of the study results.

3.8 Ethical considerations

The researcher deemed ethical considerations to be significant when collecting data from various participants. Greener (2008) stated that ethics is concerned with moral considerations that influence norms, behavior and decisions. There the researcher ensures:

- He seeks permission from both hospitals before conducting research
- That confidential information is not disclosed to unnecessary users
- Informed consent is prioritized
- Only gathered information is presented without exaggerations or fake data

3.9 Chapter summary

This chapter reviewed the research design, target population, sampling techniques as well as research instrument. The researcher employs qualitative research approach and a target population of 60 from each of the two hospitals. The study uses quota sampling technique that categorizes respondents in accordance to their roles and responsibilities. Both secondary and primary data was used and research instruments included interviews and questionnaires. The next chapter will present details of the research findings.

CHAPTER 4

4. Data presentation and analysis

The previous chapter reviewed the research methodology used in this study. The chapter thus, analyzed the research design, sampling methods and research techniques. The previous chapter also discussed the validity and reliability of the research, data analysis methods as well as ethical aspects of the study. This chapter focuses on data presentation, analysis and discussion using thematic data analysis methods where relevant themes are created and data is categorized accordingly, to answer study's objectives.

4.1 Response rate

To comprehensively assess the effects of supplier selection on service delivery at Parirenyatwa Hospital and Avenues Clinic, a mixed-methods approach was employed, utilizing both questionnaires and interviews. This allowed for the collection of standardized data across key variables related to supplier selection and service delivery performance. The questionnaires were designed to gather data from a broad range of participants, including procurement officers, operations and logistics. Additionally, in-depth interviews were conducted with senior administrators and decision-makers to capture qualitative insights and nuanced perspectives that may not be fully represented in the questionnaire responses.

Table 4. 1: **Questionnaire response rate**

Respondents	Administered questionnaires	responded	Not responded	Response rate
Operations	15	15	-	100%
Finance	20	14	6	70%
Admin	15	13	2	87%
Transport	15	15	-	100%
Procurement	30	26	4	87%
Total	95	83	12	87%

Source: Primary data

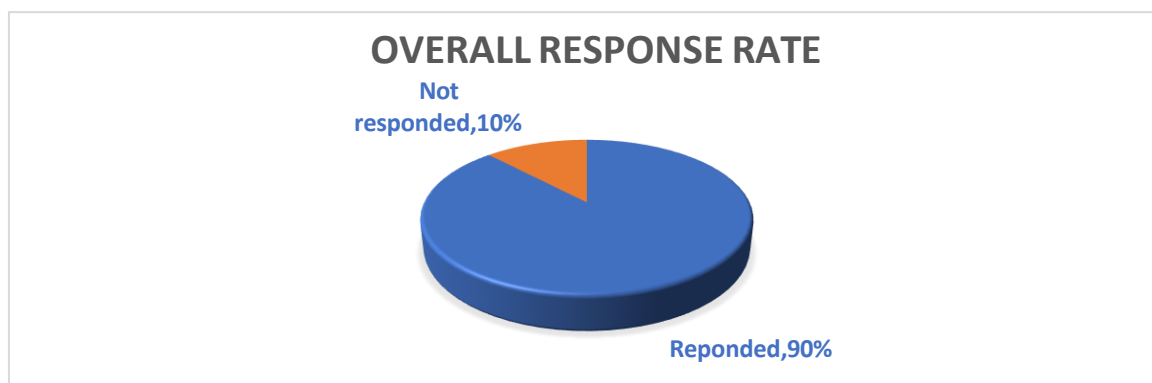
The table above shows that 95 questionnaires were distributed and 83 of them were completed thereby successfully marking an overall percentage response rate of 87%. This is supported by Barclay (2001) who pointed out that when a sample response rate is higher than 50%, its findings can be generalized on the whole population. Operations and transport quotas were given 15 each and all of them were completed yielding 100% response rate each. 14 out of 20 questionnaires given to finance were completed reaping 70% response rate. Only 13 of 15 questionnaires directed to Administration were completed thereby contributing 87% response rate. Procurement received 30 questionnaires and only 26 were completed marking 87% response rate.

Table 4. 2: **Interview response rate**

Respondents	Targeted interviewee	participated	Response rate
Operations	5	5	100
Admin	5	5	100
Transport	5	5	100
Procurement	10	10	100
Total	25	25	100

Table 4.2 shows that interview recorded a 100% response rate though the method was costly. Some participants were interviewed through phone calls. Number of participants from both questionnaires and interviews became 108 out of 120 contributing 90% response rate. The number of target participants who did not partake in the research contributed 10% of target population as shown in Figure 4.1 below.

Figure 4. 1: **Overall response rate**



Source: Primary data

4.2 Demographics

The demographic scope of this research encompasses a detailed and comparative analysis of two key hospitals in Zimbabwe, that is, Parirenyatwa Hospital, a major public healthcare institution, and Avenues Clinic, a prominent private healthcare facility. The demographic profile includes variables such as the gender, educational level, age, and the range of services offered. This comprehensive approach ensures that the study captures a wide array of perspectives and experiences, providing valuable insights into how supplier selection practices influence healthcare service delivery in both public and private contexts within Zimbabwe.

Table 4. 3: Gender, education qualification, Age

RESPONDENTS	Gender		Level of Education					Age			
	Male	Female	O & A level	undergrad	diploma	degree	Masters +	25 & below	26-35	36-45	46+
Operations	7	13	8	2	6	4	Nil	5	6	8	1
Finance	7	7	Nil	4	3	5	2	3	7	3	1
Admin	12	6	Nil		2	12	4	2	6	7	3
Transport	10	10	5	3	4	8	Nil	6	7	5	2
Procurement	16	20	12	10	4	8	2	13	9	10	4
Total	52	56	25	19	19	37	8	29	35	33	11
Percentage	48%	52%	23%	18%	18%	34%	7%	27%	32%	31%	10%

Source: Primary data

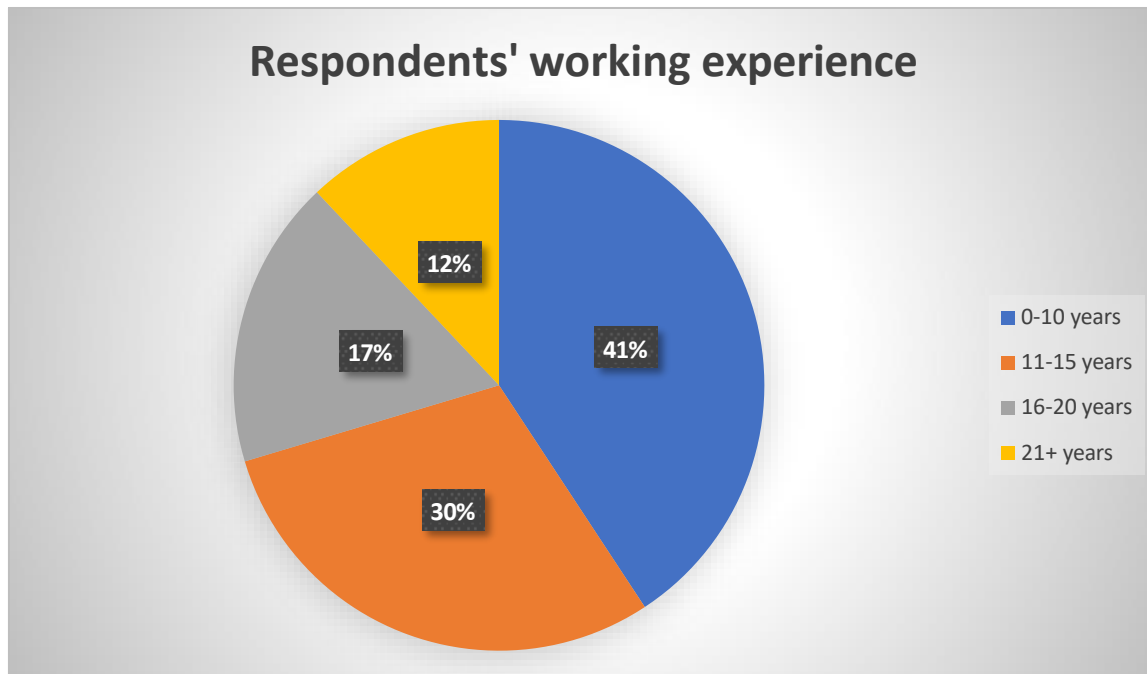
Table 4.3 above shows that women dominate the healthcare sector as 52% of the total number of research participants. Men occupied 48% proportion of the overall research participants. The fact that Zimbabwe improved its score on achieving gender parity from position 76 in 2006 to position 47 in 2020 out of 153 nations is evidence of the growing representation of women in management (World Economic Forum, 2020). According to Rotenstein (2018), women comprising 80% of the healthcare workforce though they are lower ranked.

Table 4.3 also details of the level of education of respondents. 25 respondents have O or A level certificates whilst undergraduates and diploma holders totaled to 19 each. 37 of the participants hold degrees in different disciplines and only 8 have masters. However, the research was impressed because the research was dominated with degreed participants who have knowledge to give necessary data.

Lastly the table have age details of the respondents and 29 of them were 25 years of age or below thereby inhabiting a total of 27%. 35 out 108 respondents were between the age of 26 and 35 occupying 32%. 33 of the total participants were between the age of 36 and 45 thereby taking 31%, whilst only 11 of the respondents aged 46 years and above taking 10%.

Figure 4. 2: **Years of service**

Respondents' years of service provides critical insights into the experience and tenure of the individuals participating in this study. By categorizing respondents based on their years of service, the study aims to understand how tenure and experience influence perspectives on supplier selection practices and their impact on service delivery outcomes. This demographic variable includes a range of categories, from those who are relatively new to their roles with less than ten years of service, to seasoned professionals with over twenty years of experience.



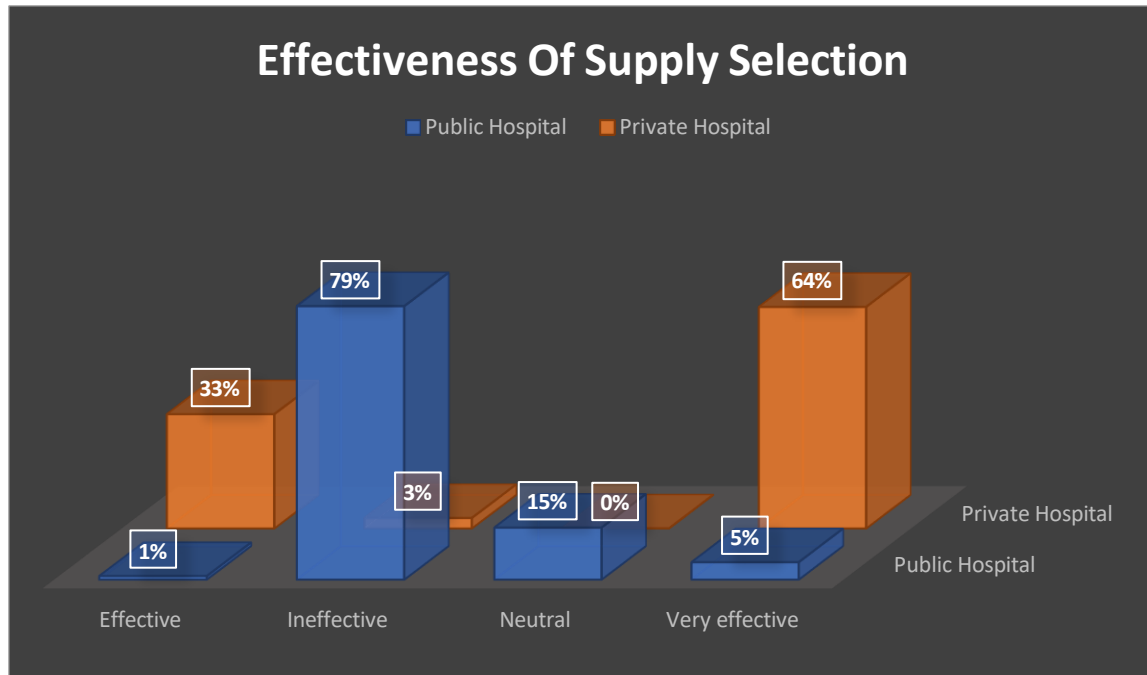
Source: Primary data

Figure 4.3 above shows that 41% of respondents have worked for 10 years and below as they were 44 out of 108. 30% of the respondents have worked for the period between 11 and 15 years as they totaled to 32 out of 108. 19 out of 108 respondents have worked for a period between 16 and 20 years marking a total of 17%. Lastly, 13 of the participants have working experience of 21 years and above occupying 12% of the total participants.

4.3 Effectiveness of supplier selection on service delivery of hospitals

The main objective of this study is to examine the effects of supplier selection on service delivery of public and private hospitals. The data collected is illustrated below:

Figure 4. 3: Effectiveness of supplier selection in private and public hospital



Source: Primary data

Figure 4.3 above depicts that, in comparison, 97% of private hospital respondents agreed that their supplier selection processes are being conducted effectively as compared to 6% from public hospital. Contrary, 79% of the participants from public sector gave their same view that supplier selection processes are ineffective and only 3% of participants from private hospital said that their procurement team processes are ineffective. 15% of participants from public health Centre remained neutral and no one did the same from the private sector.

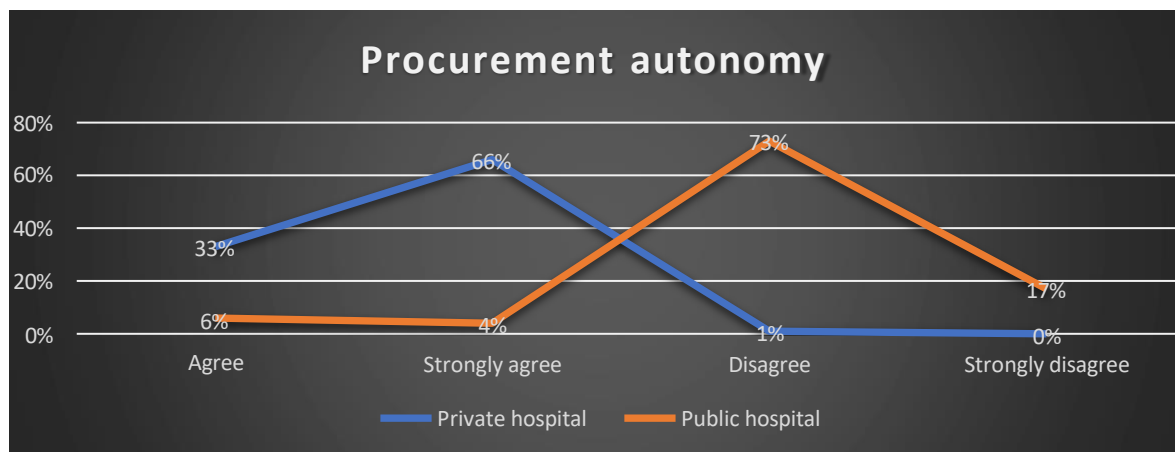
4.4 The role of supplier selection on hospitals' service delivery

The other objective of this research was to examine the role of supplier selection on service delivery in public and private hospitals. This process involves evaluating potential suppliers on various criteria, including quality, cost, reliability, and compliance with regulatory standards. By meticulously selecting suppliers, hospitals can secure high-quality materials, manage costs efficiently, mitigate risks, and enhance overall service delivery. There is need to assess autonomy

of procurement department, their supplier selection qualities and the overall level of service delivery in their respective hospitals.

Figure 4. 4: **Procurement department is independent in its operations and decision making.**

Fig 4.4 below shows weather the procurement professionals are independent to carry out supplier selections effectively. Independence of supplier selection indicates the who to blame for poor service delivery or the one to give credit for positive supplier selection and service delivery.



Source: Primary data

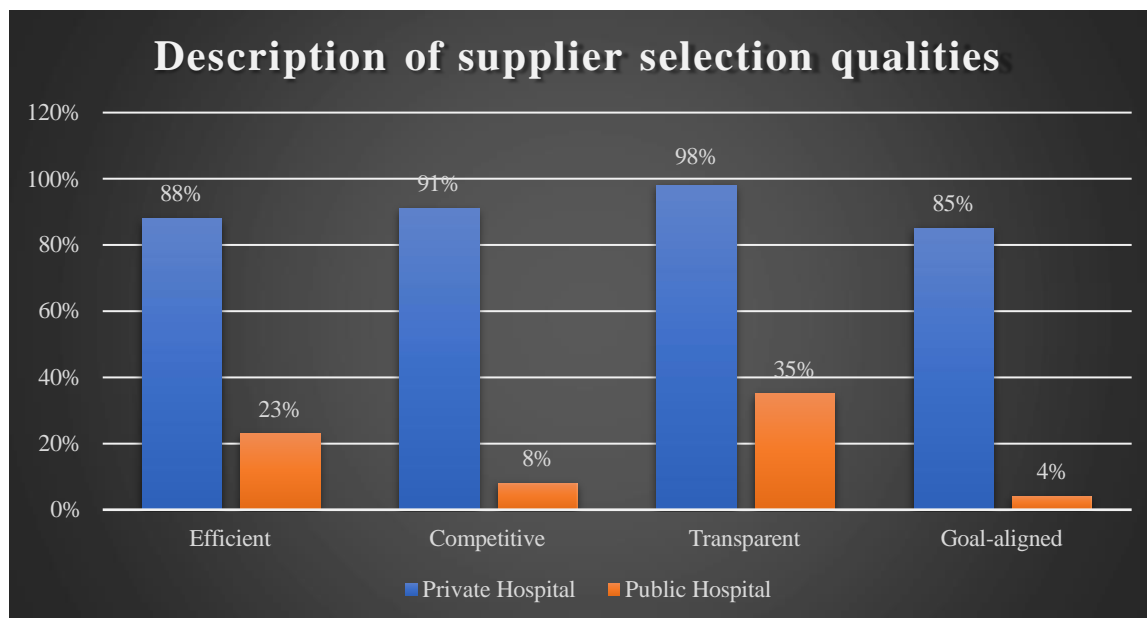
Figure 4.4 above shows autonomy of procurement department in carrying out supplier selection activities in both public and private hospitals. 33% of private hospital participants against 6% of private hospital respondents agreed that procurement officials are free to conduct supplier selection processes. 66% of respondents from private healthcare sector strongly agreed that procurement conduct supplier selection on their own and only 4% of participants strongly agree that public hospital procurement team is free to conduct supplier selection activities.

On the other hand, only 1% of participants from private sector disagree to the fact that their procurement team has an autonomy to conduct supplier selection. In public healthcare sector, 73% disagree that they have autonomy to conduct supplier selection processes on their own. 0% of respondents from private hospital strongly disagree whilst 17% from public hospital strongly disagree to the fact that procurement team conducts supplier selection on their own.

Statistics above shows that in private hospitals procurement are conducting supplier selection on their own and they are reaping its rewards through improving service delivery, availability of equipment and medicines. Contrary, public sector is a complete opposite of private sector in that less freedom is given to the procurement department in selecting appropriate suppliers.

Figure 4. 5: **Describe the supplier selection qualities at your hospital**

Description of supplier selection qualities shows how effective supply chain processes are being carried out at each hospital. The results indicate the correlational impact of supplier selection on service delivery at each hospital.



Source: Primary data

Figure 4.5 above shows how respondents value and describe their respective hospitals' supplier selection qualities. Numbers shown on the graph above apparently indicate that supplier selection in the private sector is being conducted seriously as 88% of respondents says that it is efficient, 91% agreed that it is competitive, 98% is contended that it is transparent and 85% supporting that it is goal aligned. Respondents' views show that procurement team is on the driving seat that determines success of the private healthcare in Zimbabwe.

On the other hand, public hospitals supplier selection is again rated lower as compared to private hospitals in terms of efficiency, competitiveness, transparency and goal-alignment. Only 23% of

respondents supported efficiency, 8% agreed to competitiveness, 35% mentioned transparency, and only 4% said that their supplier selection is goal aligned.

Figure 4. 6: overall level of service delivery in procurement department

Level of service delivery illustrated in the graph below is an outcome of supplier selection quality shown in Fig 4.5 above. Fig 4.6 shows the outcome of supplier selection qualities of each hospital.

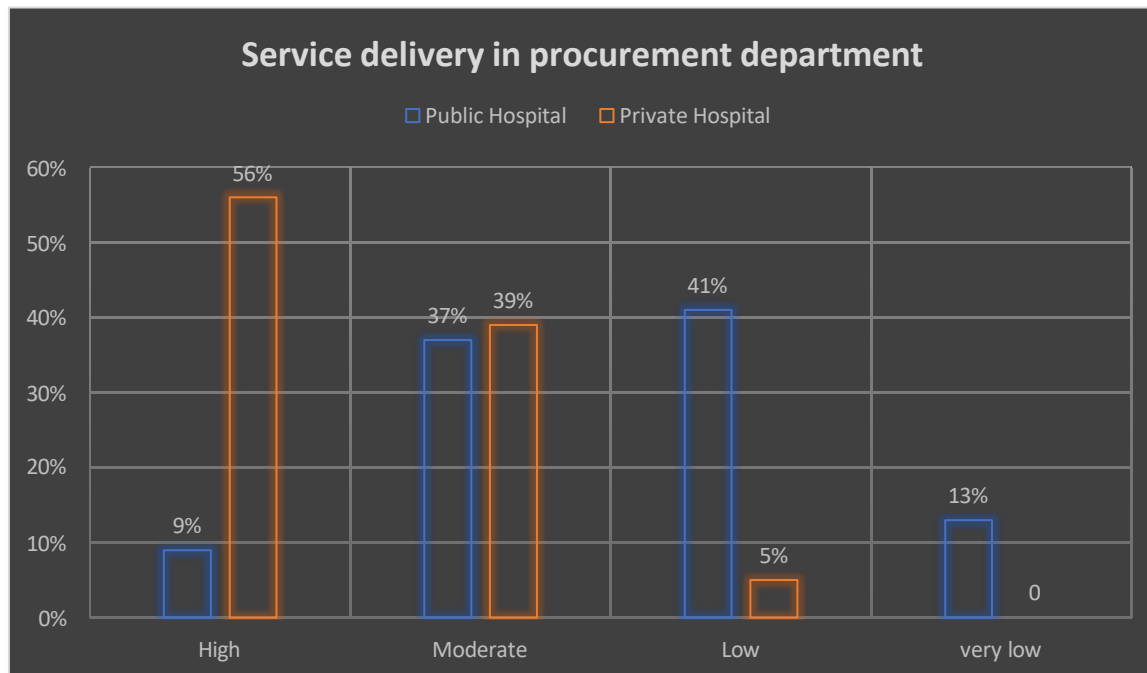


Figure 4.6 above shows how respondents would value service delivery of procurement departments of both private and public hospital. 9% of public hospital respondents said that their procurement department's service delivery is high and 56% said the same in a private hospital. This means that the general views of the public and workers clears air that private hospital service delivery is better than public hospital. 37% of public hospital respondents mentioned that service delivery is moderate and 39% from a private hospital mentioned the same.

41% of respondents from public hospital and 5% from private hospital mentioned that their respective procurement teams' service delivery is low. 13% of respondents from public sector said that service delivery is very low due to unavailability of medicines and equipment needed.

4.5 The current state of service delivery in private and public hospitals in Zimbabwe

The last objective of this research was to analyze the current state of service delivery in private and public hospitals in Zimbabwe. This aims to compare these two different hospitals, examining how their differing approaches to supplier selection impact their operational efficiency, service quality, and overall patient outcomes.

4.5.1 Figure 4.7: Is the hospital attracting high profile suppliers

The ability of a hospital to attract suppliers enables it to engage in supplier selection. When hospitals fail attract a large pool of high-profile supplier, it becomes easy to engage in supplier selection. However, failing to attract more suppliers limits the need to select suppliers. Therefore, the graph below shows whether each hospital is able to attract high profile suppliers that can help in boosting service delivery.

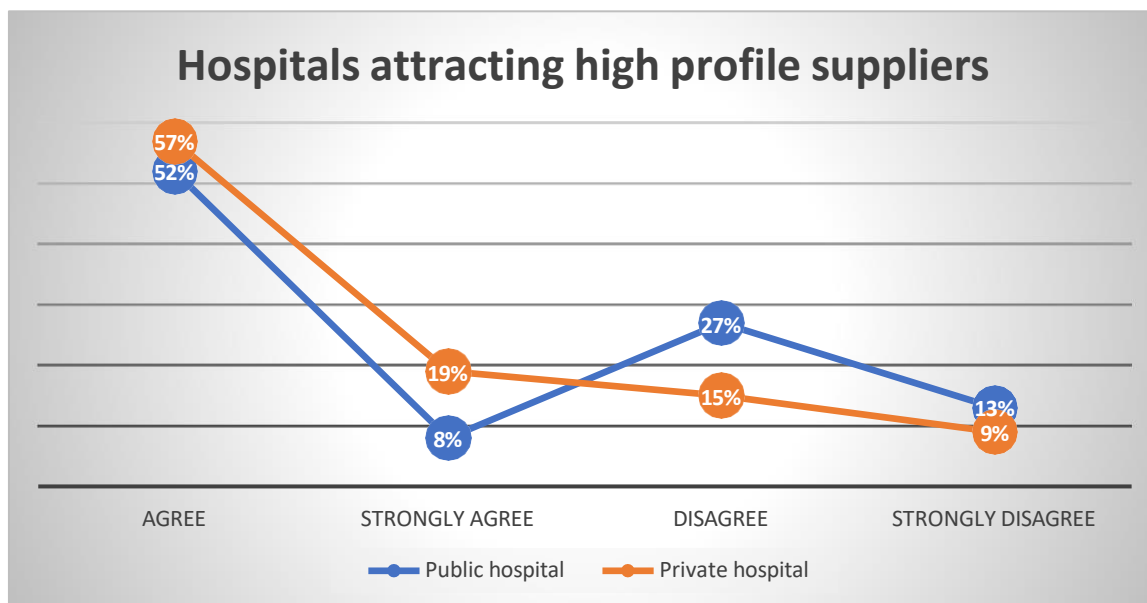


Figure 4.7 above views of respondents on whether hospitals are attracting high profile suppliers or not. Private hospital recorded 57% of respondents agreeing against 52% from a public hospital. 19% of private hospital respondents strongly agree that they attract qualified suppliers and 8% of respondents from public hospital also strongly agree. 15% of private hospital participants disagree as well as 27% from public hospital. 9% and 13% of participants from private and public hospital respectively strongly disagree. This marks the fact that private hospitals are better attracting high

profile suppliers than public hospitals and is also the reason why their service delivery becomes different.

Table 4. 4: Factors affecting effective supplier selection in public and private hospitals

The table below shows factors affecting procurement professionals in conducting effective supplier selections in both private and public hospitals.

	Public hospital						Private hospital					
FACTORS	<i>Agree</i>	<i>Strongly Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>		<i>Agree</i>	<i>Strongly Agree</i>	<i>Neutral</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	
Funding	42%	53%	5%	0%	0%		7%	3%	0%	61%	29%	
Bureaucracy	26%	37%	3%	21%	13%		0%	0%	0%	58%	42%	
Government policies	31%	27%	17%	14%	11%		12%	3%	13%	47%	25%	
Inflation	9%	11%	2%	35%	43%		42%	18%	0%	26%	14%	
Outdated Technology	39%	19%	0%	24%	18%		6%	1%	3%	59%	31%	

Source: primary data

According to the aforementioned data, 42% of respondents and 53% of respondents, respectively, agreed and strongly agreed that there is no adequate funding in public hospitals and no one opposed the view except 5% who chose to be neutral. Contrary, only 7% and 3% of respondents, respectively agreed and strongly agreed that private hospitals are facing funding challenges. 61% and 29% respectively disagree and strongly disagree that private hospitals are facing financial challenges.

26% and 37% of the respondents respectively agreed and strongly agreed that bureaucracy is affecting supplier selection in public hospital and 3% remained neutral. 34% opposed the view that bureaucracy is affecting supplier selection in public hospitals. In contrast, no participant mentioned that there is bureaucracy in private a hospital. 58% and 42% respectively disagree and strongly disagree that there is a tall structure affecting supplier selection.

31% (agreed) and 27% (strongly agree) of respondents shifted the blame to government policies on public procurement with 17% remaining neutral. 14% (disagree) and 11% (strongly disagree) of the respondents took off the blame from government policies. 15% of respondents from private hospital said that government policies are somehow affecting their procurement activities including supplier selection. 13% of respondents chose to remain neutral whilst 72% (47%+25%) of them disagree with the view that government policies are affecting their operations.

Inflation was said to be affecting supplier selection in public hospital by 9% (agreed) and 11% (strongly agreed) respondents. 2% remained neutral whilst 35% disagree and 43% strongly disagree that inflation affects supplier selection. 42% agree and 18% strongly agree that inflation is affecting supply chain activities including supplier selection in private hospitals, 26% disagree and 14% strongly disagree with the view that inflation affects supplier selection in private hospital.

Supplier selection in public hospitals is affected by outdated technology according to 58% of the respondents with 42% of them disagreeing with the view. Contrary, only 7% of respondents in private hospital agreed that outdated technology is affecting supplier selection activities, 3% remained neutral and 90% opposed the view

4.6 Chapter summary

The chapter presented data collected from respondents as thematic method was used to categorize similar data. Quota sampling was used to place respondents in different groups in accordance to their roles and responsibilities. Also note that the data was presented in different forms including pie charts, tables, bar graphs and columns. The next and final chapter focuses on summary of key findings, conclusion, recommendations and areas for further studies.

CHAPTER FIVE

5. Introduction

The previous chapter presented, analyzed and discussed data collected from respondents using different data collection methods. Data was categorized into various themes based on the grouping of similar views expressed by respondents. The presentation of research data was enriched through the utilization of visual aids such as pie charts, line graphs, and bar graphs. These graphical representations helped to effectively convey the findings and enhance the understanding of the research outcomes.

This chapter serves as the culmination of the research, providing conclusive remarks and a summary based on the findings. It also emphasizes recommendations regarding the impact of supplier selection on the performance of hospitals and other health institutions worldwide. These recommendations aim to provide actionable insights for decision-makers and stakeholders to optimize supplier selection processes, thereby enhancing the overall performance and efficiency of healthcare facilities globally.

5.1 Summary of key findings

The main objective of this study was to examine the effects of supplier selection on service delivery of public and private hospitals. Firstly, the study highlighted the inevitable contrast in supplier selection dynamics between the public and private hospitals. While Avenues Clinic benefits from greater autonomy, flexibility and financial resources to engage in strategic supplier partnerships, Parirenyatwa Hospital faces bureaucratic hurdles, limited budgetary allocations and political influences that hinder effective supplier selection and service delivery.

Secondly, the research underscored the role of efficient supplier selection practices in enhancing service delivery outcomes. Parirenyatwa Hospital's reliance on traditional procurement methods and limited supplier options often leads to delays, inefficiencies and compromises in service quality. In contrast, Avenues Clinic's ability to establish long-term relationships with reliable suppliers and negotiate favorable terms contributes to consistent and high-quality service provision.

The research further showed the current state of operations in both public and private hospitals. Also, the findings for this research revealed and affirmed that citizens are preferring services of private healthcare centers than Public Hospitals. Therefore, public hospitals should embrace supplier selection as an important measure to mitigate low service delivery that is inviting more private players in the industry. Government and public hospital senior officials should appreciate that supplier selection activities have a positive impact on service delivery in health industry. Finally, it was concluded that there is a general significant correlation between strategic supplier selection and services delivery in all hospitals in Zimbabwe.

In light of these findings, it is evident that addressing the challenges associated with supplier selection is paramount for improving healthcare service delivery in Zimbabwean hospitals, particularly in the public sector. Policy reforms aimed at streamlining procurement processes, enhancing transparency and allocating sufficient resources are essential steps towards achieving this goal.

5.2 Conclusion

This study provides a comparative analysis of the effects of supplier selection on service delivery in public and private hospitals in Zimbabwe. Specifically, the study focused on Parirenyatwa Hospital and Avenues Clinic. To achieve the set study objectives and answer the research questions, the study analyzed the current state of service delivery in public and private hospitals in Zimbabwe and examined the role played by supplier selection on service delivery at Parirenyatwa Hospital and Avenues Clinic. The study applied qualitative research methodology and collected data using questionnaires and in-depth interviews.

The findings reveal significant differences in supplier selection practices between the public and private sectors. The findings indicated that supplier selection has significant effects on availability of medical supplies and equipment. The findings also indicated that Parirenyatwa Hospital is experiencing shortages of medicines and equipment. This has been attributed to supplier selection, being constrained by bureaucratic procurement processes, limited budgetary flexibility and susceptibility to political influences, leading to a negative impact on service delivery. Conversely, Avenues Clinic, a private healthcare facility, stands out for its exemplary service delivery attributed to a well-aligned and efficient supplier selection strategy that ensures a steady supply of medical

resources. The clinic's success in this regard is underpinned by streamlined procurement procedures, enhanced financial autonomy and the establishment of enduring relationships with top-tier suppliers known for quality products. This study highlights the critical and universal importance of effective supplier selection in both public and private healthcare settings.

5.3 Recommendations

The research would like to make recommendations based on the research findings. The suggestions include the following;

5.3.1 Allocate sufficient resources

Governments and healthcare authorities should allocate sufficient financial resources to public hospitals to enable them to engage in strategic supplier selection and management. They can then acquire adequate medical supplies and equipment to boost service delivery. Adequate funding can help address budgetary constraints and enable hospitals to invest in high quality goods and services ultimately enhancing service delivery standards.

5.3.2 Promote public-private partnerships

The researcher encourages collaboration and knowledge sharing between public and private healthcare sectors to leverage the strengths of each other. Public hospitals can benefit from private sector expertise in procurement best practices while private institutions can contribute to the development of public healthcare infrastructure and capacity building initiatives.

5.3.3 Monitor and evaluate performance

Public hospitals officials can establish mechanisms for monitoring and evaluating the performance of supplier selection processes and service delivery outcomes on a regular basis. This can help identify areas for improvement, measure progress towards goals and ensure accountability in procurement practices.

5.3.4 Management autonomy

The government must take the crucial step of appointing officials to oversee the management of hospitals on their behalf, thus effectively minimizing political interference and bureaucratic obstacles. By empowering public hospitals with the autonomy to swiftly make independent

decisions and conduct supplier selection in a more professional manner, the healthcare system can operate more efficiently and effectively.

By implementing these recommendations, both public and private hospitals in Zimbabwe can optimize their supplier selection practices and improve service delivery outcomes, ultimately contributing to the overall advancement of healthcare quality and accessibility in the country.

5.4 Areas for further studies

Evaluation of the role of sustainability and social responsibility considerations in supplier selection and service delivery. Analyze how hospitals incorporate environmental, social, and governance (ESG) criteria into supplier evaluation criteria and the impact on overall service quality and community well-being.

Investigation on the influence of government procurement policies and regulations on supplier selection practices in public hospitals. Examine the effects of procurement laws, competitive bidding requirements, and preferential procurement policies on supplier diversity, cost-effectiveness, and service delivery outcomes.

5.5

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APPENDIX 1: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH

Bindura University of Science Education

P Bag 1020

Bindura

18 March 2024

The avenues Clinic

Corner Mazowe Street/Baines Avenue

P. O Box 4880

Harare, Zimbabwe

Dear Sir/ Madam

REF: APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH WITHIN THE AVENUES CLINIC

I am a student at Bindura University of Science Education pursuing a Bachelor of Commerce Honours in Purchasing and Supply. I would like to inquire for your permission to conduct my research within your company on the subject: **COMPARATIVE ANALYSIS OF THE EFFECTS OF SUPPLIER SELECTION ON OPERATIONAL PERFORMANCE OF PUBLIC AND PRIVATE HOSPITALS IN ZIMBABWE. A CASE OF PARIRENYATWA AND AVENUES CLINIC.** The data will be utilized solely to further the objectives of this research only.

Yours Faithfully

Tinashe Rusipambi

Approved by

Date.....

Bindura University of Science Education

P Bag 1020

Bindura

18 March 2024

Parirenyatwa Group of Hospital

Mazoe Street, Milton Park

Harare, Zimbabwe

Dear sir/Madam

**REF: APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH WITHIN
PARIRENYATWA HOSPITAL**

I am a student at Bindura University of Science Education pursuing a Bachelor of Commerce Honours in Purchasing and Supply. I would like to inquire for your permission to conduct my research within your company on the subject: **COMPARATIVE ANALYSIS OF THE EFFECTS OF SUPPLIER SELECTION ON OPERATIONAL PERFORMANCE OF PUBLIC AND PRIVATE HOSPITALS IN ZIMBABWE. A CASE OF PARIRENYATWA AND AVENUES CLINIC.** The data will be utilized solely to further the objectives of this research only.

Yours faithfully

Tinashe Rusipambi

Approved by.....

Date

APPENDIX 2: QUESTIONNAIRE
QUESTIONNAIRE



BINDURA UNIVERSITY OF SCIENCE EDUCATION

Promoting science education for human development

FACULTY OF COMMERCE

I am Tinashe Rusipambi, a student at Bindura University of Science Education. As part of my degree in Purchasing and Supply, I am conducting a research study on comparative analysis of the effects of supplier selection on operational performance of public and private hospitals in Zimbabwe. a case of Parirenyatwa and The Avenues clinic.

Please note that this questionnaire is strictly for academic purposes and your responses will be kept confidential. The information you provide will only be used for this research and will not be published. The study aims to provide valuable insights for improving procurement strategies in the future. Bindura University guarantees that your information will not be misused.

Your cooperation in filling the questionnaire and participation in this research is highly appreciated.

Please tick on the correct box and write your explanations on the space(s) provided

SECTION A: Demographics

1. Gender

Male ☐

Female ☐

2. Age group

25 and below ☐

26-35 years ☐

36-45 years ☐

46+ years ☐

3. Department

Operations	<input type="checkbox"/>
Finance	<input type="checkbox"/>
Administrations	<input type="checkbox"/>
Transport	<input type="checkbox"/>
Procurement	<input type="checkbox"/>

4. Years of service

0-10 Years ☐

11-15 years ☐

16-20 years ☐

21+ years ☐

5. Level of education

O & A Level Certificate	<input type="checkbox"/>
Undergraduates	<input type="checkbox"/>
Diploma	<input type="checkbox"/>
Degree	<input type="checkbox"/>
Masters+	<input type="checkbox"/>

SECTION B

6. Do you think that Supply selection processes at your hospital are effective in-service delivery? Tick in the correct box to share your view.

Effective	<input type="checkbox"/>	Ineffective	<input type="checkbox"/>
Neutral	<input type="checkbox"/>	Very Effective	<input type="checkbox"/>

7. Is procurement department independent in its operations and in decision making?

Agree	<input type="checkbox"/>	Strongly agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>	Strongly disagree	<input type="checkbox"/>

Support your answer.....
.....
.....
.....

8. Describe supplier selection process at your hospital

Efficient

Competitive

Transparent

Goal-aligned

9. How do you rate the level of service delivery in procurement department of your hospital?

High

Low

Moderate

Very low

10. Is the hospital attracting high profile suppliers?

Agree

Strongly agree

Disagree

Strongly Disagree

11. What are your recommendations in so far as supplier selection is concerned in at this hospital?

.....

.....

.....

.....

.....

12. What factors are currently affecting supplier selection at this hospital.

.....

.....

APPENDIX 3: INTERVIEW GUIDE

The following is a guideline of interview questions asked respondents at both hospitals:

1. What are the roles being played the procurement department of hospitals in improving its service delivery?
2. Are the supplier selection processes being carried out effectively and efficiently at this hospital?
3. What do you think is effect of supplier selection on performance of the hospital?

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