Quality of Medical and Counselling Services as Determinants of Students’ Satisfaction in Public Primary Teacher Training Colleges in Kenya

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Abstract
Although considered as havens of peace, public primary teacher training colleges (PPTTCs) in Kenya have witnessed an upsurge in students’ dissatisfaction which have been expressed through various forms of indiscipline in the recent past. Medical and counselling services are rarely considered as essential factors in enhancing students’ satisfaction in PPTTCs. The objectives of the study were to establish the relationship between quality of medical and counselling services and students’ satisfaction in PPTTCs. Cross sectional research design was used in the study. The target population was 3761 second year students in 21 PPTTCs in Kenya. Using 30%, 7 PPTTCs and 383 second year students were randomly selected for use in this study. Data collection was done using questionnaires. Validity was ascertained by the researcher appraising the instruments and with the aid of professional colleagues. Reliability of tools was calculated using Cronbach Alpha index and was found to be .83. Hypotheses were tested at an alpha level of 0.05. Data was analysed using Pearson r. The study established that there was significant relationship between quality of medical services and students’ satisfaction. However, there was no significant relationship between the quality of counselling services and students’ satisfaction in PPTTCs in Kenya. Findings are expected to inform PPTTCs management and other stakeholders on the need to invest in quality medical and counselling services.

Key words: Quality service, Students’ Satisfaction, Medical services, Counselling services

1. Introduction
Higher education in Kenya has experienced profound changes in the recent past. There has been a steady increase in the number of students seeking higher education as well as
an increase in the number of higher learning institutions (Sigala, 2004). This state of affairs has culminated in increased pressure of competition in the education sector with institutions focusing more on students’ satisfaction so as to have an edge over their competitors (Sepideh, Hadi & Mona, 2013). Evaluating the quality of services provided to students in higher learning institutions is critical for success (Kimani, Kagira & Kendi, 2011). Quality student services are critical indicators of institutional success and are antecedents of students’ satisfaction (Firdaus, 2005). Although medical and counselling services are not overtly academic, they play a critical role in students’ academic excellence. Most higher learning institutions mainly focus on academic services which are regarded as their core function at the expense of medical and counselling services. The latter are largely underfunded thus they serve a fraction of institutions and students (Leslie, 2015). This state of affairs often compromises the quality of medical and counselling services provided and as a result leads to students’ dissatisfaction. Students’ unrest in learning institutions in Kenya has been attributed to among other factors lack of or inadequate guidance and counselling services (Muli, 2012).

2. Background to the Study
The principle for enhancing educational quality entails continuous improvement by focusing on students’ interests in order to increase their satisfaction. This can only be realized through provision of quality student services (Nabwire, Marcella & Musamas, 2014) such as counselling and medical services. Elliott and Shin (2002) assert that student satisfaction is shaped continually by repeated experiences in the learning environment. In light of this, provision of quality medical and counselling services would enhance students’ satisfaction. According to Oldfield and Baron (2000), for higher education institutions to deliver high quality service to satisfy students, they must focus on what their students want instead of focusing on what institutions consider as important. This would in turn lead to students’ loyalty, retention, motivation and good academic grades (Abdullah, 2006; Elliott et al., 2002; Nadiri Jay, & Kashif, 2009 & Voss Voss, Gruber & Szmigin, 2007).

Given that PPTTCs in Kenya largely depend on students’ fees for their operations, they are obliged to regard students as clients who deserve to be provided with quality services. Kafu (2011) further asserts that facilities and resources in PPTTCs are in a pathetic state, inadequate, obsolete, dilapidated and unsuitable for producing competent teachers. This raises concern about students’ satisfaction with delivery of quality student services which are an essential part of the learning experience. On the crucial role played by counselling services in learning institutions, Day (2004) asserts that it enhances students’ academic achievement and enables learning institutions to have more positive climates.

3. Statement of the Problem
With an ever growing assortment of educational options in Kenya, students seek institutions that will provide them with quality services to satisfy their needs. The status of resources for preparing students in PPTTCs is wanting which may lead to students’ dissatisfaction. In light of this, students’ dissatisfaction with service quality has been expressed through various forms of indiscipline which have become rampant in the recent past (Simatwa, 2012). The management of student discipline in PPTTCs in Kenya has been explored but the underlying causes of students’ dissatisfaction have not been
investigated exhaustively (Mutua & Thingur, 2014). Quality of student medical and counselling services are seldom considered as a significant in enhancing students’ satisfaction in PPTTCs in Kenya.

4. Hypotheses
The hypotheses of the study were:

**H₀₁:** There is no significant relationship between quality of medical services and students’ satisfaction in public primary teacher training colleges in Kenya.

**H₀₂:** There is no significant relationship between quality of guidance and counselling services and students’ satisfaction in public primary teacher training colleges in Kenya.

5. Literature Review
Guidance and counselling is an integral service in every education institution since learners require support in all aspects of their lives. For students to reap benefits of learning and realize their academic goals, effective support through quality guidance and counselling services is of utmost importance (Njoka & Cajertane, 2014). But more important is the training the counsellors get especially in the use of ICT for them to perform their job well (Chepkonga, 2015). Students’ personal problems are a major impediment to their academic pursuits thus provision of quality guidance and counselling services can enhance their academic achievement and also enable learning institutions to have more positive climates (MDRC, 2004; Day, 2004). Ineffective guidance and counselling services is a hindrance to effective teaching and learning and may lead to student’ unrest and other anti social behaviour among students (Gudo, Olel & Oada, 2011).

Voluntary consulting with the guidance and counselling department by students is very low in Kenya (Mutunga, 2003). This is attributed to lack of trust, fear of being victimized and poor counselling environment. Furthermore, a report on guidance and counselling at all levels of the education system in Kenya established that guidance and counselling remained a very weak component in most learning institutions. Where it was provided, it was undertaken in a haphazard manner. This was attributed to teachers involved as counsellors not being trained thus they had no professional competence in the subject while others were overwhelmed by high workload which compromised their delivery of guidance and counselling services to students (Republic of Kenya,1999). By providing quality guidance and counselling services in PPTTCs, students are empowered to deal with career decisions, interpersonal relationships, identity problems, educational plans and other concerns related to becoming self-directed persons (Mwiti, 2005).

According to Lagrosen (2003), the efficiency of medical services often depends on the quality of services provided towards the customer or patient. In light of this, service providers in PPTTCs in Kenya must ensure that the quality of medical services always perfectly meet students’ needs. Medical services provided can increase students’ satisfaction by emphasizing students’ orientation in medical service quality such as medical structure, medical process and medical outcome. Studies by (Jabnoun and Khalifa 2005; Saravanan and Rao 2007; Shahin and Samea 2010), found out that providing excellent service quality and high customer satisfaction is one of the most
important issues challenging today’s medical service industry. According to Yap and Sweeney (2007), students may expect to experience efficiency, helpfulness, reliability and confidence from medical service staff as an indication of the staff’s personal interest in their patronage. In such case, if students’ perceptions on medical services are the same as their expectations, the service will be considered good and if expectations are not met, the service will be considered poor thus dissatisfying. Moreover, a study by Anderson (1995) on quality of services provided by University of Houston established that factors affecting health service quality that contribute mostly to students’ satisfaction include medical staff attitudes towards the students and cleanliness of the medical facilities. This is in line with Gori (2015) who found out that the quality of human resources is paramount to service delivery in organizations.

6. Methodology
This study was carried out in public primary teacher training colleges in Kenya. The target population was 21 PPTTCs with a total population of 3761 second year students. Using 30%, seven PTTCs were randomly selected out of which 383 students were selected to form the sample for the study. The study adopted a cross-sectional research design which involves analysis of data collected from a representative subset of the population at one specific point in time (Schmidt & Kohlmann, 2008). This design was preferred because it is appropriate in obtaining information about preferences, attitudes, practices and concerns or interests of a particular group as was the case in the study. A questionnaire which had two different sets of questionnaire items to cater for quality of medical and counselling services was used to collect data from the sampled students. A students’ satisfaction survey tool was also used. Data were analyzed using Pearson product-moment correlation analysis with the help of Statistical Package for Social Sciences (SPSS). Interpretation of results were based on α (0.05), 331 degrees of freedom (df), observed r-values and r-critical of 0.087 while results were presented using Tables.

7. Questionnaire’s Validity and Reliability
In line with Gall, Gall and Borg (2003) recommendation, content validity of the tools was ascertained by the researcher appraising the instruments for clarity and eliminating any form of ambiguity by making corrections where necessary. In this regard, professional advice was sought. This was to ensure that all variables under study were covered in the questionnaires thus ensuring face and content validity. To determine the reliability of the instruments, a pilot study was conducted in the 10% of the target population. In this case, questionnaire items were subjected to a chronbach’s alpha index which was found to be .79. This improved to .83 in the actual study.

8. Presentation of Data Results and Discussion
Hypothesis one was testing whether there is a significant relationship between medical services and students’ satisfaction in PPTTCs in Kenya. To test this relationship, Pearson product moment correlation analysis was done that involved the independent variable (medical services) which had a mean of 3.17 and a standard deviation of .42 and dependent variable (students’ satisfaction) which had a mean of 2.37 and a standard deviation of .722 as shown in Table 1. The Pearson r test analysis produced an r-value of - .501 and a p-value of .000 as shown in Table 2. At 331 df, r critical at α.05=0.087. thus r
value of -.501 is less than \( r \) critical 0.087. In view of the results presented in Table 2, a higher percentage of respondents were of the opinion that quality of medical services is critical in enhancing students’ satisfaction in PPTTCs in Kenya.

The second hypothesis was testing whether there is a significant relationship between quality of counselling services and students’ satisfaction in PPTTCs in Kenya. Pearson product moment correlation analysis was used to test the relationship between variables. This involved the independent variable (Guidance and counselling services) which had a mean of 3.52 and a standard deviation of .28 and dependent variable (students’ satisfaction) which had a mean of 2.37 and a standard deviation of .722 as shown in Table 1. The Pearson’s \( r \) test analysis produced an \( r \)-value of .646 and a \( p \)-value of 0.163 as shown in Table 3. At 331 df, \( r \) critical at \( \alpha \).05 = 0.087. The results show that \( r \) value of .646 is greater than \( r \) critical 0.087 at 333 df (see Table 3). From the results presented in Table 3, it is evident that most of the respondents there were of the opinion there is no significant relationship between quality of accommodation services and students’ satisfaction in PPTTCs in Kenya.

### Table 1

*Means and Standard Deviation for Study Variables*

<table>
<thead>
<tr>
<th>Sub-scale</th>
<th>Mean Total Sub-scale Scores</th>
<th>SD</th>
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<tbody>
<tr>
<td>Medical</td>
<td>3.17</td>
<td>.42</td>
</tr>
<tr>
<td>Counselling</td>
<td>3.52</td>
<td>.28</td>
</tr>
<tr>
<td>Students’ satisfaction</td>
<td>2.37</td>
<td>.722</td>
</tr>
</tbody>
</table>

### Table 2

*Pearson Correlation Analysis on Medical Services and Students’ Satisfaction in PPTTCs*

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<thead>
<tr>
<th></th>
<th>Medical Services</th>
<th>Students Satisfaction</th>
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</thead>
<tbody>
<tr>
<td>Medical services</td>
<td>Pearson Correlation: -501**</td>
<td>-501**</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>Sig. (2-tailed)</td>
<td>N</td>
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<td></td>
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<td>1</td>
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<tr>
<td>Students Satisfaction</td>
<td>Pearson Correlation: -501**</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>Sig. (2-tailed)</td>
<td>N</td>
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<td></td>
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<td>333</td>
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</tbody>
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\( P < 0.05 \) (2-tailed); \( df = 331 \); critical \( r \) = 0.087

### Table 3

*Pearson Correlation Analysis on Guidance and Counselling Services and Students’ Satisfaction*

<table>
<thead>
<tr>
<th></th>
<th>Counselling Services</th>
<th>Students Satisfaction</th>
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<tbody>
<tr>
<td>Counselling Services</td>
<td>Pearson Correlation: .646**</td>
<td>.646**</td>
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<tr>
<td>Sig. (2-tailed)</td>
<td>Sig. (2-tailed)</td>
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\( P < 0.05 \) (2-tailed); \( df = 331 \); critical \( r \) = 0.087
9. Research Findings and Interpretation of Results for Each Hypothesis

**Hypothesis 1**
The first hypothesis stated that there is a significant relationship between quality of medical services and students’ satisfaction in public primary teacher training colleges in Kenya. According Pearson’s $r$ analysis, the $p$ and $r$-values were compared with 0.05 and critical $r$ for interpretation of results. Based on $\alpha$ (.05), degrees of freedom ($df$) 331, $r$-critical = 0.087, results displayed in Table 2 indicate that $r (-.501) < 0.087$, $p (.000) < 0.05$. This indicates that there is a significant relationship between quality of medical services and students’ satisfaction in PPTTCs in Kenya. Based on the findings, the null Hypothesis was rejected. This led to the interpretation that there was a significant relationship between the quality of medical services and students’ satisfaction in public primary teachers training colleges in Kenya.

**Hypothesis 2**
The second hypothesis stated that there is no significant relationship between quality of guidance and counselling services and students’ satisfaction in public primary teacher training colleges in Kenya. Like the first hypothesis, Pearson’s product moment analysis was done. The $p$ and $r$ values were compared with 0.05 and critical $r$. Results in Table 3 show that $r (.646) > 0.087$, $p (0.163) > .05$ at a $df$ of 331. In view of the findings, the researcher failed to reject the null hypothesis. This led to the conclusion that there is no significant relationship between quality of counseling services and students’ satisfaction in PPTTCs in Kenya.

10. Discussions
Although the core business of PPTTCs in Kenya is teacher training aimed at availing competent teachers to transmit knowledge and skills to pupils once they graduate, these institutions cannot realize this objective without taking into consideration students services such as counseling and medical services. Available literature on medical services in learning institutions indicates that students are mainly concerned with the attitude and competence of medical staff, cleanliness of the medical facility, waiting time at the medical facility as well as availability of medicine. According to the guidelines from the ministry of education, students in all PPTTCs in Kenya should reside in their respective colleges. As such, primary medical services ought to be provided to enhance students’ participation in the learning process and subsequently to enhance their satisfaction. To ensure quality medical services are provided, specific standards and regulations should be met and maintained. This can only be done by recruiting qualified medical personnel and ensuring adequate medical supplies are availed.

Counseling services are critical in ensuring that students are able to adjust to college life as well as achieving good learning outcomes. Students require support in all aspects of their lives. Unsatisfactory counseling services contribute to deviant behavior among students and are often attributed to students’ unrest and various forms of anti social behavior. Available literature indicates that students’ personal challenges can be a major
impediment to their academic goals and career hence the need for quality counseling services. Capacity building of counselors in PPTTCs to ensure they render quality services to students cannot be gainsaid. Though counseling services are very significant in enhancing students’ well being, they are regarded as secondary services in most learning institutions. As a result, some students’ perceive them as inconsequential to their overall well being and satisfaction. As a result, such students rarely seek the services thus they miss out on the benefits that accrue to such services. This can in turn lead to deviant behavior and poor academic achievement which if not addressed adequately can lead to high student dropout rates.

11. Summary and Conclusions
The purpose of this study was to find out the relationship between quality of medical and counselling services and students’ satisfaction in PPTTCs in Kenya. To establish this, a survey research design and quantitative research methodology were employed. Questionnaires were used to collect data from 383 second year students from 7 randomly selected PTTCs in Kenya. Data was analyzed using Pearson product-moment correlation coefficient analysis with the help of SPSS software. Findings revealed that there was a significant relationship between quality of medical and students’ satisfaction in PPTCs in Kenya. However, the study established that there is no significant relationship between quality of counselling services and students’ satisfaction in PPTCs in Kenya. The latter findings on counselling services raises concern on the role of college management and the counselling department in PPTTCs in creating awareness about the services they offer to students. From the findings of the study, the implication is that for PPTTCs in Kenya to have a competitive edge, provision of quality medical and counselling services is critical. The better the quality of medical and counselling services, the more satisfied students will be. This will lead to better learning outcomes for students and cohesion between staff and the students.

12. Recommendations and Further Research
In view of the findings from the study, the following recommendations were made:

- PPTTCs management and staff should sensitize students concerning guidance and counselling services available in the institution. Increasing the level of publicity of guidance and counselling services will enable students to benefit by empowering them to cope with college life and other challenges.
- Like other critical services, guidance and counselling should be funded appropriately. To enhance effectiveness of the counsellors, capacity building is recommended as well as reasonable workload for them to have ample time to attend to students.
- Competent medical personnel should be recruited and adequate medical supplies should be provided in PPTTCs to cater for students’ medical needs.
- Medical services in PPTTCs should be improved to meet students’ expectations. Students should also be sensitised on the medical services that the college can offer to avoid dissatisfaction that may emanate from students’ ignorance.
12. Suggestions for Further Research
In view of the findings of the study, the following recommendations were made:

i) Relationship between counselling services and students’ academic achievement in PPTTCs in Kenya

ii) Capacity building of counselors in PPTTCs as a precursor for quality service delivery.

iii) Challenges impeding quality service delivery in PPTTCs in Kenya

iv) A study on challenges facing PPTTCs in Kenya in provision of quality medical services.

References


