



Addis Ababa University Addis Ababa University
College of Business & Economics
School of Commerce

**ASSESSMENT OF FACTORS AFFECTING PROJECT QUALITY
IMPLEMENTATION IN GULELE SUB CITY HEALTH
CENTERS IN ADDIS ABABA, ETHIOPIA**

By: Amanuel Yoseph (MD, MPH)

**A Project Work Submitted to Graduate Program of Addis Ababa
University School of Commerce in Partial Fulfillment of the
requirements for the award of Degree of Master of Arts in
Project Management**

Advisor: Solomon Markos (Ph. D)

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DECLARATION

I hereby declare that this project paper entitled on “Assessment of factors affecting project Quality implementation in Gulele sub-City health centers in Addis Ababa, Ethiopia”, has been carried out by me under the guidance and supervision of Solomon Markos (Ph. D).

The project work is original and has not been submitted for the award of any degree or diploma to any university or institutions.

Researcher's Name

Date

Signature

CERTIFICATE

This is to certify that the project paper entitled "*Assessment of factors affecting project Quality implementation in Gulele sub-City health centers in Addis Ababa Ethiopia*", submitted to Addis Ababa University School of Commerce for the award of Master of Arts in Project Management, is a record of bona fide research work carried out by **Amanuel Yoseph** under our guidance and supervision.

We hereby declare that no part of this project work has been submitted to any other university or institution for the award of any degree or diploma.

Adviser's Name

Date

Signature

**Addis Ababa University School of Commerce Graduate Studies
Examiners' Approval Sheet**

As members of the Board of Examiners of the final master's degree open defense, we certify that we have read and evaluated the project paper carried out by **Amanuel Yoseph** under the title *"Assessment of factors affecting project Quality implementation in Gulele sub-City health centers in Addis Ababa Ethiopia"* and recommend that it be accepted as fulfilling the project requirement for the degree of Master of Arts in Project Management.

Name of Internal Examiner

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23/06/24

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Acronyms

CQI	Continuous Quality Improvement
FDRE	Federal Democratic Republic of Ethiopia
FMOH	Federal Ministry of Health
IHI	Institute of Health Care Implementation
NHQS	National Health Quality Strategy
PMBOK	Project Management Body of Knowledge
PM	Project Management Institute
PDSA	Plan-Do-Study-Act
QI	Quality Improvement
SPSS	Statistical Package for the Social Sciences
TQM	Total Quality Management

ABSTRACT

This study aims to assess the factors influencing the project quality implementation in Gulele Sub City Health Centers. The research design employed in this study was an explanatory research design with a quantitative approach. The target population consisted of all healthcare professionals and supporting staffs directly involved in project activities within Gulele Sub City Health Centers. Purposive sampling was used to select Gulele Sub City from all sub-cities in Addis Ababa, and subsequently, systematic sampling was applied to select the participants. Out of the 292 questionnaires distributed, 292 responses were received, resulting in a response rate of 100%. The collected data was analyzed using SPSS version 28 software. The findings of this study indicate that the four factors under investigation leadership, resource allocation, organizational culture, and stakeholder engagement exhibit significant and positive relationships with project quality implementation. Among these factors, leadership exerts the strongest relative influence on project quality implementation, suggesting its critical role in successful project outcomes. Conversely, organizational culture has the weakest influence among the independent variables, although it still positively impacts project quality implementation. Based on the study findings, this project paper recommends that health centers invest in leadership development programs to enhance project quality implementation. Furthermore, fostering a positive organizational culture that encourages collaboration, innovation, and a commitment to excellence is crucial. Lastly, developing a comprehensive stakeholder engagement strategy involving relevant parties throughout the project lifecycle is essential for improving project quality implementation in health centers.

Keywords: project quality implementation, healthcare, Gulele Sub City, leadership, resource allocation, organizational culture, stakeholder engagement

CHAPTER ONE

1. INTRODUCTION

1.1. Background of the Study

A project is a temporary endeavor undertaken to create a unique product, service, or result. The temporary nature of projects indicates a definitive beginning and end, with closure achieved upon meeting the project's objectives or when termination is necessary due to unmet or obsolete goals (PMI, 2008). The Project Management Institute (2000) emphasizes that successful project implementation necessitates close collaboration with clients to ensure timely delivery. Moreover, numerous studies have highlighted the critical role of various factors influencing project quality implementation in healthcare settings. Effective leadership stands out as a fundamental driver of quality improvement initiatives (Kaplan et al., 2010). Strong leadership not only provides direction and sets clear goals but also fosters a culture of accountability and continuous improvement within healthcare organizations. However, in the absence of effective leadership, project quality implementation may be compromised, potentially resulting in suboptimal outcomes for patients and communities.

Furthermore, Jiang et al. (2014) emphasize that the allocation of sufficient resources is crucial for supporting project activities and ensuring successful implementation. Resources, comprising financial, human, and material aspects, play integral roles in healthcare project management. Financial resources are essential for funding project initiatives, procuring necessary equipment and supplies, and maintaining ongoing operations (Smith, 2020). Human resources, including skilled personnel and manpower, are vital for executing project tasks, implementing interventions, and delivering healthcare services effectively (Johnson & Brown, 2018). Material resources, such as infrastructure, facilities, and technology, are critical for facilitating project operations and enhancing service delivery (Gupta, 2016). It is noteworthy that a scarcity of resources can significantly impede the execution of project plans, hinder progress, and compromise the quality of healthcare services provided to the community (Jiang et al., 2014).

Organizational culture plays a crucial role in shaping the success of project quality implementation within healthcare settings (Fisher et al., 2017). A positive organizational culture characterized by shared values, norms, and beliefs fosters an environment where employees are motivated to actively engage in project activities and contribute to quality improvement efforts. When

healthcare professionals feel a sense of alignment with the organization's mission and values, they are more likely to demonstrate commitment to delivering high-quality care and embracing innovative approaches to project implementation. This positive culture not only enhances employee morale and job satisfaction but also cultivates a collaborative and supportive atmosphere conducive to achieving project goals effectively.

Conversely, a negative or dysfunctional organizational culture can pose significant barriers to project quality implementation (Fisher et al., 2017). In environments where there is a lack of clarity in organizational goals, conflicting values, or poor communication channels, healthcare professionals may feel disengaged and demotivated to participate in quality improvement initiatives. This can result in resistance to change, limited collaboration among team members, and a general reluctance to adopt new practices or technologies essential for project success. Moreover, a toxic organizational culture characterized by distrust, blame-shifting, or lack of transparency can create an atmosphere of negativity that undermines morale and stifles innovation, ultimately impeding the successful implementation of quality improvement projects.

Effective leadership is instrumental in shaping and nurturing a positive organizational culture conducive to project quality implementation (Fisher et al., 2017). Leaders who prioritize open communication, transparency, and employee empowerment can inspire trust and confidence among healthcare professionals, fostering a culture of accountability and continuous learning. By providing clear direction, recognizing and rewarding achievements, and promoting a collaborative approach to problem-solving, effective leaders can create an environment where teams feel motivated and supported to strive for excellence in project implementation. Additionally, leadership commitment to fostering a culture of quality and safety sends a powerful message throughout the organization, reinforcing the importance of project quality implementation and encouraging staff engagement in continuous improvement efforts.

Additionally, effective stakeholder engagement is essential for identifying needs, garnering support, and ensuring the sustainability of healthcare projects (Jiang et al., 2014). Stakeholders, including healthcare professionals, patients, community members, government agencies, and other relevant parties, play instrumental roles in project implementation. Engaging stakeholders throughout the project lifecycle ensures that their perspectives are considered, priorities are aligned, and collective efforts are directed towards achieving project goals.

Therefore, this study seeks to assess the factors affecting project quality implementation in these settings. By identifying barriers and facilitators, this research aims to provide valuable insights for policymakers, healthcare administrators, and project managers to enhance project quality implementation and improve healthcare delivery outcomes in Gulele Sub City.

1.2. Statement of the Problem

The quality implementation of projects plays a pivotal role in determining the success of any organization, influencing its efficiency, effectiveness, and overall performance (Smith & Johnson, 2019). However, the successful implementation of projects can be influenced by various factors, necessitating a thorough understanding of these elements to achieve desired outcomes (Brown et al., 2020). Despite the acknowledgment of the significance of project quality implementation, there remains a gap in comprehensive research that evaluates the diverse factors affecting it across different organizational contexts (Jones & Gupta, 2018).

One of the primary challenges in project quality implementation is the lack of effective leadership (Kaplan et al., 2010). Leadership plays a critical role in setting the vision, providing direction, and creating a supportive environment for project teams. Without strong and committed leadership, [projects may lack clear goals, encounter communication breakdowns, or face resistance to change, all of which can hinder successful implementation.

Resource allocation is another significant factor that influences project quality implementation (Jiang et al., 2014). Insufficient resources, whether financial, human, or material, can impede project progress and compromise its quality. Projects may face budget constraints, staffing shortages, or inadequate infrastructure, leading to delays, cost overruns, or reduced project scope. Understanding resource needs and ensuring their effective allocation is essential for overcoming these challenges.

Organizational culture also plays a crucial role in project quality implementation (Fisher et al., 2017). A positive organizational culture characterized by collaboration, innovation, and a commitment to excellence fosters an environment conducive to successful project implementation. Conversely, a negative or dysfunctional culture, marked by resistance to change, bureaucratic processes, or lack of accountability, can impede progress and undermine project success.

Stakeholder engagement is essential for ensuring project success (Jiang et al., 2014). Engaging stakeholders, including project sponsors, team members, end-users, and external partners, fosters buy-in, promotes alignment of goals, and enhances project support. However, ineffective stakeholder engagement, such as inadequate communication, exclusion of key stakeholders, or conflicting interests, can lead to misunderstandings, resistance, and project failure.

Project management practices also influence project quality implementation (Kaplan et al., 2010). Effective project management encompasses various activities, including planning, organizing, executing, and monitoring projects to ensure they meet their objectives. Project managers must possess the necessary skills, knowledge, and tools to manage project scope, schedule, budget, and resources effectively. However, inadequate project management practices can lead to scope creep, schedule delays, budget overruns, or poor-quality deliverables.

Technological factors can impact project quality implementation as well (Fisher et al., 2017). Advancements in technology offer opportunities to streamline processes, enhance collaboration, and improve project outcomes. However, organizations must ensure they have the right technology infrastructure, tools, and systems in place to support project activities. Technical issues, such as compatibility issues, data security concerns, or system failures, can disrupt project progress and compromise its quality.

Project complexity poses a significant challenge to project quality implementation (Jiang et al., 2014). Complex projects involve numerous interdependencies, stakeholders, and variables, making them more susceptible to risks and uncertainties. Managing project complexity requires careful planning, coordination, and risk management to ensure project success. However, inadequate understanding or underestimation of project complexity can lead to project failures or suboptimal outcomes.

Furthermore, external factors, such as regulatory requirements, market conditions, or geopolitical events, can influence project quality implementation (Kaplan et al., 2010). Organizations must navigate various external factors that may impact their projects, including changes in laws or regulations, economic fluctuations, or global crises. Adapting to external changes and managing associated risks is essential for ensuring project success and maintaining organizational resilience.

Despite the recognition of these factors, there is a lack of comprehensive research that assesses their impact on project quality implementation across different organizational contexts. Existing studies often focus on specific industries, sectors, or types of projects, limiting their generalizability and applicability to other contexts. Therefore, there is a need for research that to provide valuable insights into the challenges and opportunities for enhancing project quality implementation and improving healthcare delivery outcomes in the region. Through a thorough assessment of these factors, policymakers, healthcare administrators, and project managers can develop targeted strategies to address gaps and drive meaningful improvements in healthcare quality and patient care within Gulele Sub City Health Centers.

Understanding the factors influencing project quality implementation is essential for developing strategies to enhance project success and organizational performance. By identifying barriers and facilitators, organizations can implement targeted interventions to address challenges, leverage opportunities, and improve project outcomes. Moreover, research in this area can contribute to the development of best practices, frameworks, and guidelines for effective project management and quality improvement across health care sectors.

In line with the problem, research questions are raised here under:

1. What is the impact of leadership on project quality implementation in Gulele Sub City Health Centers?
2. How does resource allocation influence project quality implementation in Gulele Sub City Health Centers?
3. What is the relationship between organizational culture and project quality implementation in Gulele Sub City Health Centers?
4. How does stakeholder engagement influence project quality implementation in Gulele Sub City Health Centers?

1.3. Objectives of the Study

1.3.1. General objective

To assess the factors influencing project quality implementation within Gulele Sub City Health Centers, Addis Ababa, Ethiopia

1.3.2. Specific Objectives

Based on the general objective, the following specific objectives are expected to be achieved:

- ☞ To assess the impact of leadership on project quality implementation across Gulele Sub City Health Centers.
- ☞ To investigate the influence of resource allocation on project quality implementation in Gulele Sub City Health Centers.
- ☞ To explore the relationship between organizational culture and project quality implementation in Gulele Sub City Health Centers.
- ☞ To examine the impact of stakeholder engagement on project quality implementation across Gulele Sub City Health Centers.

1.4. Significance of the study

- ☞ By identifying and addressing factors that affect project quality implementation, this study has the potential to contribute to the enhancement of healthcare quality within Gulele Sub City Health Centers.
- ☞ The findings of this study can help healthcare administrators and project managers optimize resource allocation and utilization within Gulele Sub City Health Centers.
- ☞ This study can provide insights into effective leadership practices that promote project quality implementation within healthcare settings. Healthcare administrators and leaders can use these insights to enhance leadership capabilities, foster a culture of accountability and innovation, and create a supportive environment for project teams, ultimately improving project outcomes.
- ☞ By examining stakeholder engagement practices, this study can help improve collaboration and communication among stakeholders involved in project implementation. Enhanced stakeholder engagement can lead to increased buy-in, alignment of goals, and improved project support, ultimately contributing to the success of project initiatives.

- ☞ Finally, this study contributes to the body of knowledge on project quality implementation within healthcare settings, particularly in the context of Gulele Sub City Health Centers. By synthesizing findings and identifying common themes and patterns, this research provides valuable insights that can inform future research efforts and contribute to the advancement of knowledge in this field.

1.5. Scope of the Study

The scope of this study encompasses an in-depth assessment of factors influencing project quality implementation within Gulele Sub City Health Centers in Addis Ababa Ethiopia. Specifically, the study focuses on understanding the various factors that contribute to or hinder the successful implementation of quality improvement projects within Gulele Sub City Health Centers. The study considers a range of factors, including leadership, resource allocation, organizational culture, stakeholder engagement, project management practices, technological factors, and external influences.

The scope of the study encompasses the following aspects:

- ☞ The study will examine a wide range of factors that impact project quality implementation within Gulele Sub City Health Centers. These factors may include but are not limited to leadership styles, resource allocation practices, organizational culture, stakeholder engagement, project management strategies, technological factors, and external influences.
- ☞ The research was conducted within the context of Gulele Sub City Health Centers, which serve as the primary focus of the study. The scope includes all departments, units, and facilities within the health centers where quality improvement projects are implemented.
- ☞ The scope of the study includes participation from various stakeholders involved in project implementation within Gulele Sub City Health Centers. This may include healthcare administrators, project managers, healthcare professionals, frontline staff, patients, community representatives, and government officials.
- ☞ The research will adhere to ethical guidelines and principles in research conduct, including obtaining informed consent from participants, ensuring confidentiality and anonymity, and minimizing potential harm or risks. Ethical considerations were paramount throughout all stages of the research process.

1.6. Limitations of the Study

While every effort is made to conduct rigorous research, it is important to acknowledge potential limitations that may impact the validity, reliability, and generalizability of the findings. The following are limitations of the study:

- ☞ The study's sample size may be limited due to practical constraints such as time, budget, and access to participants. A small sample size may limit the generalizability of the findings to the broader population of stakeholders within Gulele Sub City Health Centers.
- ☞ Participants may provide responses that they perceive as socially desirable rather than reflecting their true opinions or experiences. This bias could impact the validity of the data collected, particularly in sensitive or controversial areas.
- ☞ The study is confined to Gulele Sub City Health Centers, limiting the generalizability of the findings to other healthcare settings or regions. Factors specific to Gulele Sub City Health Centers may not be applicable to different contexts, thereby limiting the external validity of the study.
- ☞ The research is conducted within a specified time frame, which may limit the depth and breadth of data collection and analysis. Time constraints could affect the thoroughness of the research process and the comprehensiveness of the findings.
- ☞ Data collection may be subject to challenges such as participant availability, willingness to participate, and access to relevant documentation. These challenges could impact the completeness and reliability of the data collected.
- ☞ The study may be limited by resource constraints, including funding, personnel, and access to relevant information sources. These constraints could impact the scope of the research and the depth of analysis conducted.

Despite these limitations, efforts are made to mitigate their impact through careful study design, data collection methods, and analysis techniques. By acknowledging these limitations upfront, the study aims to provide a transparent and honest assessment of factors affecting project quality implementation in Gulele Sub City Health Centers, thereby contributing to the understanding of healthcare management and quality improvement in this context.

1.7. Organization of the Study

The structure of the paper is organized as follows:

- ☞ Chapter One deals with introductory parts of the study, which includes: the introduction itself, background of the study, statement of the problem, research objectives, general objective, specific objectives, significance of the study, scope of the study, and finally, limitation of the study.
- ☞ Chapter Two presents related literature reviews both theoretical and empirical, which are relevant to the research in connection with factors affecting project quality implementation.
- ☞ Chapter Three focuses on methodology of the study. It includes description of study area, research design, target population, data source and type, data collection methods, data process and analysis.
- ☞ Chapter Four shows results and discussion, which includes multiple regression and different testing. Testing includes the multicollinearity test, the ANOVA test, the F- test, and the Chi-Square test. In this chapter, relevant procedures and meaningful test results are seen and discussed; finally,
- ☞ Chapter Five is presented by incorporating summary, conclusion and recommendations based on earlier findings and relevant literatures of the study.

CHAPTER TWO

LITERATURE REVIEW

2. Introduction

This section covers review of literature from different scholars and authors that have been reviewed in project management with special focus on project quality implementation. It deals with theoretical, empirical, and conceptual findings of various researcher's concepts related to projects, project management, quality improvement, quality implementation principles, and factors that affect project quality implementation. It deals with the review of related literature gathered from different secondary sources such as published books, articles and related websites. In this regard, efforts were exerted to include as much significantly related literatures as possible by reviewing available documents that exhibits points, targeting at the attainment of the research objectives.

2.1. Theoretical Review

According to McDonald. et al (2004) theory describes and explains what is observed and why it happens. It expands on the “what” question by addressing “how” and “why” these quality improvement (QI) strategies or their components might or might not be effective, and under what conditions (“when” and “where”). This section briefly outlines three theories that can help in understanding the quality implementation and also can be used in designing interventions to modify interactions among individual patients, health care providers, and the organizations they function within. Additionally, basic quality concept is also included. Furthermore, the concept of project and project implementation structure was described briefly.

2.1.1. Classical theory of change

The classical theory of change, originating from the field of organizational development, offers fundamental insights into understanding how change occurs within organizations. Rooted in early management theories, particularly those of Frederick Taylor and Henri Fayol, the classical theory of change posits that change is a rational, linear process that can be managed through careful planning, coordination, and control (Burrell & Morgan, 1979).

According to this theory, change is typically initiated by top management in response to external pressures or internal needs for improvement. The process begins with identifying a problem or opportunity for change, followed by thorough analysis and planning to develop a detailed change

strategy. Implementation involves clearly communicating the change vision, mobilizing resources, and managing resistance through persuasive leadership and incentives.

The classical theory of change emphasizes the importance of hierarchy, authority, and formal structures in driving change. Change efforts are typically top-down, with directives flowing from senior management to lower levels of the organization. Communication is predominantly one-way, with little input or involvement from employees in the change process.

While the classical theory of change has been influential in shaping management practices, it has also been criticized for its mechanistic view of organizations and its limited consideration of human factors in change processes. Critics argue that this approach overlooks the complexities of organizational dynamics, individual motivations, and the social context within which change occurs (Burnes, 2004).

Despite its limitations, the classical theory of change remains relevant in certain contexts, particularly in highly structured organizations where change initiatives require strict control and coordination. However, contemporary approaches to change management increasingly recognize the importance of employee engagement, empowerment, and participatory processes in driving successful change outcomes (Cameron & Green, 2015).

In conclusion, the classical theory of change provides a foundational understanding of change management processes, emphasizing rational planning and control. While it offers valuable insights into managing change in structured environments, it is important to complement this approach with more human-centered and adaptive strategies to effectively navigate the complexities of modern organizational change.

2.1.2. Planned Models of Change

Planned models of change refer to structured approaches used by organizations to systematically plan, implement, and manage change initiatives. These models provide frameworks and methodologies to guide organizations through the process of initiating and sustaining change. Several well-known planned models of change have been developed over the years, each offering unique perspectives and methodologies for managing organizational change effectively. Here are some prominent examples:

- 1) Lewin's Change Management Model: Developed by Kurt Lewin in the 1940s, this model is one of the earliest and most widely recognized planned models of change. Lewin proposed a three-stage process of change: unfreezing, changing, and refreezing. Unfreezing involves preparing the organization for change by creating awareness and overcoming resistance. The change stage involves implementing the desired changes, and refreezing involves stabilizing the changes and integrating them into the organization's culture (Lewin, 1947).
- 2) Kotter's 8-Step Change Model: John Kotter, a Harvard Business School professor, developed this model to help organizations navigate large-scale change initiatives. The model consists of eight sequential steps: creating a sense of urgency, forming a powerful coalition, creating a vision for change, communicating the vision, empowering employees to act on the vision, generating short-term wins, consolidating gains and producing more change, and anchoring new approaches in the culture (Kotter, 1996).
- 3) McKinsey 7-S Model: Developed by Tom Peters and Robert Waterman at McKinsey & Company, this model emphasizes the interrelatedness of seven key elements that are critical for organizational success: strategy, structure, systems, shared values, skills, style, and staff. The model suggests that changes in one element will affect the others, and successful change requires aligning all seven elements (Waterman et al., 1980).
- 4) ADKAR Model: The ADKAR model, developed by Prosci, focuses on individual change management. It identifies five key elements necessary for successful change at the individual level: awareness of the need for change, desire to participate and support the change, knowledge of how to change, ability to implement the change on a day-to-day basis, and reinforcement to sustain the change (Prosci, 2006).
- 5) Bridges' Transition Model: William Bridges' transition model focuses on managing the human side of change. It identifies three stages of transition that individuals go through during change: endings, neutral zone, and new beginnings. The model emphasizes the importance of acknowledging and addressing the emotional and psychological aspects of change to facilitate successful transitions (Bridges, 1991).

2.1.3. Organization theory

Organizational behavior is the study of individual and group attitudes and actions within an organizational setting and describes how the resultant behavior affects the goals of the organization.

Macro theories regarding how organizations function and behave fall into three major typologies:

- 1) rational system theories, which focus on the internal structures and processes of an organization,
- 2) natural-system theories, which also focus on internal workings, but emphasize the organization as a social system, noting the importance of unplanned processes and events, human relations, and integration of individual and organizational goals, and
- 3) open-system theories, which emphasize the ways in which an organization's environment relates to its structure and behavior (Scott WR 1998).

2.1.4. Quality Improvement Concept in Project Management

Quality improvement is a fundamental aspect of project management that ensures the successful delivery of project objectives and enhances stakeholder satisfaction. This theoretical review examines key theoretical perspectives relevant to the concept of quality improvement in project management and their implications for project success.

- 1) Systems Theory: Systems theory offers valuable insights into understanding quality improvement in project management. According to this perspective, projects are viewed as complex systems composed of interrelated components that interact with each other and their environment (Kerzner, 2017). Quality improvement involves optimizing the interactions between project elements, including project objectives, resources, stakeholders, and processes. Systems theory emphasizes the importance of considering the holistic nature of projects and understanding the interdependencies between different project components to achieve project success.
- 2) Stakeholder Theory: Stakeholder theory provides a framework for understanding the importance of engaging and satisfying stakeholders in quality improvement initiatives. According to this perspective, stakeholders are individuals or groups affected by or affecting the project, including customers, sponsors, team members, and the community

(Freeman, 2010). Quality improvement efforts should prioritize meeting the needs and expectations of stakeholders to ensure project success and sustainability. Effective stakeholder engagement fosters collaboration, trust, and commitment, thereby enhancing the likelihood of achieving project objectives.

- 3) **Lean Six Sigma:** Lean Six Sigma combines principles from Lean manufacturing and Six Sigma methodologies to achieve process improvement and quality enhancement (George, 2002). Lean focuses on eliminating waste and optimizing process efficiency, while Six Sigma aims to reduce variation and improve process quality. Together, Lean Six Sigma provides a comprehensive approach to quality improvement in project management by streamlining workflows, enhancing productivity, and minimizing defects. Adopting Lean Six Sigma principles enables organizations to achieve higher levels of project performance, stakeholder satisfaction, and business value.
- 4) **Total Quality Management (TQM):** Total Quality Management (TQM) emphasizes the importance of continuous improvement, customer focus, and employee involvement in achieving quality excellence (Juran, 1989). TQM principles include customer satisfaction, employee empowerment, continuous improvement, and process management. By integrating TQM principles into project management practices, organizations can create a culture of quality, innovation, and excellence. TQM fosters a systematic approach to quality improvement, where all project team members are actively engaged in identifying opportunities for enhancement and implementing solutions to achieve better outcomes.
- 5) **Project Management Body of Knowledge (PMBOK):** The Project Management Body of Knowledge (PMBOK) provides a comprehensive framework of project management processes, knowledge areas, and best practices (Project Management Institute [PMI], 2017). Quality management is one of the ten knowledge areas defined in the PMBOK, encompassing processes such as quality planning, assurance, and control. The PMBOK emphasizes the importance of quality improvement throughout the project lifecycle, from defining quality requirements to validating project deliverables. By adhering to PMBOK standards and practices, organizations can effectively manage project quality and drive continuous improvement.

2.1.5. Project and Project implementation

A project is defined as a temporary endeavor undertaken to create a unique product, service, or result (Project Management Institute [PMI], 2017). Projects are characterized by their defined start and end dates, specific objectives, and finite resources. Unlike ongoing operations, which are repetitive and continuous, projects have a distinct lifecycle consisting of phases such as initiation, planning, execution, monitoring and controlling, and closure. Understanding the nature of projects is essential for effective project management, as it allows project managers to apply appropriate methodologies and techniques to achieve project success.

Project implementation refers to the process of executing the project plan to accomplish project objectives. It involves coordinating resources, managing tasks, and addressing challenges to ensure project deliverables are completed on time, within budget, and according to quality standards. Effective project implementation requires careful planning, clear communication, and proactive risk management. Project managers play a critical role in overseeing project implementation, monitoring progress, and resolving issues to keep the project on track.

Several theoretical perspectives offer insights into understanding project implementation:

- ☞ Systems Theory: Systems theory views projects as complex systems composed of interrelated components that interact with each other and their environment (Kerzner, 2017). Project implementation involves optimizing the interactions between project elements, including people, processes, technology, and organizational culture, to achieve project objectives.
- ☞ Change Management Theory: Change management theory emphasizes the importance of managing the human side of change during project implementation (Kotter, 1996). Project managers must anticipate resistance to change, communicate effectively with stakeholders, and provide support and training to facilitate successful project implementation.
- ☞ Organizational Behavior Theory: Organizational behavior theory explores how individual and group dynamics influence behavior within organizations (Robbins & Judge, 2019). Understanding organizational behavior is crucial for project managers to build high-performing teams, foster collaboration, and promote employee engagement during project implementation.

2.2. Empirical Review

2.2.1. Project Management in Health Care

According to Turner (2009), a project can be an effective means of introducing new ideas, meeting unmet demands, or solving issues that the status quo is unable to handle. Project management is presented as an approach that allows the implementation of strategic changes within organizations (Turner, 2009). Additionally, it is promoted as a means of enhancing organizational effectiveness (Crawford and Helm, 2009). Project management is not widely used in the health sector, despite the fact that it seems to be the best strategy for addressing the problem of operational improvement and improving the performance of health care systems (Shirley, 2011, Lavoie-Tremblay et al., 2012).

The literature review's findings show that researchers' most popular issue is information technology project management in the healthcare industry. Moreover, a small percentage of the reviewed articles mention the works that are published in the project management journals, despite the fact that very little research on health sector project management is published in the journals of the project management discipline (Afzal & Gauthier, 2017).

The explicit use of project management in the delivery of organizational changes in the healthcare sector is not well-documented. While it is recognized that organizational change can be considered a project (Englund, Graham, & Dinsmore, 2003), and formal project management is commonly found in IT projects in healthcare (Kumpf & Wittelsberger, 2005), relatively little attention has been paid to the application of project management in other aspects of healthcare. There are some exceptions, such as the use of project management approaches in managing healthcare infrastructure and patient needs (Sa Couto, 2008), the development of internal project management systems to support healthcare service provision (Kumpf & Wittelsberger, 2005), and the partnership between the Project Management Institute's Healthcare Project Management Specific Interest Group and the National Association for Public Health Information Technology in 2005 (Claudio, 2005). However, overall, the explicit utilization of project management in the delivery of organizational changes in the healthcare sector appears to be underexplored.

2.2.2. Quality implementation Principles

The Quality Improvement (QI) methodology, particularly the Plan-Do-Study-Act (PDSA) cycle, is widely employed in healthcare settings alongside implementation models. The four key

methodological tenets of QI encompass an iterative cyclic approach, continuous data collection, small-scale testing, and a clear articulation of the theoretical underpinnings. A systematic review by Knudsen et al. (2019), spanning 120 QI projects, revealed that while nearly all projects (98%) reported improvements, only 27% established and achieved specific, quantitative aims. The consistent application of the core PDSA features was found to be lacking, with merely 4% of the 60% of projects that adequately documented PDSA cycles adhering to all four key methodological elements.

The researchers concluded that adherence to these key methodological features poses a challenge to the validity of PDSA-based QI in drawing firm conclusions about the extent and causality of reported quality of care improvements. The QI approach is recognized for empowering frontline staff and service users, and effective QI work should involve these stakeholders by providing them with opportunities and skills to contribute to improvement efforts. This need is often acknowledged through initiatives from senior leadership or management to build QI capabilities within healthcare organizations. However, it also necessitates that frontline staff and service users feel empowered to utilize these skills and take ownership of improvement work (Mary, Sarah, & Graham, 2012).

Quality project implementation relies on data for evidence-based decision-making to drive improvements. It is traditionally required to document baseline conditions, continuously collect data to measure the impact of change ideas over time and understand variations in processes and outcomes. Measurement for improvement typically prioritizes this narrative approach over concerns about data precision and completeness (Shah, 2019).

QI advocates for testing change ideas on a small scale and recommends scaling up with adaptations to specific contexts. As interventions tested using a QI approach are scaled up and confidence in their effectiveness increases, it is desirable for them to be adopted by others. Successful diffusion of improvement depends on adapting interventions to new environments, patient and staff groups, available resources, and even the personal preferences of healthcare providers in surrounding areas, using an iterative testing approach (Horton et al., 2018; Massoud, 2016).

2.2.3. Quality Implementation in Ethiopian Health Sector

The Ethiopian government has placed significant emphasis on quality and equity within its five-year Health Sector Transformation Plan, considering these issues as key transformation agendas (FMOH, 2015). To operationalize this agenda, the Federal Ministry of Health (FMOH), with support from the Institute for Healthcare Improvement (IHI), developed the National Health Quality Strategy (NHQS) in March 2016. The NHQS identified four strategic focus areas:

- (i) developing an integrated approach to quality management,
- (ii) igniting consumer demand for quality,
- (iii) linking the Universal Health Coverage (UHC) strategy with the quality agenda, and
- (iv) strengthening data systems and feedback mechanisms. The implementation of the NHQS is currently underway, led by the FMOH, including the establishment of quality governance structures at all levels, building quality improvement (QI) capability, and convening annual QI summits to support a QI 'movement'.

The FMOH and IHI co-designed a three-pronged, multi-level approach for the Ethiopian Health Care Quality Initiatives (EHCQI), comprising a 15-month prototype phase, an 18-month test of scale phase, and a full-scale implementation across all woredas (districts). This approach, anchored in the Juran Trilogy of quality planning, QI, and quality control, aimed to ensure large-scale implementation and sustainability of effective QI efforts (Magge H. et al., 2019). The combination of a national strategy expanded QI capability across the system, and successful demonstration of QI method implementation holds promise for the scale-up and sustainability of this comprehensive approach to improve outcomes across the Ethiopian healthcare system.

2.2.4. Factors affecting Project quality implementation.

The study by Christopher M. et al. (2018) on contextual factors influencing quality improvement (QI) implementation in primary care revealed variations in perceptions of the meaning and value of QI based on staff roles. At the organizational and team levels, respondents across roles reported similar challenges, including lack of clear communication about QI, discrepancies between stated leadership priorities and actual leadership support for QI (e.g., time and resources), and differences in top-down versus bottom-up QI priorities.

Somatunga et al. (2015) identified top management commitment, training, teamwork, physical structure, and monitoring systems as independent variables influencing the Continuous Quality Improvement (CQI) program implementation in Sri Lankan government hospitals. Participants rated teamwork lower, indicating its perceived limited influence on CQI program implementation. The study also reported roadblocks to CQI implementation, such as insufficient staff training, first-line supervisor resistance, lack of management support for quality improvement initiatives, unclear organizational objectives, disorganization in hospitals leading to non-value-added activities, lack of proper planning, and incompatible rewards and compensation systems.

Catherine Hart et al. (2015) reported that successful QI is achieved by combining a thorough understanding of the methodology and science with the "softer skills" of change management. Capable leaders and well-balanced teams must personalize and adapt their approaches to create cultures and contexts where change can flourish, with engaged patients or families directing the future of healthcare.

A qualitative study by Kash, Spaulding, Johnson, and Gamm (2014) on health administrators' perspectives identified ten success factors: culture and values, business processes, people and engagement, service quality and client engagement, coherence planning, leadership, market forces and external demand, and access to information and communication. In healthcare settings, culture, people and engagement, and service quality were found to be more relevant factors than leadership and communication factors frequently identified in the broader management literature.

A study by Lisa Cranley et al. (2018) on the sustainability and spread of QI activities reported that sustaining a QI project that empowers and engages care aides is possible and achievable but requires ongoing staff and leadership engagement.

An evaluation of QI programs by Ovretveit and Gustafson (2002) reported that factors necessary to motivate and sustain implementation and create conditions likely to produce results include senior management commitment, sustained attention and appropriate management roles at different levels, a focus on customer needs, physician involvement, sufficient resources, careful program management, practical and relevant training that personnel can use immediately, and the right culture. The study also showed that little is known about long-term QI achievement results, and what works in one area might not work in another, calling for context-specific adaptation.

According to a study by Wendwessen, Dereje, and Gize (2020), the implementation of continuous quality projects was associated with factors such as leadership receptiveness, leadership encouragement for learning, client satisfaction levels, and the level of satisfaction of health staff with their work. Overall, staff training on QI, teamwork, and leadership engagement did not show significant associations with CQI implementation, despite being mentioned by various previous studies as important determinant factors.

2.3. Conceptual Framework of the Study

The conceptual framework is anchored in the Project Management Body of Knowledge (PMBOK) framework, established by the Project Management Institute (PMI), offering comprehensive guidance on essential processes and knowledge domains vital for proficient project management (Project Management Institute, 2017). The integration of the Project Management Body of Knowledge (PMBOK) framework, organizational behavior theories, and healthcare quality improvement models offers a robust and multidimensional approach to addressing this complex issue.

The PMBOK framework's emphasis on project scope, resource allocation, communication strategies, risk management protocols, and stakeholder engagement practices aligns with the critical success factors for effective project management and implementation. By incorporating these elements, the framework acknowledges the importance of systematic project planning, execution, and control processes in achieving desired outcomes.

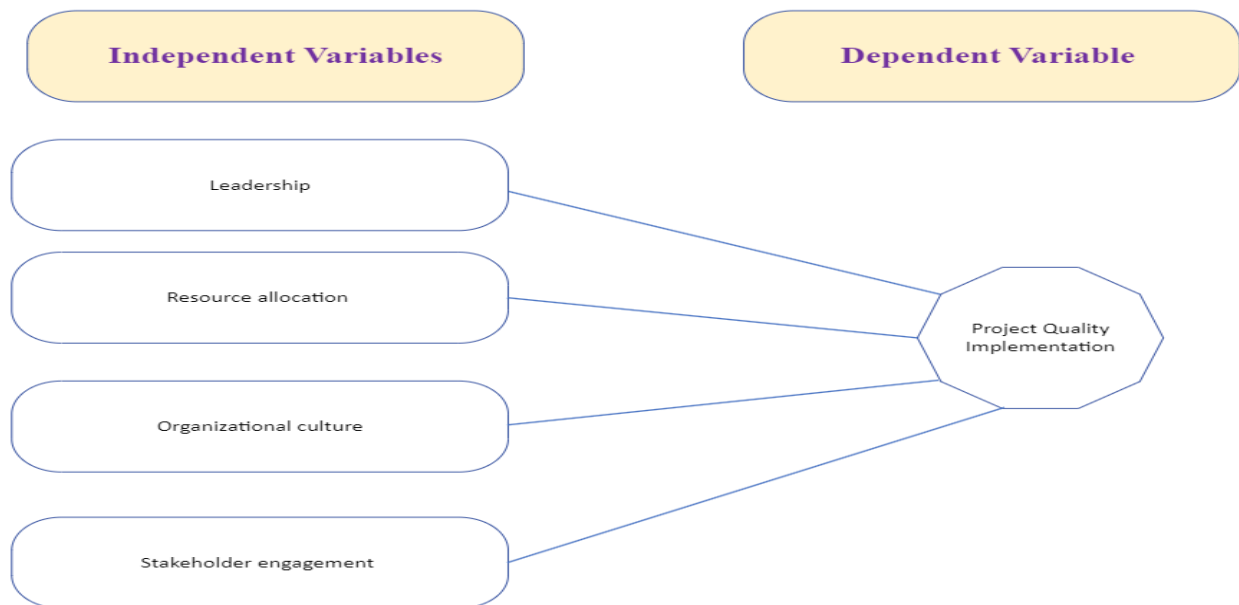
Furthermore, the inclusion of organizational behavior theories, such as change management theory and systems theory, recognizes the pivotal role of organizational culture, leadership, and employee engagement in facilitating change and project implementation within healthcare settings. These theories provide valuable insights into addressing resistance to change, fostering collaboration, and promoting a culture of quality improvement, which are essential for successful project implementation.

The integration of healthcare quality improvement models, such as the Plan-Do-Study-Act (PDSA) cycle and the Institute for Healthcare Improvement's (IHI) Framework for Spread, further strengthens the conceptual framework by emphasizing the iterative nature of quality improvement,

continuous learning, and data-driven decision-making. These models align with the principles of continuous quality improvement, which are crucial for achieving and sustaining project quality in healthcare organizations. The identification of project implementation and outcomes as the dependent variable, and the direct measures of intention (leadership, resource allocation, organizational culture, and stakeholder engagement) as independent variables, aligns with the theoretical underpinnings of the framework. This approach allows for a comprehensive examination of the factors influencing project quality implementation, enabling the identification of barriers, facilitators, and best practices.

Overall, the conceptual framework demonstrates a well-rounded and theoretically grounded approach to understanding the complexities of project quality implementation in healthcare settings. By integrating project management principles, organizational behavior theories, and quality improvement models, this framework provides a solid foundation for empirical investigation and analysis, ultimately contributing to the enhancement of project management practices and the improvement of healthcare service delivery within the organization. This project paper has Project quality Implementation as the dependent variable, and the direct measures of intention: Leadership, Resource allocation, Organizational culture and Stakeholder engagement as the independent variables by adapting a model from (Kerzner, H. 2017) as shown below.

Figure 2. 1: Conceptual Framework of the Study



Source: Adopted from Kerzner, H. 2017

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter focuses on the description of the techniques adopted in this research work. It aims to highlight the overall methodological considerations of the paper, which includes Description of the Study Area, Research Design, Target Population, Sample Design, Data source and type, Data collection methods, Data process and Analysis.

3.2. Research Approach

In line with the objective of the study, the researcher utilized a quantitative research approach. Quantitative research serves as a method to test objective theories by examining the relationships among variables (Creswell W, 2009), as noted by (Kothari C.R, 2004) who states that quantitative research is based on the measurement of quantity or amount and is applicable to phenomena that can be expressed numerically. The quantitative approach aids in quantifying or objectively measuring certain variables in numeric terms, facilitating easy and manageable descriptive analysis. Therefore, quantitative research approaches applied in this study.

In terms of investigative study, two common approaches to business and social research exist: the deductive approach, which develops theories and hypotheses followed by a research strategy to test them, and the inductive approach, which finds data and develops theories as a result of data analysis (Yugi Li, 2007). Deductive and inductive approaches are the two main approaches concerning the relationship between theory and data in research, with the former associated with quantitative research and the latter with qualitative research (Bryman & Bell, 2007). Therefore, for the purpose of this study, the researcher adopted the inductive approach as it did not involve the formulation of hypotheses. Instead, it began with research questions and aims and objectives that needed to be achieved during the research process. In this approach, the research process will focus on finding answers to the research questions outlined in chapter one.

3.3. Research Design

Research design is a comprehensive plan for data collection in an empirical research paper. It is a blueprint for empirical research aimed at answering specific research questions or testing specific hypotheses (Bhattacharjee A, 2012).

In this research paper, explanatory research with a cross-sectional survey design was utilized, as it was considered appropriate to provide adequate data for addressing the research problem (McDaniel & Gates, 2009). Before initiating the study, a pretest was conducted to evaluate the research design and instrument.

Moreover, the above research approach enables independent and dependent variables to be measured at the same point in time by using a single questionnaire. That is, it helps to show a causal relationship between two variables on a specific period (Bhattacharjee A, 2012). Because the aim of the researcher is to show a causal relationship between two variables on a specific period. That means to evaluate the cause-and-effect relationship between Leadership, Resource allocation, Organizational culture and Stakeholder engagement as independent variable and Project quality Implementation as dependent variable.

The researcher also utilized quantitative research methods. These methods refer to the type of data collected through numeric scores, metrics, and similar measures, and are analyzed using quantitative techniques. Quantitative data analysis involves analyzing data in the form of numbers or data that can be easily converted into numbers without losing meaning. It includes techniques such as calculating averages and medians, examining correlations, and conducting regressions. The quantitative approach helps to quantify or objectively measure variables in numeric terms, making descriptive analysis straightforward and manageable. Additionally, it often allows for obtaining large sample sizes. In this study, quantitative research approaches were applied to achieve the research objectives.

3.4. Data Type and Source

In this study, the researcher utilized both primary and secondary data to accomplish the stated objectives. Primary data was gathered through questionnaires, while secondary sources primarily consisted of books, articles, journals, research studies, annual reports, and internet sources relevant to the research topic.

3.5. Population of the Study

Population refers to the entire group of people or things of interest that the researcher wishes to investigate, Sekeran (2010). A "target population" refers to a universal set of studies of all members of a real or hypothetical set of people, events, or objects to which an investigator wishes to generalize the result (Borg & Grall, 2009).

In this study, the target group/population comprised all healthcare professionals and supporting staffs directly involved in project activities within Gulele Sub City Health Centers, in Addis Ababa Ethiopia, totaling 1,082 individuals. This group included doctors, nurses, administrators, project coordinators, and support staff who contributed to project implementation and quality management within the healthcare setting.

3.6. Sampling Technique

Sampling techniques provide a way in which a researcher scientifically selects the elements to be studied. It is a process of selecting representative elements from the whole population to generalize the results (Saunders et al., 2016). To ensure an appropriate study sample, this study employ purposive sampling to select a sub-city from all sub-cities in Addis Ababa. Subsequently, systematic sampling was applied to select the participants, as this technique allows for the representation of the population based on the sorting criterion. The selection of participants will rely on the researcher's judgment, considering whom to approach for participation. This type of sampling can be very useful in situations when you need to reach a targeted sample quickly (Ashley Crossman, 2017).

3.7. Sample Size

A sample size is a subset of a population (Blumberg, 2014). According to Kumar (2011), the sample size of a study is a major concern to the researcher as it aims at removing bias in the selection of the sample. Yamane (1967:886) provides a simplified formula to calculate sample size. It's commonly used when the population size is known. Accordingly, the required sample size of respondents is determined based on a formula developed by (Yamane. T, 1967), at 95 present level of confidence as follows:

$$n = \frac{N}{1 + N(e^2)}$$

Where:

n = size of sample

e = maximum tolerable sampling error (0.05)

N = population size (1082)

$$n = \frac{1082}{1 + 1082(0.05^2)}$$

n=292 samples employees

Accordingly, each respondent was selected by using a method of systematic sampling. This method of probability sampling ensures that there is no over or under representation in the sample as it is in the sampling frame (Abate Gashaw Ayele, 2012). In other words, the sample is representative of the population, at least based on the sorting criterion.

3.8. Data Analysis

The raw data was carefully examined, checked, and cleaned for completeness and comprehensibility. This process involved eliminating unusable data, interpreting ambiguous responses, and removing contradictory data from related questions. To facilitate identification and data entry, all instruments were assigned serial numbers before being entered into the statistical package for social sciences (SPSS version 28) and MS Excel 2013 program.

Descriptive analysis was conducted on the coded data. This analysis included the calculation of descriptive statistics such as mean, standard deviation, tables, frequency, and percentage. Descriptive analysis was preferred as it aided in organizing the data, detecting errors early on, facilitating comparison of findings, and simplifying data computation.

Inferential analysis was performed on the survey data and variables of the study. This analysis involved important tests such as validity and reliability assessments. Correlation and regression analyses were also conducted to examine the relationships and effects between variables. Correlation analysis revealed associations between study variables, while multiple regression analysis measured the impact of independent variables on the dependent variable.

Additionally, respondents were asked to rate their opinions using a five-point Likert rating scale, where a rating of five represented "Strongly Agree" and a rating of one represented "Strongly Disagree." The Likert scale is commonly used in studies on cognitive behavior, specifically the applied theory of planned behavior (Francis et al., 2004). It is considered symmetric, with equal amounts of positive and negative positions (Burns & Burns, 2008). Although the Likert scale is truly ordinal in nature, it is assumed to be on an interval scale to justify the use of statistical properties such as the mean. This assumption is frequently made in empirical studies (Edmindson R, 2005).

3.9. Model Specification

To examine the relationship between the dependent variable and independent variables, a multivariate regression model was employed in the data analysis. This regression technique is suitable for analyzing limited (censored) dependent variables (Michael Kutner, Christopher Nachtsheim, John Neter, William Li: 2004). Multiple regression analysis was conducted in this study as it is appropriate for investigating the relationship between the Project quality Implementation (dependent variable) and several independent variables, including Leadership, Resource allocation, Organizational culture, and Stakeholder engagement.

$$Y_i = \beta_0 + \beta_1 X_{1i} + \beta_2 X_{2i} + \beta_3 X_{3i} + \beta_4 X_{4i} + \epsilon_i$$

Where

β_0 – Is the constant or intercept.

β_i ($i=1,2,3,4$)-Are the regression coefficients or change induced in Y by each X_i

X_1 - Leadership

X_2 - Resource allocation

X_3 - Organizational culture

X_4 - Stakeholder engagement

Y- Project Quality Implementation and Outcomes

ϵ - Is the error component.

3.10. Validity and Reliability

In this study, rigorous testing was conducted to establish the validity and reliability of these scales. Validity refers to the extent to which the scales accurately measure the intended unobservable constructs, while reliability pertains to the consistency and precision with which the scales measure the intended constructs. These psychometric properties, collectively known as reliability and validity, serve as benchmarks against which the adequacy and accuracy of measurement procedures are evaluated in scientific research (Bhattacharjee, 2012). Consequently, the researcher will thoroughly assess the reliability and validity of the data collected through the survey.

3.11. Ethical Consideration

In the proposed study, ethical considerations were of utmost importance throughout the research process. The researcher adhered to ethical guidelines and principles to protect the rights and well-being of the participants. Informed consent was obtained from all participants, clearly explaining the purpose, procedures, potential risks, benefits, and confidentiality measures of the study. Participants had the right to withdraw from the study at any time without facing any consequences. Confidentiality and anonymity of participants were strictly maintained by assigning unique identifiers and ensuring that the data collected was used solely for research purposes. The research also complied with relevant ethical regulations and obtained necessary approvals from institutional review boards or ethics committees.

By ensuring ethical practices, the study upheld the rights and welfare of the participants, maintained the integrity of the research process, and contributed to the advancement of knowledge in a responsible and respectful manner.

CHAPTER FOUR

RESULTS AND DISCUSSION

In this chapter, I delve into the analysis and discussion of data obtained from employees of Gulele health centers who participated in diverse governmental or non-governmental projects. Through the utilization of close-ended questions, I scrutinized the collected data to assess the factors impacting project quality implementation within Gulele Sub City Health Centers.

This study encompassed 292 sample respondents, comprising employees of the health centers. The sample size was determined using Yamane's (1967) formula for sample size determination. The gathered data were meticulously entered into SPSS version 28 and underwent various statistical procedures to extract meaningful insights for analysis and presentation.

The analytical approach was multifaceted, encompassing both descriptive and inferential statistics to comprehensively explore the intricacies of the data and derive valuable conclusions.

4.1. Analysis of Demographic Variables

In this part of the paper, demographic profiles of respondents are analyzed. When investigating the impact of social aspects, demographical questions are included in the surveys about such matters as gender, age, race, level of education and the like (Choudrie & Dwivedi, 2006). Therefore, the demographic variables of this project paper for discussion were gender, age, occupation, marital status, level of education, income, residential area, how to become customer of the company, duration of customers with the company, and on how customers get service of the company. The last three are added in the researcher's interest of meeting target of the study.

Table 4. 1: Demographic Background of Respondents

Indicators	Description	Frequency	Percent
Gender	Male	189	64.7
	Female	103	35.3
	Total	292	100.0
Age	25 – 34 years	71	24.3
	35-44 years	192	65.8
	45 - 54 years	20	6.8
	55 years and above	9	3.1
	Total	292	100.0
Education level	First Degree	242	82.9
	Masters	49	16.8
	PhD	1	0.3
	Total	292	100.0

Indicators	Description	Frequency	Percent
Position/Role within the Health Center:	Top Level Manager	28	9.6
	Project Manager	97	33.2
	Healthcare Professional	147	50.3
	Frontline Staff	20	6.8
	Total	292	100.0
Work Experience	Below 2 Years	16	5.5
	2 - 5 Years	53	18.2
	5 – 10 Years	189	64.7
	Above 10 years	34	11.6
	Total	292	100.0

Source: Survey Questionnaire (2024)

The demographic breakdown of staff at Gulele Sub City Health Centers offers valuable insights into the workforce composition and potential implications for project quality implementation.

Gender distribution reveals a notable predominance of males, constituting 64.7% of the workforce, while females make up 35.3%.

Age demographics indicate that the largest age group within the staff falls within the 35-44 years old bracket, comprising 65.8% of the workforce. Following closely are individuals aged 25-34 years old, accounting for 24.3%. A smaller proportion of staff falls within the 45-54 years old category (6.8%), with an even smaller percentage being 55 years and above (3.1%).

Education levels among the staff showcase a significant majority holding a first degree, totaling 82.9%. Conversely, a minority of staff possess a master's degree (16.8%), while an extremely small fraction holds a PhD (0.3%).

In terms of position or role within the health center, healthcare professionals represent half of the staff (50.3%), indicating a substantial clinical presence. Project managers comprise 33.2% of the workforce, contributing to project oversight and coordination. Frontline staff constitute a smaller proportion at 6.8%, while top-level managers make up 9.6% of the staff, providing strategic direction and leadership.

Work experience distribution illustrates that the largest segment of staff has accumulated 5-10 years of experience, encompassing 64.7% of the workforce. This suggests a considerable level of seasoned expertise within the organization. Following this, 18.2% of staff have 2-5 years of experience, with 5.5% having less than 2 years. A smaller subset, comprising 11.6% of the staff, possesses more than 10 years of experience, indicating a cadre of highly experienced professionals.

4.2. Descriptive Analysis of the Study Variables

This part of the analysis is made based on survey questionnaires gathered from 292 respondents using 5-point Likert scale (see Appendix I). The study has four independent variables: Leadership, Resource Allocation, Organizational Culture, Stakeholder Engagement; it has project quality implementation as a dependent variable.

The researcher considers, for his measure, an inherent assumption, which states that with the usage of any scale that although the scale is truly ordinal in nature, it is assumed to be on an interval scale with which statistical properties such as the mean can be justifiably used. It is an assumption made quite frequently in empirical studies (Amy C. Edmondson, 2005). Accordingly, the paper applies mean and standard deviation as the best measures for analysis based on the mean range developed by (Al-Sayaad J. et al. , 2006) of the following table:

Table 4. 2: Five-Scaled Likert Criterion

No.	Mean Range	Response Options
1	[1.00, 1.80]	Strongly Disagree
2	(1.80, 2.60]	Disagree
3	(2.60, 3.40]	Neutral
4	(3.40, 4.20]	Agree
5	(4.20, 5.00]	Strongly Agree

Source: (Al-Sayaad J. et al. , 2006)

Standard deviation is a widely used measurement of variability or diversity used in statistics and probability theory. It shows how much variation or "dispersion" there is from the average (mean or expected value). A low standard deviation indicates that the data points tend to be very close to the mean, whereas high standard deviation indicates that the data are spread out over a large range of values. The minimum and maximum values are also considered to show that exact answers of the respondents of the questionnaire; because they are not all incorporated in that mean (average) value only. The sample mean is used to show the majority of respondents as best predictors of the population and hence to infer for others. This section presents the descriptive statistics including Likert percentages, means and standard deviations. This has been presented in line with the study variables.

4.2.1. Leadership

The data presented in Table 4.3 provides insights into the frequency, percentage, mean value, and standard deviation of “Leadership” variable. Data was sourced from a pool of 292 healthcare professionals and staff actively engaged in project endeavors within the Gulele Sub City Health Centers, ensuring a robust and representative dataset for analysis. To evaluate the variable, we considered responses to four specific questions. By examining this data, we can gain a deeper understanding of the relationship between leadership and project quality implementation.

Table 4. 3: Descriptive Statistics on Leadership

S/No.	Items	Scale	Frequency	Percent	Mean	Std. Deviation
1	The project manager demonstrates effective leadership skills.	Strongly Disagree	2	0.7	3.93	0.90
		Disagree	33	11.3		
		Neutral	17	5.8		
		Agree	170	58.2		
		Strongly Agree	70	24.0		
		Total	292	100.0		
2	The project manager effectively communicates project goals and objectives.	Strongly Disagree	1	0.3	4.05	0.86
		Disagree	25	8.6		
		Neutral	20	6.8		
		Agree	158	54.1		
		Strongly Agree	88	30.1		
		Total	292	100.0		
3	The project manager motivates and inspires the project team.	Strongly Disagree	1	0.3	3.85	0.78
		Disagree	32	11.0		
		Neutral	13	4.5		
		Agree	211	72.3		
		Strongly Agree	35	12.0		
		Total	292	100.0		
4	The project manager effectively resolves conflicts within the team.	Strongly Disagree	1	0.3	3.89	0.81
		Disagree	30	10.3		
		Neutral	17	5.8		
		Agree	194	66.4		
		Strongly Agree	50	17.1		
		Total	292	100.0		
Grand Mean					3.93	

Source: Survey Questionnaire (2024)

Table 4.3 provides an overview of the level of agreement concerning leadership style in project implementation. Upon analyzing the data, it has been revealed that the overall average mean is 3.93, which falls at “Agree” level of response scale as per range established by Al-Sayaad et al.

(2006). This suggests that the majority of respondents recognized and acknowledged the effective leadership style demonstrated by project managers.

For the item "Project manager demonstrates effective leadership skills," 24% of respondents strongly agreed, 58% agreed, 6% were neutral, 11% disagreed, and 1% strongly disagreed.

Regarding the item "Project manager effectively communicates project goals and objectives," 30% strongly agreed, 54% agreed, 7% were neutral, 9% disagreed, and 0.3% strongly disagreed. In terms of the item "Project manager motivates and inspires the project team," 12% strongly agreed, 72% agreed, 5% were neutral, 11% disagreed, and 0.3% strongly disagreed. For the item "Project manager effectively resolves conflicts within the team," 17% strongly agreed, 66% agreed, 6% were neutral, 10% disagreed, and 0.3% strongly disagreed.

Overall, the survey results indicate that healthcare professionals and staff at the Gulele Sub City Health Centers perceive their project managers as effective leaders. The majority of respondents agreed or strongly agreed that project managers demonstrate effective leadership skills, effectively communicate project goals and objectives, motivate and inspire the project team, and effectively resolve conflicts within the team.

4.2.2. Resource Allocation

The data presented in Table 4.4 provides insights into the frequency, percentage, mean value, and standard deviation of "resource allocation" variable. Data was sourced from a pool of 292 healthcare professionals and staff actively engaged in project endeavors within the Gulele Sub City Health Centers, ensuring a robust and representative dataset for analysis. To evaluate the variable, we considered responses to four specific questions. By examining this data, we can gain a deeper understanding of the relationship between leadership and project quality implementation.

Table 4. 4: Descriptive Statistics on Resource Allocation

S/No.	Items	Scale	Frequency	Percent	Mean	Std. Deviation
1	Adequate resources are allocated to the project.	Strongly Disagree	4	1.4	3.88	0.88
		Disagree	30	10.3		
		Neutral	17	5.8		
		Agree	185	63.4		
		Strongly Agree	56	19.2		
	Total	292	100.0			
2	The project team has access to the necessary tools and equipment.	Disagree	22	7.5	3.95	0.78
		Neutral	30	10.3		
		Agree	179	61.3		
		Strongly Agree	61	20.9		
		Total	292	100.0		
3	The project team receives sufficient financial support.	Strongly Disagree	4	1.4	3.64	0.93
		Disagree	52	17.8		
		Neutral	17	5.8		
		Agree	191	65.4		
		Strongly Agree	28	9.6		
	Total	292	100.0			
4	Resources are allocated efficiently based on project needs.	Strongly Disagree	5	1.7	3.75	0.93
		Disagree	40	13.7		
		Neutral	21	7.2		
		Agree	182	62.3		
		Strongly Agree	44	15.1		
	Total	292	100.0			
Grand Mean					3.80	

Source: Survey Questionnaire (2024)

Table 4.4 displays the level of agreement regarding resource allocation in project implementation. Upon analyzing the data, it has been revealed that the overall average mean is 3.93, which falls at “Agree” level of response scale as per range established by Al-Sayaad et al. This suggests that the majority of respondents shared a positive perception and acknowledged the effectiveness of resource allocation in project management. The results emphasize the significance of sound resource allocation strategies in achieving successful project outcomes.

The table presents the survey responses from 292 healthcare professionals and staff regarding resource allocation for their projects. The responses were measured on a scale ranging from "Strongly Disagree" to "Strongly Agree." For the item "Adequate resources are allocated to the project," 1.4% strongly disagreed, 10.3% disagreed, 5.8% were neutral, 63.4% agreed, and 19.2%

strongly agreed. Regarding the item "The project team has access to the necessary tools and equipment," 1.4% strongly disagreed, 17.8% disagreed, 5.8% were neutral, 61.3% agreed, and 20.9% strongly agreed. In terms of the item "The project team receives sufficient financial support," 1.7% strongly disagreed, 13.7% disagreed, 5.8% were neutral, 65.4% agreed, and 9.6% strongly agreed. For the item "Resources are allocated efficiently based on project needs," 1.7% strongly disagreed, 13.7% disagreed, 7.2% were neutral, 62.3% agreed, and 15.1% strongly agreed.

Based on the survey results, it can be concluded that a majority of the healthcare professionals and staff believe that adequate resources are allocated to their projects. However, it is important to note that there are also respondents who disagreed or strongly disagreed, indicating that there is room for improvement in resource allocation.

4.2.3. Organizational Culture

The data presented in Table 4.5 provides insights into the frequency, percentage, mean value, and standard deviation of "organizational culture" variable. Data was sourced from a pool of 292 healthcare professionals and staff actively engaged in project endeavors within the Gulele Sub City Health Centers, ensuring a robust and representative dataset for analysis. To evaluate the variable, we considered responses to four specific questions. By examining this data, we can gain a deeper understanding of the relationship between leadership and project quality implementation.

Table 4. 5: Descriptive Statistics on Organizational Culture

S/No.	Items	Scale	Frequency	Percent	Mean	Std. Deviation
1	The organizational culture promotes collaboration and teamwork.	Strongly Disagree	8	2.7	3.78	1.04
		Disagree	39	13.4		
		Neutral	30	10.3		
		Agree	146	50.0		
		Strongly Agree	69	23.6		
		Total	292	100.0		
2	There is a culture of innovation and continuous improvement within the organization.	Strongly Disagree	1	0.3	3.76	0.86
		Disagree	40	13.7		
		Neutral	26	8.9		
		Agree	185	63.4		
		Strongly Agree	40	13.7		
		Total	292	100.0		
3	The organization values and supports project management practices.	Strongly Disagree	8	2.7	3.67	1.01
		Disagree	48	16.4		
		Neutral	21	7.2		
		Agree	169	57.9		
		Strongly Agree	46	15.8		
		Total	292	100.0		
4	The organization encourages open communication and knowledge sharing.	Disagree	48	16.4	3.80	0.91
		Neutral	13	4.5		
		Agree	180	61.6		
		Strongly Agree	51	17.5		
		Total	292	100.0		
Grand Mean					3.75	

Source: Survey Questionnaire (2024)

Table 4.5 presents the level of agreement regarding organizational culture in project implementation. After analyzing the data, it has been determined that the overall average mean is 3.75. This mean score falls within the "Agree" level of the response scale, as per the range established by Al-Sayaad et al. This suggests that, on average, respondents agree with the statements related to organizational culture in project implementation. This indicates a generally positive perception of the organizational culture within the context of project implementation.

Collaboration and teamwork: A majority of respondents (50.0% + 23.6% = 73.6%) agreed or strongly agreed that the organizational culture promotes collaboration and teamwork. There were only a small percentage of neutral responses (10.3%) and some disagreement (13.4% + 2.7% = 16.1%). This suggests that most staff feel the culture supports teamwork.

Innovation and continuous improvement: The perception of innovation and continuous improvement is also moderately positive. Over half of the respondents ($63.4\% + 13.7\% = 77.1\%$) agreed or strongly agreed that there is a culture of innovation. There were a small number of neutral responses (8.9%) and some disagreement ($10.3\% + 0.3\% = 10.6\%$).

Project management practices: The survey results suggest that staff have a moderately positive perception that the organization values and supports project management practices. A majority of respondents ($57.9\% + 15.8\% = 73.7\%$) agreed or strongly agreed. The percentage of neutral responses (21.0%) is lower than for the previous categories, and there is less disagreement ($13.7\% + 2.7\% = 16.4\%$).

Open communication and knowledge sharing: The results for open communication and knowledge sharing are similar to those for collaboration and teamwork. A majority of respondents ($61.6\% + 17.5\% = 79.1\%$) agreed or strongly agreed that the organization encourages this, with a lower percentage of neutral responses (13.0%) and disagreement ($7.9\% + 4.5\% = 12.4\%$) than the previous categories.

Overall, the survey suggests that the Gulele Sub City Health Centers has a positive organizational culture that supports collaboration, teamwork, innovation, and communication. Staff feel most supported in open communication and knowledge sharing, and least supported in project management practices.

4.2.4. Stakeholder Engagement

The data presented in Table 4.6 provides insights into the frequency, percentage, mean value, and standard deviation of “stakeholder engagement” variable. Data was sourced from a pool of 292 healthcare professionals and staff actively engaged in project endeavors within the Gulele Sub City Health Centers, ensuring a robust and representative dataset for analysis. To evaluate the variable,

we considered responses to four specific questions. By examining this data, we can gain a deeper understanding of the relationship between leadership and project quality implementation.

Table 4. 6: Descriptive Statistics on Stakeholder Engagement

S/No.	Items	Scale	Frequency	Percent	Mean	Std. Deviation
1	Stakeholders are actively involved in the project planning process.	Strongly Disagree	1	0.3	4.02	0.83
		Disagree	26	8.9		
		Neutral	13	4.5		
		Agree	177	60.6		
		Strongly Agree	75	25.7		
		Total	292	100.0		
2	Stakeholders' expectations and needs are effectively managed.	Strongly Disagree	4	1.4	3.89	1.06
		Disagree	48	16.4		
		Neutral	14	4.8		
		Agree	134	45.9		
		Strongly Agree	92	31.5		
		Total	292	100.0		
3	The project team maintains regular communication with stakeholders.	Strongly Disagree	2	0.7	3.73	0.83
		Disagree	39	13.4		
		Neutral	22	7.5		
		Agree	201	68.8		
		Strongly Agree	28	9.6		
		Total	292	100.0		
4	Stakeholders are satisfied with their level of involvement in the project.	Strongly Disagree	2	0.7	3.70	0.83
		Disagree	39	13.4		
		Neutral	28	9.6		
		Agree	196	67.1		
		Strongly Agree	27	9.2		
		Total	292	100.0		
Grand Mean					3.84	

Source: Survey Questionnaire (2024)

Based on the analysis of Table 4.6, it has been found that the overall average mean for stakeholder engagement in project implementation is 3.84. This average mean value falls within the "agree" level on the response scale.

The findings indicate that the majority of stakeholders have expressed a positive perception of stakeholder engagement in project implementation. This suggests that stakeholders generally agree that their engagement in projects is satisfactory and conducive to successful implementation.

Stakeholder involvement in project planning: A large majority of respondents (60.6% + 25.7% = 86.3%) agreed or strongly agreed that stakeholders are actively involved in the project planning

process. There were only a small percentage of neutral responses (4.5%) and disagreement (8.9% + 0.3% = 9.2%). This suggests that most staff feel stakeholders are involved in planning.

Management of stakeholder expectations: The perception of management of stakeholder expectations is also positive. Over three-quarters of the respondents (45.9% + 31.5% = 77.4%) agreed or strongly agreed that stakeholder expectations are effectively managed. There were a small number of neutral responses (4.8%) and some disagreement (16.4% + 1.4% = 17.8%).

Communication with stakeholders: The survey results suggest that staff have a positive perception of communication with stakeholders. Nearly two-thirds of respondents (68.8% + 9.6% = 78.4%) agreed or strongly agreed that the project team maintains regular communication with stakeholders. The percentage of neutral responses (7.5%) is lower than for the previous categories, and there is less disagreement (13.4% + 0.7% = 14.1%).

Stakeholder satisfaction with involvement: The results for stakeholder satisfaction with involvement are positive. Almost three-quarters of respondents (67.1% + 9.2% = 76.3%) agreed or strongly agreed that stakeholders are satisfied with their level of involvement in the project. There were a small number of neutral responses (9.6%) and some disagreement (13.4% + 0.7% = 14.1%).

Overall, the survey suggests that the Gulele Sub City Health Centers has a positive organizational culture regarding stakeholder involvement in projects. Staff feel that stakeholders are actively involved in planning, expectations are managed effectively, communication is regular, and stakeholders are satisfied with their level of involvement.

4.2.5. Overall Summary of Grand Means:

The comparison of grand means for the four factors reveals significant insights into the health centers strengths and areas needing improvement. Leadership scores the highest with a grand mean of 3.93, indicating that leadership practices and initiatives are the strongest contributors to project quality implementation within the organization. This suggests that the leadership team is effectively guiding and supporting project activities, ensuring clear direction and motivation for the staff. Stakeholder engagement also performs well, with a score of 3.84, demonstrating that the health centers maintain a strong relationship with its stakeholders, involving them actively in the project processes.

In contrast, resource allocation, with a grand mean of 3.8, is slightly lower than leadership and stakeholder engagement, though still a relatively strong area. This indicates that while the organization is effective in distributing resources, there may still be opportunities to enhance efficiency and effectiveness in this domain. The continuous monitoring and optimization of resource allocation processes can help in achieving even better outcomes and ensuring that projects are well-supported throughout their lifecycle.

The lowest score, 3.75, is for organizational culture, highlighting it as the weakest area among the four factors. This score suggests potential issues such as insufficient collaboration, lack of innovation, or a weaker commitment to excellence. To address this, the organization should focus on fostering a positive organizational culture by implementing team-building activities, encouraging innovative thinking, and creating a recognition system that motivates employees. Improving organizational culture is crucial for enhancing overall project quality and ensuring that all employees are aligned with the organization’s goals and values.

4.2.6. Project Quality Implementation

The data presented in Table 4.7 provides insights into the frequency, percentage, mean value, and standard deviation of “project quality implementation” variable. Data was sourced from a pool of 292 healthcare professionals and staff actively engaged in project endeavors within the Gulele Sub City Health Centers, ensuring a robust and representative dataset for analysis. To evaluate the variable, we considered responses to four specific questions. By examining this data, we can gain a deeper understanding of the relationship between leadership and project quality implementation.

Table 4. 7: Descriptive Statistics on Project Quality Implementation

S/No.	Items	Scale	Frequency	Percent	Mean	Std. Deviation
1	The project is executed according to the defined scope and objectives.	Strongly Disagree	2	0.7	3.98	0.87
		Disagree	27	9.2		
		Neutral	19	6.5		
		Agree	168	57.5		
		Strongly Agree	76	26.0		

		Total	292	100.0		
2	The project deliverables meet or exceed quality standards.	Strongly Disagree	1	0.3	4.09	0.85
		Disagree	23	7.9		
		Neutral	18	6.2		
		Agree	156	53.4		
		Strongly Agree	94	32.2		
		Total	292	100.0		
3	The project is completed within the specified time frame.	Strongly Disagree	1	0.3	3.78	0.77
		Disagree	35	12.0		
		Neutral	14	4.8		
		Agree	218	74.7		
		Strongly Agree	24	8.2		
		Total	292	100.0		
4	The project meets stakeholders' expectations.	Strongly Disagree	2	0.7	3.79	0.82
		Disagree	35	12.0		
		Neutral	17	5.8		
		Agree	204	69.9		
		Strongly Agree	34	11.6		
		Total	292	100.0		
5	Overall, the project quality implementation is satisfactory.	Disagree	26	8.9		
		Neutral	20	6.8		
		Agree	181	62.0		
		Strongly Agree	65	22.3		
		Total	292	100.0		
Grand Mean					3.91	

Source: Survey Questionnaire (2024)

Overall, the results suggest a moderately positive perception of project quality implementation at the Gulele Sub City Health Centers. The average score across all five categories is 3.91, with a standard deviation of 0.81.

Meeting defined scope and objectives: A majority of respondents ($57.5\% + 26.0\% = 83.5\%$) agreed or strongly agreed that projects are executed according to the defined scope and objectives. There were a small percentage of neutral responses (6.5%) and some disagreement ($3.4\% + 2.7\% = 6.1\%$). This suggests that most staff feel projects are on track to meet their goals.

Meeting quality standards: The perception of meeting quality standards is also moderately positive. Over three-quarters of the respondents ($53.4\% + 32.2\% = 85.6\%$) agreed or strongly agreed that project deliverables meet or exceed quality standards. There were a small number of neutral responses (6.2%) and some disagreement ($8.2\% + 0.0\% = 8.2\%$).

Meeting timeframes: The survey results suggest that a smaller majority of staff believe projects are completed within the specified timeframe. While a majority of respondents still agreed or

strongly agreed ($74.7\% + 8.2\% = 82.9\%$), the percentage of neutral responses (4.8%) and disagreement ($12.3\% + 0.0\% = 12.3\%$) is higher than in the previous categories.

Meeting stakeholder expectations: The results for meeting stakeholder expectations are similar to those for meeting timeframes. A majority of respondents ($69.9\% + 11.6\% = 81.5\%$) agreed or strongly agreed that projects meet stakeholder expectations. There were a fair number of neutral responses (5.8%) and some disagreement ($12.0\% + 0.3\% = 12.3\%$).

Overall satisfaction with project implementation: Overall, a majority of respondents ($62.0\% + 22.3\% = 84.3\%$) were satisfied with the project quality implementation. There were a moderate number of neutral responses (6.8%) and some disagreement ($8.9\% + 0.0\% = 8.9\%$).

While the overall perception of project quality implementation is positive, there is room for improvement, particularly in ensuring projects are completed on time and meeting stakeholder expectations.

4.3. Inferential Analysis

The purpose of this research is to evaluate the factors that influence project quality implementation within Gulele Sub City Health Centers. Merely describing the attributes and variables alone is insufficient for drawing meaningful conclusions. In order to make broader assertions about the entire population from which the sample was collected, the application of inferential statistics becomes essential. Inferential statistics enables researchers to determine whether the patterns identified and described in the sample data can be generalized to the wider population (De Vaus, 2002). Consequently, this section presents the inferential findings of the study. Initially, Karl Pearson's coefficient of correlation, also known as simple correlation, and diagnostic tests were presented. This was followed by a regression analysis, which further enhance our understanding of the relationships between variables.

4.3.1. Coefficient of Correlation Analysis

In this project paper, the researcher uses Karl Pearson's coefficient of correlation (or simple correlation), because it is the most widely used method of measuring the degree of relationship between two variables. This coefficient assumes that there is linear relationship between the two variables. Moreover, the two variables are casually related which means that one of the variables is independent and the other one is dependent; and a large number of independent causes are

operating in both variables so as to produce a normal distribution (Kothari, 2004). Stating only the relationship is not enough as it may involve both dimensions from zero (negative, zero itself, or positive). Therefore, to know the strength and type of correlation between variables, the following table is set as a rule of thumb for discussion of this project.

Table 4. 8: Rule of Thumb for about the Strength of Correlation of Coefficients

Range of Coefficient	Description of Strength
±.81 to ±1.00	Very strong
±.61 to ±.80	Strong
±.41 to ±.60	Moderate
±.21 to ±.40	Weak
±.00 to ±.20	None

Source: (Bhattacharjee A, 2012)

The following table shows correlation between variables of the study: Project quality implementation, Leadership, Resource Allocation, Organizational Culture, and Stakeholder Engagement. The first is dependent variable and the rest four are independent variables.

Table 4. 9: Correlation between Variables

		Leadership	Resource Allocation	Organizational Culture	Stakeholder Engagement	Project Quality Implementation
Leadership	Pearson Correlation	1	.367**	.188**	.420**	.620**
	Sig. (2-tailed)		0.000	0.001	0.000	0.000
	N	292	292	292	292	292
Resource Allocation	Pearson Correlation	.367**	1	.509**	.376**	.476**
	Sig. (2-tailed)	0.000		0.000	0.000	0.000
	N	292	292	292	292	292
Organizational Culture	Pearson Correlation	.188**	.509**	1	.203**	.310**
	Sig. (2-tailed)	0.001	0.000		0.000	0.000
	N	292	292	292	292	292
Stakeholder Engagement	Pearson Correlation	.420**	.376**	.203**	1	.604**
	Sig. (2-tailed)	0.000	0.000	0.000		0.000
	N	292	292	292	292	292
Project Quality Implementation	Pearson Correlation	.620**	.476**	.310**	.604**	1
	Sig. (2-tailed)	0.000	0.000	0.000	0.000	
	N	292	292	292	292	292

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

Source: Survey Questionnaire (2024)

A Pearson correlation coefficient measures the strength and direction of the linear relationship between two variables. It ranges from -1 to 1, with a value of 0 indicating no correlation. A positive value indicates a positive correlation, meaning that as one variable increases, the other tends to increase as well. A negative value indicates a negative correlation, meaning that as one variable increases, the other tends to decrease.

The table shows that all four independent variables have statistically significant positive correlations with project quality implementation at the 0.01 level (2-tailed). Here's a breakdown of the results:

Leadership has a moderately strong positive correlation with project quality implementation ($r = 0.620$). This means that projects with strong leadership are perceived to be of higher project quality implementation. Resource allocation has a moderate positive correlation with project quality implementation ($r = 0.476$). This means that projects with sufficient resources are perceived to be of higher project quality implementation. Organizational culture has a moderate positive correlation with project quality implementation ($r = 0.310$). This means that projects within a positive organizational culture are perceived to be of higher project quality implementation. Stakeholder engagement has a weak to moderate positive correlation with project quality implementation ($r = 0.376$). This means that projects with strong stakeholder engagement are perceived to be of higher project quality implementation.

Overall, the results suggest that leadership, resource allocation, organizational culture, and stakeholder engagement all play a role in project quality implementation at the Gulele Sub City Health Centers. Projects are more likely to be successful when there is strong leadership, adequate resources, a positive organizational culture, and good stakeholder engagement.

4.3.2. Diagnostic Tests

1) Multicollinearity

Multicollinearity refers to a statistical phenomenon in which two or more predictor variables in a regression model are highly correlated with each other. It poses a challenge in statistical analysis as it can lead to unstable and unreliable estimates of the regression coefficients, making it difficult to interpret the individual effects of the predictors accurately. (Savatsomboon, 2010).

According to (G. David Garson, 2012), multicollinearity is an unacceptably high level of intercorrelation among the independent variables, such that the effects of the independents cannot be separated. Beta weights and R-squares cannot be interpreted reliably even though predicted values are still the best estimate using the given independents. As a rule of thumb, intercorrelation among the independent variables above .80 signals a possible problem. Likewise, high multicollinearity is signaled when high R-squared and significant F tests of the model occur in combination with nonsignificant t-tests of coefficients. Tolerance and Variance Inflation Factor (VIF) of table 4.9 below are the means to identify the existence of multicollinearity problem.

If the tolerance value is less than some cutoff value, usually .20, the independent variable should be dropped from the analysis due to multicollinearity. VIF may be used in lieu of tolerance as VIF is simply the reciprocal of tolerance. The rule of thumb is that $VIF > 4.0$ when multicollinearity is a problem (G. David Garson, 2012).

Therefore, according to (G. David Garson, 2012), table 4.9 has tolerance values for all independent variables more than .20. In other words, intercorrelation score for each becomes 1 less the value of tolerance. In this analysis, the intercorrelation scores become as follows:

$$\text{Leadership} = 1 - .772 = 0.228$$

$$\text{Resource Allocation} = 1 - .630 = 0.37$$

$$\text{Organizational Culture} = 1 - .740 = 0.26$$

$$\text{Stakeholder Engagement} = 1 - .766 = .234$$

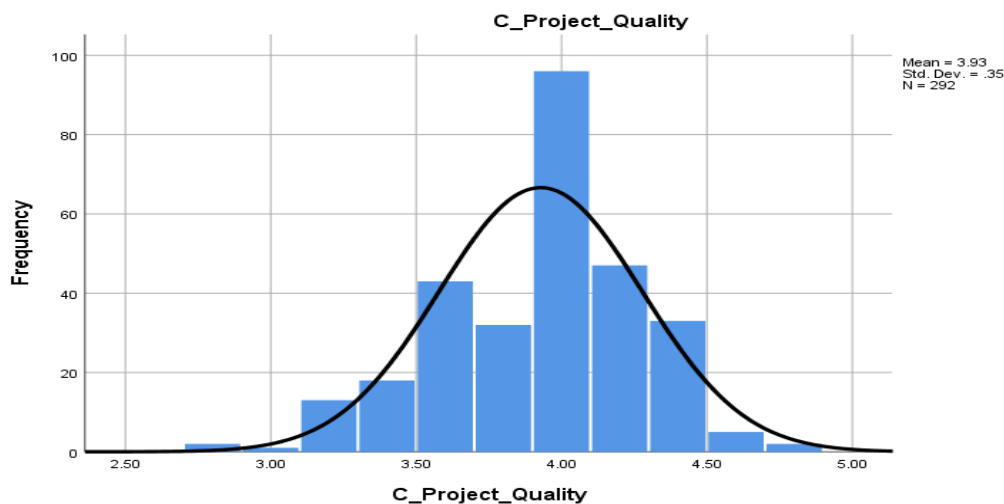
Hence, the computed intercorrelation values among the independent variables are much less than .80 indicate that multicollinearity is not a problem for the model. Turning to VIF method, since all values of the independent variables are much less than 4.0, multicollinearity is not again a problem. So, in both measures, there is no need to drop out a variable from the model. Table 4.9 shows that tolerance values are not less than the cut-off level of 0.20 and that the VIF values do not exceed 4.

Coefficients ^a							
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
	B	Std. Error	Beta			Tolerance	VIF

1	(Constant)	1.052	.155		6.811	.000		
	Leadership	.300	.034	.396	8.913	.000	.772	1.295
	Resource Allocation	.111	.036	.151	3.078	.002	.630	1.586
	Organizational Culture	.054	.029	.084	1.858	.064	.740	1.350
	Stakeholder Engagement	.278	.034	.364	8.161	.000	.766	1.305
a. Dependent Variable: Project Quality implementation								

2) Normality

In order to examine the normality, a histogram of the dependent variable is provided in Figure 4.6 below.



Source: Survey Questionnaire (2024)

In Figure 4.6 Histogram shows the shape & distribution of data. An approach to testing normality is to compare a histogram of the sample data to a normal probability curve. The empirical distribution of the data (the histogram) should be bell-shaped and resemble the normal distribution. Since the figure 4.6 above shows its bell-shaped & we can say that the data is normally distributed.

3) Reliability Test

Reliability is the degree to which the measure of a construct is consistent or dependable. There are many ways of estimating reliability one of which is internal consistency reliability. It is a measure of consistency between different items of the same construct. If a multiple-item construct measure is administered to respondents, the extent to which respondents rate those items

in a similar manner reflects internal consistency. This reliability can be estimated in terms of Cronbach's alpha (Bhattacharjee .A, 2012).

(Zikmund W.G, 2003) stated that the researcher should conduct the pre-testing to ensure the questionnaire's reliability and to make sure that measures are free from error and therefore yield consistent result. The reliability of the questions for each variable are obtained when Cronbach's coefficient alpha is at least 0.6. And the internal consistency and reliability of the questions will be considered higher if the result is near to 1. In general, a reliability of a scale or item may fall between 0 and 1. (George D. & Mallery P., 2003) also stated that a reliability score of greater than 0.9 is excellent, greater than 0.8 is good, greater than 0.7 is acceptable, greater than 0.6 questionable, greater than 0.5 is poor and less than 0.5 is unacceptable.

In this research, Cronbach's alpha model was used with 5 scales (Leadership, Resource Allocation, Organizational Culture, Stakeholder Engagement & Project Quality). Based on these scale items, the overall reliability of the questionnaire is 0.756, which is at acceptable level according to a criterion set by (George D. & Mallery P., 2003). Table 4.10 below depicts reliability of the survey questionnaire using Cronbach's alpha.

Table 4. 10: Reliability of the Survey Questionnaire

<u>Cronbach's Alpha</u>	<u>N of Items</u>
0.756	5

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Leadership	15.3339	1.847	0.504	0.719
Resource Allocation	15.4572	1.720	0.598	0.684
Organizational Culture	15.5103	1.823	0.392	0.770
Stakeholder Engagement	15.4255	1.848	0.511	0.717
Project Quality	15.3382	1.901	0.694	0.673

Source: Survey Questionnaire (2024)

The reliability for each scale is measured using Cronbach's alpha and the table shows inter-item correlation and the possible changes on reliability if an item is deleted from the scale. Therefore, it can be said from above (table 4.10) that the measurement instruments of this study are reliable.

4.3.3. Regression Analysis of the Study

In this paper, the researcher employs multiple regression analysis as the chosen statistical method. Multiple regression analysis is commonly utilized in studies where the researcher aims to examine the relationship between two or more independent variables and one or more dependent variables. This approach allows for the exploration of how the independent variables collectively affect the dependent variable(s) while controlling for other potential factors. By utilizing multiple regression analysis, the researcher can assess the individual and combined contributions of the independent variables, providing insights into the nature and strength of their influence on the dependent variable(s). (Baker. C, 2006).

Accordingly, with a regression analysis, it can be determined whether the independent variables explain a significant variation in the dependent variable, including whether a relationship exists. Regression analysis can determine how much of the variation in the dependent variable can be explained by the independent variables. That is, the strength of the relationship. In regression analysis this is measured by Adjusted R Square, R².

The dependent variable for this research project is “Project Quality implementation” whereas the remaining of four independent variables are “Leadership, Resource Allocation, Organizational Culture, and Stakeholders Engagement” regarding health centers in Gulele sub-city. Table 4.10 depicts a model summary of the regression output.

Table 4. 11: Model Summary

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.750 ^a	.563	.557	.23267	1.427

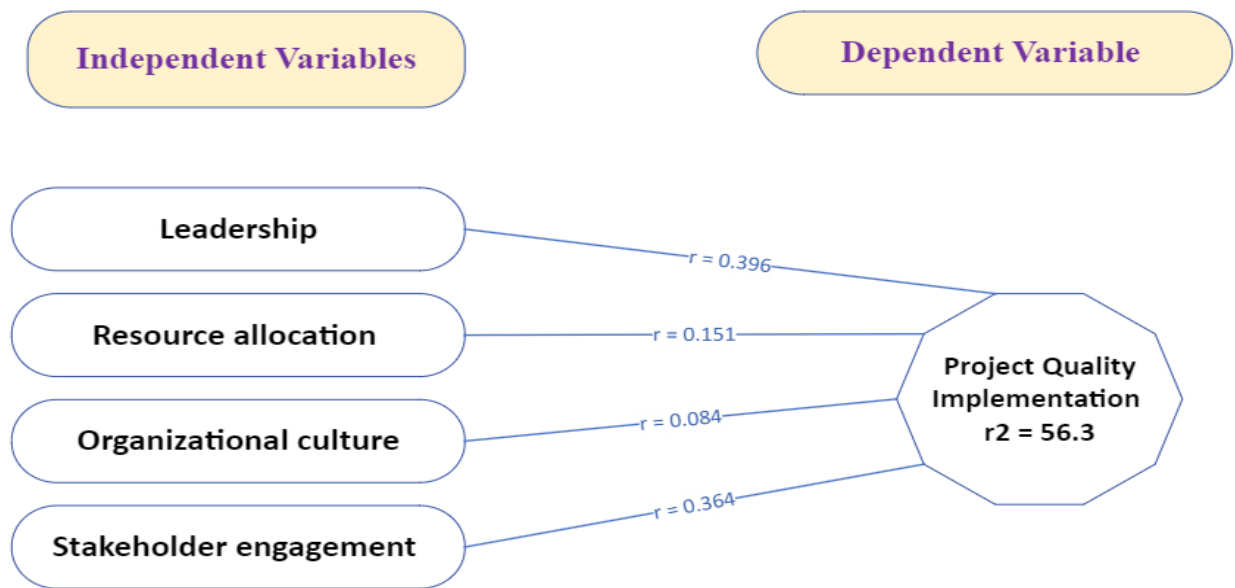
a. Predictors: (Constant), C_Stakeholder_Engagement, C_Organizational_Culture, C_Leadership, C_Resource_Allocation

b. Dependent Variable: C_Project_Quality implementation

From table 4.10 above, “R” has a score of .750. It is a multiple correlation coefficient between dependent and independent variables of the study. “R” represents the value of the multiple correlation coefficients between the predictors and the outcome (Field A., 2005). Here, this “R” value represents the simple correlation between corporate Leadership, Resource Allocation,

Organizational Culture, Stakeholder Engagement and Project Quality implementation. Overall, they have strong correlation. Again, the table indicates $R^2 = .563$. R square is the correlation between the dependent and independent variable values of the research. R^2 is also called the squared multiple correlation coefficient or the coefficient of determination since $(R)^2 = (0.750)^2 = .563$, which rounds to .56. So, table 4.10 above with $R^2 = .56$ means that the total variation in the dependent variable (project quality implementation) is explained or caused by 56 percent of the change (increase) in all independent variables: Leadership, Resource Allocation, Organizational Culture, Stakeholder Engagement. In other words, 44 percent of the variation in overall project quality implementation cannot be explained by these four independent variables. So, there must be other factors that are not incorporated in the model to explain project quality implementation. For further clarity, the following path diagram best explains the relationship and extent of effect of the variables.

Figure 4. 2: Path Diagram of the Research Model



Source: Survey Questionnaire (2024)

In figure 4.8 above, the path coefficients of this research model provide a validation of the theoretically assumed relationships between constructs (Adams et al., 2007). The individual path coefficients measure the magnitude of the causal relation between constructs; they can be interpreted as standardized beta coefficients of the regression (Henseler et al., 2009). All path coefficients are positive indicating that causal relation between variables is also positive.

4.3.4. Analysis of Variance

The findings on Analysis of Variance were illustrated on Table 4.11. The findings show that the joint model was statistically significant as the overall model had a significant (p) value of 0.000. The stated p value was lower than the significance level of 0.05 and hence the model overall is a good fit. These results indicate that Leadership, Resource Allocation, Organizational Culture, and Stakeholder Engagement are good predictors of Project Quality implementation.

Table 4. 12: ANOVA (Analysis of Variance)

		ANOVA ^a				
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	20.032	4	5.008	92.507	.000 ^b
	Residual	15.537	287	.054		
	Total	35.570	291			

a. Dependent Variable: Project Quality implementation

b. Predictors: (Constant), Stakeholder Engagement, Organizational Culture, Leadership, ResourceAllocation

4.3.5. Coefficients' Regression

Results of regression of coefficients were illustrated in Table 4.12. The findings indicate that there is an affirmative link among Leadership, Resource Allocation, Organizational Culture, Stakeholder Engagement and Project Quality implementation. These variables had coefficients (beta) of 0.396, 0.151, 0.084 & 0.364 respectively.

Leadership has the highest beta coefficient (0.396). This suggests that leadership has the strongest relative influence on project quality implementation among the four variables included in the model. In other words, for everyone standard deviation increases in leadership, project quality implementation is expected to increase by 0.396 standard deviations, controlling for the other variables.

Stakeholder Engagement has a beta coefficient of 0.364. This indicates a moderately strong positive relationship between stakeholder engagement and project quality implementation. For everyone standard deviation increases in stakeholder engagement, project quality implementation is expected to increase by 0.364 standard deviations.

Resource Allocation has a beta coefficient of 0.151, which is the smallest among the four variables. This suggests a relatively weaker influence of resource allocation on project quality implementation compared to leadership and stakeholder engagement. However, it's important to note that the beta coefficient is still positive, indicating a positive relationship.

Organizational Culture has a beta coefficient of 0.084. This is the fourth-smallest coefficient, suggesting a weaker influence on project quality implementation compared to the other variables. However, similar to resource allocation, the positive sign indicates a positive relationship.

4.4. Discussion

The research aims to assess the factors affecting project quality implementation in Gulele Sub City Health Centers. The study recognizes the importance of project success and emphasizes the need to understand the determinants of project quality implementation in healthcare settings.

The findings of the study revealed that four of the independent variables, notably Leadership, Resource Allocation, Organizational Culture, and Stakeholder Engagement, have a significant influence on project quality implementation.

The research results demonstrate that effective leadership plays a crucial role in driving the project quality implementation. The findings indicate that leaders who are strong and committed have a significant impact on setting the vision, providing direction, and creating a supportive environment for project teams. These findings align with prior research conducted by Kaplan et al. (2010), which emphasizes the importance of effective leadership in healthcare organizations. Their study highlights that strong leadership is essential for establishing clear goals, fostering a culture of accountability, and promoting continuous improvement within healthcare settings. Kaplan et al. found that leadership plays a critical role in motivating healthcare professionals to actively participate in quality improvement initiatives, leading to improved project outcomes.

On a continental scale, studies in Africa have also underscored the importance of leadership in healthcare. For instance, the research by Olumide et al. (2019) in Nigeria showed that leadership quality directly affects the implementation of health projects and the overall performance of healthcare teams. Effective leaders were found to be instrumental in navigating the complexities of the healthcare environment, particularly in resource-limited settings, by providing clear guidance and support to their teams.

Nationally, within Ethiopia, similar findings have been reported. A study by Abebe and Debelo (2021) indicated that leadership effectiveness is a key determinant of project success in the healthcare sector. The study highlighted that Ethiopian healthcare leaders who exhibit transparency, effective communication, and empower their employees significantly enhance the implementation of healthcare projects. This research echoes the global and continental findings by emphasizing the need for strong leadership to drive project quality and achieve desired outcomes.

Taken together, these findings from global, continental, and national perspectives highlight the critical role of effective leadership in driving successful project quality implementation. Strong leadership, characterized by open communication, transparency, and employee empowerment, is essential for motivating healthcare professionals, fostering a culture of continuous improvement, and ultimately achieving better project outcomes. The consistency of these findings across different contexts underscores the universal importance of effective leadership in the healthcare sector.

These findings are consistent with the research conducted by Jiang et al. (2014), which underscores the significance of resource allocation in supporting project activities and achieving successful outcomes. Jiang et al. found that adequate financial, human, and material resources are crucial for project success across various sectors, including healthcare. Their study highlights that insufficient resource allocation can lead to project delays, increased costs, and compromised quality, ultimately affecting the overall effectiveness of healthcare services.

On a continental scale, studies across Africa, such as those by Oleribe et al. (2019), have demonstrated similar conclusions. For example, research in Ghana and Nigeria has shown that inadequate resource allocation is a major barrier to effective healthcare delivery and project implementation. These studies emphasize the need for substantial investment in financial, human, and material resources to improve healthcare outcomes and ensure the successful execution of health projects.

Nationally, within Ethiopia, the importance of resource allocation has also been recognized. A study by Assefa and Mitike (2020) highlighted that many healthcare projects in Ethiopia suffer from resource constraints, particularly in rural areas. Their findings suggest that improving resource allocation is critical for enhancing the quality of healthcare services and achieving project

goals. This research aligns with global and continental findings, reinforcing the necessity of adequate resource provision to ensure project success and high-quality healthcare delivery.

In conclusion, the consistent findings across global, continental, and national studies highlight the indispensable role of resource allocation in healthcare project management. Adequate financial, human, and material resources are essential for the successful implementation of healthcare projects and the delivery of high-quality care. Healthcare organizations must prioritize resource allocation to support project activities, prevent delays, and ensure the attainment of project objectives. The alignment of these findings across different contexts underscores the universal importance of sufficient resource provision in achieving successful healthcare outcomes.

The research findings underscore the significant influence of organizational culture on the success of project quality implementation in healthcare. A positive organizational culture, characterized by shared values, norms, and beliefs, plays a crucial role in creating an environment where employees are motivated to actively participate in project activities and contribute to quality improvement efforts. When healthcare professionals feel a strong alignment with the organization's mission and values, they are more likely to demonstrate a high level of commitment to delivering excellent care and embracing innovative approaches to project implementation. On the contrary, a negative or dysfunctional organizational culture can pose substantial barriers to project quality implementation. This finding aligns with the research conducted by Fisher et al. (2017), which emphasizes the pivotal role of organizational culture in shaping the success of project quality implementation in healthcare settings. Their study highlights that a positive culture fosters employee morale, job satisfaction, and collaboration, ultimately contributing to the overall success of the project. Therefore, healthcare organizations should prioritize cultivating a positive organizational culture that supports and encourages quality improvement initiatives to optimize project outcomes.

The study's findings indicate that effective stakeholder engagement is a crucial factor in the success of healthcare project quality implementation. Engaging stakeholders, including healthcare professionals, patients, community members, government agencies, and other relevant parties, plays a vital role in identifying needs, garnering support, and ensuring the sustainability of healthcare projects. By involving stakeholders throughout the project lifecycle, their perspectives can be considered, priorities can be aligned, and collective efforts can be directed towards

achieving project goals. The research findings highlight the significance of stakeholder engagement in healthcare projects and suggest that involving stakeholders in decision-making processes enhances the project quality implementation. These findings are consistent with the research conducted by Jiang et al. (2014), which emphasizes the importance of effective stakeholder engagement in healthcare projects. Their study underscores that involving stakeholders, such as healthcare professionals, patients, and government agencies, contributes to identifying needs, garnering support, and ensuring the long-term viability of healthcare projects. Therefore, healthcare organizations should prioritize stakeholder engagement as a key aspect of project planning and implementation to enhance project outcomes and promote sustainability.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5. Introduction

This chapter presents the summary of findings of the analysis, the conclusion drawn from the study and the needed recommendations for further study and enhancement of strategic planning.

5.1. Summary

- The descriptive analysis examined the characteristics of respondents and measured the study variables using means and standard deviations. It showed that most respondents were male healthcare professionals between 31-40 years old with diploma-level education. Regarding the study variables, leadership scored highest with a mean of 4.1 out of 5, while organizational culture scored lowest at 3.7.
- The correlational analysis using Pearson's coefficient examined the relationships between variables. It found significant positive correlations between all variables, with leadership most strongly correlated to project quality implementation at 0.62. This indicates that better leadership is linked to higher project quality implementation. Resource allocation and stakeholder engagement also exhibited moderate to strong correlations with project quality implementation above 0.60.
- The regression analysis evaluated the influence of independent variables (leadership, resources, culture and stakeholders) on the dependent variable of project quality implementation. The model summary revealed an R-squared value of 0.563, meaning the independent variables explained 56.3% of the variance in quality. The ANOVA results showed the regression model was significant.
- Examining the coefficients, leadership had the highest beta value of 0.396 and was statistically significant in influencing project quality implementation. This highlights the important role of leadership in driving project quality implementation. Resources and stakeholders also significantly impacted project quality implementation. While organizational culture significantly correlated, its influence was lower in regression relative to other variables.

- In summary, the findings suggest that leadership, resources, organizational culture and stakeholder engagement positively influence project quality implementation. Leadership emerged as the most important factor, followed by resources and then stakeholders. These results provide valuable insight into improvement areas for healthcare managers seeking to enhance project success.

5.2. Conclusion

The purpose of this study was to assess the factors influencing project quality implementation within Gulele Sub City Health Centers in Addis Ababa, Ethiopia. The study aimed to examine how leadership, resource allocation, organizational culture, and stakeholder engagement impact project quality implementation.

An explanatory research design was utilized to conduct this quantitative study. Data was collected from 292 healthcare professionals working at Gulele Sub City Health Centers using a structured questionnaire. The questionnaire gathered data on the independent variables, including leadership, resource allocation, organizational culture, and stakeholder engagement. It also measured the dependent variable, which is the project quality implementation. The collected data was analyzed using the Statistical Package for Social Sciences software. Both descriptive and inferential statistics were applied. Specifically, correlation analysis, regression analysis, ANOVA, and coefficients' regression were employed to analyze the relationship between the study variables.

The findings revealed that all four factors have a significant positive relationship with project quality implementation. Of the variables, leadership was found to have the strongest influence on project quality implementation. Conversely, organizational culture exerted the weakest impact while still being statistically significant. Other conclusions indicated that enhancing resource allocation and improving stakeholder engagement can positively contribute to better project outcomes. Organizational culture, characterized by shared values, norms, and beliefs, significantly impacts project quality implementation. A positive culture promotes employee engagement, collaboration, and innovation, while a negative culture can impede progress and hinder project success.

In conclusion, the study provides valuable insights into identifying strategies to drive improvements in healthcare project quality implementation within Gulele Sub City Health Centers.

The results emphasize the critical role of leadership in project success as well as underscore the importance of fostering supportive organizational culture and collaborative stakeholder relationships. Addressing gaps in these areas could help optimize processes and enhance healthcare delivery, ultimately benefiting both staff and the community.

5.3. Recommendations

Based on the research findings and conclusions, the following recommendations are proposed to enhance project quality implementation in healthcare settings, particularly in Gulele Sub City:

- **Leadership Development:** health centers should invest in leadership development programs to cultivate effective leaders who can provide direction, foster a culture of accountability, and promote continuous improvement.
- **Resource Planning and Allocation:** Adequate resource planning should be conducted to ensure the availability of financial, human, and material resources necessary for project quality implementation. Resource allocation should be strategic and aligned with project needs to avoid delays, cost overruns, and compromised project quality implementation.
- **Organizational Culture Transformation:** Efforts should be made to foster a positive organizational culture that promotes collaboration, innovation, and a commitment to excellence. This can be achieved through clear communication, employee engagement initiatives, and a supportive work environment.
- **Stakeholder Engagement Strategy:** health centers should develop a comprehensive stakeholder engagement strategy that involves relevant parties throughout the project lifecycle. Stakeholders' perspectives should be considered, and their support should be garnered to ensure project success and sustainability.
- **Continuous Monitoring and Evaluation:** Regular monitoring and evaluation of project implementation should be conducted to identify challenges and make necessary adjustments. Lessons learned should be documented and shared to facilitate continuous improvement.

5.4. Suggestion for Future Direction

One suggestion is to conduct a study on project quality implementation in a different sector, such as the private sector, manufacturing sector, agricultural sector, or any other sector of interest. The purpose of this suggestion is to explore whether the findings and results obtained in the current study are consistent across different sectors. By conducting research in various sectors, researchers can gain a broader understanding of the factors influencing project quality implementation and determine if there are sector-specific nuances or generalizable principles that apply across different industries. This future research could contribute to expanding the knowledge base and providing a more comprehensive understanding of project quality implementation dynamics in diverse sectors.

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Appendix I: Questionnaire

English Version

Addis Ababa University

School of Commerce

Questionnaire Prepared for Healthcare Professionals

Questionnaire code.

Dear Respondent,

This questionnaire is designed to gather data from healthcare professionals and staff directly engaged in project activities within Gulele Sub City Health Centers. It is developed by a student at school of commerce working on a project “Assessment of Factors Affecting Project Quality Implementation in Gulele Sub City Health Centers” for master’s degree in project management, which is intended to help the researcher collect data to achieve academic pursuit. It is also highly expected that with your active participation, the outcome of this research would lead to recommendations that may help the insurance company to bridge the gap with its strategy planning process. All respondents are assured that their responses are for academic purpose and that their identity would be protected at all times based on ethical principles of confidentiality and anonymity. Your cooperation is highly anticipated as the success of the study largely depends on your truthful and sincere responses.

I thank you so much for your cooperation!

SECTION A: SAMPLE DEMOGRAPHICS (PLEASE TICK AS APPROPRIATE)

1) Gender

- a) Male
- b) Female

2) Age

- a) Under 25
- b) 25-34
- c) 35-44
- d) 45-54
- e) 55 and above

3) Position/Role within the Health Center:

- a) Top Level Manager
- b) Project Manager
- c) Healthcare Professional (e.g., doctor, nurse)
- d) Frontline Staff (e.g., administrative staff, support staff)
- e) Other (Please specify): _____

4) Years of Experience:

- a) Less than 1 year
- b) 1-3 years
- c) 4-6 years
- d) 7-10 years
- e) More than 10 years

SECTION B: FACTORS INFLUENCING PROJECT QUALITY IMPLEMENTATION

Please indicate your level of agreement with each statement using the Likert scale provided (1-5), where: (1= Strongly Disagree; 2= Disagree; 3= Neutral; 4= Agree; 5= Strongly Agree)

S/No.	Leadership:	1	2	3	4	5
1	The project manager demonstrates effective leadership skills.					
2	The project manager effectively communicates project goals and objectives.					
3	The project manager motivates and inspires the project team.					
4	The project manager effectively resolves conflicts within the team.					
S/No.	Resource Allocation:	1	2	3	4	5
1	Adequate resources are allocated to the project.					
2	The project team has access to the necessary tools and equipment.					
3	The project team receives sufficient financial support.					
4	Resources are allocated efficiently based on project needs.					
S/No.	Organizational Culture:	1	2	3	4	5
1	The organizational culture promotes collaboration and teamwork.					
2	There is a culture of innovation and continuous improvement within the organization.					
3	The organization values and supports project management practices.					
4	The organization encourages open communication and knowledge sharing.					

S/No.	Stakeholder Engagement:	1	2	3	4	5
1	Stakeholders are actively involved in the project planning process.					
2	Stakeholders' expectations and needs are effectively managed.					
3	The project team maintains regular communication with stakeholders.					
4	Stakeholders are satisfied with their level of involvement in the project.					
S/No.	Project Quality Implementation	1	2	3	4	5
1	The project is executed according to the defined scope and objectives.					
2	The project deliverables meet or exceed quality standards.					
3	The project is completed within the specified time frame.					
4	The project meets stakeholders' expectations.					
5	Overall, the project quality implementation is satisfactory.					