



## **DETERMINANTS OF STRATEGY IMPLEMENTATION ON PERFORMANCE OF LEVEL 6 PUBLIC HOSPITALS IN KENYA**

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### **ABSTRACT**

This study aimed at establishing the impact of strategy implementation on the performance of level 6 Public Hospitals in Kenya. Specifically, the study intended to establish whether Organizational culture and strategic communication have impact on the performance of Level 6 Public Hospitals in Kenya. The fundamental importance of strategy management is that the world keeps evolving. Strategy implementation is a series of actions aimed at putting a selected strategy at work by planning how the chosen strategy can be put into effect and managing the changes required. Organizations have come up with credible strategies which have failed to see the light of day due to poor implementation. For successful implementation, an organization's various resources, systems, structures and other variables must be expended. Many studies have been carried out on various issues on strategy management but none has focused on the impact of strategy implementation in national level 6 hospitals in Kenya. This study aims to evaluate impact of strategy implementation on performance of level 6 public hospitals in Kenya. To achieve the objective of this study, data was collected from the respondents in level 6 public hospitals in Kenya. The study will use secondary and primary data to collect and analyze the data. The data will be collected using questionnaires. The target population of the study will be all the level 6 public hospitals in Kenya. The data collected will be analyzed for completeness and edited before being coded and entered into a computer software SPSS version 17 for analysis. The variables of the study will be analyzed using descriptive statistics such as mean, frequencies, and standard deviation. The findings of this study will provide useful information to the government and Hospital leadership on the best competitive strategies in today's volatile and dynamic environment.

**Key Words:** Strategy Implementation, Performance of level 6 Public Hospitals, Organizational Culture, Strategic Communication

## Background of the study

In order for an organization to be competitive and effective, it must be able to translate its strategy into concrete action which must be carefully implemented. The way strategies are crafted and implemented determines whether an organization may succeed, survive or die (Kihara, 2016). According to Pearce & Robinson 2004, the three main stages of strategy implementation in an organization are first and foremost the identification of measurable, mutually determined objectives, secondly is development of functional objectives and lastly the development and communication of policies to guide decision making. Pearce & Robinson 2004, further state that annual objectives play a major role in converting an organization's long-term objectives into specific short-term objectives that are Specific, measurable, achievable, realistic and timely (SMART). Functional strategies translate the grand strategies at the business level into current action plans for sub-units of the company (Pearce & Robinson, 2004). Policies provide specific guidelines for operational managers and their subordinates in relation to the process of strategy implementation.

The Alma-Ata Conference of 1978 is a Primary Health Care (PHC) movement of professionals and institutions, governments and civil society organizations, researchers and grassroots organizations that was held to challenge the "politically, socially and economically unacceptable" inequalities in all countries. The Declaration of Alma-Ata was precise about the values that were agreed upon by representatives from all participating countries which include social justice and the right to better health for all, participation and solidarity (WHO, 2008). The vision of the future of PHC progression in Africa was established as a result of the recommendations and reflections of the Alma-Ata conference of 1978. African countries" have since shown effort in achieving PHC through invigorating their country health strategies which were mainly based on lessons learned from past developments.

The African Region has pledged to realizing Public Health Care Services for All in the 21st century through its strategic plans; these include the International Conference on Primary Health Care and Health Systems, that took place in Ouagadougou (2008); the Abuja Declaration to that advised countries to increase to 15% the proportion of their respective national budgets allocated to health (2001); and the Addis Ababa Declaration on Community Health in the African Region (2006) (WHO, 2018).

The development of the Kenya Health Sector Strategic Plan 2018–2023 is guided by the Constitution of 2010, the Kenya Vision 2030 and the Kenya Health Policy 2014–2030. The Kenyan 2010 Constitution states that every person has the right to the highest attainable standard of health, while enshrining a system of devolved government to ensure improved service delivery, greater accountability, improved public participation and equity in the distribution of resources. The Kenyan Constitution provides an overarching legal framework to ensure a comprehensive rights-based approach to health services delivery. It provides that every person has a right to the highest attainable standard of health, which includes reproductive health and medical emergency care.

The Kenya Vision 2030 aims to transform Kenya into a globally competitive and prosperous country with a high quality of life by 2030. Improved health is a critical driver in the achievement of this vision. The goal of the health sector as outlined in the social pillar of Kenya's Vision 2030 is to provide equitable and affordable healthcare to all citizens. such as the Sustainable Development Goals (SDGs).

The Kenya Health Policy 2014-2030 outlines the direction that the sector is taking to ensure significant improvements are made in the overall status of health in Kenya in line with the Constitution of Kenya 2010, the country's long-term development agenda, Vision 2030 and global commitments. The Kenya Health Policy 2014–2030 aims for a level and distribution of health services commensurate with those of a middle-income country, through the attainment

of specific health-related targets. Kenya has made significant progress towards the achievement of Universal Health Coverage (UHC) by ensuring that delivery of health care services at all levels of the health system, is equitably distributed and adequately supported with access to quality products.

In line with Kenya's Vision 2030 and the Sustainable Development Goals, The Government of Kenya through the Bottom-Up Economic Transformation Agenda (BETA) has committed to providing Universal Health Coverage (UHC) as part of socio-economic transformation by providing equitable, affordable and quality health care of the highest standard to all Kenyans. As the country draws the roadmap towards accelerating implementation of the BETA Health Agenda, determining the level of service availability and readiness across the sector is paramount.

The strategic direction for the health sector in Kenya has been defined through the Kenya Health Policy (KHP) 2014-2030 and the Kenya Health Sector Strategic Plan (2018-2023), in line with the Kenya Vision 2030 and the Bottom-up Economic Transformative Agenda (BETA). A Health Systems Thinking Approach has been introduced to guide health sector investments and intervention to maximize on the overall sectoral inputs; presenting a paradigm shift from managing disease and illness to an emphasis on ensuring a healthy population. The Ministry of Health is committed to supporting provision of equitable, affordable and quality health services at the highest attainable standard to all Kenyans. This will ensure access to quality and affordable health services in line with the Constitution and thus accelerate the attainment of Universal Health Coverage (UHC)

Ensuring that patients receive quality health care has become an important objective for health systems in developed and developing countries alike. In response to numerous research and media highlighting poor quality, increasing patient and stakeholders' expectations, hospital managers are under immense pressure to provide quality healthcare. There is a general belief, supported by growing research literature, that there are effective methods to improve health care service quality for patients. Health care facilities are increasingly expected by financiers, patients and even governments, to introduce quality control systems and outcome enhancement strategies. Numerous health care managers and practitioners trust that action would be taken, but are uncertain of how to progress, especially within resource constraints. According to Gamble, Strickland and Thompson (2007) when things go as planned the organization meets or exceeds its strategic and financial performance goal, plan execution can be considered a success and show good progress in achieving strategic vision for management. Well implemented strategies lead to improving organizational efficiency. Thompson and Strickland (2007), stress that seamless implementation of strategies drives business growth and increases business competitiveness

### **Statement of the Problem**

Public hospitals play a pivotal role in providing essential healthcare services to the population. These institutions serve as critical components of healthcare systems in many countries, catering to diverse communities with a wide range of medical needs, (Davis&Turner 2019). The performance of public hospitals is a multifaceted concept that involves various dimensions, including efficiency, quality of care, patient satisfaction, financial sustainability, and accessibility. The performance of public hospitals can be defined as the effectiveness and efficiency with which these institutions deliver healthcare services to the population they serve (Becker et al., 2020). This definition encompasses a range of aspects, such as medical outcomes, patient experiences, resource utilization, and financial management, (Wong et al.,2021). It goes beyond mere medical treatment and extends to encompass the overall patient journey, from admission to discharge, and the impact of the hospital's services on the community's health and well-being. Evaluating and improving the performance of public

hospitals is crucial to ensuring that citizens receive the best possible healthcare services, (Amoako et al.,2019).

Measuring the performance of public hospitals holds significant importance for several reasons. Firstly, it allows policymakers and healthcare administrators to identify areas of improvement and allocate resources effectively, (Khumalo et al.,2019). This ensures that limited resources are used optimally to provide the best possible care to patients. Secondly, performance measurement fosters accountability and transparency in the healthcare system. By setting clear metrics and evaluating performance against those standards, hospitals are held accountable for their actions and outcomes, (Wanjiku et al.,2020).

Thirdly, assessing performance enables benchmarking against other hospitals and healthcare institutions, both nationally and internationally, facilitating knowledge sharing and best practice adoption. The report on status of national referral hospitals in Kenya by the National Assembly Health Committee (2019) reveals that the country's national referral hospitals are confronted by a number of challenges. One of the key concerns was acute shortage of competent healthcare providers across the national referral hospitals posing a threat to the delivery of specialized health care. KNH is overcrowded as a result of failed referral system and a shortage of 1456 staff, compromising quality service delivery. National spinal injury hospital's lack of emergency room services led to late admissions with patients having complications of spinal diseases. The hospital also recorded a 40% mortality rate at 2 years post discharge as a result of poor referral system. Mathari Teaching and Referral Hospital, being the only national referral mental hospital in the country, falls significantly short of international standards in terms of services provided and staff ratio. Moi Teaching and Referral Hospital was found to be the most overstretched, with a clinical burden of 110% bed occupancy as a result of the high patient number (National Assembly health committee report, 2019).

Furthermore, these problems were compounded by perennial healthcare worker strikes, crippling the healthcare services. The severe shortage of health specialists coupled with these other challenges is likely to jeopardize the country's efforts to realize the right to health, and pose a threat to the achievement of the Sustainable Development Goal (SDG) 3, which focuses on ensuring healthy lives and promoting well-being for all by reducing the burden of priority diseases, reducing mortality and achieving Universal Health Coverage (UHC).

A 2021 report by the Ministry of Health also revealed that only 40% of the hospitals in the county possessed adequate medical equipment, while the rest lacked essential supplies such as drugs, surgical equipment, and diagnostic tools. This shortage of equipment and supplies poses challenges for healthcare workers in providing necessary care, resulting to suboptimal health outcomes for patients.

The performance of public health facilities in developing and undeveloped countries raises concerns among both healthcare providers and healthcare users. There are many studies examining the area of general well-being (Afonina, 2015). Most general welfare offices in Kenya are dissatisfied with the quality-of-service delivery as a percentage of the organization's performance and have been found to prevent them from providing productive control to their patients (Wambugu, 2017).

Effective strategy implementation is critical for the success of Level 6 Public Hospitals in Nairobi County, Kenya. Despite the formulation of strategic plans, many Level 6 Public Hospitals struggle to effectively implement these strategies, leading to suboptimal performance and outcomes. The problem lies in identifying and addressing the determinants that hinder successful strategy implementation within these healthcare institutions.

According to research done by Olson et al. (2018), up to 58% of organizations perform poorly since they do not correctly implement strategies meant to improve their performance. A study conducted at Kenyatta National hospital on the factors affecting provision of quality services

in the public health sector concluded that low adoption of technology, general low employee capacity, poor communication channels, poor strategy implementation and inadequate project funding as the main factors hindering the quality of services delivered in the health facilities to the customers especially in the public health facilities and this generally affects the levels of customer satisfaction, customer loyalty and the perception of the clients in relation to the services offered in the health facility (Kimani, 2017).

Although formulating a consistent strategy is a difficult task for any management team making strategy work and implementing it throughout the organization is even more difficult (Hrebiniak, 2006). This is despite most of the level 6 public hospitals having elaborate strategic plans purportedly driving their operation and performance, they do not adequately or exhaustively implement their strategic plans. The best formulated strategies may fail to produce the desired performance for the organization if they are not successfully implemented. Healthcare organizations need key strategy implementation determinants that must be given priority leaders must consider them for successful organizational performance. These determinants are crucial, as failure in these areas can lead to significant negative outcomes in the health sector.

It is acknowledged that strategic management practices affect the performance of an organization. Ojera et al. (2011) established a noteworthy effect on corporate performance from belief management practices in the sugar business. Also, Kuye (2013) established a great positive link between important management samples in Nigeria and the organization execution of assembly companies. Nevertheless, the focus of research to date has been limited to the practice of strategic management in mission hospitals. Theuri et al., (2014) concentrated on key determining factors of significant worth expansion in the seafood company in developing nations and suggested further examination concentrates on in different industries.

Several studies have explored the relationship between operational strategy on performance in public hospitals. For instance, Chmielewska, (2022) investigated organizational performance in public hospitals in Nigeria, finding that while social factors and technical elements play a significant role in management, their impact on hospital operations is minimal. In a separate study, Lubanga (2019) examined the non-financial performance and strategic control processes at Nairobi Hospital. This study therefore sought to fill the knowledge gap by determining impact of strategy implementation on the performance of level 6 public hospitals in Kenya.

### **General objectives**

To determine the determinants of strategy implementation on performance of Level 6 Public Hospitals in Kenya.

### **Specific Objectives**

- i. To examine influence of organizational culture on the performance of Level 6 Public Hospitals in Kenya
- ii. To investigate role of strategic communication on the performance of Level 6 Public Hospitals in Kenya

## **LITERATURE REVIEW**

### **Theoretical Framework**

#### **Organizational Culture Theory**

Employees must absorb the organizational culture at the maximum strength and top management should provide a precise guideline and direction to motivate the employees to leverage on the organizations culture to achieve the company's objectives (Rehman, 2012).

The impact of an appropriate organizational culture on the well-being of the business organization has been explicitly recognized by many organizational researchers (Camerer and Vespasian, 2008; Wilkins and Ouchi, 2008). Culture has traditionally been recognized as a consideration in the strategy implementation process (Bourgeois and Brodwin, 2009; Galbraith and Kazanjian, 2006).

Culture is assumed to explain the success of some organizations (Peters and Waterman, 2007), to represent an essential element in effectiveness of organizations if it fits the strategy (Schwartz and Davis, 2001), to act as a determinant of strategy (Ackerman, 2007), or as an influence on the implementation of strategic decisions (Schwartz and Davis, 2006).

Since the organizational culture theory was first presented by Pacanowsky and O'DonnellTrujillo (1982), many other researchers (for example, Cameron & Quinn, 1999; Kim, 2017; Markovic, 2012) have utilized it to examine various organizational cultures. Numerous subsets within cultures like the CVF model of Cameron & Quinn (1999) encompassing the four types of organizational culture have also been studied. Such claims contribute to the recognition that culture plays a large role in the overall implementation of strategy.

The hospital management should know how to develop the organizational cultures in an effective way and have the benefit of advancement in productivity and the quality of work life among the employees to improve performance. Since the culture of society directly and indirectly affects the organizational culture, it can be inferred that a strong social culture leads to a unified organizational culture which consequently maintains organizational strategy implementation process leading to high organizational performance. The theory is anchored to influence of organizational culture on performance of level 6 public hospitals in Kenya.

### **Leadership approach**

The leadership approach to strategy implementation puts emphasis on the influence of leaders in the rollout of a strategy. Hrebiniak (2005) considers lack of coordination, procedures and guidelines as the main problems that lead to failure in strategy implementation. Kaplan and Norton (2005) suggest that this problem can be exacerbated by using strategy maps, which do not link strategy to implementation plans that enable better planning and organising. In addition to the organisational contextual variables, it is important to realise that the success of implementation depends on leadership (Ćater & Pučko, 2010). In this respect, leadership is critical in translating a strategy into action. Specifically, senior management in the organisation are responsible for setting and giving direction to the organisation's strategy formulation, implementation, control, monitoring and evaluation processes, and, "ultimately, the successful transition from formulation to implementation depends on leadership" (Freedman & Tregoe, 2004:111).

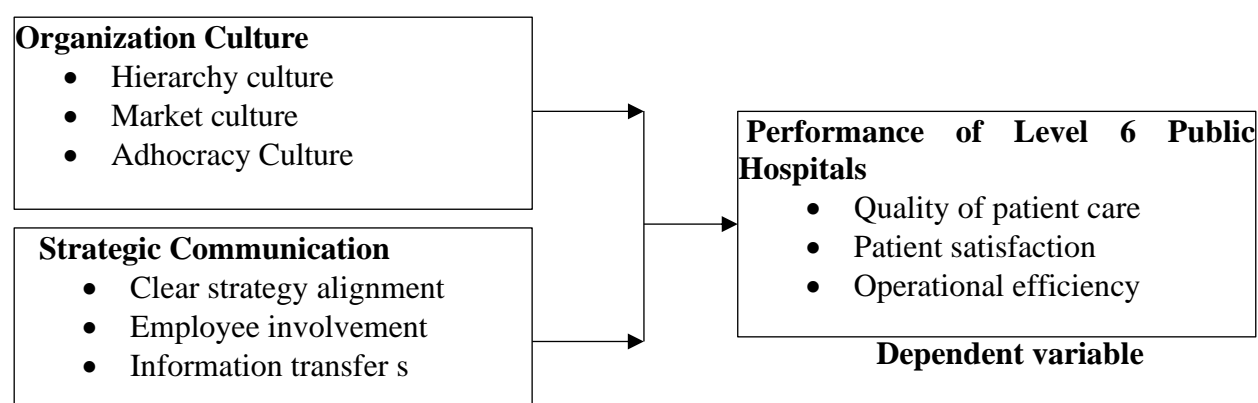
Transformational leadership involves inspiring followers by providing a sense of vision, mission and purpose (Wright, Moynihan & Pandey, 2012). As a result, the transformational leadership style serves as an agent of change to develop capabilities, provide direction, support followers, maximize resources and address challenges to bring about organizational effectiveness (Sadeghi & Pihie, 2013).

According to Jansen, Vera and Crossan (2009), the foundation for organizational performance lies in exploring existing competencies and exploiting new competencies Senior management explicitly manages the balance of exploration and exploitation of competencies by bringing in new competencies to some units while utilizing well-developed competencies in others. Transformational leaders are well suited for exploring core competencies because they are willing to take risks and to challenge assumptions. Their ability to communicate effectively and to mobilize commitment to realize organizational goals enables them to promote the exploration of core competencies (Jansen et al., 2009:7–9).

Through idealised influence and inspirational motivation, transformational leaders are able to provide ideological explanations and will be able to link individual skills and capabilities to the required core competencies in the interest of the organisation's mission (Shamir, House & Arthur, 1993). By providing intellectual stimulation, transformational leaders are able to encourage exploratory thinking processes and "out-of-the-box" thinking. Leaders with transformational style behaviours recognise the importance of competencies, are able to identify them as their own and will try to explore core competencies throughout the organisation (Jansen et al., 2009). The theory provides the link between organization leadership and strategy implementation to improve organization performance. It helps the staffs to develop broad knowledge, capacity and specialized skills and dedication with the guidance and encouragement of their leader as they gain greater mastery of the role or position. In this study the theory is anchored to role of leadership on performance of level 6 public hospitals in Kenya

### Conceptual Framework

A conceptual framework serves as a navigational tool for researchers, aiding in the structuring and organization of research endeavors (Kaur & Sidhu, 2017). It not only assists in identifying research gaps but also delineates research questions and guides the selection of appropriate methodologies and data analysis techniques. By facilitating conceptual distinctions and organizing ideas, a conceptual framework elucidates the interrelationships between independent and dependent variables. Relationship in dependent and independent variables is usually given in a diagram using a conceptual framework (Kelley & Knowles, 2016). Organizational performance is the study's dependent variable, and the variables that are considered independent of it include; organizational performance, Organizational culture, and strategic communication.



### Independent Variables

**Figure 2. 1: Conceptual Framework**

#### Organizational Culture

Cameron and Quinn (2006) in their book *Diagnosing and Changing Organizational Culture* summarized organizational cultures into four groups, which have been cross-classified on two competing values dimensions. The four dimensions of culture are: clan, market, hierarchy, and adhocracy. They Cameron and Quinn (2006) say more than 80 per cent of the several thousand organizations they have studied have been characterized by one or more of the culture dimensions identified by the framework.

According to Cameron and Quinn (2006), a clan culture is similar to a family-type organization, which has a strong sense of shared values, cohesions, goals, teamwork, and Employees' involvement in decision making. Hierarchy culture can be described as a tightly controlled culture, which is evidenced by large numbers of standardized procedures, multiple hierarchical levels, and an emphasis on rule-reinforcement (Hofstede et al., 1990). According to Cameron

and Quinn (2006), a clan culture is similar to a family-type organization, which has a strong sense of shared values, cohesions, goals, teamwork, and Employees' involvement in decision making. The organization is committed to the welfare of its employees because it views itself more as an extended family than an economic entity (Cameron & Quinn, 2006).

Hierarchy culture is characterized by structured and formalized rules, which are the glue that holds the organization together resulting in stability, performance with efficiency, and a smooth operation (Cameron & Quinn, 2006). Hierarchy culture can be described as a tightly controlled culture, which is evidenced by large numbers of standardized procedures, multiple hierarchical levels, and an emphasis on rule-reinforcement (Hofstede et al., 1990)

Market Culture in an organization is characterized by orientation toward the external environment instead of internal affairs (Cameron & Quinn, 2006). It is focused on transactions with mainly external constituencies including suppliers, clients, licensees, contractors, and regulators. Adhocracy culture on the other hand is to adapt to the ever-changing environment by being creative and able to reconfigure itself rapidly when a new circumstance occurs (Cameron & Quinn, 2006).

Adhocracy culture is to adapt to the ever-changing environment by being creative and able to reconfigure itself rapidly when a new circumstance occurs (Cameron & Quinn, 2006). Organization dominated by adhocracy culture emphasizes on being at the leading edge of new knowledge, products, and services (Cameron & Quinn, 2006). In addition, the organization's long-term emphasis is on rapid growth, acquiring new resources, and readiness for change. Shahzad, Luqman, Khan and Shabbir (2012) sought to conceptualize the influence of organizational culture on performance through review of established empirical research and models linking organizational culture to performance of organizations. Upon analyzing the broad literature, it was observed that the organizational culture has an effect on the range of processes of companies, personnel and their performance.

Research suggests that if workers are motivated and share the same expectations and values, organizations performance can be improved to meet the overall goals of the organization. Ahmadi, Salamzadeh, Daraei and Akbari (2012) examined the effect of organizational culture in strategy implementation in banks in Iran. The study found that there is a significant relationship between organizational culture and implementation of strategies. Their results also found that corporate culture is associated with the process of strategic implementation but the scale of culture's influence is from the most efficient to the least effective.

The works of Carlopio and Harvey (2012) has shown that the implementation phase of the plan would inevitably fail if a company structure and culture were not conducive to the strategy proposed and the new practices were appropriate. In a study of Latin American firms, Brenes and Mena (2012) concluded that in a study involving Latin American companies, Brenes and Mena (2012) concluded that organizational culture promoting principles and values in the new strategy contributed to the successful implementation of the strategies in the studied firms. They also found that 86% of the best companies viewed culture as closely correlated with strategy compared to just 55% of the less successful companies. They also found that 86% of the best companies viewed culture as closely correlated with strategy compared to just 55% of the less successful companies.

Cater and Pucko (2010) analyzed the relationship between the implementation of the enterprise resource planning system and the organizational culture, and found that the effectiveness of the implementation of ERP is correlated with the organizational culture along with the elements of an organization's culture.



## Strategic Communication

Strategic communication is a managerial tool that enhances both the content and quality of the implementation process (Invernizzi & Romenti, 2011). It is a management approach centered on communication, focusing on negotiation, presentation, and the continuous construction and refinement of strategy formulation and execution (Ruler, 2018). Strategic communication aligns with an organization's values, mission, and vision, strengthening its strategic positioning and competitiveness in the market (Ruler, 2018). Its core purpose is to advance an organization's mission through intentional communication, engaging both individual employees and the broader workforce to foster ownership while addressing external environmental factors (Mišanková & Kočišová, 2014). In essence, it is about communicating with purpose while demonstrating value to achieve organizational objectives.

Strategic communication elicits responses and fosters mutually beneficial interactions. It revolves around how an organization presents and promotes itself through employees, managers, and leaders to achieve planned objectives (Ruler, 2018). Key steps include identifying goals, understanding the audience, conveying value, and expressing organizational needs. Communication plays a vital role in strategy implementation, with employees deeply involved in communication processes considered essential to execution (Obeidat, 2008). In Kenya, the constitution mandates the public service to engage in strategic communication when disseminating government policies and programs.

This ensures transparency, public participation, and adherence to principles such as impartiality, integrity, and accountability (GoK, 2010). Furthermore, government institutions must be efficient and committed to serving citizens with professionalism and fiscal responsibility, aligning with a shared vision (GoK, 2003). Strategic communication connects an organization's overall strategy with its internal components, helping it advance its mission in a purposeful manner (Ruler, 2018). It emphasizes communication as a strategic tool for achieving socio-economic growth, equity in development, and overall organizational success (Thorson, 2017). Conceptualized as a continuous management process, strategic communication supports both strategy formulation and execution in an ongoing cycle (Ruler, 2018). In this study, strategic communication was analyzed as an independent variable, with clear strategy alignment, information transmission, and employee engagement serving as key indicators. Aligning strategic communication with an organization's overall strategy enhances its competitive positioning (Argenti et al., 2005), with clear alignment being a critical element (Volk & Zerfass, 2018). Proper alignment facilitates effective strategy execution and governance of necessary organizational activities (Invernizzi & Romenti, 2011), laying the foundation for successful implementation (Volk & Zerfass, 2018). Additionally, effective communication strengthens strategies and significantly influences organizational performance (Kigera, 2016).

## RESEARCH METHODOLOGY

This study adopted cross-sectional survey research design using both quantitative and qualitative approaches. Cross sectional survey is a method that involves the analysis of data collected from a population, or a representative subset, at one specific point in time (Orodho, 2003). The choice of this design was suitable for this study as it facilitates the prediction of the phenomenon's occurrence by sampling the population at one point at a time (Elahi & Dehashti, 2011). Previous researchers who utilized similar research design include; Makhamara, 2017; Atikiya, 2015; and Jeruto, 2019. The unit of analysis of this study was three selected level 6 public hospitals in Kenya. The study investigated whether level six public hospitals in Kenya have adopted strategy implementation on its performance. The target populace for this study

were 400 management staff drawn from selected level 6 public hospital as tabulated below;

**Table 3. 1: Target Population**

National Referral Hospitals	Number of Management Staff
Kenyatta National Hospital	170
Moi Teaching & Referral Hospital	120
Mathari National Teaching and Referral	80
National Spinal Injury Referral Hospital	30
<b>Total</b>	<b>400</b>

Source: (HR Registry of National Referral Hospitals, 2021)

The study sample was selected using a multi-stage sampling approach. Purposive sampling was employed to choose four national referral hospitals—KNH, Moi Teaching and Referral Hospital, Mathari Hospital, and the National Spinal Injury Hospital—since these institutions were expected to provide relevant data for the research objectives. Stratified sampling was then used to classify staff into Directors, Heads of Departments, and Supervisors. Subsequently, simple random sampling was applied to select respondents for the study.

To achieve the study's objectives, primary data was collected using questionnaires and interview guides, while secondary data was sourced from the organizations' HR and health records. Descriptive analysis of variables was conducted using measures of central tendency and dispersion. Inferential analysis involved Confirmatory Factor Analysis, and regression analysis was performed to evaluate model fitness.

The following formula developed by Cochran was used to guide the selection of the respondents.  $n = \frac{Z^2 pq}{e^2}$

Where: n=the desired sample

Z=the value of the standard normal deviate at a given confidence level (to be read from the table) and it is 1.96 for a 95% confidence level

p=sample proportion-the population proportion in target population estimated to have characteristics being measured (assume 50% if unknown) q=1-p e=acceptable error or the desired level of precision

To adjust the sample size for finite population the following formula by Crano and Brewer (1986) was used. This formula is applicable when the sample size is more than 10% of the population size.

$n = N * \frac{n'}{N + n'}$  Where N is the population size n is the corrected sample size n' is the sample size calculated with the previous formula that gave a sample size larger than 10% of the population

**Table 3. 2: Sample Size**

Staff Category	Kenyatta National Hospital	National Spinal Injury Referral Hospital	Mathari National Teaching & Referral Hospital	Moi Teaching & Referral Hospital	Total Sample Size	Percentage
Directors	20	5	5	15	45	22%
Head of Departments	40	10	15	35	100	50%
Section Heads	25	5	5	20	55	28%
Total	85	20	25	70	200	100%

The primary data obtained by using semi-structured questionnaires. Closed-ended questions

used to guide the respondents' answers within the choices given, while the open-ended questions generate detailed, non-guided responses from the respondents. Data analysis comprised organizing, coding, analyzing and summarizing data collected. Using the SPSS Version 28, descriptive statistics were generated to help establish relationships, trends and patterns. This made it easy to understand and interpret the influence of independent variable on the dependent variable. The study used multiple regression analysis to establish relationship between independent and dependent variables. Descriptive statistics was employed to give a descriptive element of analysis of data by obtaining simple summaries such as a measure of central tendency and dispersion which include mean, median and standard deviation. Content analysis was used to analyze qualitative data. The study used correlation analysis determine the relationship between variables.

## RESEARCH FINDINGS AND DISCUSSION

In total 200 respondents were targeted in this study. From this number, 180 respondents participated and gave their views. The overall response rate was therefore 90% percent. This response rate was deemed satisfactory as suggested by Sekaran & Bougie (2016) who recommends 75 percent as a rule of thumb for minimum responses.

### Organizational Culture Descriptive Analysis

The study sought to find out if the respondents were in agreement or they disagreed with the proposition that organizational culture significantly affect the performance of level 6 public hospital in Kenya. Table 4.1 shows the descriptive statistics of the various items representing the organizational culture variable.

**Table 4.1: Descriptive statistics for Organizational Culture**

Items	Valid N	SD %	DI %	NE %	AG %	SA %	Implication
The hospital promotes a culture of teamwork and collaboration.	180	0.8	23.5	20.3	25.3	30.1	Majority (55.4%) agreed.
Employees align with the hospital's vision and mission.	180	20.9	2	25.8	38	13.3	Majority (51.3%) agreed
Innovation and continuous improvement are encouraged.	180	18.5	10	28	30	13.5	Majority (43.5%) agreed
The hospital upholds strong ethical values in decision-making.	180	20	15	30	20	15	Majority (35%) agreed
The leadership fosters a sense of belonging among employees.	180	25	10	15	35	15	Majority (50%) agreed
The hospital's culture supports effective strategy implementation.	180	30	35	10	10	15	Majority (25%) agreed

Key: Valid N = Total Valid Responses, SD = Strongly Disagree, DI = Disagree, NE = Neutral, AG = Agree, SA = Strongly Agree.

These results show percentage level agreement in each of variable's questionnaire as tabulated above

### Strategic Communication Descriptive Analysis

The study sought to find out if the respondents were in agreement or they disagreed with the

proposition that Strategic Communication significantly affect the performance of level 6 public hospital in Kenya. Table 4.2 shows the descriptive statistics of the various items representing the strategic communication variable.

**Table 4.2: Descriptive statistics for Strategic Communication**

Items	Valid N	SD %	DI %	N E %	A G %	S A %	Implication
The hospital ensures clear and timely communication of strategies.	180	26	30	15	24	5	Majority (29%) agreed.
Employees are well-informed about strategic changes in the hospital.	180	33	20	12	17	18	Majority (35%) agreed.
There is open and two-way communication between management and staff.	180	25	32	16	21	6	Majority (27%) agreed.
Regular meetings are held to discuss strategic priorities.	180	33	18	11	25	13	Majority (38%) agreed.
Communication tools and channels used are effective.	180	35	14	12	28	11	Majority (39%) agreed.
Poor communication is a barrier to strategy implementation.	180	5	15	6	40	34	Majority (74%) agreed.

Key: Valid N = Total Valid Responses, SD = Strongly Disagree, DI = Disagree, NE = Neutral, AG = Agree, SA = Strongly Agree.

These results show percentage level agreement in each of variable's questionnaire as tabulated above.

### Factor Analysis for Organizational Culture

The results in Table 4.3 shows factor analysis for the leadership constructs. The constructs have factor loading values ranging from 0.75 to 0.82, which are all above the minimum acceptable threshold of 0.4 except the fifth construct with a factor loading of 0.105. Hence, the construct were all acceptable for consideration for further analysis except the fifth construct which was dropped.

**Table 4.3: Factor Loading for Organizational culture**

Statement	Factor loading
The hospital promotes a culture of teamwork and collaboration.	0.75
Employees align with the hospital's vision and mission.	0.80
Innovation and continuous improvement are encouraged.	0.78
The hospital upholds strong ethical values in decision-making.	0.82

### Factor Analysis for Strategic Communication

The results in Table 4.3 shows factor analysis for the strategic communication constructs. The constructs have factor loading values ranging from 0.654 to 0.693, which are all above the minimum acceptable factor loading threshold of 0.4. Hence, the construct were all acceptable for consideration for further statistical analyses.

**Table 4.4: Factor Loading for Strategic Communication**

Statement	Factor loading
A well-defined system for sharing information about strategic programs.	0.654
Effectively communicating information about strategic programs supports implementation.	0.693
The method of delivering information strengthens strategy execution.	0.673
The transmission of information enhances the implementation of strategies.	0.658

**Regression Analysis on Organizational Culture**

The study sought to establish the influence of organizational culture on the performance of national referral hospitals in Kenya using hypothesis that is stated below. H01: Organizational culture has no significant influence on the performance of national referral hospitals in Kenya. To determine the relationship, the model  $Y = \beta_0 + \beta_1 TP + \varepsilon$  was fitted. The regression results were in table 4.5.

**Table 4.5: Model Summary of Organization Culture**

Model	Predictor Variable	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	Organizational Culture	0.724	0.524	0.519	0.561

Predictors: (Constant), Organization Culture.

The regression results in table 4.5 show that the influence of organizational culture on performance of national referral hospitals in Kenya was significant. With  $R^2 = 0.524$  the model implies that 52.4% of variation in performance was brought about by organization culture while the remaining 47.6% could be attributed to other factors not included in the model.

**Table 4. 6: ANOVA<sup>a</sup> of Organizational Culture**

	Sum of Squares	DF	Mean Square	F	Sig.
Regression	35.592	1	35.592	112.943	.000b
1 Residual	32.305	119	0.271		
Total	67.897	120			

a. Dependent Variable: Performance of National Referral Hospitals

b. Predictors: (Constant), Organizational Culture

The findings of the analysis of variance are shown in table 4.21 (ANOVA). The F test was significant with a p value =0.000 which was less than the standard p value of 0.05 and this meant that the model was significant. From ANOVA, since p value p=0.000 and was lower than p=0.05 (p value 0.000<0.05), then the contribution of organizational culture was significant, and it can be inferred that organizational culture has a significant influence on the performance of national referral hospitals in Kenya

Table 4. 7: Coefficients<sup>a</sup> of Organizational Culture

Variable	B	Std. Error	Beta	t	Sig.
(Constant)	0.733	0.204	—	3.593	.001
Organizational Culture	0.618	0.058	0.724	10.626	.000

a. Dependent Variable: performance of National Referral Hospitals

The regression model obtained from the output was;

$$\text{Performance} = 0.733 + 0.618 \text{ organization culture} + \text{error term}$$

Table 4.22 shows the coefficient for organizational culture ( $\beta$ ) was also significant ( $\beta = 0.733$ ,  $t = 10.626$ ,  $p = 0.000 < 0.05$ ) indicating that organizational culture increases performance by about 0.733 units. Since  $p\text{-value} = 0.000 < 0.05$ , the null hypothesis was rejected and concluded that there was a statistically significant relationship between organizational culture and performance of national referral hospitals in Kenya.

Table 4.8: Model Summary of Overall Regression Mode

MODEL	R	R Square	Adjusted R square	Std Error of Estimate
1	0.927	0.859	0.853	0.35330

The study findings indicated that Organization culture, organization resources, leadership approaches and strategic communication have a positive and significant effect on the performance of national referral hospitals in Kenya with an r value as show above respectively.

### Regression Analysis on Strategic communication

The study sought to establish the influence of strategic communication on the performance of national referral hospitals in Kenya using the following hypothesis that is stated below.

H01: Strategic communication has no significant influence on the performance of national referral hospitals in Kenya.

To determine the relationship, the model  $Y = \beta_0 + \beta_3 \text{TR} + \varepsilon$  was fitted. The regression results were as shown in table 4.9.

Table 4.9: Model Summary of Strategic communication

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.643 <sup>a</sup>	.413	.407	.610

a. Predictors: (Constant), Strategic communication

The regression results in table 4.10 show that the effect of strategic communication on performance of national referral hospitals in Kenya was significant. With  $R^2 = 0.413$ , the model implies that 41.3% of variation in performance of national referral hospitals was brought about by strategic communication

**Table 4.10: ANOVA<sup>a</sup> of Strategic communication**

Sum Squares		of	DF	Mean Square	F	Sig.
Regression		28.065	1	28.065	75.494	.000 <sup>b</sup>
1	Residual	39.832	119	.335		
Total		67.897	120			

a. Dependent Variable: Performance of National Referral Hospitals

b. Predictors: (Constant), Strategic communication

The F test was significant with a p value =0.000 which was less than the standard p value of 0.05 and this meant that the model was significant. From ANOVA, since p value p=0.000 and was lower than p=0.05 (p value 0.000<0.05), then the contribution of talent retention was significant, and it can be inferred that strategic communication has a significant influence on the performance of national referral hospitals in Kenya.

**Table 4.11: Coefficients<sup>a</sup> of Strategic communication**

Model	Unstandardized Coefficients B	Std. Error	Standardized Coefficients Beta	T	Sig.
(Constant)	0.809	0.228		3.548	.001
Strategic Communication	0.572	0.066	0.643	8.692	.000

a. Dependent Variable: Performance of National Referral Hospitals

The coefficient for Strategic communication ( $\beta$ ) was also significant ( $\beta = 0.809$ ,  $t = 8.692$ ,  $p = 0.000 < 0.05$ ) as shown in table 4.31 indicating that strategic communication increases performance by about 0.809 units. Since p-value =0.000< 0.05, the null hypothesis was rejected and it can be inferred that there was a statistically significant relationship between strategic communication and performance of national referral hospitals in Kenya. The regression model obtained from the output was;

$$\text{Performance} = 0.809 + 0.572 \text{ strategic communication} + \text{error term}$$

## CONCLUSION

The study concludes that organizational culture is a vital factor influencing the performance of Level 6 public hospitals in Kenya, particularly in strategy implementation. A well-established and cohesive culture promotes commitment, teamwork, and alignment with strategic objectives, ultimately enhancing hospital performance. However, misalignment in culture, resistance to change, and weak leadership structures pose challenges to effective strategy execution.

The study finds that strategic communication plays a vital role in the effective implementation of strategies and has a significant impact on the performance of Level 6 public hospitals in Kenya. Clear and efficient communication enhances coordination, aligns activities with strategic objectives, and supports informed decision-making. However, challenges such as communication gaps, lack of transparency, and inconsistent information flow can impede the successful execution of strategic initiatives.

## RECOMMENDATIONS

The study recommends that Level 6 public hospitals in Kenya should strengthen their organizational culture to improve strategy implementation and overall performance. A strong and adaptable culture promotes teamwork, accountability, and alignment with strategic goals, ultimately enhancing service delivery to ensure successful strategy implementation. The study recommends that Level 6 public hospitals in Kenya should develop comprehensive communication strategies, leverage digital communication tools and encourage feedback mechanisms.

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