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**STRATEGY IMPLEMENTATION DRIVERS AND PERFORMANCE OF PUBLIC  
HOSPITALS IN NAIROBI METROPOLITAN AREA**

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**ABSTRACT**

In today's world, organizations are operating in a highly competitive environment that is ever changing. Customers expect quality services and products that effectively meet their needs. The health sector in particular, operates in a very volatile environment where customers always expect better and up to date services and products, to meet the current disease outbreaks and health challenges. Hospitals have therefore been forced to align themselves with the current business environment through resource allocation, effective leadership, efficient communication and adopting a strong organizational culture. The main drive of the study is therefore to discover the strategy implementation drivers and their effect on the performance of public hospitals in the Nairobi Metropolitan area. The study adopted a descriptive research design. The respondents were gotten from 38 public hospitals in the Nairobi Metro Politian area. The target population was a total of 210 middle and senior managers. Since the target population is small, the study was a census. A semi-Structured questionnaire consisting of both closed and open-ended questions was essential in collecting the primary data. The Statistical Package for Social Sciences (SPSS version 20) was used to evaluate the Quantitative data. The findings from the study were presented by use of tables. The study found that leadership has a positive and significant effect on the performance of hospitals in the Nairobi Metropolitan area. The study also found that resource allocation has a positive and significant effect on the performance of hospitals in the Nairobi Metropolitan area. The study further established that communication had a positive and significant effect on the performance of hospitals in the Nairobi Metropolitan area. The study also revealed that organizational culture has a positive and significant effect on the performance of hospitals in the Nairobi Metropolitan area. The study recommends that leaders should focus on the key development issues of my employees and their needs. In addition, leaders should involve employees in the decision making process and ensure their participation in decision making during strategy implementation. In addition, public hospitals should ensure adequate allocation of financial resources during strategy implementation. In addition, training should be conducted to ensure an improvement in technical IT skills, and managerial IT skills among employees.

**Key words:** *Strategic Leadership, Communication, Resource Allocation, Culture, Performance*

## INTRODUCTION

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 strategic plan of the health sector in Kenya is steered by the Constitution of 2010, the Kenya Vision 2030 and the Kenya Health Policy 2014–2030. The Kenya Vision 2030 attempts to change Kenya into “a globally competitive and prosperous country with a high quality of life by 2030”, on the other hand, the Constitution makes known the critical principles and priorities related to the right to health and devolution of the administration of health services. The Kenya Health Policy 2014–2030 noticeably states that the long-term health objectives that the country anticipates to attain are imperative of the Constitution and the Kenya Vision 2030. This policy strives at “attaining the highest possible health standards in a responsive manner” to all citizens in the country. It also strives to realize this goal by supporting the provision of equitable, affordable and high-quality health and related services to all Kenyans according to the premier realistic and achievable standards. It also purposes to reach a distribution level of health services in all counties commensurate to those of middle level countries (Ministry of Health, 2014)

The Kenya constitution of 2010 (fourth Schedule) created a two tier health system that divided and distributed functions between the national and county governments. The National level is in charge of the health policy development, national referral hospitals, capacity building and technical assistance. The county level is responsible for the health facilities and pharmacies, ambulance services, advancement of Primary Health Care (PHC) in the counties; licensing and

control of sale food in public places in the different locations in the different counties, Veterinary Services, Cemeteries, Funeral Parlours and Crematorias, refuse dumps and solid waste disposal that are all based in all the 47 counties (Kenya Health Sector Strategic Plan, 2018).

### **Statement of the Problem**

The vision 2030 is responsible for steering the Health Sector Strategic focus plan whose main purpose is to transform country into a globally competitive and prosperous country with a high quality of life by the year 2030. The Kenyan government seeks to attain the ‘right to health’ for each citizen by using a decentralized health service to be attained through a devolved system of governance. In order to realize efficient health care for each citizen, the government has established the Kenya Health policy 2012-2030 which seeks to at achieve the strategic focus plan of the Vision 2030 and is directed by the principles of the 2010 constitution (Kenya Health Sector Strategic Plan, 2018)

The main mandate of Kenya Health Policy 2012 – 2030 is to achieve the highest possible health standards in a way that is receptive to the needs of the population. The policy purposes to accomplish this goal by ensuring the supportive provision of equitable, affordable and quality health and related services at the uppermost achievable standards to all Kenyan citizens. It aims at attaining a health care system that is at the same level with that of other middle income countries, through the realization of definite health impact goals and targets.

There has been general improvement in the health profile for Kenya. Strengthening the health care system is one of the Key goals of the government of Kenya’s through its universal health coverage agenda. To back the preparation of foundational health policies, the government established the Kenya Health policy 2012-2030. The major laws and guidelines of this policy are created from the 2010 Constitution and support the health ministry and counties to develop efficient and effective strategic plans, manage, and finance quality health services to meet local needs, as part of Kenya’s Expedition to Self-Reliance. In order for the Kenya Health Policy 2012-2030 to realize its vision of building a globally competitive, healthy and productive nation, it must be able to translate the health strategic plan into strategic action. In order for Kenyan government to advance the health status of its citizens, it must develop a well-effective and viable health care system that has the ability to efficiently deliver and manage health care services. However, the health care system in the country faces a myriad of challenges like insufficient financial resources, poor distribution and a shortage of health workers, mismanagement of funds, corruption, weaknesses in Legislation and information systems, and Lack of management and technical expertise. Receiving quality health care services in the country is still challenging especially for the elderly, women and youth who have very little or no income (Kenya Health Sector Strategic Plan, 2018).

This research therefore sought to determine how strategy implementation can accelerate the attainment of Key impact health goals defined in the Kenya Health Policy 2012-2030 through the identification of measurable, mutually determined annual objectives, development of specific functional strategies and communication of concise policies to guide decisions.

### **Objectives of the Study**

- i. To establish the influence of strategic leadership on performance of hospitals in the Nairobi Metropolitan area.
- ii. To determine the influence of communication on performance of hospitals in the Nairobi Metropolitan area.
- iii. To establish the influence of resource allocation on performance of hospitals in the Nairobi Metropolitan area.

- iv. To establish the influence of culture on performance of hospitals in the Nairobi Metropolitan area.

## **LITERATURE REVIEW**

### **Theoretical Review**

Organizations today are facing numerous challenges; therefore there is no longer just the need to attain competitive advantage but the necessity to attain sustainable competitive advantage (Cabrera, 2017). In addition to the Dynamic Capabilities (DC) of innovation, the Resource-based View (RBV) has attained great significance and plays a key role in the diffusion of strategic management theories that seek to achieve superior and sustainable performance for organizations (Cabrera-Moya & Reyes, 2018).

RBV theory was introduced by Wernerfelt in 1984, and popularized by Barney in 1991. The concept of this theory is based on resource and internal competence of an organization and how it can be used to formulize strategy (Nikmah, F et al., 2021). RBV emphasizes on creating value to get the competitive advantage by optimizing the internal resources, Creating value and competitive advantage which can be achieved by synchronizing three elements that is internal resource, operational system and the product offered ( Nikmah, F et al,2021).

The Path-Goal Theory which was developed by Robert House in 1971, it is built upon the expectancy theory of motivation. It explains that a chosen style of leadership should be contingent in nature (EPM, 2019) where there is a perfect balance between behavior, need and context. The path-goal theory ensures that a leader selects a leadership style which is based on subordinate characteristics and environmental factors; as well as focus on motivation factors (Akutey, 2021). According to the theory, the adoption of path-goal leadership styles allow leaders to “clarify and provide directions for followers, help remove obstacles, and provide encouragement and rewards for goal achievement” (Dixon & Hart, 2010, as cited by Farhan, 2018)

Adaptive Structuration Theory (AST), is derived from Anthony Giddens’s Structuration Theory (Giddens, 1984).It addresses issues of human behavior in the context of technology based on social structure. Its main focus is on communication using information technology, the theory highlights the concepts of appropriation and structuration (Lyamu and Nunu, 2021).

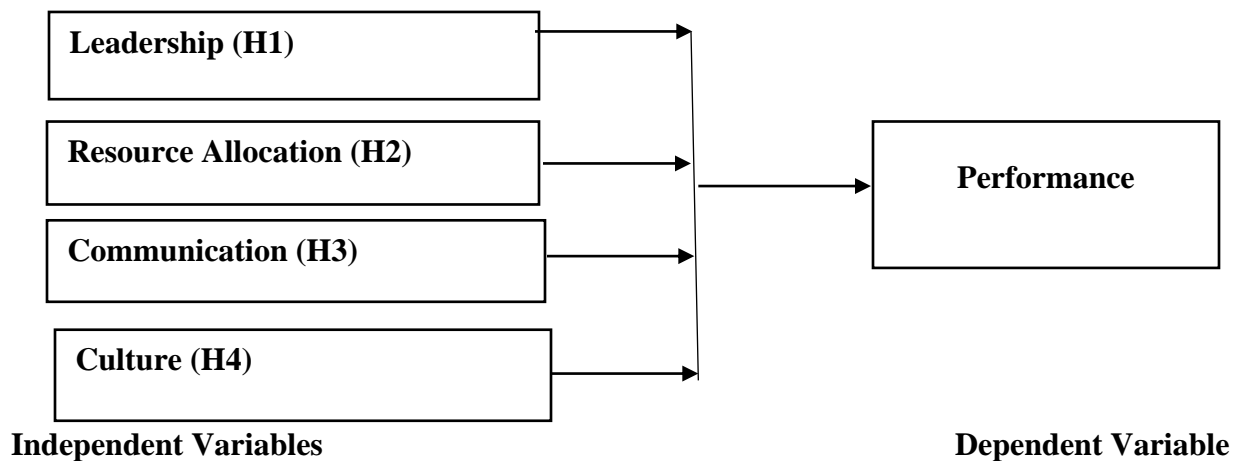
Giddens defines structure as “rules and resources, recursively implicated in the reproduction of social systems” (Giddens, 1984) as cited by (Warner et al., 2018). Structures are “rule-resource sets” which are included in the institutional framework of social systems and have a virtual existence that means they do not exist in isolation or independent of actors. Rather, they are reproduced through agency, where actors draw on rules and resources in social interaction. Rules influence actors’ practical knowledge; resources define actors’ capacity to act (Warner et al., 2018).

The concept of culture was initially introduced from anthropology into management due to the fact that they shared belief that culture had an impact on performance (Sackmann, 2011 as cited by Weber& Martensen, 2021).Generally, Scholars have reached an agreement that every organizations has some form of culture, although some cultures are stronger than others. Some cultures have a more dominant consequence on individuals and performance, and this effect may be even larger than the most discussed factors in organizational literature, such as strategy, structure, and management (Kotter & Heskett, 2008 as cited by Weber& Martensen, 2021). As from the 1980’s, a large body of academic research has been dedicated to the subject of organizational culture (Wokurka, et al., 2017). Researchers have started noticing a link between culture, organizational performance, and people’s behaviors and attitudes (Warrick, 2017). The

subject even gained a great deal of attention when considerable evidence confirmed the effects of organizational culture on performance and employee morale (Hofstede, 1998; Schein, 2004; Denison & Spreitzer, 1991 as cited by Weber & Martensen, 2021).

Schein further states that culture is the form of basic assumptions that a given group has created, discovered, or developed in learning to manage the problems of external adaptation and internal integration, and that have functioned well enough to be considered lawful, and, therefore to be trained to new members as the correct way to perceive, think, and feel in relation to those problems (Odor, 2018).

### Conceptual Framework



### METHODOLOGY

The study adopted descriptive survey design. The Key purpose of a descriptive study is to provide a picture of a situation, person or event or show how things are related to each other as they naturally occur (Blumberg, Cooper and Schindler, 2005). The target population was a total of 210 middle and senior managers from 38 public hospitals in the Nairobi Metro Politian area.. Since the target population is small, the study was a census. A semi-Structured questionnaire consisting of both closed and open-ended questions was essential in collecting the primary data. A pilot study was done as it helped in detecting any mistakes in the questionnaire, refine the data collection process and perfect the data analysis plans. The Statistical Package for Social Sciences (SPSS version 20) was used to evaluate the Quantitative data. The findings from the study were presented by use of tables.

### RESEARCH FINDINGS AND DISCUSSIONS

#### Response rate

The sample size of the study comprised of 210 staff working in the executive and top management in the 38 public hospitals in the Nairobi Metro Politian area. The questionnaires were emailed to the respondents through their email accounts. Out of 210 questionnaires which were send out, 198 were duly filled and returned. The online digital data collection method yielded a high response rate of 94.29%. According to Babbie (2017), a response rate of 75 per cent is adequate for analysis as well as making conclusions and inferences about a population. In addition, Kumar (2019) indicates that a response rate of 50% should be considered average, 60% to 70% considered adequate while a response rate of above 70% should be regarded as excellent.

This implies that the response rate of 94.29% was adequate for analysis, drawing conclusions and reporting.

## Descriptive Analysis

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The respondents were asked to indicate their extent of agreement with various statements on how leadership affects strategy implementation in their organizations. The study used a Five-point scale where 1 represents strongly disagree, 2 represents disagree, 3 represents neutral, 4 represents agree and 5 represents strongly disagree.

The respondents agreed with a mean of 4.015 and a standard deviation of 0.821 that they have the ability to get things done, and they are able to control performance indicators (Achievement). In addition, the respondents agreed with a mean of 3.964 and a standard deviation of 0.936 that they involve employees in the decision making process (participative). These findings agree with Kihara (2016) observation that employee involvement in decision making process has a significant influence on strategy implementation. Also, the respondents agreed with a mean of 3.838 and a standard deviation of 1.132 that they mainly focus on the key development issues of their employees and their needs (Supportive). In addition, Swarup (2013) indicates that ensuring the development of employees has a significant influence on strategy implementation. The respondents also agreed with a mean of 3.702 and a standard deviation of 1.088 that they always retain the final decision making authority within their departments or teams (Directive).

The respondents were also asked to indicate how else leadership affects strategy implementation in their organizations. From the findings, they indicated that leaders in their organizations are active listeners, understand and consider the team members perspective before making final decision. In addition, leaders inspire and motivate team members so as to achieve the set goals. Also, they indicated that leaders in their organization make decisions on which initiatives should be implemented first. They further indicated that leaders in their organizations provide clear reward scheme for every task completed on schedule. Also, leaders come up with different opinions on how to ensure effective implementation of strategies and allow the employee to select the most preferred decision. These findings are in line with Zervas and David (2013) observation that leaders play a key role in ensuring effective implementation of strategies.

**Table 1: Aspects of Leadership**

	1	2	3	4	5	Mean	SD
I always retain the final decision making authority within my department or team (Directive)	7.6	7.6	10.1	56.6	18.2	3.702	1.088
I mainly focus on the Key development issues of my employees and their needs (Supportive)	5.1	7.6	20.2	32.8	34.3	3.838	1.132
I involve employees in the decision making process (participative)	2.5	5.1	15.2	48.0	29.3	3.964	.936
I have the ability to get things done, and I am able to control performance indicators (Achievement)	0.0	5.1	17.7	48.0	29.3	4.015	.821

## Resource Allocation

The respondents were asked to indicate their extent of agreement with various statements on how resource allocation affects strategy implementation in their organizations. The results were as shown in Table 2. From the findings, the respondents agreed with a mean of 4.091 and a standard deviation of 0.998 that the employees in their departments had the correct skills to carry out their responsibilities (Human Resource). These findings are in line with Abass et al. (2017) observation that resource allocation including human resource is the vital management activity that allows policy execution. However, they disagreed with the statement indicating that their departments had the financial resource (budget) to be competitive and deliver services to customers (Finance Resource) as shown by a mean of 2.380 and a standard deviation of 1.013. Also, they disagreed with the statement indicating that their departments had the appropriate physical assets for service delivery e.g computers, WIFI, and space (Physical assets) as shown by a mean of 2.205 and a standard deviation of 1.029. With a mean of 2.129 and a standard deviation of 1.048 the participants disagreed with the statement indicating that their department employees had the technical IT skills, and managerial IT skills to carry out their duties (Information Technology).

The respondents were asked to indicate how else resource allocation affects strategy implementation in their organizations. The respondents indicated that strategies are implemented timely and effectively when resources are enough. The respondents also indicated that based on experience from previous strategy implementation, the resources are able to pick up notes which assist in faster implementation of new strategies. They also indicated that improper and delayed allocation of resources might lead to failed implementation of strategies with significant time and budget overruns. These findings agree with Abass *et al.* (2017) observation that most organizations fail in strategy implementation due to limited resources.

**Table 2: Aspects of Resource Allocation**

	1	2	3	4	5	Mean	SD
My department has the Financial resource(budget),to be competitive and deliver services to customers (Finance Resource)	12.6	53.0	10.1	12.1	12.1	2.380	1.013
In my department employees have the technical IT skills, and managerial IT skills to carry out their duties (Information Technology)	15.2	48.0	21.7	9.1	6.1	2.129	1.048
My department has the appropriate physical assets for service delivery e.g computers, WIFI, and space (Physical assets)	22.7	40.4	12.6	12.1	12.1	2.205	1.029
The employees in my department have the correct skills to carry out their responsibilities (Human Resource)	2.5	5.1	15.2	35.4	41.9	4.091	.998

## Communication

The respondents were asked to indicate their extent of agreement with various statements on how communication affects strategy implementation in their organizations. The results were as shown in Table 3. According to the findings, the respondents agreed with a mean of 4.091 and a standard deviation of 0.768 that in their departments, information is always passed from the management to the employees through directives, instructions, procedures and policies (downward communication). Mutisya (2016) observed that downward communication generally

is effective when upper levels of management are highly motivated to make it work. They also agreed with a mean of 3.813 and a standard deviation of 0.971 that in their departments, information is passed by the management to the employees through written and oral channels (Vertical). The respondents also agreed with a mean of 3.813 and a standard deviation of 1.162 that in their departments, peers can communicate and share information through committee meetings, team building sessions, planning meetings etc (Horizontal). However, the respondents disagreed with the statement indicating that employees in their departments are comfortably allowed to communicate their views to management (Upward communication) as shown by a mean of 2.287 and a standard deviation of 1.043. According to Mutisya (2016), upward communication is initiated by those at the lower levels of the organization; it can be successful only if those at the higher levels are willing to allow the communication to be effective.

The participants were also asked to indicate how else communication affects strategy implementation in their organizations. From the findings, the respondents indicated that effective and efficient communication in strategy implementation is not only ensured through preparation of communication plan, creation collection distribution and storing of information the identification of responsibilities for stakeholders but also ensuring contact with staff which creates good relationships hence ensuring adherence to the essential rules and regulations hence ensuring positive communication. The participants also indicated that good communication by leaders ensures employee productivity. These findings are in line with Rego, Leal and Cunha (2011) observation that effective communication ensures employee commitment and productivity during strategy implementation. Achievement of objectives will be done through collaboration sharing and integration of information by the team members. Good managers communicate with language and character which entails attitude, behavior, as well as personality. This allows team staff to be responsible hence vision sharing which improves the flow of communication in all directions which results to effective feedback.

**Table 3: Aspects of communication**

	1	2	3	4	5	Mean	SD
Employees in my department are comfortably allowed to communicate their views to management (Upward communication)	30.3	37.9	13.6	9.1	9.1	2.287	1.043
In my department information is always passed from the management to the employees through directives, instructions, procedures and policies (downward communication)	0.0	2.5	17.7	48.0	31.8	4.091	.768
In my department information is passed by the management to the employees through written and oral channels (Vertical)	2.5	7.6	20.2	45.5	24.2	3.813	.971
In my department peers can communicate and share information through committee meetings, team building sessions, planning meetings etc (Horizontal)	7.6	7.6	10.1	45.5	29.3	3.813	1.162

### Culture

The respondents were asked to indicate their extent of agreement with various statements on how culture affects strategy implementation in their organizations. The results were as shown in Table 4. As shown in Table 4, the respondents agreed with a mean of 3.989 and a standard deviation of 0.950 that their departments focused on being efficient, effective and giving the best service to



customers (Market). They also agreed with a mean of 3.914 and a standard deviation of 0.933 that their work environment is well coordinated and organized and is managed by formal rules and policies (Hierarchical). Also, the respondents agreed with a mean of 3.858 and a standard deviation of 0.923 that in their departments, employees are encouraged to be innovative, creative and to take risks (Adhocracy). The respondents also agreed with a mean of 3.757 and a standard deviation of 1.033 that there was teamwork, loyalty, trust and support amongst the employees in my department (Clan). These findings agree with Ahmadi (2012) findings that partnership, teamwork, and corporate commitment to employees have a significant influence on strategy implementation.

The respondents were also asked to indicate how else culture affects strategy implementation in their organizations. They specified that the values and norms that govern the organization and awareness sessions carried out across the organization in relation to strategy implementation. The employees have a culture of collaboration. They also indicated that strategy implementation is influenced by culture with respect to reward and recognition and that the technology organization uses agile way of doing business to influence software development culture.

**Table 4: Aspects of culture**

	1	2	3	4	5	Mean	SD
Our work environment is well coordinated and organized and is managed by formal rules and policies (Hierarchical).	2.5	7.6	10.1	55.6	24.2	3.914	.933
There is teamwork, loyalty, trust and support amongst the employees in my department (Clan).	5.1	7.6	15.2	51.0	21.2	3.757	1.033
Our department is focused on being efficient, effective and giving the best service to customers (Market).	2.5	7.6	7.6	53.0	29.3	3.989	.950
In my department, employees are encouraged to be innovative, creative and to take risks (Adhocracy)	2.5	7.6	12.6	56.1	21.2	3.858	.923

### **Performance of Public Hospitals**

The dependent variable, performance of public hospitals, was measured in terms of patient/client satisfaction, hospital maternal mortality, fresh still births and stock out of essential drugs. The results were as presented in Table 5. From the results, the average patient/client satisfaction in public hospitals in Nairobi Metropolitan Area increased from 79.82% in 2016 to 82.66% in 2017, but decreased to 77.6% in 2018. However, patient/client satisfaction increased to 84.12% in 2019 and 85.44% in 2020. This shows that average patient/client satisfaction in public hospitals has been fluctuating.

In addition, maternal mortality decreased from 346 maternal deaths per 1000 live births to 342 maternal deaths per 1000 live births, which later decreased to 388 maternal deaths per 1000 live births. Further, mortality decreased to 320 maternal deaths per 1000 live births and decreased further to 312 maternal deaths per 1000 live births. This implies that maternal mortality in public hospitals in Nairobi Metropolitan Area has been decreasing.

The average number of fresh still births increased from 322 in 2016 to 322 in 2017. However, it decreased to 288 still births in 2018, 277 still births in 2019 and 263 still births in 2020. This shows that generally, the number of still births has been decreasing. In addition, the occurrence of stock out of essential drugs increased from 36.21% in 2016 to 38.67% in 2017, 42.22% in

2018, 44.91% in 2019 and 47.78% in 2020. This implies that occurrence of stock out of essential drugs has been increased over the years.

**Table 5: Performance of Public Hospitals**

<b>Indicator / Year</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Patient/Client Satisfaction (%)	79.82	82.66	77.62	84.12	85.44
Hospital Maternal Mortality (no of maternal deaths per 1000 live births)	346	342	338	320	312
Average number of Fresh Still births	312	322	288	277	263
Stock Out of essential drugs (%)	36.21	38.67	42.22	44.91	47.78

### **Correlation Analysis**

The study used correlation analysis (Pearson product-moment) to assess the association between (independent variables (leadership, resource allocation, culture and communication) and the dependent variable (performance of public hospitals).

According to the findings, there was a positive association between leadership and the performance of hospitals in the Nairobi Metropolitan area ( $r=0.806$ ,  $p\text{-value}=0.000$ ). The relationship was deemed significant since the  $p$  value 0.000 was less than the significant level of this study which was 0.05. These findings agree with Murigi (2013) findings that leadership has an influence on performance of firms. The findings are contrary to Allameh (2015) observation that leadership style influence strategy implementation negatively.

The results also showed that there was a positive association between resource allocation and the performance of hospitals in the Nairobi Metropolitan area ( $r=0.792$ ,  $p\text{-value}=0.000$ ). The association was considered significant since the  $p$  value 0.000 was less than the significant level of 0.05. These findings concur with Usman, Kamau and Mireri (2014) findings that poor planning, budgetary allocations and poor management resulted to poor performance of the projects.

Further, the results revealed that there was a positive association between communication and the performance of hospitals in the Nairobi Metropolitan area ( $r=0.911$ ,  $p\text{-value}=0.000$ ). The relationship was significant as the  $p$  value 0.000 was less than the significant level of this study which was 0.05. These findings are in agreement with Arab and Muneeb (2019) argument that there is positive relationship between effective communication and Organizational performance.

Further, the results showed that there was a positive association between organizational culture and the performance of hospitals in the Nairobi Metropolitan area ( $r=0.717$ ,  $p\text{-value}=0.000$ ). The association was considered significant as the  $p$  value 0.000 was less than the significant level of this study which was 0.05. These findings are in line with Mapetere et al. (2016) observation that culture has a significant influence on strategy implementation and organizational performance.

**Table 6: Correlation Coefficients**

		Performance Leadership	Resource Allocation	Communication	Culture	
Performance	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	198				
Leadership	Pearson Correlation	.806**	1			
	Sig. (2-tailed)	.000				
	N	198	198			
Resource Allocation	Pearson Correlation	.792**	.155	1		
	Sig. (2-tailed)	.000	.061			
	N	198	198	198		
Communication	Pearson Correlation	.811**	-.084	.140	1	
	Sig. (2-tailed)	.000	.282	.078		
	N	198	198	198	198	
Culture	Pearson Correlation	.717**	.155	.140	.140	1
	Sig. (2-tailed)	.000	.061	.078	.078	
	N	198	198	198	198	198

**Regression Analysis****Table 7: Model Summary**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.882 <sup>a</sup>	.7779	.7511	.021954

**Table 8: Analysis of Variance**

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	182.234	4	45.559	945.243	.000 <sup>b</sup>
	Residual	9.302	193	.048		
	Total	191.537	197			

**Table 9: Regression of Beta Coefficient and Significance**

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		

	(Constant)	0.603	0.076		7.934	0.000
	Leadership	0.429	0.114	0.426	3.763	0.000
1	Resource Allocation	0.344	0.131	0.334	2.626	0.003
	Communication	0.487	0.118	0.473	4.127	0.000
	Culture	0.281	0.117	0.276	2.402	0.011

a. Dependent Variable: Performance

The R-squared shows the variation in the dependent variable that can be explained by the independent variables being studied. The R-squared in this study was 0.7779. This implied that the four independent variables (leadership, resource allocation, culture and communication) could explain 77.79% of the performance of public hospitals.

The analysis of variance shows whether or not a model is a good fit for the data. The F-calculated (945.243) was greater than the F-critical (2.5252) and the p-value (0.000) was less than the significance level (0.05) and hence the model was a good fit for the data. This implied that the model could be used in predicting the influence of leadership, resource allocation, culture and communication on the performance of public hospitals.

From the findings, leadership has a positive and significant effect on the performance of hospitals in the Nairobi Metropolitan area as shown by a regression coefficient of 0.429. The association was significant because the p-value (0.000) was less than the significance level (0.05). These findings agree with Chepkirui (2018) argument that strategic leadership plays a positive and significant role in strategy implementation at the Agricultural Development Corporation (ADC) in Kenya. In addition, Anenih (2017) observed that leadership ineptitude has contributed significantly to the underdevelopment of Nigeria.

The results also showed that resource allocation has a positive and significant effect on the performance of hospitals in the Nairobi Metropolitan area as shown by a regression coefficient of 0.344. The association was significant because the p-value (0.003) was less than the significance level (0.05). These findings agree with Ngumbi (2019) observation that in Baringo on the influence of organizational resources in strategy implementation in administrative police. In addition, Mwanthi (2018) observed that resource allocation had a positive influence on strategy implementation in Kenyan universities.

In addition, communication had a significant effect on the performance of hospitals in the Nairobi Metropolitan area as shown by a regression coefficient of 0.487. The association was significant because the p-value (0.018) was less than the significance level (0.05). These findings are in line with Arab and Muneeb (2019) findings that there is positive relationship between effective communication and organizational performance in Afghan Wireless Communication Company. In addition, Mwanthi (2018) observed that communication had a positive influence on strategy implementation in Kenyan universities.

Further, the results showed that organizational culture have a positive and significant effect on the performance of hospitals in the Nairobi Metropolitan area as shown by a regression coefficient of 0.281. Since the p-value (0.011) was less than the significance level (0.05), the association between organizational culture and performance of hospitals in the Nairobi Metropolitan area could be considered significant. The findings agree with Judge and Stahl (2012) findings that organization culture can influence strategy implementation in an organization. Also, Matheka (2014) observed that employee culture had a significant influence on strategy implementation at the Kenyatta National Hospital.

## Conclusion

The study concludes that leadership has a positive and significant effect on the performance of hospitals in the Nairobi Metropolitan area. These findings imply that an improvement in strategic leadership would lead to an improvement in performance of hospitals. The study found that directive, participative, supportive and achievement had an influence on performance of hospitals in the Nairobi Metropolitan area. Leaders in the public hospitals have the ability to control performance indicators (Achievement), they involve employees in the decision making process (participative), focus on the key development issues of their employees and their needs (Supportive) and retain the final decision making authority within their departments or teams (Directive).

The study also concludes that resource allocation has a positive and significant effect on the performance of hospitals in the Nairobi Metropolitan area. These findings show that an improvement in resource allocation would lead to an improvement in the performance of hospitals in the Nairobi Metropolitan area. This shows that technological, physical, financial resources and human resources have an influence on the performance of hospitals. The study found that employees had the correct skills to carry out their responsibilities (Human Resource), but had inadequate financial resource (budget), inadequate physical assets and employees had inadequate technical IT skills, and managerial IT skills to carry out their duties (Information Technology).

### **Recommendations**

The study found that leadership during strategy implementation leads to an improvement in the performance of public hospitals. The study therefore recommends that leaders should focus on the key development issues of my employees and their needs. In addition, leaders should involve employees in the decision making process and ensure their participation in decision making during strategy implementation.

The study found that there were inadequate skills on information technology, financial resources and physical assets during strategy implementation. The study recommends that public hospitals should ensure adequate allocation of financial resources during strategy implementation. In addition, training should be conducted to ensure an improvement in technical IT skills, and managerial IT skills among employees. Further, the management of the organization should ensure there adequate physical assets for service delivery including computers, WIFI, and space.

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