DETERMINANTS OF STRATEGIC PLANIMPLEMENTATION IN KENYAN PUBLIC HOSPITALS - CASE OF MBAGATHI LEVEL 4 HOSPITAL, NAIROBI

BY

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DECLARATION

This research project is my original work and has not been previously submitted for a degree or diploma award in any university/institution. To the best of my knowledge and belief, the project contains no material previously published or written by another person except where due reference and acknowledgement have been made. No part of this study may be reproduced without the prior permission of the author and/or Moi University.

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To Bera Angela Muthethe, Geoffrey William Mativa and Pauline Wambui for their perennial love and support.Forever grateful to you, my children.

ABSTRACT

The impact of strategic management is to a large extent dependent on how well the strategic plans are implemented. Indeed, scholars agree that the most strategic plans fail at implementation. In the public health sector in Kenya, the pursuit for universally accessible quality health care has been elusive since independence despite repeated strategic planning attempts. This study postulated that suboptimal strategic plan implementation is the likely reason for poor outcomes. The study is an attempt to investigate the determinants of strategic plan implementation in Kenyan public hospitals (2008 – 2012) with the case of a level 4 public hospital in the capital city, Nairobi. The broad objective was to identify factors that affected the success of implementation of the strategic plan in reference. Specific objectives were to examine the effect of leadership on strategic plan implementation; to evaluate how staff knowledge/understanding affected strategic plan implementation; to explore the effect of resource adequacy on strategic plan implementation and to determine whether monitoring affected strategic plan implementation in Kenyan public hospitals. An explanatory in design was used in carrying out this study. The target population was employees who were in employment at Mbagathi level 4 hospital between 2008 and 2012. Stratified random sampling was applied to obtain the calculated sample size of 80. The researcher obtained primary data from participants by use of a directly administered research questionnaire, which had been piloted to establish validity and reliability. All data collected was then cleaned, coded and analyzed quantitatively using SPSS. Data presentation was in tables and in prose. The findings of this study were that all the independent variables under study significantly affected strategic plan implementation. Within 95% confidence interval, leadership significantly affected strategic plan implementation ($p = 0.006$). The study found significant deficits in leadership, with absence of guidance, staff training and supervision. Staff knowledge significantly affected strategic plan implementation at a significance value of 0.006 ($p<0.05$), with insufficient understanding of the strategy content and the expected roles the staff were supposed to play in implementation. Adequacy of resources significantly affected strategic plan implementation in this analysis, at a significance level of 0.049 ($p<0.05$), with inadequacies in human resource, IT, physical facilities, emergency preparedness and essential supplies. Monitoring had a significant effect on strategic plan implementation, with a significance value of 0.000 ($p<0.05$). Monitoring was deficient, with little if any, evidence of planning, coordination or even supervision of relevant strategic plan implementation activities. From this study, it can be concluded that the implementation of the Ministry of Medical Services strategic plan (2008-2012) in Kenyan public hospitals was unsuccessful. Some of the factors that contributed to failed implementation of the strategic plan were poor leadership, deficient staff knowledge of the strategic plan, inadequate resource allocation for implementation and poor monitoring of the implementation process. In order to successfully implement future strategic plans within the public health sector in Kenya this study recommends capacity building in strategic leadership, staff involvement and training, adequate resource allocation as well as effective monitoring and evaluation of the strategic plan implementation process.

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ABBREVIATIONS

MOMS: Ministry of Medical Services

ICT: Information Communication Technology

KQAMH: Kenya Quality Assurance Model for Health

EMMS: Essential Medicines and Medical Supplies

NHIF: National Hospital Insurance Fund

MTEF: Medium Term Expenditure Framework

NHSSP-I: First National Health sector Strategic Plan

SPSS: Statistical Package for the Social Science

CEO: Chief Executive Officer

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CHAPTER ONE

INTRODUCTION

1.0: Overview

This chapter contains sections on the background/justification of the study, statement of the research problem, the general objective, specific objectives, research hypotheses, the significance and the scope of the study. The background establishes the justification of the study, while subsequent sections define the study problems and set out the objectives of the research.

1.2: Background of the study

Strategic management is viewed as the set of decisions and actions that result in the formulation, implementation and control of plans designed to achieve an organization's vision, mission, strategy and strategic objectives within the business environment in which it operates. Strategic plan implementation is an integral component of the strategic management process and is viewed as the process that turns the formulated strategic plan into a series of actions and then results to ensure that the vision, mission, strategic plan and strategic objectives of the organization are successfully achieved as planned (Pearce & Robinson, 2011).

In the past, strategy formulation was widely regarded as the most important component of the strategic management process – more important than strategy implementation or

strategic control. However, recent research indicates that strategy implementation, rather than strategy formulation alone, is a key requirement for superior business performance (Kaplan & Norton, 2000). In addition, there is growing recognition that the most important problems in the field of strategic management are not related to strategy formulation, but rather to strategy implementation, and that the high failure rate of organizational initiatives in a dynamic business environment is primarily due to poor implementation of new strategies (Hrebiniak, 2005; Flood *et al*., 2000).

Delivery of wholesome quality health care requires careful strategic planning and meticulous implementation. The quality of health care in the Ministry of Medical Services (MOMS) run hospitals in Kenya has been far from satisfactory judging from public opinion and patient care outcomes. There has been an ever pressing urgency to improve the overall quality and adequacy of public health care services in Kenya. This was the main reason why the MOMS developed a strategic plan to cover the period 2008 to 2012. Key strategic objectives included medical services reforms; application of ICT in the provision and management of information and services; strengthening emergency preparedness and disaster management; implement the Kenya Quality Assurance Model for Health (KQAMH) to improve quality; planning, monitoring and evaluation tools and mechanisms utilized at all levels of the sector; development and management of the health workforce through ensuring the provision of adequate numbers of equitably distributed health workers; provide a network of functional, efficient and sustainable health infrastructure in the form of adequate physical facilities; appropriate ICT and ensure reliable access to quality, safe, and affordable essential medicines and medical supplies (EMMS).

Strategy co-ordination/leadership was to be ensured at the national, provincial, district and institutional levels, and presumed that the strategy was adequately communicated downwards, and all stakeholders had the capabilities and support to effectively play their parts in effectively implementing the strategy. Key implementation monitoring activities included annual client satisfaction exit surveys; annual measurement of facility performance improvement; the percentage of hospitals with functional hospital emergency response and disaster management teams; the proportion of health workers trained on emergency and disaster response; adequacy of institutional staffing; facility rehabilitation as per approved plans; hospital equipment as per minimal set norms; adequacy of medical and non-medical supplies and the compliance with set monitoring and review schedule.

The strategic plan implementation period was 2008 to 2012. It is essential to evaluate the impact of the strategic plan, and investigate the determinants of the outcome of the plan. This study sought to establish the impact of the strategic plan, and identify the determinants of the success, or otherwise, of the implementation process. The study would, hopefully contribute knowledge that may inform more effective strategic plan implementation in the Kenyan public health sector in future.

1.3: Statement of the problem

Noble (1999), Bossidy and Charan (2002) and Freedman (2003) posit that after a comprehensive strategic plan or single strategic decision has been formulated, significant difficulties usually arise during the subsequent implementation process. The best-formulated strategies may fail to produce superior performance for the organization if they are not successfully implemented. A myriad of factors can affect the process by which strategic plans are turned into organizational action. Among the determinants of successful strategic plan implementation are leadership (organizational structure), staff knowledge and organizational culture, adequacy of resources allocated for implementation as well as monitoring and evaluation. Unlike strategy formulation, strategy implementation is often seen as something of a craft, rather than a science, and its research history has previously been described as fragmented and eclectic.

Adoption of formal strategic planning as we know it today is relatively recent in the public sector in Kenya. The first National Health sector Strategic Plan (NHSSP-I) in Kenya was made in 1999 to 2004. An evaluation of the strategic plan found that despite having well focused national health policies and reform agenda whose overriding strategies were focused on improving health care delivery services and systems through efficient and effective health management systems and reform, the overall implementation of NHSSP-I (1999-2004) did not manage to make a breakthrough in terms of transforming the critical health sector interventions and operations towards meeting the most significant targets and indicators of health and socio economic development as expected by the plan. This may be attributed to a set of factors, most of which are inter-related, such as absence of a legislative framework to support decentralization; lack of well-articulated, prioritized and costed strategic plan; inadequate

consultations amongst MOH staff themselves and other key stakeholders involved in the provision of health care services; lack of institutional coordination and ownership of the strategic plan leading to inadequate monitoring of activities; weak management systems; low personnel morale at all levels; inadequate funding and low level of resource accountability. As a result, the efforts made under NHSSP-I did not contribute toward improving Kenyans' health status. Rather, health indicators showed a downward trend (Muga, Kizito, Mbayah & Gakuruh, 2005).

In subsequent years, the Health Sector performance Report (July 2008–June 2009) that evaluated the NHSSP-II (2005-2010) found that many of the strategic objectives set in the national health strategic plans remained unachieved. The reasons for this situation remain at best a matter of speculation. There is, therefore, a compelling need to carry out research to assess the impact of the strategic plans previously crafted, and identify the challenges/factors that may have affected effective implementation.

This study sought to identify the factors responsible for ineffective implementation of the health sector strategy. The emerging knowledge will be useful in the guiding approaches to successful strategy implementation in the future.

1.4: Objectives of the study

1.4.1: General/broad objective

To examine the determinants of strategic plan implementation in Kenyan public hospitals.

1.4.2: Specific objectives

i. To examine the effect of leadership on strategic plan implementation in Kenyan public hospitals.
ii. To evaluate whether staff knowledge affects strategic plan implementation in Kenyan public hospitals.
iii. To explore the effect of resource adequacy on strategic plan implementation in Kenyan public hospitals.
iv. To determine whether monitoring affects strategic plan implementation in Kenyan public hospitals.

1.4.3: Research Hypotheses

H_O1: There is no effect of leadership on strategic plan implementation in Kenyan public hospitals.

H_O2: Staff knowledge does not affect strategic plan implementation in Kenyan public hospitals.

H_O3: There is no effect of resource adequacy on strategic plan implementation in Kenyan public hospitals.

H_O4: Monitoring does not affect strategic plan implementation in Kenyan public hospitals.

1.5: Significance of the study

This study sought to explain the disparity between strategic plan formulation and implementation at the Ministry of Medical Services, Kenya. It attempted to uncover the determinants of strategic plan implementation strategy and contribute knowledge that could positively impact delivery of quality health care in the public health sector in Kenya. Such knowledge is invaluable in future to ensure effective implementation of strategic plans in the public health care sector. The findings of this study will, therefore, contribute knowledge on effective approaches and understanding of strategic plan implementation in Kenyan public hospitals.

1.6: Scope of the study

This study was limited to assessing the determinants of strategic plan implementation at the Mbagathi level 4 hospital, a public hospital, in Nairobi. The strategic plan in evaluation was implemented between 2008 – 2012 by the Ministry of Medical Services, Kenya. It assumed that the case hospital is representative of public hospitals in Kenya, and that strategic plan implementation challenges encountered at the case hospital were similar to or same as at other hospitals under MOMS in Kenya.

CHAPTER TWO

LITERATURE REVIEW

2.1: Introduction

This chapter appraises existing knowledge on strategic plan implementation and the factors determining the success of the implementation process. A detailed review of previous studies on this important subject is presented, structured on the themes outlined in the study objectives. At the end of this chapter, a conceptual framework is presented, summarizing the relationship between the independent variables and the dependent variable.

2.2: Strategic plan implementation

The definition of strategic plan implementation among different scholars centres on similar themes, and there is convergence in the understanding of the concept. Kotler (1984) defines strategic plan implementation as the process that turns plans into action assignments and ensures that such assignments are executed in a manner that accomplishes the plan's stated objectives, while to Grinyer & Spender (1979); it is a series of decisions and resultant actions which commit resources to achieving intended outcomes.

Contrary to general belief, strategy formulation and strategy implementation are not two discrete processes but are intertwined together. Great strategies are not discovered over a couple of strategic sessions. In fact great strategies evolve over time as a result of rigorous monitoring of progress towards strategic goals, when emerging realities are discussed thread bare, the learning of which helps in revising the strategies. In effect, it can be said that meticulous implementation has strategic plan development embedded in it. Similarly organizations need to incorporate strategy implementation in the planning phase itself. This can be done by involving persons key to execution during planning phase itself. It will not only help in gaining insights in to practical aspects of strategy at an early stage, but it also helps politically to get their whole hearted commitment to strategy implementation. Planning is no doubt important, but making the plan work is a bigger challenge which deals with organizational politics, culture and sometimes managing change (Hill, & Jones, 2007).

Strategic plan implementation is important but difficult because implementation activities take a longer time frame than formulation, involves more people and greater task complexity, and has a need for sequential and simultaneous thinking on part of implementation managers. A strategic plan can only make the desired management impact if the formulated plan is fully and effectively translated to action. This translation of a strategic plan to action is essentially implementation. Past studies seem to unanimously agree that most strategic plans fail at implementation due to the complexity of the implementation process. Various factors make implementation challenging, and some of those factors will be explored later in this study (Hrebiniak, 2006; Freedman, 2003).

Bossidy and Charan (2002) assert that when companies fail to deliver on their promises, the most frequent explanation is that the CEO's strategy was wrong. But the strategic plan by itself is often not the cause. Strategic plans most often fail because they aren't executed well. Things that are supposed to happen don't happen. Either the organizations aren't capable of making them happen, or the leaders of the business misjudge the challenges their organizations face in the business environment or both. Implementation calls for sustained commitment from a large number of stakeholders with the commitment of resources in order to succeed.

Results from several surveys have confirmed this view: An Economist survey found that a discouraging 57 percent of firms were unsuccessful at executing strategic initiatives over the past three years, according to a survey of 276 senior operating executives in 2004. According to the White Paper of Strategy Implementation of Chinese Corporations in 2006, strategy implementation has become "the most significant management challenge which all kinds of corporations face at the moment". The survey reported in that white paper indicates that 83 percent of the surveyed companies failed to implement their strategy smoothly, and only 17 percent felt that they had a consistent strategy implementation process (Allio, 2005).

It is thus obvious that strategic plan implementation is a key challenge for today's organizations. There are many (soft, hard and mixed) factors that influence the success of strategy implementation, ranging from the people who communicate or implement the strategy to the systems or mechanisms in place for co-ordination and control. Ability to implement strategic plans is the deciding factor between success and failure of an organization's strategy. Implementation manifests the strategic intent of a company

through various tactical and competitive actions to achieve the desired results, which otherwise may remain as distant dreams (Hrebiniak & Joyce, 2001).

How does a company gain the all-important ability to put strategic plans into action? The answer is to change ones' perception of strategy formulation and implementation. All of which require single minded pursuit from top and unquestionable commitment from managers. Organizational politics (especially when strategy execution contradicts the existing power structure in the company) may hamper proper allotment of resources, which will adversely impact strategy deployment (Allio, 2005).

Apart from intertwining strategy planning and implementation through incorporating execution into planning and evolving strategy through rigorous follow up and corrections, there are other factors that may bridge the gap between great strategies and effective execution.

2.3: Determinants of strategic plan implementation

Strategic planning may be the prerogative of upper levels of management, but implementation percolates down to front level managers and operational employees responsible for operational efficiently, influencing the experience of customers, or carrying out improvements which are important in the long run. Ability to implement the strategic plan is the deciding factor between success and failure of an organization's strategy. Implementation manifests the strategic intent of a company through various tactical and competitive actions to achieve the desired results, which

otherwise may remain as distant dreams. Among the key determinants of successful implementation of the MOMS strategic plan (2008 – 2012) were leadership, knowledge of the implementing staff, resource adequacy and monitoring (Johnson, Scholes, & Whittington, 2008). These factors are discussed in detail in subsequent sections.

2.3.1: The effect of leadership on strategic plan implementation

Research has confirmed that leader behaviour influences group and organizational behaviour but less is known about how top leadership ensures that group and organizational members implement their decisions(O'Reilly,Caldwell, Chatman, Lapiz & Self, 2010). According to Hitt *et al.* (2001) and Jooste & Fourie (2009), the six critical criteria of strategic leadership are: determining strategic direction; exploiting and maintaining core competencies; developing human capital; sustaining an effective corporate culture; emphasizing ethical practices; and establishing strategic controls. Strategic leadership is the leader's ability to anticipate, envision and maintain flexibility and empower others to create strategic change as necessary.

According to Sosik *et al*. (2005), outstanding strategic leaders are those executives who display key behaviours that enable the organization to execute its strategy effectively. In essence, they are strategy-focused leaders. The leader must *embed strategy in the organization:* choose an excellent team, pick the right roles, and let the rest of the team make the strategic moves. The logic is that if you begin with the right people, you can more easily adapt to a fast-changing world because the right people already are adaptable

and self-motivated. Indeed, picking the right people is one of the few things that leaders can directly control. Leadership should exemplify strategic direction and motivate all stakeholders towards the realization of organizational goals. In most organizations, initiatives with far-reaching agendas like strategic management do not go very far without the explicit support of managers at the highest level. Their apparent disinterest sends an implicit message to employees and other stakeholders that the organization does not intend to engage systematically with strategy implementation. If senior managers responsible for the long-term future of the organization are not enthusiastic about strategic thinking, employees responsible for carrying out any plans that emerge will be no more motivated. The practical details of implementing a strategic plan are laid out within the functional areas of an organization (e.g., marketing, production, clinical services, and finance). The area managers should be consulted during the planning process to be sure of their ability to carry out the plan's directives.

Strategic leadership entails the ability to anticipate, envision, maintain flexibility, and empower others to create strategic change as necessary. In the today's competitive landscape, strategic leaders are challenged to adapt their frames of reference so that they can deal with rapid, complex changes. Strategic leadership is the ability of influencing others to voluntarily make decisions that enhance prospects for the organization's long-term success while maintaining short-term financial stability. It includes determining the firm's strategic direction, aligning the firm's strategy with its culture, modeling and communicating high ethical standards, and initiating changes in the firm's strategy, when necessary. It sets the organization's direction by developing and communicating a vision

of future and inspires organization members to move in that direction. Unlike strategic leadership, managerial leadership is generally concerned with the short-term, day- to-day activities (Smith & Kofron, 1996).

The top management, especially the CEO plays a catalytic role in strategy implementation. The CEO symbolizes the strategy and provides guidance while the strategy is being implemented. The CEO plays the lead role in deploying the right managers, in the right slot to implement strategy. Insiders are usually less adaptable to change but they have greater knowledge of the organization. Outsiders can act as powerful change agents but they may take time to understand the organization. Moreover, by occupying powerful positions, outsiders can lower the morale of people already inside the organization. So the right blend of insiders and outsiders is recommended. Effective and speedy decision making is an integral part of strategy implementation. The quality of decision making in an organization in turn depends on the leadership style (Schmidt & Brauer, 2006).

Bossidy and Charan (2002) make an important point that leadership in execution should not be confused with micro managing. It is about active involvement, immersion in key details, putting in place a culture and processes for executing, rewarding people who are getting the things done, and helping people understand the priorities. Organizations often get into trouble because they go into a state of denial despite plenty of data available to them. In great organizations, people confront reality and do not hesitate to talk about it in front of their leaders. How can leaders create a climate where the truth is heard? This can be done through practices like leading with questions; not answers, engaging in dialogue

and debate, not coercion; conducting autopsies, without blame; and building "red flag"/diagnostic mechanisms in management.

Several researchers have emphasized the effect of top management on strategy implementation (Hrebiniak & Snow, 1982; Smith & Kofron, 1996; Schmidt & Brauer, 2006; Schaap, 2006). Most of them point out the important figurehead role of top management in the process of strategy implementation. Schmidt and Brauer (2006), for example, take the board as one of the key subjects of strategy implementation and discuss how to assess board effectiveness in guiding strategy execution. Hrebiniak and Snow (1982) find that the process of interaction and participation among the top management team typically leads to greater commitment to the organization's goals and strategies. This, in turn, serves to ensure the successful implementation of the organization's chosen strategy. Smith and Kofron (1996) believe that top managers play a critical role in the implementation – not just the formulation –of strategy.

Heracleous (2000) also finds that if middle management do not think the strategy is the right one, or do not feel that they have the requisite skills to implement it, then they are likely to sabotage its implementation. Noble, 1999 proposes that strategic decisions are nevertheless formulated by senior - level managers of the organization and then administratively imposed on lower – level management and non – management employees with little consideration of the resulting functional - level perceptions (Nutt, 1987). If lower - level management and non - management personnel are not aware of the same information, or if information must pass through several (management) layers in the organization, consensus regarding that information may never come about. Thus, the lack

of shared knowledge with lower - level management and non - management employees creates a barrier to successful strategy implementation.

2.3.2: The effect of staff knowledge on strategic plan implementation

A clear understanding of the organizational strategy is fundamental to achieving goals and objectives. The key to developing this understanding at all levels of an organization is effective communication. Ineffective/inadequate communication often results in insufficient understanding and suboptimal participation, or a total absence of participation by key stakeholders in implementing strategy. Communication serves as a foundation for planning. All the essential information must be communicated to the managers who in-turn must communicate the plans so as to implement them. Organizing also requires effective communication with others about their job task. Similarly leaders as managers must communicate effectively with their subordinates so as to achieve the team goals. Controlling is not possible without written and oral communication (Okumus, 2003).

Numerous researchers have emphasized the importance of communication for the process of strategy implementation (Velliquette & Garretson, 2002; Forman & Argenti, 2005; Schaap, 2006). Communication promotes motivation by informing and clarifying to the employees about the task to be done, the manner they are performing the task, and how to improve their performance if it is not up to the mark; helps identifying and assessing alternative course of actions; plays a crucial role in altering individual's attitudes; helps in socializing, and is vital for effective strategy control. It helps controlling organizational

member's behaviour in various ways. There are various levels of hierarchy and certain principles and guidelines that employees must follow in an organization. They must understand and comply with organizational policies, perform their job role efficiently and communicate any work problem and grievance to their superiors. Thus, communication helps in controlling function of management. The content of such communications includes clearly explaining what new responsibilities, tasks, and duties need to be performed by the affected employees as a result of new strategic orientation in the organization. It also includes explaining changes in job activities, and more fundamentally the reasons why the new strategic decision was made in the first place.

Rapert and Wren (1998) find that organizations where employees have easy access to management through open and supportive communication climates tend to outperform those with more restrictive communication environments. The findings of Peng and Litteljohn (2001) show that effective communication is a key requirement for effective strategy implementation. Organizational communication plays an important role in training, knowledge dissemination and learning during the process of strategy implementation. In fact, communication is pervasive in every aspect of strategy implementation, as it relates in a complex way to organizing processes, organizational context and implementation objectives which, in turn, have an effect on the process of implementation. Communication barriers are reported more frequently than any other type of barriers, such as organizational structure barriers, learning barriers, personnel management barriers, or cultural barriers.

Rapert, Velliquette and Garretson (2002) argue that shared understanding plays an important role in the implementation process. In particular, when vertical communication

is frequent, strategic consensus (shared understanding about strategic priorities) is enhanced and an organization's performance improves. They explore vertical communication linkages as a means by which strategic consensus and performance can be enhanced.

A study by Schaap (2006) showed that a significant proportion of senior - level leaders do not communicate the organization's direction and business strategy to all of their subordinates. This study also reinforces findings that frequent communication up and down in organization enhances strategic consensus through the fostering of shared attitudes and values, and greatly influences organizational culture. This in effect helps to build consensus, to enhance buy-in and reduce resistance to initiatives of strategy implementation.

Peng and Litteljohn (2001) posit that resistance to change can be considered the single greatest threat to successful strategy implementation. Resistance regularly occurs in organizations in the form of sabotaging production machines, absenteeism, and an unwillingness to cooperate, and may be the result of ineffective communication. People often resist strategy implementation because they do not understand what is happening or why changes are taking place. In that case, employees may simply need accurate information. This underscores the critical importance of communication. Successful strategy implementation hinges upon managers' ability to develop an organizational climate conducive to change. Change must be viewed as an opportunity rather than as a threat by managers and employees. Resistance to change can emerge at any stage or level of the strategy-implementation process. Although there are various approaches for implementing changes, three commonly used strategies are a force change strategy, an

educative change strategy, and a rational or self-interest change strategy. A force change strategy involves giving orders and enforcing those orders; this strategy has the advantage of being fast, but it is plagued by low commitment and high resistance. This approach has low success rates in strategy implementation. The educative change strategy is one that presents information to convince people of the need for change; the disadvantage of an educative change strategy is that implementation becomes slow and difficult. However, this type of strategy evokes greater commitment and less resistance than does the force change strategy, and ultimately increase the tendency to co-operation and ultimate success in strategy implementation. Finally, a rational or self-interest change strategy is one that attempts to convince individuals that the change is to their personal good/benefit. When this appeal is successful, strategy implementation can be relatively easy and successful. In reality, however, implementation changes are seldom to everyone's advantage/benefit.

Forman and Argenti (2005) find that the alignment between the corporate communication function and the strategic implementation process was particularly visible in those organizations that were going through fundamental strategic change: All of the organizations studied were involved in significant efforts in internal communications and felt that IT was central to the success of the function, particularly in terms of implementing strategy and building reputation.

Ultimately, implementation of strategy is about converting knowledge into action. Strategy implementation calls for a strong action orientation that focuses on outcomes, as opposed to activities. In many companies, there is a big gap between knowing and doing.

Communications plays a very important role in orienting all organizational stakeholders towards strategy implementation. People with a strong orientation possess energy and focus. Energy implies a high level of personal commitment, involvement and effort. Only managers with energy can put in exceptional efforts when tackling heavy workloads or responding to tight deadlines as is required in strategy implementation. Purposeful action also requires focus. That means channeling energy toward a specific outcome. Focused managers are not affected by the many distractions of daily work life. They are goal oriented, clear about what they are striving for and channel all activities toward achieving the desired goal. They take the time to reflect regularly on their own behavior, and are willing and able to choose what to do and not do each day. Focus requires personal discipline and the ability to insulate oneself from everyday demands on attention and emotions (Jones, 2008).

2.3.3: The effect of resource adequacy on strategic plan implementation

Strategy implementation requires adequate resources as identified during budgeting. The top management has the power to allocate resources towards actualizing strategy. That is why corporate management support throughout the implementation phase of strategic management is so critical. Resources have been defined in this literature as assets tied semi-permanently to organizations and include tangibles and intangibles. Such resources may include financial resources, human resources, knowledge and skills acquired through training/education, Information technology, essential supplies (inputs) plant and machinery (Eisenstat, 2000).

The central proposition is that the way the resources are allocated in the firm shapes the realized strategy of the firm. Understanding the resource allocation process allows one to understand how strategy is made. The processes that lead to strategic outcomes are remarkably stable even as environments change. Despite the complexity of the process, many of the forces can be managed if they are understood. The process of resource allocation is intimately connected to strategy. This process is a complex, simultaneous, dynamic, multilevel and multirole phenomenon. Capital allocation decisions were made as a part of this complex process by managers who may have conflicting roles and often are at the middle level of the organizational hierarchy. It also showed that structural context shaped the strategy (Bower, 1970). The process of resource allocation is also influenced by the strategic context (Burgelman, 1983).

Resource allocation is an iterative process and is a bottom up process. Bounded rationality prevents any single individual from collecting and processing all relevant knowledge for an optimal decision. Bottom up process relieves the top management of the need to collect all information and processing it to make a decision. This is done by distributing the decision rights to managers who possess the relevant specific knowledge. Further these managers have the incentive to define and support successful projects to the extent they are in line with their incentives and rewards. A number of factors commonly prohibit effective resource allocation, including an overprotection of resources, too great an emphasis on short-run financial criteria, organizational politics, vague strategy targets, a reluctance to take risks, and a lack of sufficient knowledge (Noda & Bower, 1996).

Resource allocation is a central management activity that allows for strategy execution. In organizations that do not use a strategic-management approach to decision making,

resource allocation is often based on political or personal factors. Strategic management enables resources to be allocated according to priorities established by annual objectives. Nothing could be more detrimental to strategic management and to organizational success than for resources to be allocated in ways not consistent with priorities indicated by approved annual objectives. Allocating resources to particular divisions and departments does not mean that strategies will be successfully implemented. A number of factors commonly prohibit effective resource allocation, including an overprotection of resources, too great an emphasis on short-run financial criteria, organizational politics, vague strategy targets, a reluctance to take risks, and a lack of sufficient knowledge. Below the corporate level, there often exists an absence of systematic thinking about resources allocated and strategies of the firm. The real value of any resource allocation program lies in the resulting accomplishment of an organization's objectives. Effective resource allocation does not guarantee successful strategy implementation because programs, personnel, controls, and commitment must breathe life into the resources provided. Strategic management itself is sometimes referred to as a "resource allocation process" (Jones *et al*, 2007).

2.3.4: The effect of monitoring on strategic plan implementation

Strategy implementation is a process that calls for regular planned as well as contingent monitoring, reporting and ultimate action. Without monitoring and accountability, it is difficult to stay on course while implementing strategy. An effective monitoring process provides ongoing, systematic information that strengthens strategy implementation. The

monitoring process provides an opportunity to: compare implementation efforts with original goals and targets; determine whether sufficient progress is being made toward achieving expected results, and determine whether the time schedule is observed. Monitoring is not an "event" that occurs at the end of a management cycle, but rather is an ongoing process that helps decision-makers to better understand the effectiveness of the action or system. An effective monitoring and evaluation program requires collecting and analyzing important data on a periodic basis throughout the management cycle of a project. This process often involves collecting baseline data on existing conditions, reporting on progress toward environmental/sustainability improvements, making connections between actions and intended outcomes, and making mid-course changes in program design. At the operational level of management, strategy implementation revolves around short-term objectives, action plans, budgets, policies, monitoring diverse performance indicators/measures and timely reporting. Action plans are constantly evolving to address any deviations from targets and to tackle any challenges that arise on the day to day operational activities (Hunger, & Wheelen, 2003).

Various stakeholders have assigned roles and responsibilities for different objectives. Their basic task is the timely and effective achievement of all set targets. As such, constant monitoring, documentation, reporting, review and implementation of corrective action are the routine of operational managers and their subordinates in any organization (Pearce & Robinson, 2011).

According to Bossidy and Charan (2002), follow through is the cornerstone of execution and every leader who is good at executing strategy follows through religiously. Following through ensures that people are doing the things they committed to do,

according to the agreed timetable. It exposes any lack of discipline and connection between ideas and actions and forces the specificity that is essential to synchronize the moving parts of an organization. An integral part of follow through is meetings. People must get together from time to time and exchange notes to track the progress in strategy implementation. Meetings are also useful for knowledge sharing and helping people learn from their mistakes. Indeed, despite all the advances in technology, meetings still remain the best way of tracking and controlling strategy implementation. But meetings often tend to be unfocused and unproductive, leading to cynicism and frustration.

Kaplan and Norton (2008) mention that companies must develop clarity on what the meeting is all about, the kind of information needed, the frequency of the meeting, who should be invited, what should be the focus of discussions and the expected goal at the end of the meeting. Accordingly, Kaplan and Norton draw a distinction among three types of meetings: Operational Review, Strategy Review, and Strategy Testing and Adapting. In operational reviews, which are held frequently, the focus is on identifying and solving short term operational problems. In strategy reviews, which are typically held on a monthly basis, the focus is on strategy implementation and making mid-course changes. In strategy testing and adapting meetings, which are typically held annually (unless the industry is changing too fast) the focus is on testing and adapting strategy based on analytics. The goal of strategy testing and adapting meetings is to improve strategy and take decisions on new strategic initiatives.

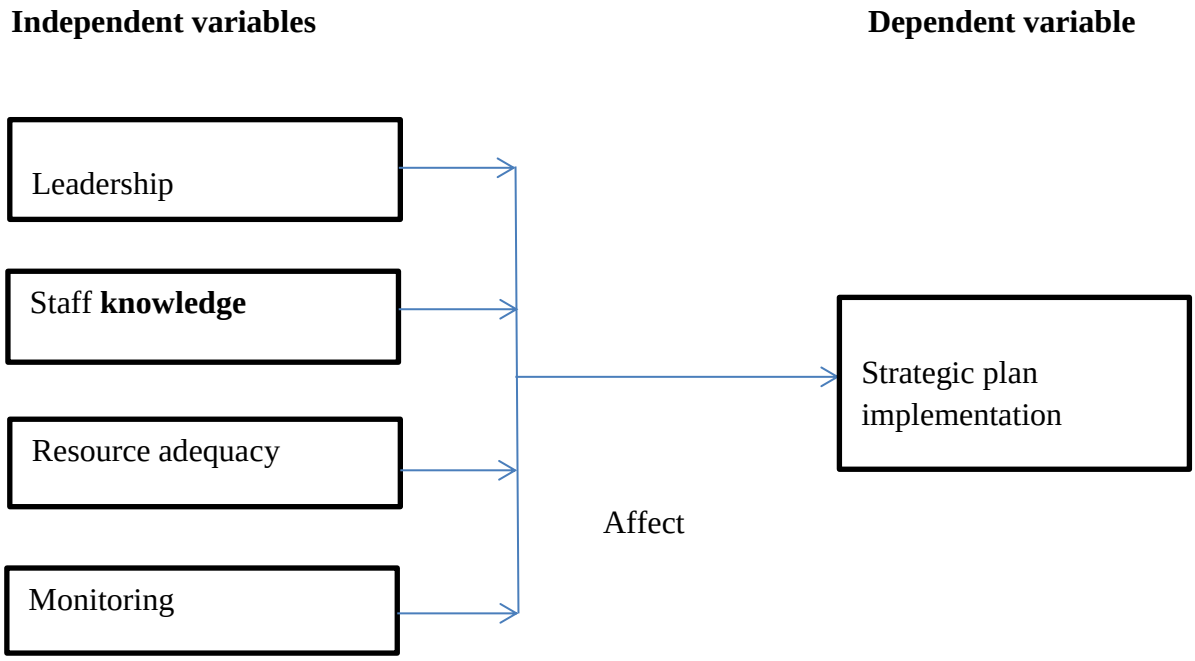
The key areas to evaluate must be agreed among the partners, including participants, to reflect different agendas. Evaluation will include: Measuring indicators of progress, including progress towards targets; assessing how well various aspects of the strategy

were perceived to work from the point of view of professionals from all sectors and by communities and assessing whether the changes were a result of the intervention (Swanton & Frost, 2007).

2.4: Conceptual framework

Mugenda and Mugenda, (2003) define an independent variable as one that a researcher manipulates in order to determine its effect or influence on another variable. In this study, the independent variables are leadership, staff knowledge, resource adequacy and monitoring. The dependent variable is strategic plan implementation.

Figure 2.1: Determinants of strategic plan implementation in Kenyan public hospitals



(Source: Researcher, 2013)

CHAPTER THREE

RESEARCH METHODOLOGY

3.1: Introduction

The research methodology chapter contains sections that describe the research design used in this study, the target population, sampling technique, data collection instrument and procedures, data analysis, ethical considerations and the limitations of the study. The section of research design identifies the design used in this study and explains why it is most appropriate. The section on the target population defines target population, and identifies the population on which this study is based. The sampling technique and design are also described in this section. The data collection procedures section explains how data was collected during this study, and the instrument of data collection. The data analysis section explains how the data collected was processed and analyzed to enable the researcher to arrive at the conclusions and make the recommendations herein. The ethical considerations section explains the measures that the researcher took to protect participants' confidentiality, basic rights and dignity and generally uphold good research practice. Finally, in this section, possible limitations of this study are discussed.

3.2: Research design

This was an explanatory research. This design was most appropriate method to study the objectives set in this study because the researcher was seeking to explain the relationship

between variables. De Vaus, D. (2002) explains that researcher has an explanatory purpose if he/she wishes to know why a certain event happened as opposed to simply describing what happened. The degree of relationship between two variables is of particular concern in explanatory studies. Explanatory research stresses the determination of causes. This design measures the extent of relationship between the variables. Explanatory research designs attempt to specify the nature of functional relationship between two or more variables. Explanatory research is useful to show the impact of one variable on another. The relationship between the independent and dependent variables can be studied in detail using an explanatory research design.

3.3: Target population

In this study, the target population was all MOMS employees stationed at the Mbagathi level 4 hospital, who were in employment during the 2008 – 2012 period. From this target population, a representative sample was drawn. Information relevant to this study was then be sought from this representative sample, and used to draw conclusions on the subject of this research.

3.4: Sample size calculation

The appropriate sample size was calculated using the Cochran equation

$$n_o = \frac{Z^2 pq}{e^2}$$

Where

n_0 = the sample size,

$Z^2 = 1.96$

e =the desired level of confidence, in this study = 0.05,

p = the estimated proportion of an attribute that is present in the population, and

q = 1-p.

If there is no estimate available of the proportion in the target population assumed to have the characteristic of interest, p and q are set at 50% as recommended by Fisher *et al* (1983)

Calculated from this formula,

n_o =384.

The researcher established that 100 of the employees currently at Mbagathi were in employment between 2008 and 2012. This population is less than 10,000, hence the need to calculate the final sample size by the formula below:

$$n = \frac{n_o}{1 + \left(\frac{n_o - 1}{N}\right)}$$

n = the final sample size

n_o = 384 (above)

N = eligible population = 100.

From the calculation above, the final sample size for this study was 80.

3.5: Sampling technique and Sampling design

Stratified random sampling was applied to obtain a representative sample. The researcher established the total number of employee eligible to take part in this study (those who were in employment with the MOMS between 2008 and 2012). The eligible employees were then stratified based on established hospital departments from which a fixed ratio (80/100 = 0.8) was taken factoring in gender balance where possible and voluntary

participation. Departmental samples were randomly obtained from a list of all employees in the reference department.

Table 3.1: Sampling frame

Stratum (Department)	**Population frequency**	**Ratio**	**Sample size**
Administration	18	0.8	14
Nursing	50	0.8	40
Medical	10	0.8	8
Clinical support departments	12	0.8	10
Non clinical	10	0.8	8
Total	100	0.8	80

(Source: Researcher, 2013)

3.6: Type and sources of data

This research relied on primary data collected by use of a questionnaire administered to select respondents. The data was sourced from sampled employees of Mbagathi level 4 hospital by use of the data collection instrument. All data collection was carried out by the researcher.

3.7: Data collection instruments

A structured questionnaire was applied in data collection (Appendix 2). The questionnaire was divided into six sections. Section A covered background information; section B had questions on strategy implementation; section C had questions on effect of leadership on strategy implementation; section D had questions on the effect of staff knowledge on strategy implementation; section E had questions on the effect of resource adequacy on strategy implementation and section F has questions on the effect of monitoring on strategy implementation.

3.8: Test for validity and reliability

The questionnaire was pretested on a conveniently selected sample of ten eligible individuals from the selected hospital, to ascertain its suitability and content validity in collecting the desired information adequately. During the pretesting of the questionnaire, issues of clarity/ambiguity of questions were addressed. The pretest data was not included in the final analysis.

3.9: Data collection procedure

The researcher sought and obtained authorization from the National Commission for Science, Technology and innovation and from the research committee of the case hospital to carry out this research. Every selected participant was approached by the researcher for verbal consent by use of an introduction letter (Appendix 1). Subsequently, the researcher

directly administered the questionnaire which took less than ten minutes to complete. The study participants were carefully selected to include both the management and operational level personnel.

The questionnaire was not provided to participants beforehand to avoid bias in output of the interviews as proposed by Yin (2009, 102-109). All clarifications were made during the interview. Data and supporting evidence was sought through document reviews where relevant. Strategy implementation documentation as well as periodic evaluation documentation, where it existed, was reviewed.

3.10: Operationalization of variables

Table 3.2: Operationalization of variables

Variable	Operationalization	Measures
Strategy implementation	Employee perception	Likert scale Achievement of strategic objectives
Leadership	Employee understanding of MOMS leadership structures Audit of leadership activities	Likert scale Annual operational plans, annual reports, regular medical audits

Table continues

Table 3.2 Continued

Staff understanding of strategy	Assessment of staff understanding of the strategy	Likert scale Written communication on strategy implementation, evidence of regular meetings to address implementation.
Resource adequacy	Resource audit: HR, IT, Supplies, Training, Financial	Likert scale Adequacy of HR, IT infrastructure, essential supplies, Physical facilities, Financial resources, Training, disaster response team
Monitoring	Monitoring activity audit: Meetings, reports, Action plans, policies schedules.	Likert scale Audits, regular reports, patient satisfaction reports, Quality assurance data, performance management systems.

(Source: Researcher, 2013)

3.11: Data analysis

According to Mugenda and Mugenda (2003), data analysis is the process of bringing order, structure and meaning to the mass of information collected in research.

In this study, data once collected through the questionnaire was cleaned, coded and organized into themes and concepts to facilitate computer inputting into a data base. Analysis of the data was quantitative, using SPSS.

Quantitative analysis was by use descriptive statistics, utilizing measures of central tendency such as mean, median, mode, percentage, frequency and standard deviation. Correlation and regression analysis were carried out to determine the relationship between strategy implementation and the independent variables in the study, based on the model:

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Where,

Y = Dependent variable (Strategy implementation)

β_0 = is the intercept (a constant)

β_{1-4}= regression coefficient/slope for $X_1 - X_4$

X_1 = leadership

X_2 = Staff knowledge

X_3 = Resource adequacy

X_4 = Monitoring

ε = extraneous/error term

Analyzed data was presented in tables, pie charts, graphs and in prose form, and used to draw conclusions and make final recommendations.

3.12: Ethical consideration

Permission to carry out this study was sought and obtained from the National Commission for Science, Technology and Innovation and from the research committee of the case hospital. Participation in this study was voluntary and the identity of participants was concealed by not including it on the questionnaires. All right and liberties of participants were upheld during this study. Information obtained during this study was used only for the intended purposes, and was shared with any unauthorized persons. There was no patient involvement in this study, and no human specimen collection hence no need for ethical approval.

3.13: Limitations of the study

This study applied information from a single case public hospital to make generalizations of an entire sector. It is possible that the case organization was not perfectly representative of all public hospitals under MOMS in Kenya.

There may have been a limitation in recall of details from participants considering that some of the information sought related to events that took place as many as five years prior.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1: Introduction

This chapter presents a detailed analysis of the data collected and presents the findings. The researcher was able to interview 80 staff at Mbagathi level 4 hospital, obtaining complete data. This was a complete achievement of the desired sample size. After analyzing the data using SPSS, results were summarized in subsections detailing the characteristics of respondents, the descriptive data results in relation to each variable, cross tabulations, correlation as well as regression analysis. Each section is subsequently interpreted appropriately.

4.2: Respondent characteristics

The characteristics of the respondents are summarized below:

4.2.1: Gender of the respondents.

The male to female ratio of the respondents was 4:6, as illustrated in table 4.1 below. There are more female than male staff at Mbagathi level 4 hospital, explaining the slightly larger proportion of females among the respondents.

Table 4.1: Gender of the respondents

Gender	Frequency	Percentage
Male	32	40
Female	48	60

(Source: Research data)

4.2.2: Respondents by department

Half of all respondents were nurses, who form the greatest proportion of employees in the hospital. The rest of the respondents were distributed as shown in table 4.2 below. The smallest representation was from the medical and clinical support departments. Medical department consists of doctors and clinical officers. Administration consists of the medical superintendent, non-clinical hospital administrative staff as well as heads/administrators of clinical departments. Clinical support departments include laboratory, pharmacy, radiology, physiotherapy, nutrition and occupational therapy. Non-clinical support departments include medical records department, mortuary, catering and sub-ordinate staff.

Table 4.2: Respondents by department

Department	Frequency	Percentage
Administration	14	17.5
Nursing	40	50
Medical	8	10
Clinical Support	10	12.5
Non-clinical	8	10

(Source: Research data)

4.3: Descriptive data results

In this section are presented descriptive data results relevant to each variable, beginning with the dependent variable, and then the independent variables. Each section is appropriately interpreted.

4.3.1: Strategic plan implementation

There was a deficiency in awareness of the existence of the MOMS strategic plan, with some being totally ignorant of its existence. Overall the respondents were neutral in awareness of the existence of the strategic plan (Mean = 3.2; S.D 1.2). They strongly denied involvement in planning the implementation of the strategic plan (Mean = 1.7;

S.D = 1.1). They were neutral about their participation in implementing the strategy (Mean = 3.1; S.D = 1.0). The general perception among respondents was that the strategic plan did not achieve the desired results (Mean = 2.0; S.D = 0.8). This is illustrated in table 4.3 below.

Table 4.3: Respondent perception on strategic plan implementation

Strategy Implementation factor	Mean	Std. Dev	Min	Max	Sample (N)
I am aware of strategic plan existence	3.2	1.2	1.0	5.0	80
I was involved in implementation planning of the strategy	1.7	1.1	1.0	4.0	80
Participation in implementation	3.1	1.0	2.0	4.0	80
Strategy achieved desired results	2.0	.8	1.0	4.0	80
Average mean & std deviation	**2.5**	**1.0**			

(Source: Research data)

There was a unanimous perception that staffing to planned level was not achieved during the strategic plan implementation period, as is shown in table 4.4 below. Only 33.8% of all respondents felt that planned IT systems were put in place during the strategy implementation period. These were mainly drawn from the departments with

IT in place. This result is due to the fact that IT infrastructure has been installed in some departments but not in others. On adequacy of essential supplies, 70% of all respondents felt this objective was met. They felt that essential medical and non-medical supplies had been made sufficiently available during the strategy implementation period.

Little had been achieved in the upgrade of physical facilities; with 97.5% of respondents asserting that planned facility upgrade was not achieved during the strategy implementation period. This was attributed to unavailability of financial resources. There was no disaster response team in the hospital, and this explains why all respondents viewed this objective as unachieved.

Table 4.4: Respondent perception on achievement of strategic objectives

Strategic objective	**Achieved (Yes)**		**Not achieved (No)**	
	Frequency	**percentage**	**Frequency**	**Percentage**
Desired Staffing to planned level	-	-	80	100
Planned IT systems in place	27	33.8	53	66.3
Essential supplies adequate	56	70	24	30
Physical facilities upgraded	2	2.5	78	97.5
Disaster response team in place	-	-	80	100

(Source: Research data)

4.3.2: Effect of leadership on strategic plan implementation

As illustrated in table 4.5 below, respondents strongly denied that staff were well trained on their roles in implementing the strategic plan (Mean = 1.4; S.D 0.6). They also denied that regular meetings were held to explain expectations on implementation and evaluate progress of the implementation effort (Mean = 1.5; S.D 0.6). According to the respondents, there was insufficient direction and support from leadership during the implementation of the strategic plan (Mean = 2.2; S.D = 0.5). Leaders were unavailable and inaccessible for consultation to the majority of respondents throughout the strategy implementation period (Mean = 2.0; S.D 0.7). Overall, respondents were dissatisfied with the role leadership played in strategy implementation (Average mean = 1.8; S.D 0.6)

Table 4.5: Respondents perception on leadership in strategic plan implementation

Leadership factor	Mean	SD	Min	Max	Sample (N)
Staff were well trained on their role in implementing the strategy.	1.4	.6	1.0	4.0	80
Regular meetings were held to explain expectations and evaluate progress.	1.5	.6	1.0	4.0	80
There was sufficient direction and support from leadership during implementation of the strategy.	2.2	.5	1.0	4.0	80
Leaders were available and accessible for Consultation.	2.0	.7	1.0	4.0	80
Average Mean & S.D	**1.8**	**.6**			

(Source: Research data)

There was evidence of only one training workshop held for departmental heads throughout the strategic plan implementation period. There was no proof that any meetings were held to plan implementation or review progress, and no evidence of communication from leaders (e.g. circulars, memos etc) was found, as demonstrated in table 4.6 below.

Table 4.6: Leadership activities in strategic plan implementation

Activity	Done		Not done	
	Frequency	%	Frequency	%
Evidence of staff training (attendance lists, training logs)	1	1.3	79	98.7
Evidence of regular meetings (minutes)	-	-	80	100
Circulars/communication from leadership	-	-	80	100

(Source: Research data)

4.3.3: Effect of staff knowledge on strategic plan implementation

Most respondents were deficient in knowledge of the strategic objectives (Mean = 2.2; S.D = 0.5). There was a significant gap in the knowledge of respondents' roles in the implementation process (Mean = 2.0; S.D = 1.1). Respondents strongly denied understanding of the expected outcomes of the strategic plan (Mean = 1.7; S.D = 1.0) and confessed to poor understanding of monitoring progress during implementation (Mean = 2.1; S.D = 0.7). Overall, staff understanding of the strategy, their roles in implementation as well as desired outcomes was grossly deficient (Mean = 2.0; S.D = 0.8). Table 4.7 below summarizes the findings.

Table 4.7: Respondents knowledge on strategic plan implementation

Knowledge factors	Mean	Std. Dev	Min	Max	Sample (N)
I understood the key focus areas (thrusts) of the strategic plan	2.2	.5	2.0	4.0	80
I understood my role in implementing the strategy	2.0	1.1	1.0	4.0	80
I understood the expected outcomes/results of the strategy.	1.7	1.0	1.0	4.0	80
I understood how to monitor progress during implementation	2.1	.7	1.0	4.0	80
Average Mean & Std Dev.	**2.0**	**.8**			

(Source: Research data)

A factual assessment of staff knowledge revealed that 92.5%v of all respondents could not recount the strategic objectives; 91.3% did not know the expected outcomes; 83.8% could not explain the roles they were expected to play during strategy implementation and 87.5% of the did not understand how to monitor outcome measures, as illustrated in table 4.8 below.

Table 4.8: Objective assessment of respondents' knowledge

Knowledge Variable	Good (yes)		Poor (No)	
	Frequency	%	Frequency	%
Recounts more 50% of the key Thrusts/goals of the strategy.	6	7.5	74	92.5
Identifies most of the key outcome Measures.	7	8.8	73	91.2
Can explain their expected roles in implementation (based on their place in the organogram).	13	16.3	67	83.7
Understands how to monitor outcomes (various outcome measures).	10	12.5	70	87.5

(Source: Research data)

4.3.4: Effect of resource adequacy on strategic plan implementation

Respondents reported inadequacy of essential resources required for the successful implementation of the strategic plan. Most felt that staffing was inadequate (Mean =1.4; S.D = 0.5) and that emergency response resources and training were deficient (Mean = 1.6; S.D = 0.6). According to most respondents, physical facilities were not adequately upgraded during the strategy implementation period (Mean = 1.6; S.D 0.6). Respondents

were however neutral on the adequacy of essential medical/non-medical supplies (Mean = 3.3; S.D = 1.2) and the adequacy of IT infrastructure (Mean = 2.7; S.D = 1.0). Overall responds felt that there was an inadequacy of essential resources during the implementation of the strategic plan (average Mean = 2.1; average S.D = 0.8), as is illustrated in table 4.9 below.

Table 4.9: Adequacy of resources

Resource	Mean	SD	Min	Max	Sample (N)
Staffing was adequate during the implementation Period.	1.4	.5	1.0	3.0	80
Adequate Essential medical/ non-medical supplies were available during the implementation period.	3.3	1.2	1.0	4.0	80
Adequate Emergency response training and resources were availed.	1.6	.6	1.0	3.0	80
Information technology infrastructure was put in place and utilized during implementation.	2.7	1.0	2.0	4.0	80
There were adequate physical facilities during the implementation period	1.6	.6	1.0	4.0	80
Average Mean & Std Dev.	**2.1**	**.8**			

(Source: Research data)

A factual audit of the available resources confirmed inadequate staffing, partial IT implementation, covering less that 25% of the hospital department, sufficient stocks of most essential supplies, minimal upgrade of physical facilities (poor maintenance of existing structures, no new physical structures in the last five years) and no emergency response capacity/team in place. This is illustrated in table 4.10 below.

Table 4.10: Resource adequacy audit

Resource	Adequate		Inadequate	
	Frequency	%	Frequency	%
Staffing to planned level	-	-	80	100
Planned IT systems in place	27	33.8	53	66.2
Essential supplies adequate	56	70	24	30
Physical facilities upgraded	2	2.5	78	97.5
Disaster response team in place	-	-	80	100

(Source: Research data)

4.3.5: Effect of monitoring on strategic plan implementation

Monitoring of progress during strategy implementation was not adequate according to the respondents (Mean = 2.0; S.D = 1.1). Outcomes were neither evaluated nor discussed (Mean = 1.7; S.D = 0.7); no corrective action plans were developed or implemented

(Mean = 1.6; S.D = 0.5) and monitoring was inadequate throughout the implementation period (Mean = 1.5; S.D = 0.5). Overall, the monitoring and evaluation of the strategy implementation process was poor (Average mean = 1.7; Average S.D = 0.7). These findings are illustrated in table 4.11.

Table 4.11: Monitoring activities during implementation

Monitoring factor	Mean	SD	Min	Max	N
Progress in implementation of the strategic plan was regularly done.	2.0	1.1	1.0	4.0	80
Outcomes of monitoring were evaluated and discussed.	1.7	.7	1.0	4.0	80
Corrective action plans were developed and implemented.	1.6	.5	1.0	3.0	80
Monitoring was adequate throughout the implementation Period.	1.5	.5	1.0	2.0	80
Average Mean & Std Dev.	**1.7**	**.7**			

(Source: Research data)

A factual audit of documentation related to monitoring and evaluation of strategy implementation showed a cross-cutting deficit in all essential documents, as illustrated in table 4.12 below. The only documents available were institutional annual operational

plans, annual reports unrelated to the strategic plan and a single patient satisfaction survey carried out in late 2012.

Table 4.12: Audit of implementation monitoring documentation

Documentation sought	Mean	SD	Min	Max	N
Evidence of action plans	2.0	.1	1.0	2.0	80
Evidence of regular audit reports	2.0	.1	1.0	2.0	80
Evidence of patient satisfaction survey reports	2.0	.1	1.0	2.0	80
Evidence of quality assurance/audit data	2.0	.1	1.0	2.0	80
Evidence/record of performance management	2.0	.1	1.0	2.0	80
Evidence of annual operational plans	1.9	.3	1.0	2.0	80
Evidence of annual performance reports	1.9	.3	1.0	2.0	80
Evidence of regular medical audits	2.0	.1	1.0	2.0	80
Average **Mean & Std Dev.**	**2.0**	**.1**			

(Source: Research data)

4.4: Cross tabulations

It was noted that there was variation of the respondent perception on strategy implementation by department, with administrative and medical departments being significantly more knowledgeable on the strategic plan content. Respondents drawn from administrative department felt that leadership was good unlike other respondents. Administrative department respondents had the largest proportion of respondents who felt that the strategic plan was well implemented. Respondents from administrative department significantly felt that resources were adequate and that monitoring was carried out well. No significant variation was noted with gender. (See table 4.13)

Table 4.13: Relationship between the respondent characteristics and study variables

Variable vs respondent characteristic	**X^2 - Value**	**df**	**Sig.**
Strategy Implementation * Gender	9.524	10	0.483
Leadership * Gender	5.292	8	0.726
Staff Knowledge * Gender	12.943	7	0.073
Resource adequacy * Gender	8.430	6	0.208

Table continues

Table 4.13 continued

Monitoring * Gender	4.606	6	0.595
Strategy Implementation * Department	237.801	40	0.000
Leadership * Department	142.831	32	0.000
Staff Knowledge * Department	187.273	28	0.000
Resource adequacy * Department	172.909	24	0.000
Monitoring * Department	175.324	24	0.000

(Source: Research data)

4.5: Estimation data

Correlation and regression analysis were carried out to establish the relationship between the dependent and independent variables, and to test the study hypotheses.

4.5.1: Correlation analysis

The researcher conducted a Pearson Correlation analysis for all the study variables and noted that all the independent variables were strongly correlated to the dependent variable as illustrated in table 4.14 below. There existed a strong correlation between leadership and strategy implementation (correlation coefficient of .793, significance of .000); between staff knowledge and strategy implementation (correlation coefficient of .833,

significance of .000); between adequacy of resources and strategy implementation (correlation coefficient of .484, significance of .000) and between monitoring and strategy implementation (correlation coefficient of .717, significance of .000).

Table 4.14: Correlation matrix

Variable		Strategy Implementation	Leadership	Staff Knowledge	Resource adequacy	Monitoring
Strategy Implementation	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	80				
Leadership	Pearson Correlation	.793**	1			
	Sig. (2-tailed)	.000				
	N	80	80			
Staff Knowledge	Pearson Correlation	.833**	.831	1		
	Sig. (2-tailed)	.000	.000			
	N	80	80	80		

Table Continues

Table 4.14 Continued

Resource adequacy	Pearson Correlation	.484**	.362	.480	1	
	Sig. (2-tailed)	.000	.001	.000		
	N	80	80	80	80	
Monitoring	Pearson Correlation	.717**	.556	.613	.677	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	80	80	80	80	80

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

(Source: Research data)

4.5.2: Regression analysis

A multivariate regression model was applied to determine the relative importance of each of the independent variables affected strategy implementation.

The regression model was as follows: $Y=\beta_0+ \beta_1X_1+ \beta_2X_2+ \beta_3X_3+ \beta_4X_4+\varepsilon$

Using the values of the coefficients (β) from the regression coefficient table 15 the established multiple linear regression equation takes the form of;

$Y= 0.335+0.\ 416X_1+0.431X_2+0.071X_3+0.424X_4 + \varepsilon$

Where;

Constant = 0.335; when values of the independent variables are zero, strategy implementation would take the value of 0.335.

Ranking the independent variables in terms of their individual influence on the strategy implementation, table 4.15 shows the relative importance of each of them. In order of declining effect, they would rank thus: staff knowledge (0.431), monitoring (0.424), leadership (0.416) and resource adequacy (0.071).

Table 4.15: Regression Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	.335	.205		1.630	.107
	Leadership	.416	.148	.275	2.810	.006
	Staff Knowledge	.431	.106	.420	4.055	.000
	Resource adequacy	.386	.110	.218	2.348	.049
	Monitoring	.424	.104	.338	4.097	.000

Dependent Variable: Strategy Implementation

(Source: Research data)

The results as shown in the table 4.16 below indicate that the coefficient of regression R= 0.888 indicating a good strength of the relationships between independent variables and the dependent variable at 88%. The coefficient of determination R^2= 0.788 shows the predictive power of the model and in this case 78.8% of variations in strategy implementation is explained by the independent variables. The adjusted coefficient of determination R^2 shows the predictive power when adjusted for degrees of freedom and sample size. In this case, after the adjustments, 77.7% of the variations in strategy implementation are explained by the independent variables.

Table 4.16: Regression model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.888	.788	.777	.35284

Predictors: (Constant), Monitoring, Leadership, Resource adequacy, Staff Knowledge

(Source: Research data)

ANOVA analysis findings as explained by the P-Value of 0.000 which is less than 0.05 (95% confidence interval) confirms the existence of significant correlation between the independent and dependent variables. Table 4.17 shows the model fitness i.e. how well the variables fit the regression model. From the results, the F ratio of 68.962 and the significance of 0.000 show that there was not much difference in means between dependent and independent variables. The sum of squares gives the model fit and hence the variables fit the regression model.

Table 4.17: ANOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	34.343	4	8.586	68.962	.000
	Residual	9.213	74	.124		
	Total	43.555	78			

Predictors: (Constant), Monitoring, Leadership, Resource adequacy, Staff Knowledge

Dependent Variable: Strategy Implementation

(Source: Research data)

4.6 Test of hypotheses (refer to table 4.15)

H_o1: There is no effect of leadership on strategic plan implementation in Kenyan public hospitals.

Within 95% confidence interval ($p<0.05$), leadership significantly affected strategy implementation ($p = 0.006$). In this case, the null hypothesis is rejected and the alternative hypothesis accepted. Leadership has an effect on strategy implementation in Kenyan public hospitals.

H_O2: Staff knowledge does not affect strategic plan implementation in Kenyan public hospitals.

Staff knowledge significantly affected strategy implementation at a significance value of 0.006 ($p<0.05$), hence the null hypothesis is rejected and the alternative hypothesis accepted. Staff knowledge affects strategy implementation in Kenyan public hospitals.

H_O3: There is no effect of resource adequacy on strategic plan implementation in Kenyan public hospitals.

Adequacy of resources significantly affected strategy implementation in this analysis, at a significance level of 0.049 ($p<0.05$). The null hypothesis is thus rejected and the alternative hypothesis accepted. Resource adequacy has an effect on strategy implementation in Kenyan public hospitals.

H_O4: Monitoring does not affect strategic plan implementation in Kenyan public hospitals.

Monitoring had a significant effect on strategy implementation, with a significance value of 0.000 ($p<0.05$), hence the null hypothesis is rejected and the alternative hypothesis accepted. Monitoring affects strategy implementation in Kenyan public hospitals.

4.7: Discussion

The MOMS strategic plan 2008-2012 was not successfully implemented as it did not achieve the envisaged objectives. As demonstrated in the results of this research, at the end of the strategy implementation period, health care human resource, IT infrastructure, essential supplies, emergency preparedness and physical facilities remained inadequate. These were the key thrusts through which the Ministry of Medical Services hoped to deliver quality care to Kenyans attending public hospitals. The factors that led to this failure have been clearly brought out in this study.

There was significant deficit in leadership. Leaders did not involve staff in strategy planning despite showing significantly better awareness of the strategy. They did not communicate the content of the strategic plan and did not plan for and ensure requisite staff training. Staff did not adequately understand their roles. Leaders did not oversee implementation of the strategy adequately, and in most cases were unavailable to offer support, guidance and for consultation. Leadership did not regularly meet and direct staff, and did not effect and enforce strategy monitoring and evaluation processes and procedures. Data collection and utilization was grossly inadequate.

Staff were deficient in knowledge and understanding as demonstrated in the findings of this research. There was a glaring lack of knowledge on the content of the strategic plan, with little if any staff understanding of the strategic objectives or expected results. Virtually all staff did not understand their roles in implementation. Staff neither understood nor planned monitoring activities. It would thus be a tall order to have expected staff to implement a strategic plan they did not understand.

Successful strategy implementation requires adequate allocation of requisite resources. In the case of the strategy in study, there was gross inadequacy of all resources that were necessary for successful implementation. Health human resource, financial resources, IT, essential supplies and physical infrastructure all remained deficient throughout the strategy implementation period.

The successful implementation of strategy depends to a significant extent on the monitoring and evaluation processes. The implementation of strategy at the case hospital in this study was too poor to achieve any positive results. Implementation was neither planned nor monitored. No action plans, evaluation or corrective actions were regularly carried out. There was cross-cutting lack of accountability and inertia throughout the strategy implementation period. Data was neither collected nor reviewed, and as a result, there was an absolute lack of tact and direction in implementing the strategic plan.

CHAPTER FIVE

SUMMARYOF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1: Introduction

Chapter five contains a summary of the entire research as well as conclusion that have been derived from the findings of the study. It also contains recommendations in terms of policy change and opportunities for further research.

5.2: Summary

The researcher through this explanatory study set out to explore the determinants of successful strategy implementation in Kenyan public hospitals. The study involved an evaluation of the implementation of the Ministry of Medical Services (2008-2012) in a select public hospital in Nairobi. After designing a study proposal and obtaining authorization to carry out the research, the researcher gathered data by directly administering a questionnaire to 80 sampled respondents. Data thus obtained was analyzed and interpreted.

The results of the study revealed that implementation of the MOMS strategic plan was unsuccessful. This is in keeping with the assertion of Hrebiniak & Joyce (2001) that strategic plan implementation is a key challenge for today's organizations and that the high failure rate of organizational initiatives in a dynamic business environment is primarily due to poor implementation of new strategies.

Inadequacy in leadership was identified in this study as significantly affecting strategic plan implementation in Kenyan public hospitals. This is in keeping with the findings of Schmidt & Brauer (2006) on the vital role that effective strategic leadership has on the successful implementation of strategic plans. Inadequate capacity in strategic management in the public health sector in Kenya is a one of the reasons why strategic plans make less than optimal impact.

Rapert, Velliquette and Garretson (2002) argue that shared understanding plays an important role in the implementation process. In particular, when vertical communication is frequent, strategic consensus (shared understanding about strategic priorities) is enhanced and an organization's performance improves. In the case of Mgagathi level 4 hospital, staff knowledge of the strategic plan as well as the roles they were expected to play, was inadequate. This, to a significant extent, negatively affected implementation of the strategic plan.

Strategic plan implementation is a resource driven activity. To effectively translate strategic plans into action and ultimately impact organizational performance, adequate resources are required (Burgelman, 1983). Resources required and allocated for successful implementation of the MOMS strategic plan were inadequate and as a result, strategic objectives could not be achieved.

Hunger, & Wheelen (2003) assert that without monitoring and accountability, it is difficult to stay on course while implementing strategic plans. An effective monitoring process provides ongoing, systematic information that strengthens strategy implementation. The monitoring process provides an opportunity to: compare

implementation efforts with original goals and targets; determine whether sufficient progress is being made toward achieving expected results, and determine whether the time schedule is observed. Monitoring of the implementation of the MOMS strategic plan at Mbagathi level 4 hospital was ineffective and insufficient hence failure to achieve set strategic objectives.

5.3: Conclusions

It can be broadly concluded that the implementation of the MOMS (2008-2012) strategic plan in Kenyan public hospitals was unsuccessful. Various factors led to the failure of implementation.

Poor leadership significantly affected implementation of the strategic plan, with failure to plan, guide staff, train staff, enforce monitoring and evaluation as well as poor data collection and utilization.

Staff were deficient in their understating of the content and objectives of the strategic plan. They did not receive training and guidance on implementation and totally neglected the implementation process, leading to a failure of the strategy.

Resources that had been identified as necessary for successful implementation of the strategic plan were not adequately provided. Inadequacy of essential resources had a negative impact on the implementation of the strategic plan.

Poor monitoring and evaluation of the implementation process was also a major reason for failure. Staff neither adequately understood nor played their roles in the strategic plan implementation process. No data was gathered, there was no accountability.

5.4: Recommendations

Based on the results of this research, the following recommendations can be made:

Policy should be revised to put in place structures that support strategic management practices in public hospitals. There is a need to develop capacity in effective strategic leadership in the Kenyan public hospitals. Leaders require training in strategic management in order to effectively manage the health care institutions they lead. Effective strategy implementation requires staff knowledge, empowerment, involvement and accountability. As such, there is a compelling need to appropriately train staff in public hospitals in strategy implementation and monitoring as well as teamwork.

Public hospitals in Kenya require increased resource allocation if they are to effectively discharge their mandate. Allocation of adequate resources to the public hospitals is strongly recommended.

Further research involving multiple public hospitals in Kenya, and examining the organizational structure of the Ministry of Health in light of strategic management capacity is required. Such baseline research would establish the need for capacity building in strategic management, and inform change in policy and practice that would improve strategic plan implementation outcomes in public hospitals in Kenya.

Research comparing strategic plan implementation in private and public hospitals is recommended. The wide gap in quality of care between both sectors may, at least in part, be explained by the effectiveness of strategic plan implementation. There is a lot that the two sectors can learn from each other.

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APPENDIX 1: LETTER OF INTRODUCTION

Dear Sir/Madam,

RE: REQUEST FOR AUTHORIZATION TO CARRY OUT RESEARCH AT MBAGATHI LEVEL 5 HOSPITAL

I am a Masters of Business student (Executive) at the Moi University, seeking authorization to carry out research on the factors that affected implementation of the Ministry of Medical Services strategic plan (2008-2012). I have chosen Mbagathi hospital as the case for this study, and obtained requisite approval from the National Council for Science and Technology.

I shall ensure conformity with all regulations governing research, observe ethical practices, ensure minimal (if any) disruption with routine activities, and above all, maintain confidentiality throughout the exercise. Selected staff shall be interviewed on appointment using a brief structured research questionnaire. All data from this research shall only be used for purposes of the study objectives, and shall not be divulged to any unauthorized persons.

Faithfully yours,

…….

Dr. Boniface M. Mativa

(Consultant Physician)

MU/EMBA/009/12

APPENDIX 2: STUDY QUESTIONNAIRE

Section A: Background information

(Fill/choose the correct answer as appropriate)

1. Gender 1. Male……. 2. Female…….

2. Department (*Tick the applicable option*)

   1. Administration ☐
   2. Nursing ☐
   3. Medical ☐
   4. Clinical support ☐
   5. Non clinical ☐

Section B: Strategy Implementation

(Tick the most appropriate choice)

1. Employee perception

	Question	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree.**
i	I am aware that the MOMS had a strategic plan for 2008 to 2012					
ii	I was involved in implementation planning of the strategy					
iii	I took part in implementing the strategy					
iv	The strategy achieved the desired results.					

Section C: Effect of leadership on strategy implementation

(Tick the most appropriate choice)

1. Employee perception

	Question	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree.**
i	Staff were well trained on their role in implementing the strategy					
ii	Regular meetings were held to explain expectations and evaluate progress					
iii	There was sufficient direction and support from leadership during implementation of the strategy					
iv	Leaders were available and accessible for consultation					

2. Evidence of staff training (attendance lists, training logs)

Yes ☐ No ☐

3. Evidence of regular meetings (minutes) Yes ☐ No ☐
4. Circulars/communication from leadership Yes ☐ No ☐

Section D: Effect of staff knowledge on strategy implementation

(Tick the most appropriate choice)

1. Employee perception

	Question	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree.**
i	I understood the key focus areas (thrusts) of the strategic plan					
ii	I understood my role in implementing the strategy					
iii	I understood the expected outcomes/results of the strategy.					
iv	I understood how to monitor progress					

	during implementation					

2. Recounts ≥ 50% of the key thrusts of the strategy Yes ☐ No ☐
3. Identifies most of the key outcomes

   Yes ☐ No ☐
4. Can explain their expected roles in implementation (based on their place in the organogram)

   Yes ☐ No ☐
5. Understands how to monitor outcomes (various outcome measures)

   Yes ☐ No ☐

Section E: Effect of resource adequacy on strategy implementation

(Tick the most appropriate choice)

1. Employee perception

	Question	Strongly disagree	Disagree	Neutral	Agree	Strongly agree.
i	Staffing was adequate during the implementation period					
ii	Adequate Essential medical and non-medical supplies were					

	available during the implementation period					
iii	Adequate Emergency response training and resources were availed					
iv	Planned Information technology infrastructure was put in place and utilized during implementation					
v	There were adequate physical facilities during the implementation period					

5. Staffing to planned level Yes ☐ No ☐
6. Planned IT systems in place Yes ☐ No ☐
7. Essential supplies adequate Yes ☐ No ☐
8. Physical facilities upgraded Yes ☐ No ☐
9. Disaster response team in place Yes ☐ No ☐

Section F: Effect of monitoring on strategy implementation

(Tick the most appropriate choice)

1. Employee perception

	Question	**Strongly disagree**	**Disagree**	**Neutral**	**Agree**	**Strongly agree.**
i	Progress in implementation of the strategic plan was regularly monitored					
ii	Outcomes of monitoring were evaluated and discussed.					
iii	Corrective action plans were developed and implemented					
iv	Monitoring was adequate throughout the implementation period					

2. Evidence of action plans Yes ☐ No ☐
3. Evidence of regular audit reports Yes ☐ No ☐

4. Evidence of patient satisfaction survey reports Yes ☐ No ☐
5. Evidence of quality assurance/audit data Yes ☐ No ☐
6. Evidence/record of performance management Yes ☐ No ☐
7. Evidence of annual operational plans Yes ☐ No ☐
8. Evidence of annual reports Yes ☐ No ☐
9. Evidence of regular medical audits Yes ☐ No ☐