

**EFFECT OF STRATEGY IMPLEMENTATION ON QUALITY SERVICE DELIVERY
OF MISSION HOSPITALS IN MERU COUNTY, KENYA**

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**A Thesis Submitted to the School of Business and Economics in Partial Fulfillment for the
Conferment of a Degree of Masters in Business Administration (Strategic Management)**

Kenya Methodist University

SEPTEMBER, 2021

DECLARATION AND RECOMMEDATION

Declaration

This thesis is my original work and has not been presented for a degree or any other award in any other University.

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Recommendation

This research thesis has been submitted with our approval as university supervisors.

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DEDICATION

This study is dedicated to my superior Sr. Adelina, family members Elizabeth and Grace.

The entire Church for love, moral support, encouragement, understanding and sacrifice.

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ABSTRACT

The operations within a workplace or organization that are planned to facilitate the achievement of strategic plan are referred to as strategy implementation. Strategy implementation incorporates functional areas such as management of information, human resources, accounting and marketing. The strategy selected would in a big way influence the quality of services delivered in mission hospitals. This study therefore examined the association between implementation of strategy and service delivery quality among mission Hospitals in Meru County. The research determined the effect of management structure, the influence of financial capability, the effect of human resource, the influence of communication on quality service delivery of mission hospitals in Meru County. The theories that underpinned this study were resource-based view theory, contingency theory and strategic fit theory. Descriptive research design was adopted. Both primary and secondary data sources were used. Secondary data were obtained from published scholarly sources, while primary data was collected using questionnaires. The target population was one hundred twenty-eight (128) respondents from the mission hospitals in Meru County. A pilot study was conducted at Chuka Mission Hospital in Tharaka Nithi County to test reliability of the research instrument. The questionnaires were distributed to one person in each category making a total of eight questionnaires. SPSS version 23 was used for analysis. Descriptive statistics were generated and results inform of tables and percentages tabulated to enhance understanding of study variables. The study utilized Karl Pearson's coefficient of correlation to describe the association among the variables. This aids in forecasting the strength of the relationship between dependent and independent variables. The study findings revealed existence of positive and significant relationship between management structure ($P=0.11 < 0.05$, $r=0.357$), financial capability ($P=0.021 < 0.05$, $r=0.234$) human resource ($P=0.034 < 0.05$, $r=0.418$) and communication ($P=0.039 < 0.05$, $r=0.321$) on quality-of-service delivery of mission hospitals in Meru County. The study recommended partnerships with mission for essential drugs and supplies (Meds), county governments and others to offer regular trainings of the employees in order to equip them with the right skills and attitude to enhance competence and quality service delivery. Also, recruitment and selection of quality and adequate staff, in order to improve healthcare provision to patients so as to improve quality service delivery.

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LIST OF ABBREVIATIONS

CEO	Chief Executive Officer
HR	Human Resource
HRM	Human Resource Manager
HRO	Human Resource Officer
ISO	International Organization for Standardization
MOH	Ministry of Health
NACOSTI	National Commission for Science, Technology and Innovation
NGOs	Non-Governmental Organizations
PR	Public Relations
QA	Quality Assurance
RBV	Resource Based View
SPSS	Statistical Package for the Social Science
US	United States
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Globally, the business world has become so dynamic such that competition has become very stiff as firms scramble for scarce resources to capture the largest market share. This competition has made businesses think of coming up with strategies that are best for their survival and that enable them outperform their competitors. Organizations come up with brilliant strategies meant to see their businesses achieve their goals for the long-term survival (Guliye, 2016).

Guliye (2016) states that if strategic plans are well implemented, they can lead to increased service delivery in organizations. In a global perspective, different scholars have done studies and tried to define how strategy implementation is done. A strategic plan provides the organization with the guideline for pursuing strategic direction and help set service delivery goals, achieve success and deliver value to the customer (Khayota, 2015).

In another global view, strategy implementation is increasingly taking greater role in main functional areas of the organization which include marketing, accounting, quality service delivery, management of human resources and management of information (Owuor, 2020). Kimani (2017) did a study on improvement of services and strategic plan implementation in mission hospitals in India and found out that implementation can only be successful if it has support in all the levels in an organization.

Corbitt (2018) did a study on engagement in strategic plans in an inclusive approach using cross-functional teams at all levels in organizations in India and found that engagement in strategy implementation is more effective than use of delegation or consultancy. Mutie (2017) analyzed strategic plan implementation and goal achievement in manufacturing firms in China and concluded that to some extent, implementation of strategies is successful due to the massive resources available that are directed to the process. In Africa business is no different in terms of strategy development, implementation and service delivery.

According to Govindarajan (2016), service delivery entails complete description and integrated tasks that help in performing specific tasks to completion. Well defined services enable the intended parties understand the available offers including the details of what a service provides and what it does not, eligibility, prices, limitations for the service, procedure of getting the service and the means to get assistance (Buong & Ayugi, 2017). For effective service delivery, there has to be proper internal processes that are able to provide support services (Armistead, 2016).

In the relationship between government bodies and citizens, strategy implementation is crucial. Most national and international authorities' programs prioritize improving strategy implementation as a means of improving citizens' livelihoods (Khaunya et al., 2015). The many actors in the service delivery chain must have a strong relationship of accountability in order to enact a strategy effectively. Two accountability connections exist in the delivery of County services. First it includes citizens holding officials accountable for allocating funding for essential services, while the second involves people holding officials responsible for service delivery (Resnick, 2014).

According to Adobor (2019), indices of allocative efficiency, transparency and fraud minimization, and equality in service delivery can be used to assess county government strategy execution. The degree whereby the services provided fit the desires of the citizens is referred to as allocating efficiency. The degree to which citizen requirements indicated in ideas are mirrored in choices and ultimate services offered is measured (Resnick, 2014; Finch & Omollo, 2015).

Various factors can influence the success of strategy implementation; people who communicate or are responsible for strategy implementation, financial capabilities, human resource in terms of the skills required and the stakeholder influence (Shimengah, 2018). It is important to understand these issues and their impact for successful strategy implementation and enhancing quality service delivery. Mokalane (2017) on the other hand recommend that environmental scan and analysis is important in ensuring that an organization has the capacity to fully implement a strategy that has been formulated.

This increases ownership of the strategy as well as employee's commitment towards achievement of the same. In Kenya, Nzoka (2017) states that the implementation process requires staff competency, discipline, proper planning, motivation and controlling processes. On the other hand Lyon and Lewis (2016) state that organization human resource has a great influence on strategy implementation and success since they are responsible for service delivery.

According to Ijeoma (2018), most public and private organizations in Kenya develop strategic plans after five or three years and continue to state that for strategies to be implemented effectively, there is need for stakeholders to work together with corporate

leaders and the CEO to enter into a collaborative dialogue which is meant to bridge the gap between goals set and achievement of the same goals presented through the strategic plans in an organization.

Mugambi (2016) state that implementation of strategic plans was very vital such that without collaborated efforts; the benefits of the strategic plan could not be realized. King'oo (2017) did a study on strategy implementation in manufacturing firms in Kenya and concluded that it is affected by several factors like leadership, technology, capabilities in human resource and the organizational structure. He further recommended that much emphasis need to be put on these aspects to ensure full achievement of the organizational goals which in turn would contribute to improved customer care and service.

In Meru County, mission hospitals have come up with strategic plans meant to improve service delivery and achieve their goals but have not been able to fully implement the strategies as intended. If well implemented, the goals of the mission hospitals could be realized while sustaining their operations and gaining customer royalty and confidence from the community they are meant to serve.

1.1.1 Service Delivery

Service delivery is a business component defining relationship between the providers and customers with services being offered by the provider inform of task or information leading to value gain or loss (Avortri et al., 2019). Most organizations that offer services are focused on quality service to ensure customer satisfaction; therefore, service quality

can have a major impact on the satisfaction of the customer, thus many organizations are increasingly focusing on customer-focus service (Enwereji & Uwizeyimana, 2019).

Many studies indicate that the firms that have implemented quality-oriented strategy has achieved various benefits such as enhanced productivity, improved management of labour relations, improved employee morale, greater customer satisfaction and higher overall performance (Mbulwa & Kinyua, 2020).

According to International Organization for Standardization (ISO), quality service delivery is basically the characteristics of a service that satisfactorily meets the prescribed requirements of customers. Quality Service delivery can be measured by the number of customer referrals, customers' complaints, profitability, efficiency and return visits among other indicators (Affisco & Soliman, 2016).

1.1.2 Categories of Hospitals in Kenya

Kenyan healthcare system can be categorized into three in relation to where the funding for the hospitals is sourced. The Kenyan government is responsible for funding the public hospitals while expecting very little from the patients attending the hospitals. The private hospitals operate purely with the intentions of making profits after services provided therefore no revenue facilitation is expected from the government. The faith-based organizations are funded and managed by the Non-Governmental Organizations (NGOs) and the services are given at a subsidized cost and in most cases, they are meant to benefit the disadvantaged and the underserved areas (Omondi, 2016).

Mission hospitals fall under the third category and the initial purpose for their establishment was to help the communities on healthcare. Meru County is home to

several Mission Hospitals. Due to geographical location advantage, size and years of existence of the mission hospitals, this study was carried out in all the Mission Hospitals in Meru County. They include: Nkubu, Igoji, Charia, Gitoro, Kiirua, Tigania, Mutuati and Maua Mission Hospital.

1.2 Statement of the Problem

Performance of health sector in Kenya has been wanting across public, some private and even mission hospitals. In the 1970s to 1990s, mission hospitals were hailed as the panacea to health needs especially for poor vulnerable citizens. They had support from mission churches and institutions locally and abroad. However, service delivery has been perceived to decline significantly in mission hospitals in the recent past, 2000s to date. This is despite most of them having elaborate strategic plans purportedly driving their operation and focus. It is therefore suspected that the mission hospitals do not adequately or exhaustively implement their strategic plans.

According to a research done by Olson et al. (2018), up to 58% of organizations perform poorly since they do not correctly implement strategies meant to improve their performance. A study conducted at Kenyatta National hospital on the factors affecting provision of quality services in the public health sector concluded that low adoption of technology, general low employee capacity, poor communication channels, poor strategy implementation and inadequate project funding as the main factors hindering the quality of services delivered in the health facilities to the customers especially in the public health facilities and this generally affects the levels of customer satisfaction, customer loyalty and the perception of the clients in relation to the services offered in the health facility (Kimani, 2017). Therefore, this study aimed at establishing the extent to which

mission hospitals commit themselves and requisite resources towards implementation of strategic plans or lack of it and the effects of this on quality-of-service delivery of mission hospitals in Meru County

1.3 General Objective

The general objective of the study was to establish the effect of strategy implementation on quality service delivery of mission hospitals in Meru County, Kenya.

1.4.1 Specific Objectives

The specific objectives were:

- i. To determine the effect of management structure on quality service delivery in mission hospitals in Meru County.
- ii. To establish the effect of financial capability on quality service delivery in mission hospitals in Meru County.
- iii. To determine the effect of human resource on quality service delivery in mission hospitals in Meru County
- iv. To establish the effect of communication on quality service delivery in mission hospitals in Meru County.

1.4 Research Hypotheses

Below are the research hypotheses

- i. H0.1: There is no relationship between management structure and quality service delivery in Mission Hospitals in Meru County.
- ii. H0.2: There is no relationship between financial capability and quality service delivery in Mission Hospitals in Meru County.

- iii. H0.3: There is no relationship between human resource and quality service delivery in Mission Hospitals in Meru County.
- iv. H0.4: There is no relationship between communication and quality service delivery in Mission Hospitals in Meru County.

1.5 Justification of the Study

In the background of an increasingly competitive operational environment, the quality-of-service delivery has become very important. The study will be important to the management of mission hospitals, directors and trustees since they will be able to know how well to implement strategies that are meant to improve the quality of services offered. Policy makers of similar institutions will also be able to adopt appropriate policies that are in support of the best strategies. The human resource managers on the other hand will be able to choose those people who have a vision and who would be able to drive the organization towards achievement of the best strategies for efficient service delivery. The findings will be used as a learning tool in matters pertaining strategy implementation and improvement of the quality of services.

1.6 Scope of the Study

The study was carried out in all the eight Mission Hospitals in Meru County. It examined the effect of strategy implementation on quality service delivery of Mission hospitals in Meru County. It targeted the CEOs, finance officers, human resource managers, customer care officers, communication quality assurance officers, suppliers, patients and neighbors. Due to geographical location advantage, size and years of existence of the mission hospitals, this study was carried out in all the Mission Hospitals in Meru County.

They include: Nkubu, Igoji, Charia, Gitoro, Kiirua, Tigania, Mutuati and Maua Mission Hospital. This study took a period of 2 months.

1.7 Limitation of the Study

The subject on strategy implementation entails many aspects that may not be distinct in one study. Strategy implementation is driven at top executive levels that may not be available or too busy to participate in this kind of study. Respondents felt intimidated to give information thus there needed to be introduction and let them know that the study was for academic purposes only. Respondents could also not understand fully the subject of strategy implementation thus need for explanation for a better understanding before they gave any information.

1.8 Significance of the Study

Organizations should be able to prioritize and implement those strategies that are meant to improve their service delivery. This means that firms can not only draw strategic plans but also implement fully the strategies and even evaluate progress of implementation. This study elucidated any gaps in strategy implementation that negatively impact on service delivery with a view of enhancing efforts at addressing them.

1.9 Assumptions of the Study

The study assumed that the respondents provided true information and that the data collected was representative of other mission hospitals. The study also assumed that the information was given in a free will and used for data analysis and also the study assumed that no data was fabricated and the data had no alteration.

1.10 Operational Definition of Terms

Management Structure: This is how an organization has arranged its management hierarchy in line with authority and functions (Suzuki, 2016). In this study, the efficiency of chain of command and how various levels of management dispense their duties was evaluated for efficiency in service delivery. This aspect was selected based on its key role in resource allocation and mobilization towards strategy implementation (Suzuki, 2016).

Financial Capability: this is a combination of several factors comprising of and not limited to knowledge, attitude, self-efficacy and skills which are necessary to make and exercise money management decisions that are more appropriate for one's life circumstances, with the environment as the enabler meaning that financial capability is not limited to access to appropriate financial services (Remund, 2010). In this research, the financial ability to acquire provisions in terms of goods and services required at the hospital and other financial obligations was examined.

Human Resource: this is the most significant and most valued assets of an organization that carries the knowledge, skills and abilities composing the personnel of a business or an organization (Cascio, 2015). The skills, attitude and commitment of health of workers are very critical to success of mission hospitals. These aspects among others were assessed.

Communication: The exchanging or imparting of information using of various mediums such as writing or speaking or using some other medium (Broadbent, 2013). In this study, effective communication was assessed especially in establishing whether the right information is shared to the right party in a timely manner and using the correct channel and feedback mechanisms.

Strategy Implementation: Execution of plans and strategies to achieve the organizational long-term goals while at the same time translating and converting the selected strategy into actions and moves that enable achievement of the organizational objectives (Atkinson, 2006).

Service Delivery: Service delivery is a business component defining relationship between the providers and customers with services being offered by the provider in form of task or information leading to value gain or loss (Rae et al., 2016). In this study, service delivery was assessed from customer satisfaction using questionnaires for both internal and external customers.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Generally, the chapter discussed the theories supporting the research, the empirical review on management structure, financial capability, human resources and communication. It also looked at the conceptual framework which shows the relationship between variables and an operational framework.

2.2 Theoretical Foundation of the Study

Strategies are developed with the aim of achieving the organizational long-term goals. Strategies need to be implemented properly and timely for their benefit to be realized in relation to quality of services delivered. The theories underpinning the study were resource-based view theory, contingency theory and strategic fit theory.

2.2.1 Strategic Fit Theory

Strategic fit traces its origin to the works of Venkatraman 1989 cited in Haghshenas and Davidson (2017). The theory explains that strategic management cannot be executed in a universal way and cannot be practiced in a uniform and universal way. The theory is also known as strategic decision theory or best fit strategic management theory. Mfene (2019) argue that the type of business, context and organizational culture dictates the application of the management practices. The theory also states that the alignment of the business environment from within and outside leads to the effectiveness of the strategy to be implemented.

The theory assumes that in the field of strategic management, an organization should be must align its external environment and internal environment, also the mission, vision, organizational structure, competitive environment, resources and capabilities in order to improve an organizations' performance (Nengwekhulu, 2019). The theory further views strategic plan as a process that is continuous and that is complex and needs continuous improvement to ensure business continuity. The theory was used in this research because it emphases on emergent strategic planning process; hence it is suitable in analyzing strategic planning process in Mission hospitals that operate in dynamic and challenging environment (Shankar & Shepherd, 2019).

Strategic fit is central to the strategy formulation and implementation process as it allows organizations to process information obtained through scanning by transforming it into vision and mission statement. Thus, it ensures that mission and vision statement align to information sourced through environmental scanning. De Araújo (2015) emphasize that strategic fit is more than ensuring that strategy adopted by the mission hospitals will give the business competitive advantage but also adopting making strategic choices on integration and coordination of strategies to provide superior performance and service delivery.

The theory of strategic fit theory places significant emphasis on availability and relevancy of resources and elements in strategic planning process (Gutman & Miaoulis, 2017). Lack of these resources and their alignment to the strategic goal is an obstacle in strategic planning process. Strategic fit theory is concerned with strategic implementation and how the process is implemented through the availing of necessary resources that will align the organization strategy. Strategic fit theory also states that implementing a

strategy may face challenges in the implementation process, both internal and external resources. These determine the extent to which supportive environment exists in strategy implementation (Prajogo, 2016).

The strategic fit has been established as a framework under which various strategies can be oriented to affect the performance of an organization. Shankar and Shepherd (2019) assert that the strategic fit process involves management of all other elements relating to strategic planning process to ensure that the intended goal is achieved. Strategic fit is also central in the strategic planning process as it ensures that strategies adopted by organization fit within an organization and its environment, and results to improved performance and service delivery.

Valuation of existing firm strategies is dependent on how a firm has aligned its business activities; resource availability and impact of firm performance are all enabled by the strategic fit theory. To this extent Aleksić, and RašićJelavić (2017) applied strategic fit theory in assessment the process of strategic planning in small and medium enterprises and thus theory is suitable in analyze the impact of process of strategic planning on performance of mission hospitals.

2.2.2 Resource-Based View (RBV) Theory

The theory states that organizational and human resources provide the firm with sustainable competitive advantage when compared to physical, technical and financial resources because they are hard to emulate (Cruz & Haugan, 2019). The primary idea of the RBV is how organizational systems and other characteristics can contribute to its overall competitive advantage for the longest period possible. This means that, for an

entity to remain competitive, the resources has to be valuable, rare, unique and inimitable, which is difficult for other firms to imitate.

Aikins et al. (2018) states that a firm can create competitive advantage that is sustainable by developing human resource systems through development of competences that are specific to the firm, giving birth to unique set of knowledge in the organization and support strong social relationships within an organization.

Additionally, the firms' staff is considered as human resources that ensures the achievement of sustainable competitive advantage. This distinctiveness can be created through a well-defined management structure, having financial capability and the right people for the right job and also maintaining good communication channels and timely communication which also provides feedback (Aldehayyat & Twaissi, 2015).

Resource-based view also evaluates possession of the form, value generation capability and finally defines a strategy ensures that achievement sustainable value creation (Mutembei & Tirimba, 2018). An organization should at all times be able to do things differently or in a unique manner to ensure they create a niche whereby the people it is serving will always want to come back again and again since no substitutes would supplement what the firm offers.

In relation to this particular study, firms should come up with strategies that are going to make the organization unique and train its employees on how to maintain the standards and be able to use the resources available to produce unique goods and services. When doing things in a unique manner that people love, being sure of the quality and avoiding

operating at a loss, ensuring that input is able to match expectations in output and give returns, ensures success (Powers & Bendall-Lyon, 2016).

This theory is appropriate for this research because the primary purpose of every organization is to outperform others, dominate the market and overall, to have high performance that is sustainable. The theory is relevant in relation to all the research objectives since the management structure needs to be well designed to ensure uniqueness and good flow. The financial capability is the source of strength for implementation of any formulated strategy. The human resource should possess the necessary skills that bond with the organizations goals and that are unique in the market to give a sustained competitive advantage.

Finally, information is a powerful resource which means the way it is conveyed could be a pillar for the organization to compete or if it is poorly done then the organization may fail to communicate its overall goals thus may fail to achieve success. The theory is not adequate enough to support the study on its own as it does not explain how individual personalities would be dealt with to ensure maximum results even as the resources available are being utilized to the fullest.

2.2.3 Contingency Theory

According to this there is not a specific manner or method to lead that is fit for all organization but leading and organizing is dependent on the situation at hand to yield the best results. Contingent leadership applies the best style depending on the matter at hand and the best possible solution to a problem (McAdam et al., 2019). When coming up with

strategies in an organization, the type of leadership is a driving factor towards the initiative. If an organization has visionary leaders, they come up with brilliant strategies.

Implementation of the strategies is in a great way affected by the same leaders thus determining the level of success and also the quality of services rendered (Cheng, 2020). The theory is relevant to this study since the type of leadership in an organization determines the management structure of the organization. It is through the management structure that an organization is able to develop and implement strategies. Cheng (2020) opined that structure follows strategy.

The quality is also defined by the management in an organization. Management of finances varies with different organizations and how to maximize on the financial resources to come up with quality services varies with type of management. The human resources are absorbed in relation to different preferences and description of different organizations and communication style to be adopted is very much influenced by the type of leadership and management that is in different organizations and the situation at hand (Abba et al., 2018).

In general view, strategy implementation is influenced by so many factors and situations within an organization thus leading to the overall quality of services that customers get. This withstanding, the theory has its shortcomings in that it is not obvious that having a good leader means the followers will automatically follow suit. Therefore, there is need to adopt other theories that will take care of other management aspects like change since strategies are more of change especially in the implementation stage (Cheng, 2020).

2.3 Empirical Review

2.3.1 Management Structure and Quality Service Delivery

Management structure is a key ingredient in creating an environment that contributes to strategy implementation. Strategy about to be implemented in a big way is influenced by the organizational structure as its impact is felt across the entire organization (Gutman & Miaoulis, 2017). Gutman and Miaoulis (2017) to argue that the implementation affects all the employees in all cadres starting from the top most down to the junior ones in an organization.

Having a very complex management structure would paralyze the process of strategy implementation since adjusting the structure will be complex thus strategy implementation may be difficult and, in some instances, may fail completely (Lahap et al., 2016) Powers and Bendall-Lyon (2016) state that a management structure should be flexible enough to accommodate any kind of change in an organization. This flexibility helps in handling emergencies and for turnaround strategies in cases of crisis. They continue to argue that if the organizational structure is flexible enough to accommodate adjustments, those affected by the new strategy about to be implemented feel part of the process and resistance is minimum.

When an organization has a flexible organizational structure, decision making process is not complex thus issues are resolved within the shortest time possible. Musenze and Balunywa (2018) did a study on how service delivery was affected by top management support in Nairobi City County Government in Kenya and concluded that the management structure should be well defined with clear guidelines on the responsibilities

and roles under each position and should be flexible enough to accommodate most if not all forms of amendments that arise with time.

According to Luxford and Price (2019), the survival useful strategy implementation relies on the skilled employees and efficient internal organization systems. For implementation of strategy to be successful, the firm needs to create a center of attention, encourage and maintain gifted management team and workers with appropriate intellectual capital, competency and skills (Anatole & Hirschhorn, 2017). The workers need to be motivated to achieve business objective, which are very important to attain complete implementation. Assisting workforce to increase the abilities, skills and knowledge concerned in strategy implementation needs focus to the employment practice and education (Mwangi, 2016).

Making certain that management and employees are well-equipped to handle present alteration will keep everyone work to attain financial goals. Successful communication is always a key consideration for strategy implementation. Haghshenas and Davidson (2017) whenever there is a continued communication by top managers, through words and actions, then there is an assurance to strategy. According to Brown et al. (2018), the duty of instigating demanding strategic plan should be allocated to managers with expertise, talents and can be counted on to revolve resolutions and actions into results to convene the recognized objective.

De Araújo (2015) argued that it was important to make certain that the employees who take lead in action have the requisite capabilities. Noeth (2016) argues that effective implementation of strategy depends on human resource competency and integrating the

organizational system effectively. Managers are advised to destroy barriers to helpful communication throughout boundaries; often involving clients into the communication and information method. They should also provide precise and appropriate information to those who require it to arrive into conclusions (Usak et al., 2020). Albejaidi (2016) a good number of employees in organizations lack capabilities even as executives might be possessing leadership abilities for carrying the accomplishment of considered strategies.

Adjei and Mensah (2016) explains that understanding is regarded the most purposefully chief resource to an organization performance. Kitur (2021) explains that it is being formed and apprehended by persons other than organization. He further stated that organizations need to consider the types of initiatives needed to enhance workplace capabilities and not solely focusing finance allocated. They should also spend time in constant education of the workforce so that they continually are competitive (Epetimehin, 2016).

In due to beginning of strategic plans, assessing the awareness and ability of the employees is important for the core organization there's also need for training needs to be developed where there are gaps (Bashaasha et al., 2017). It is believed to advance the height of success of the plans since the staff will have the correct expertise in their area of work. Also concluded that strategies developed should be well aligned to the organizational structure to enable implementation. Also identified that communication is a key ingredient towards achievement of quality services and this is achieved through use of proper channel and flow in communicating the strategic plan (Prefontaine & Dawes, 2020).

Mbulwa and Kinyua (2020) both emphasized the significance of effective governance. Individuals, not businesses, wield the power of good governance practice, according to Mfene (2019), who argue that, like many active members of the board have indicated, it is individuals, not corporations, that make decisions. Good governance practices are becoming increasingly critical for effective organizational performance, according to research in a range of sectors (Mutembei & Tirimba, 2018). The idea of good governance can be described broadly as a governing model that achieves the social and economic outcomes that citizens desire (Mutiso & Kilika, 2017). Good governance denotes a desirable condition of affairs that is frequently defined in terms of several essential elements such as accountability, transparency, corruption prevention, and citizen participation (Nengwekhulu, 2019). It entails, among other things, enhanced public service delivery and efficient economic and social resource management. More crucially, it concerns the quality of the relationship between the government and the governed in terms of providing monitoring and guidance to an institution's management. Governance in nonprofit organizations is the exercise of power and authority in accordance with the organization's declared values.

According to Noeth (2016), the elasticity and adapting to changing environments, as well as the ability to inspire harmony and collaboration, are the most important characteristics of modern organizational structures (Osah & Khene, 2018). When information distortions is not taken into account, a match of management style design with environment complexity will be favorable to performance (Pasha & Poister, 2017). In a dynamic circumstance, a flat structure is better than a single division for adapting to a fast-changing environment (Prefontaine & Dawes, 2020).

According to Riany (2018), organizational structure affects a wide spectrum of organizations, however Sibanda (2018) claims that changes in organizational form have a direct impact on performance. The extent of centralization or flattening of the organization will have an impact on service delivery (Singh, 2016). Managerial structure is critical in assisting management in achieving its goals and adhering to the company's strategy (Tomkinson, 2017).

According to Waits (2016), organizations that have the order-control structure are those that require specialization, hierarchy and require results that are centralized. These kinds of organization are characterized by sharing of knowledge and communication is high. Organizations requiring low specialization are organized according to work team, they share and innovations are high but have low store and memory. Those organizations that have a ring form of structure share authority and transfer and share of knowledge is normal.

Weaver and Deolalikar (2017) in her study in Canadian organizations showed that problem-solving skills by the managerial personnel was very crucial and determined the performance of the organization which was mainly anchored on service delivery. She highlighted that most organizations had failed due to lack of the managerial capacity to problem solving skills to the ever-dynamic problems that the organizations faced. Managers preferred to apply their intuition to solve basic issues as they happened, according to her research, and critical difficulties were powerful learning moments for many respondents (Tomkinson, 2017). As owner-managers enhance their ability to solve organizational problems via learning, the ability to learn is essential to the success and future growth of companies. This shows that the problem-solving skills of the managerial

personnel in an organization directly influence the work performance and the service delivery ability of an organization (Singh, 2016).

2.3.2 Financial Capability and Quality Service Delivery

Strategy implementation can only be realized with proper financial resource capability. Adequate resources have to be allocated to enable for completion of an implementation process (Žurga, 2019). Strategy implementation is a continuous process that if not well planned for would stall along the way thus investment in terms of money, time and energy would be lost. Before implementation of any strategy, proper planning has to be done to establish the financial capability of the organization and decide whether it is the right time to begin or there is need to plan further and gather sufficient resources (Kumar & Kumar, 2018).

Waits (2016) did a study on the collection models of change management in making the best choice on various organizational transformational techniques and realized that change can only be enabled with sufficient resources and that is what also determines the technique to employ in the effort to transform an organization. He continued to state that financial capability is the major resource that an organization should have to be able to initiate any form of change. It should be sustainable in such a way that if the change occurs and it is not completely taken and adjustments needs to be made, resources would still be there to support the process to the end.

Topaloglu and Powell (2005) cited in Govindarajan (2016) study the factors to consider in decision making on resource allocation in manufacturing companies in the US and concluded that resource allocation is done as per priorities since running all the new projects concurrently would strain the organization financially and economically. They

continued to argue that prioritizing of project is important in that those given priority would serve as a source of financial support for the next project in line which would lead to sustained financial capability.

Organizations face multiple problems during the implementation of the strategy. The lack of sufficient funds is the major problem (Kumar & Kumar, 2018). Kumar and Kumar (2018) that challenges faced in the implementation of strategy include lack of understanding on the process, limited financial resources and neglecting therefore, they argue that the management should focus on ensuring that adequate funds are allocated and training the managers on the implementation of strategy, and also be aware of the external environmental factors that can affect the implementation (Khayota, 2015). For manufacturers and service providers alike, service quality, customer value, and satisfaction are among the most crucial aspects of commercial rivalry (Pasha & Poister, 2017). These criteria are major management priority in today's service business due of the increasingly fierce competition for clients (Osah & Khene, 2018).

According to research, better levels of customer perceived value and satisfaction are linked to higher levels of service quality. In order to boost customer happiness and commercial performance in the financial services industry, financial executives and banking strategies are focusing more on service quality (Noeth, 2016). Until recently, no study had questioned the premise that service quality is the most important factor in determining customer happiness when it comes to service delivery. Mwangi (2016) claimed that managers cannot just offer high-quality services and hope for the best; instead, service assessments are the outcome of a contrast of services to fairness norms and the treatment of similar consumers, a fairness of service concern

Other studies that for smooth implementation of strategy, the management need to consider the financial capability of the strategy. Consideration of the financial capability ensures that strategy is effectively implemented for improvement of the service delivery (Mbai et al. 2018). The financial perspective can be used to assess how well the firms are implementing the strategy to increase the stakeholders' wealth. The commonly used financial measures include, return on equity, return on assets, operating income, profit margin recorded, overall revenue realized, return on investment and total cost of operations (Hambrick & Cannella, 2019).

Resource allocation is a plan that specifies how the firm's resources should be allocated within the set timeframe; usually one year (Atkinson, 2016). According to Atkinson (2016), after the development of short-term plan, the firm is able to make projection for the one year or even the long-term projections. The projections that are made include resource needs, cash flows, assets, which enable the firms to meet the financial needs.

Organizational should have financial resources and budgets to facilitate effective implementation of the strategic plan. Waits (2016) narrate that lack of budgeting leads to resource waste that reduces financial performance. The financial plan ensures that the resources can be allocated to the specific elements of strategy implementation such as personnel and acquisition of required resources.

Financial, human and physical resources are required to quality of services can be improved. This assertion is supported by a study by Masua (2017) in a study to establish the impact of resources capacity on the service delivery in Huduma center. The researcher determined that financial, human and physical resources are critical for improvement of quality of services.

2.3.3 Human Resources and Quality Service Delivery

Organizations exist for the purpose of delivering quality services to their customers. These services are delivered through the human capital in the organization. This therefore means that an organization should have very competent human capital that would help them realize their goals (Kimani, 2017). He further argues that an organization is prone to fail even if it has the best strategic plan in the world without the right implementers.

Somi (2017) postulates that government owned entities should invest in recruitment process to ensure that their organizations do not only have adequate numbers of employees, but also employees with competitive talent to enhance organizational performance. Further, long-term incentives for human resources such as pain leave, vacations, good salaries and wages, and bonus payments should be considered.

Atkinson (2016) also highlights that quality of service is statistically significantly related with HR recruitment and selection as well as performance management. He suggests that performance management, compensation management, training and development, selection and recruitment should be improved through provision of proper framework for capacity building.

Having the right people for the right job in an organization is the biggest asset that cannot be easily emulated and leads to competitive advantage while at the same time realizing quality service delivery. Luballo and Simon (2017) did a study on HRMs and delivery of services in County Government of Siaya in Kenya and concluded that having the right people in the organization starts from the recruitment point. They continued to state that if an organization is careful on who they are recruiting and selecting to join them, they are most likely to have quality services. They also concluded that due to the dynamic

nature of businesses, organizations should continually train their employees to make sure they keep up the pace and to ensure they are also flexible enough to adapt to the changing needs of the business world.

It is the duty of senior managers to ensure that the firm has effective communication plan for the effective implementation of strategy (Birken, 2015). The top management can achieve this by ensuring that there firm has the adequate financial, human and technical resources, as well as support initiatives such as employee development, training and motivation. Siband (2018) narrates that effective of executives at various organizational levels in the one of the main factors that ensures successful implementation of service enhancement strategies in service organizations.

The primary challenge in the implementation of strategy is ensuring that the staff focuses their efforts and commits their capabilities to the achievements of the goals set in the strategic plans such as enhancing customer service quality. Therefore the support and the involvement of the top management outweigh any other factors in enhancement of service delivery in the organization (Riany, 2018).

Birken (2015) argued that the top management ought to make sure that the middle level managers understand the process of implementing strategy and also ensure that they convince the workers to support the implementation and provided the required technical, material and financial resources. They should also ensure that there are support policies such as communication and training policies to support the implementation, Affisco and Soliman (2016) established that the top management effectiveness is critical for the ensuring that the strategies identified in the strategic plan are effectively implemented for the improvement of delivery of services.

2.3.4 Communication and Quality Service Delivery

Effective communication is crucial for the implementation of strategies. Weaver and Deolalikar (2017) determined that lack of effective communication plan can result in failures in strategy implementation. Therefore, it is critical for the management to develop comprehensive and effective communication plan to follow across the organization during the implementation of strategies .Another study by Van der Waldt (2016) determined that the organization requires effective communication methods on strategies and work-life balance during the strategy implementation for the enhancement of service delivery. Enwereji and Uwizeyimana (2019) noted that communication is the primary factor that ensures the success of strategy. They also noted that many managers prefer to delay the communication of the issues concerning the strategy implementation until the crystallization of change.

Top-down communication is recommended during the strategy implementation because it enables the top management to effectively communicate to all the employees. Further they concluded that training and development is equally important in an organization since it is through this process that an organization is able to realize the capabilities and the competences of its employees. Role development and playing is realized through these training programs that enhance performance and quality service delivery (Enwereji & Uwizeyimana, 2019) .Finally, they concluded that employee performance should be monitored regularly to be able to identify gaps that arise on a day-to-day basis and to also determine if services that are rendered to the customers are of quality. Buong and Ayugi (2017) in their study on achieving total service quality through human resource in manufacturing industry in Pakistan realized that quality service can only be realized

through attaching a value to the human resources in the organization. The study also stated that for an organization to enjoy employee commitment towards the organizational goals and strategies, personnel have to be motivated continually.

Aikins et al. (2014) in their study on assessing the role of quality service delivery in client choice for healthcare in Bechem Government hospital and Green Hill hospital in India found out that communication was very important in any organization operations as it facilitates information flow. They found out that for service givers to be able to understand their client needs, they have to be in a continued communication contact if satisfaction has to be realized from the client's side. Through continued monitoring and evaluation of the client's history, a main cause and solution to the problem is found.

Mokalane (2017) did a study in Uganda's local Government on how quality service delivery is affected by communication with total quality management as the mediating variable and concluded that quality service delivery cannot be realized in absence of communication since communication ensures total quality management. It is through the continued monitoring on the quality produced from the beginning that quality services are realized. They realized that the three variables cannot be separated since the expected quality is communicated in advance and the services given are reported through a feedback system.

Lyon and Lewis (2016) state communication is critical for all the process of the organization including implementation of strategy. During the roll-out of the strategy implementation, the management should ensure that information regarding the changes in behavior, processes and systems is effectively communicated. Communication should be open to foster trust, commitment and motivate all the staff including middle level

managers and the subordinates. The effective communication also encourages sharing of knowledge and ideas; and guide the decision making process hence improving the implementation process.

According to Luxford and Price (2019), the top management should communicate to all the stakeholders regarding the new strategic decision to reduce resistance to change. These findings indicate that the organization with effective communication strategies perform better than those ones that the communication is restricted. The communication strategy that includes informal, formal and written components is more effective because it addresses the needs of all the stakeholders.

Mokalane (2017) in a study on communication quality position in service delivery in higher education in the US concluded that it is through marketing communication that an organization is able to realize the attributes of their clients, the benefits they expect from the engagement and the personal goals of the clients. This helps in designing ways on how to satisfy the clients to ensure the relationship is maintained for the longest period of time. The study also concluded that communication is a means-end chain that ensures the needs of the clients are discovered and quality services are designed to ensure at the end of the business, the customer is satisfied.

At first glance, the advice that communication being prioritized during the implementation phase appears to be relatively straightforward. Despite the fact that research shows that communication is a core competency in strategy implementation (Miniace & Falter, 2006) speaking with employees about strategy implementation challenges is typically postponed until the changes have crystallized. In this setting, many firms face the issues of failing to implement a different communications program which

allows and encourages employees to ask queries regarding the strategy being implemented.

Additionally to the incapacity to request questions and input, a lack of communication causes even more harm because workers are not informed of new requirements, duties, and activities that must be completed by staff members, as well as the rationale for the changing conditions (Rapa & Kauffman, 2005). It is critical to convey organizational advancements to every tier on a reasonable timeframe both during and after an organizational transformation. Conversely, the information sharing might be misinterpreted as direct discussion and involvement, resulting in a lack of proactive involvement in the economy. Workers' acceptance of a strategy is heavily influenced by how it is communicated to them.

An integrated communications plan should be designed to cope with this crucial scenario. This type of plan is useful at concentrating workers' attention on the importance of the chosen approach to be executed (Rapa & Kauffman, 2005). By polling 862 insurance firm employees, Lares-Mankki (2006) explored the influence of top management techniques on role uncertainty, job satisfaction and employee commitment. The following five management methods are examined: setting and communicating an institutional goal, serving as a role model, promoting creativity, assisting employees, and allowing staff to contribute in work related decisions. The findings show that senior manager's activities have a significant impact on employee views and opinions.

Because effective strategy implementation necessitates the collaboration of various players and their actions, interpersonal contact among actors is critical (Heide et al., 2002). Interpersonal communication, according to the interactional perspective, is based

on the axioms that it is impossible to not communicate when numerous actors are engaged in a process. As a result, everybody involved in the business tailors how they want to be perceived regarding the relation with most of the other partner and their power differential. This has an impact on the way information flows mostly during implementation stage, affecting the complete experience and its outcomes.

Clear and accurate communication about the necessity for the strategic shift and the logical change process, as well as their influence on employees' current status quo, are essential components of a successful strategy implementation process. This, combined with allowing junior APS officers to engage in the planning, design, and implementation of processes, significantly reduces resistance within the workforce. To eliminate employee fear and resistance, negotiation, manipulation, support, and coercion may be employed. Communication needs to be a continuous process rather than a one-time event, and it should be pursued through multiple mediums that management deems appropriate for reaching out to an organization's personnel.

Managers must choose who will be involved in communicating organizational needs in order to avoid skeptics or spoilers who otherwise would sway the strategic plan's intended goal. This will entail eliciting discussions and disputes about the best timing, as well as the freedom to speak openly about how well a strategy is being implemented. Communication breakdown happens between the point at which communication begins and the moment at which it is received, according to Borisova and Souleimanova (2013).

2.3.5 Service Delivery

Service delivery is the important function for the public and private sector because the customer satisfaction is the main focus on many firms. Therefore, strengthening the service delivery is the main focus on government because it is positively associated with the improvement of citizen lives (Khaunya et al., 2015). The decentralization program in many developing countries is primarily aimed at improving the quality of services

The main theoretical argument for the decentralization in the government is that lower proximity of services such as legal services increases the flow of information and facilitates better accountability and ensures that the government officials can be contacted effectively by the citizens (Weaver & Deolalikar, 2017). Conversely, when the services are close to the citizens, the policy makers are able to address the concerns of the citizens in a timely manner, to increase their chances of being re-elected (Riany, 2018).

There are two forms of accountability; political and administrative. Political accountability occurs when electorates hold elected representatives accountable. Administrative accountability is when the leaders and managers achieve the set targets. Specifically, the administrative accountability is the achievement of the targets set in the short-term, medium-term or long-term plans (Atkinson, 2016). In the Kenyan sector, since the government formulates the national policies, it also acts as an oversight authority to ensure that the county government achieves the target set such as increasing service delivery and financial goals

It is believed that through the effective implementation of the devolution process, the service delivery will be improved; hence leading to various long-term benefits such as restoring the public confidence in the government, reducing poverty-related inequalities,

increasing economic growth, healing historical injustices, and reducing income disparities. Therefore, the government should focus on the improvement of the services delivery to improve solving of the challenges that face the citizens (Kumar & Kumar, 2018).

For effective delivery of services, there must exist accountability among various stakeholders such as policymakers, providers and citizens in the chain of service delivery. There are two relationship of accountability in the delivery of public services .The first one involves holders of political officers being held accountable ensuring that the services are provided through ensuring that adequate resources are available. The second one is policies and ensuring that the services provided are of high standards as required by various legislations (Khayota, 2015).

There are various advantages associated with accountability. For example, it ensures that government and people are closer; hence enabling the citizens to monitor the leaders and ensuring that they fulfill their election promises (Singh, 2016). Also, through the accountability, the service the counties are able to compete against each other; hence increasing responsiveness, transparency and responsiveness. The citizen will also fulfill their obligation of paying taxes and motivates them to ensure that the taxes are used appropriately; hence reducing the wastage and embezzlement of funds (Corgan & Sharpe, 2016).

The quality of services provided in the healthcare institutions can be assessed through assessing the customer satisfaction and compliments and attendance of customer within the specified guidelines (Žurga, 2019). Allocation efficiency can also be used to assess the quality of services. Allocation efficiency means the extent to which the services

provided matches the customer preferences and expectations. It can be measured assessing whether the patients' needs are taken into consideration during the delivery of final services or proposals for improvement (Finch & Omollo, 2015).

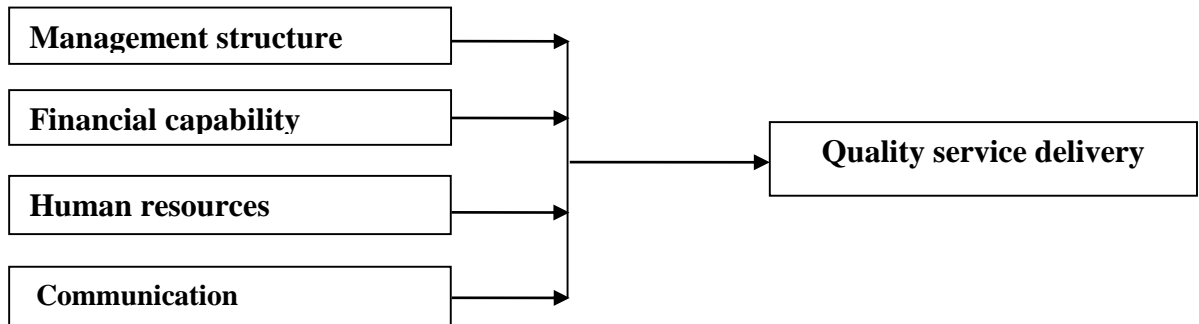
Smoke (2015) defines accountability as the practice of where the service providers' are responsible for their actions. In the public service context, the service delivery is the extent to which the national or county government accounts how the resources in their disposal are used in the delivery of services or achievement of other functions such as investment (Tomkinson, 2017). Reduction of corruption is associated with efficient delivery of services. Reduction in corruption is reduction in the misuse and abuse of the public resources for personal gain. Equity is important for the improvement of service delivery. Equity means distribution of the resources equally based on demographic or geographical factors; without ignoring the poor and marginalized communities (Smoke, 2015).

2.4 Conceptual Framework

Bell (2018) describes it as a diagram showing the between the study variables. Figure 2.1 shows the association between the independent and dependent shows conceptual framework showing the relationship between four independent variables and a dependent variable as represented in this study, service is the dependent variable while management structure, financial capability, human resource and communication are independent variables.

Figure 2.1

Conceptual Framework



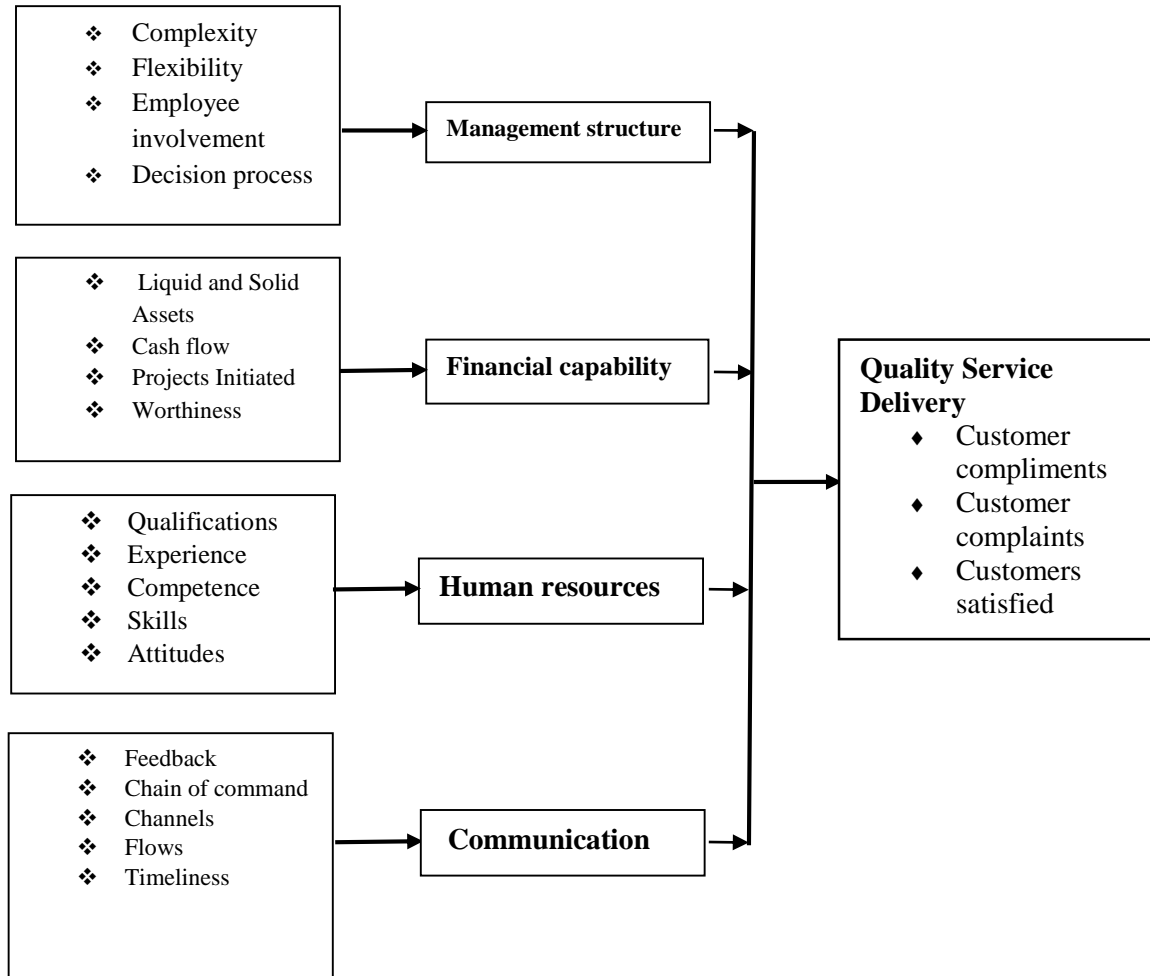
Independent Variables

Dependent Variable

2.5 Operationalization of the Variables

Figure 2.2

Operational Framework



Parameters

Independent Variables

Dependent Variable

2.6 Explanation of Variables

The framework explains the relationship that exists between the dependent variable and the independent variables.

2.6.1 Management Structure

This shows the organizational hierarchy and how it can be an influencing factor towards the implementation of an organizational strategy while at the same time leading to achievement of quality service delivery (Suzuki, 2016). In this study, the presence of a simpler management structure and a more flexible one would aid the implementation process.

2.6.2 Financial Capability

The financial capability of an organization should be sustainable in such a way that it can be able to support a process from beginning to the end while ensuring that the other processes are not affected negatively (Remund, 2010). In this study, the organization should have a sound financial status which would see to a successful strategy implementation since without the financial capabilities the implementation process may not be successful.

2.6.3 Human Resource

The human resource are the most valuable assets in an organization so there is need to ensure the best according to the organizational requirement. They are the initiators and the implementers of strategies as well as the service providers. If not properly selected and continually motivated, it could lead to poor service delivery (Casco, 2015). In this study the skills knowledge and attitude of the employees are key towards the achievement of strategy implementation in the effort to ensure quality service delivery.

2.6.4 Communication

This is a very important ingredient in all the operations of an organization. People need to move in one direction and speak the same language of their goals in an organization. If there is breakdown in communication, so many things could go wrong especially when it comes to implementation of strategies as well as service delivery (Cascio, 2015). In this study, information is considered a powerful asset in every organization since it creates a sense of direction and uniformity thus enabling strategy implementation and quality service delivery since people are in agreement.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The research methodology that was employed in carrying out the study is described in this chapter. The research is organized into various sections; research design, target population, sampling design, sample size research instruments, data collection procedure, data analysis methods and presentation and ethical procedures.

3.2 Research Design

The study adopted a descriptive research design. Descriptive research design allowed representation of the entire population by the sample selected with the findings applied to the entire population. Bryman and Bell (2014) stated that a descriptive aims at identifying certain population attributes and how variables are related. The research design was chosen because it enabled to describe the study variables by studying the research participants in their natural settings (none of the variables were manipulated during the study). The design was also chosen because it allowed facilitation of the generalization of research findings from a sample population.

3.3 Target Population

Target population of the study included stakeholders in all the eight Mission Hospitals in Meru County. The target population is the total number of items under investigation (Kothari, 2004). In Meru County, there are mission hospitals which formed part of the study population. The target population of the study was one hundred and twenty-eight (128) respondents comprising of CEOs, finance officers, human resource managers,

Customer care officers, communication quality assurance officers, suppliers, patients and neighbors.

3.4 Sampling Design

Sampling design refers to rules and procedures through which representative characters from within a population are considered to be included in the sample (Kothari, 2004). This study adopted purposive, judgmental and simple random sampling to arrive at the sample to enable the author come up with the information required by giving questionnaires to key respondents from the Mission Hospitals in Meru County. This gave the author the advantage of getting information from all the target hospitals in the population and reduced biasness as all the categories of respondents was included in the sample.

3.5 Sampling Procedure

Sampling procedure is the procedure used in arriving at the sample size of the study (Huang & Beck, 2018). Therefore, in this study, among the key respondent categories, purposive, judgmental and simple random sampling was used to identify respondents. Purposive sampling was used to select the CEOs, Finance Officers and the human resource managers as they were selected on purpose. They were the custodians of such information that was required since they do regular reporting on quality service delivery in the hospitals. Judgmental sampling was used to select the customer care officers and communication quality assurance officers as the assumption was that they can be able to give reports and responses on the quality of services since they interact directly with the clients and guests while at the same time, they receive compliments and complains. Simple random sampling was used to select the suppliers, patients and neighbors as they

are the consumers of the services and the assumption was that they receive similar treatment and services. At the same time, they all had equal chances of being selected eliminating biasness in sample selection.

3.6 Sample Size

Sample size is the number of characters in a population that represents the entire population (Kothari, 2004). The sample size was one hundred and twenty-eight (128) respondents comprising of CEOs, finance officers, human resource managers, customer care officers, communication quality assurance officers, suppliers, patients and neighbors.

Table 3.1

Sample Size Table

Categories	Nkubu	Igoji	Charia	Kiirua	Tigania	Gitoro	Maua	Mutuati	Total
CEO	1	1	1	1	1	1	1	1	8
Finance	1	1	1	1	1	1	1	1	8
HR	1	1	1	1	1	1	1	1	8
PR Officer	1	1	1	1	1	1	1	1	8
QA Officer	1	1	1	1	1	1	1	1	8
Suppliers	3	3	3	3	3	3	3	3	24
Patients	5	5	5	5	5	5	5	5	40
Neighbors	3	3	3	3	3	3	3	3	24
Total	16	16	16	16	16	16	16	16	128

3.5 Data Collection Instruments and Procedure

Primary data was collected using structured questionnaires taking the form of qualitative and quantitative questions while secondary data was acquired from published sources. A

Questionnaire is a research instrument containing structured or unstructured questions that is used to collect information from the study subjects (Bell et al., 2018).

The author setting questions from the area of interest enhanced the suitability of the questionnaire. To ensure that Ministry of Health Protocols and World Health Organization Protocol regarding COVID-19 prevention were complied with, the researcher did not physically meet the respondents. Therefore, the questionnaires were administered through drop and pick method was used. This method of administration complied with the physical distance guidelines to prevent the spread and transmission of COVID-19. A 5-point Likert scale was used to rate the responses.

3.6 Reliability and Validity of Research Instruments

Reliability refers the extent to which a research instrument can yield similar results if repeated under similar conditions (Silverman, 2016). Cronbach's Alpha was used to assess reliability. Scores of 0 - 0.6 indicates that reliability is low while scores of 0.7 high level of internal consistency. Lack of respondent's knowledge could affect the reliability of data (Mohajan, 2017). The author conducted a pilot study in the neighboring Tharaka Nithi County in similar mission hospitals to test the reliability of the questionnaire.

Validity refers to the degree to which a study accurately measures what it is supposed to measure. To enhance the validity of the instrument, the author sought expert opinion by consulting the study supervisors in respect to content validity. Mugenda (2008) cited in Mohajan (2017) suggested that based on descriptive research design, a pilot group ranges from 5 to 10 respondents; therefore, the questionnaires were distributed to one respondent in each category. This formed a representation of all the groups involved in the study.

3.7 Data Analysis and Presentation

Data gathered was scrutinized to ensure it was complete and comprehensive. Then it was summarized, coded, tabulated and entered into SPSS (Statistical Package for the Social Science) for analysis. To establish the patterns and trends for easier understanding and interpretation of the findings, descriptive statistics especially frequencies and frequency percentages was applied to understand and interpret the implications of the findings. Presentations were made in tables. To test the relationship between variables, linear regression model was used.

3.71 Data analysis model

Karl Pearson correlation was used to measure the degree of relationship between the study variables. The positive r value of 0 to +1 show positive association between the study variables, 0 to -1 indicates negative association, while 0 shows that there is no relationship between the variables.

3.8 Ethical Issues

The author introduced herself to the respondents through a letter from the University to acknowledge that the study was for academic purposes only. The author had to seek permission to collect data from the selected Mission Hospitals and from the regulating body, the National Commission for Science, Technology and Innovation (NACOSTI). Finally, the collected primary data was not personalized and was handled with the required confidentiality.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

The results of the research are presented, analyzed and discussed in this chapter. Both qualitative and quantitative results were obtained.

4.2 Response rate

The study distributed and administered a total of 128 questionnaires to the eight mission hospitals in Meru County. At the end of data collection, 111(86.7%) out of the 128 questionnaires were returned fully filled as required. A total of 17(13%) did not return the questionnaires. Therefore, the author considered a response rate of 86.7% as adequate for analysis. According to Cresswell (2014), a response rate of at least 60% is sufficient for analysis. The good response rate could be attributed to sustained effort by the author to monitor data collection process and clarify the questions asked by respondents where applicable.

4.3 Reliability of the Data Collection Instrument

The degree to which data gathering methods and analysis procedures will provide conclusions that are similar to those of previous researchers is referred to as reliability. Data on the impact of strategy implementation on mission hospital quality service delivery in Meru County, Kenya, was conducted to a reliability test to see how well the technique of data gathering would produce accurate results after multiple trials (Mugenda & Mugenda, 2003).

The most popular psychometric test for evaluating survey instruments and skills is internal consistency reliability (Zhang et al., 2000). The basic formula for measuring

reliability based on internal consistency is Cronbach alpha (Kim & Cha, 2002). The Cronbach's Alpha internal consistency reliability test was performed on the items that were validated to assess the level to which a survey questionnaire would provide the similar data outcomes after multiple testing. Table 4.1 shows the internal consistency reliability using the Cronbach alpha test.

Table 4.1

Reliability Analysis

Study Construct	Cronbach Alpha	No of Items
Management structure	0.811	5
Financial capability	0.711	5
Human resource	0.741	5
Communication	0.854	5

The standard minimum value according to Malhorta (2004), is $\alpha = 0.7$. Therefore, the values in Table 4.2 of Management structure $\alpha = 0.811$, Financial capability $\alpha = 0.711$, Human resource $\alpha = 0.741$ and Communication $\alpha = 0.854$, gave sufficient confirmation of data reliability for the four independent factors.

Table 4.2

Strategy Implementation on Quality Service Delivery of Mission Hospitals

Cronbach's Alpha	Number of Items
0.857	20

4.4 Background information

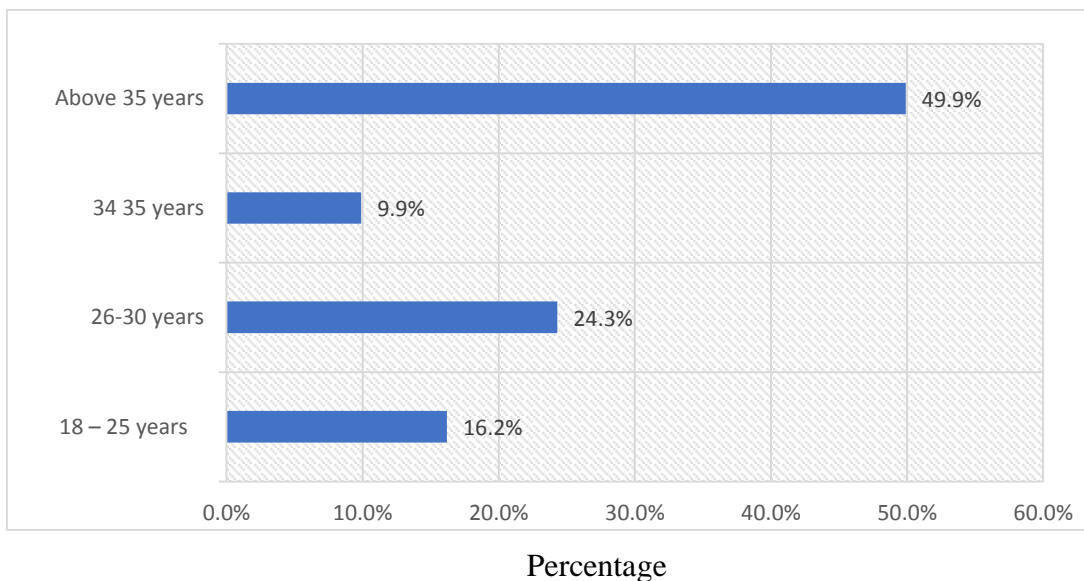
The research sought to establish the demographic characteristics of the study population to determine if the study included representative population. The information collected included gender, age in years and highest academic qualification attained.

4.4.1 Gender of the Respondent

The study sought to establish respondents' gender. This was done because of ensuring the study was not gender biased.

Figure 4.1:

Age category



As displayed in figure 4.1 the study noted that the majority of the respondents as shown by 65(56.8%) were males whereas 46(41.4%) females. According to the study findings, this revealed a fair gender balance at Mission Hospitals in Meru County.

4.4.2 Age bracket of the Respondents

Individuals from different age groups may have different views on various issues; therefore, the researcher, collected information regarding the respondents' age groups. Results are as shown in figure 4.3 It was found that most of the respondents as shown by 55(49.5%) were aged above 35 years, 27(24.3%) of the respondents were aged between 26-30 years, 18(16.2%) of the respondents were age between 18 – 25 years while those between 31 - 35 years were found to be 11(9.9%). These findings indicate that the stakeholders in all the eight Mission Hospitals in Meru County were drawn from all the age categories hence they were mature enough to carry out their duties effectively.

4.4.3 Level of Education Attained

The personal uptake/understanding of various issues is determined by one's level of education. Respondents were asked to list their level of educational qualifications in order to determine their capacity to respond to the research questions. The findings are as shown in table 4.3

Table 4.3

Level of Education Attained

Categories	Frequency	Percent
Diploma	14	12.6
Undergraduate degree	51	45.9
Master's degree	28	25.2
PhD	18	16.2
Total	111	100

From the research findings in Table 4.3, the study revealed that most of the stakeholders as shown by 51(45.9%) held an undergraduate degree, 28(25.2%) of the respondents held masters degree level of academic qualification, 18(16.2%) of the respondents held PhD level of qualification while 14(12.6%) of the respondents held diploma level of academic qualification. The respondent's level of education revealed the level of competencies among stakeholders in all the eight Mission Hospitals in Meru County. It also implies that all the respondents had the ability to respond to the research questions without difficulties.

4.4.5 Length of service at Mission Hospitals

The study sought to find out the respondents service experience at their respective Mission Hospitals in order to determine the level to which they would be relied upon to conclude the research problem. The findings are as shown in Table 4.4.

Table 4.4

Length of service at the Mission Hospitals

Categories	Frequency	Percent
0 - 2 years	23	20.7
3 -5 years	28	25.2
6 -10 years	42	37.8
11 years and above	18	16.2
Total	111	100.0

From the Table 4.4, the majority of the stakeholders from all the eight Mission Hospitals in Meru County 42(37.8%) indicated to have a service experience of 6-10 years, 28(25.2%) had a service experience of between 3-5 years, 23(20.7%) had a service experience of between 0-2 years while 18(16.2%) had a service experience of 11 years and above. The findings revealed that the majority of the respondents had stayed for long at their respective Hospital and hence were able to provide the required information on strategy implementation and quality service delivery.

4.5 Descriptive Analysis

According to Frankfort-Nachmias and Leon-Guerrero (2009), descriptive research entails using statistical procedures to characterize the population under investigation. The responses to each of the items of the means, as well as the standard deviation of the items, are included in this segment. To assess the respondent's levels of agreement based on the following objectives, the analysis used a scale of 1 to 5 where 1 indicated strongly disagree, 2 indicated disagree, 3 indicated neutral, 4 implied agree, and 5 implied strongly agree.

4.5.1 Effect of Management Structure on Quality Service Delivery

The study sought to determine the effect of management structure on quality service delivery in mission hospitals in Meru County. The results are as shown in Table 4.5.

Table 4.5

Effect of Management Structure on Quality Service Delivery

Opinion	SD	D	N	A	SA	Mean	SD
There is a simple organizational structure in the hospital	8(7.2%)	0(0.0%)	14(12.6%)	27(24.3%)	62(55.9%)	4.22	1.139
The management structure in the hospital is flexible	2(1.8%)	5(4.5%)	28(25.2%)	40(36.0%)	36(32.4%)	3.93	0.960
The employees are well involved in the hospital	22(19.8%)	0(0.0%)	14(12.6%)	17(15.3%)	58(52.3%)	4.00	1.206
The decision process is well defined to solve most issues	7(3.3%)	10(9.0%)	11(9.9%)	41(36.9%)	42(37.7%)	3.91	1.187
The departmental managers provide enough leadership and direction.	0(0.0%)	7(6.3%)	33(29.7%)	34(30.6%)	37(33.3%)	3.90	0.943

As per the findings as shown in Table 4.5, there was a general agreement by most of the respondents (79.2%) that there was a simple organizational structure in their hospital. 12.6% of the respondents were neutral while only 7.2% disagreed with the statement. The

findings were supported by mean of 4.22 and Standard deviation on 1.139. The study findings as well indicated general agreement by most of the respondents (68.4%) that the management structure in the hospital was flexible, 25.2% were neutral to the statement while only 6.3% disagree with statement. The study outcome was therefore supported by the mean of 3.93 and standard deviation of 0.960. Additionally, most of the respondents (67.6%) generally agreed that the employees were well involved in the hospital, while 19.8% disagreed with the opinion and only 12.6% were neutral. These findings were supported by mean of 4.00 and standard deviation of 1.206. The findings further revealed that most of the respondents (74.6%) were in general agreement that the hospitals' decision process was well defined to solve most issues as supported, 12.3% disagreed with the opinion while only 9.9% were neutral. The findings supported by a mean of 3.91 and standard deviation of 1.187.

Lastly, there was general agreement by most of the respondents (63.9%) that the departmental managers provided enough leadership and direction. However, 29.7% were neutral while only 6.3% disagreed with the statement. The findings were supported by mean of 3.90 and standard deviation of 0.943. The study findings were found to be in line with Burke (2014) who stated that a management structure should be flexible enough to accommodate any kind of change in an organization. This flexibility helps in handling emergencies and for turnaround strategies in cases of crisis. He continues to argue that if the organizational structure was flexible enough to accommodate adjustments, those affected by the new strategy about to be implemented feel part of the process and resistance is minimum.

4.5.2 Effect of Financial Capability on Quality Service Delivery

The study sought to establish the effect of financial capability on quality service delivery in mission hospitals in Meru County. The results are as shown in Table 4.6.

Table 4.6*Effect of Financial Capability on Quality Service Delivery*

Opinion	SD	D	N	A	SA	Mean	SD
The hospital has adequate financial resources to run its operations and implement strategies	0(0.0%)	12(10.8%)	12(10.8%)	39(35.1%)	48(43.2%)	4.11	0.985
There is adequate cash flow in the hospital and where inadequate, the management endeavors to finance budget for strategy implementation	1(0.9%)	4(3.6%)	26(23.1%)	30(27.0%)	50(45.0%)	4.08	0.974
Projects are initiated as per the planned budget annually and periodically as per the strategic plan	7(6.3%)	6(5.4%)	27(24.3%)	27(24.3%)	44(39.6%)	3.86	1.190
The hospital assets are worth to support strategy implementation	4(3.6%)	13(11.7%)	14(12.6%)	51(42.3%)	33(29.7%)	3.83	1.094
Receiving financial resources in the department entails a significant amount of bureaucracy	4(3.6%)	6(5.4%)	14(12.6%)	51(45.9%)	36(32.4%)	3.98	1.000

As shown in table 4.6, most of the respondents (78.8%) generally agreed that the hospitals had adequate financial resources to run their operations and implement strategies, while 10.8% were neutral and 10.8% disagreed with the opinion as supported by the mean of 4.11 and standard deviation of 0.985. The study outcome further revealed that most of the respondents (72.0%) generally agreed with the opinion that there was adequate cash flow in the hospital and where inadequate, the management endeavored to finance budget for strategy implementation, while 23.1% were neutral and 4.5% disagreed with the opinion as supported by a mean of 4.08 and standard deviation of 0.974. The study findings also revealed that most of the respondents (63.9%) generally agreed with the statement that projects were initiated as per the planned budget annually and periodically as per the strategic plan, while 24.3% were neutral and 11.7% disagreed with the opinion as supported by the mean of 3.86 and standard deviation of 1.190.

Further, most of the study respondents (72.0%) agreed that the hospital assets were worth to support strategy implementation, while 15.3% disagreed with the opinion and 12.6% were neutral to the opinion as supported by mean of 3.83 and standard deviation of 1.094. Finally, most of the study respondents (78.3%) agreed that receiving financial resources in the department entailed a significant amount of bureaucracy, while 12.6% were neutral and 9.0% disagreed with the opinion as supported by a mean of 3.98 and standard deviation of 1.000. The study concurs with Kazmi and Naarananoja (2013) who stated that financial capability was the major resource that an organization should have to be able to initiate any form of change. It should be sustainable in such a way that if the change occurs and it is not completely taken and adjustments needs to be made, resources would still be there to support the process to the end.

4.5.3 Effect of Human Resource on Quality Service Delivery

The study sought to determine the effect of human resource on quality service delivery in mission hospitals in Meru County. The results are as shown in table 4.7.

Table 4.7

Effect of Human Resource on Quality Service Delivery

Opinion	SD	D	N	A	SA	Mean	SD
The hospital has adequate employees with the right qualifications in all the critical areas	12(10.8%)	27(24.3%)	27(24.3%)	49(44.1%)	26(23.4%)	3.59	1.261
The hospital has experienced employees in critical areas	0(0.0%)	10(9.0%)	11(9.9%)	45(40.5%)	45(40.5%)	4.13	0.926
The hospital has competent employees		5(4.5%)	26(23.4%)	52(46.8%)	28(25.2%)	3.93	0.817
The hospital has employees with the right skills	7(6.3%)	8(7.2%)	8(7.2%)	48(43.2%)	40(36.0%)	3.95	1.139
The hospital's plan is communicated to every stakeholder in a suitable and effective manner	0(0.0%)	10(9.0%)	11(9.9%)	45(40.5%)	45(40.5%)	4.13	0.926

As per the findings in Table 4.7, most of the study respondents (67.5%) generally agreed that the hospital had adequate employees with the right qualifications in all the critical areas, while 35.1% disagreed with the opinion and 24.3% were neutral as supported by

mean of 3.59 and standard deviation of 1.261. Most of the study respondents generally agreed (81.0%) that the hospital had experienced employees in critical areas, while 9.0% disagreed and only 9.9% were neutral as shown by mean of 4.13 and standard deviation of 0.926. Most of the study respondents (72.0%) further agreed that their hospitals had competent employees, while 23.4% were neutral and 4.5% disagreed with the opinion as supported by a mean of 3.93 and standard deviation of 0.817. In addition, most of the study respondents (79.2%) generally agreed that the hospital had employees with the right skills, while 13.5% disagreed and 7.2% were neutral to the opinion as supported by mean of 3.95 and standard deviation of 1.139. Finally, most of the respondents (81.0%) generally agreed that the hospital's plan was communicated to every stakeholder in a suitable and effective manner, while 9.9% were neutral to the opinion and only 9.0% disagreed with the opinion as supported by mean of 4.13 and standard deviation of 0.926. Luballo and Simon (2017) concluded that having the right people in the organization starts from the recruitment point. He continued to state that if an organization was careful on who they were recruiting and selecting to join them, they were most likely to have quality services. He also concluded that due to the dynamic nature of businesses, organizations should continually train their employees to make sure they keep up the pace and to ensure they are also flexible enough to adapt to the changing needs of the business world.

4.5.4 Effect of Communication on Quality Service Delivery

The study sought to establish the effect of communication on quality service delivery of mission hospitals in Meru County. The results are as shown in table 4.8.

Table 4.8*Effect of Communication on Quality Service Delivery*

Opinion	SD	D	N	A	SA	Mean	SD
The hospital get feedback regularly regarding issues arising during implementation	10(9.0%)	6(5.4%)	21(18.9%)	36(32.4%)	38(34.2%)	3.77	1.234
During the implementation of a strategy, hospital communication is critical for training, knowledge distribution, and learning.	0(0.0%)	7(3.6%)	0(0.0%)	37(33.3%)	67(60.4%)	4.48	0.796
The channels of communication within the organization are very effective	3(2.7%)	9(8.1%)	28(25.2%)	43(38.7%)	28(25.2%)	3.76	1.011
The communication flows are official, efficient and accountable	0(0.0%)	3(2.7%)	16(14.4%)	40(36.0%)	52(46.8%)	4.27	0.808
Failure to communicate in time is punishable in this hospital	0(0.0%)	0(0.0%)	31(27.9%)	21(18.9%)	59(53.2%)	4.25	0.868

As per the study findings shown in Table 4.8, most of the study respondents (66.6%) generally agreed that the hospitals got feedback regularly regarding issues arising during implementation, while 18.9% were neutral and only 9.0% disagreed with the statement as supported by mean of 3.77 and standard deviation of 1.234. Further, most of the

respondents (93.7%) generally agreed that during the implementation of a strategy, hospital communication was critical for training, knowledge distribution, and learning, while 3.6% disagreed as supported by mean of 4.48 and standard deviation of 0.796. Most of the respondents (93.9%) generally agreed that the channels of communication within the organization were very effective, while 25.2% were neutral and only 10.8% disagreed with the opinion as supported by mean of 3.76 and 1.011.

In addition, most respondents (82.0%) generally agreed that the communication flows were official, efficient and accountable, while 14.4% were neutral and only 2.7% disagreed with the opinion as supported by mean of 4.27 and standard deviation of 0.808. Lastly, most respondents (72.1%) generally agreed that hospital employee's failure to communicate in time was punishable as supported by a mean of 4.25 and standard deviation of 0.868. The study outcome are similar to the findings of Miniace and Falter (2016) who established that communication is a primary factor in enhancing the successful implementation of strategy. According to Miniace and Falter (2016), comprehensive communication is vital for successful implementation of strategy implementation initiatives.

4.5.5 Quality of service Delivery

The study sought to find out from a list of statements describing Quality of service Delivery of the Mission Hospital in Meru County strategic implementation as the dependent variable. Table 4.9 presents the results.

Table 4.9*Quality of service Delivery*

Opinion	SD	D	N	A	SA	Mean	SD
Customer compliments are always well received	5(4.5%)	8(7.2%)	2(1.8%)	68(61.3%)	28(25.2%)	3.95	0.985
Customer complaints are received and acted upon promptly	3(2.7%)	0(0.0%)	0(0.0%)	37(33.3%)	71(64.0%)	4.56	0.759
Customers are satisfied with the service provided	1(0.9%)	11(9.9%)	4(3.6%)	59(53.2%)	36(32.4%)	4.05	1.030
Majority of patients always come back when in need of service	5(4.5%)	4(3.6%)	14(12.6%)	46(41.4%)	42(37.8%)	3.79	1.064
Patients are attended within the set time-lines	0(0.0%)	21(18.9%)	16(14.4%)	43(38.7%)	31(27.9%)		

According to the study findings as shown in Table 4.9, most of the respondents (86.3%) generally agreed that customer compliments were always well received, while 11.47% disagreed with the statement and only 1.8% of the respondents were neutral as supported by the mean of 3.95 and standard deviation of 0.985. Most of the study respondents (97.3%) also generally agreed that customer complaints were always received and acted upon promptly, while only 2.7% were in disagreement with the opinion as supported with a mean of 4.56 and standard deviation of 0.759. Further, most of the study respondents (85.6%) generally agreed that customers were satisfied with the service provided, while

10.8% disagreed with the statement and 3.6% were neutral as supported by the mean of 4.06 and standard deviation of 0.917.

Additionally, most of the respondents (79.2%) generally agreed that the majority of patients always came back when in need of service, while 12.6% were neutral and only 8.1% disagreed with the opinion as supported by mean of 4.05 and standard deviation of 1.030. Finally, most of the respondents (66.6%) ;generally agreed that patients were attended within the set time-lines, while 18.9% disagree with the statement and only 14.4% were neutral as supported by the mean of 3.79 and standard deviation of 1.064. The study was in line with Muriu (2016) who asserts that service delivery of Hospitals could be measured by indicators of Customer compliments, Customers are satisfied and Patients are attended within the set time-lines in service delivery. Allocative efficiency is the extent to which the services delivered match the preferences of the patients. It is assessed by the extent to which patients' needs expressed in proposals are reflected in the decisions and final services provided.

4.6 Inferential Analysis

This section described the inferential analysis of data. Inferential statistics are used to make conclusion about specific phenomena. Therefore, the study utilized inferential statistics to make inferences about the study population based on the study hypothesis.

4.6.1 Pearson Correlation Coefficient Matrix

Correlation analysis was conducted to strength of association between the variables. (Management Structure, Financial Capability, Human Resource and Communication and quality of service delivery). Karl Pearson's coefficient of correlation was used to measure the level of relationship between the variables at 99% and 95% confidence levels

Table 4.10*Pearson Correlation Coefficient Matrix*

		MS	FC	HS	C	QSD
MS	Pearson Correlation	1				
	Sig. (2-tailed)	.				
FC	Pearson Correlation	.644(**)	1			
	Sig. (2-tailed)	.000	.			
HR	Pearson Correlation	.341	.519(**)	1		
	Sig. (2-tailed)	.032	.003	.		
C	Pearson Correlation	.577(**)	.258	.126	1	
	Sig. (2-tailed)	.000	.132	.456		
	Sig. (2-tailed)	.686	.192	.684	.	
QSD	Pearson Correlation	.357	.234(**)	.418	.321	1
	Sig. (2-tailed)	.032	.014	.216	.110	.

****** Correlation is significant at the 0.01 level (2-tailed), $N = 111$

Key: **MS** = Management structure; **FC**= Financial Capability; **HR** = Human Resource, **C**= Communication; **QSD** = Quality of Service Delivery

As shown in Table 4.10, the findings revealed a positive and significant relationship between management structure and quality of service delivery ($r = 0.357, p < 0.05$). The study findings also revealed a positive and significant relationship between financial capacity and quality of service delivery ($r = 0.234, p < 0.05$). Further, the study findings revealed that there existed a positive and significant relationship between human resource and quality of service delivery ($r = 0.418, p < 0.05$). Finally, the study findings revealed a

positive and significant relationship between communication and quality of service delivery ($r = 0.321, p < 0.05$).

4.6.2 Regression Analysis

Regression analysis was used to determine the relationship between study variables. The results of regression analysis are presented in this section.

4.6.2.1 ANOVA Analysis for the Overall Model

As shown in Table 4.11, the ANOVA analysis presents the influence of every independent variable on quality service delivery in mission hospitals in Meru County. The result of findings show p-value of 0.000 which revealed to be less than 0.05. This indicated that, the model was statistically significant in discussing the effect of strategy implementation on quality service delivery of mission hospitals in Meru County, Kenya. This finding therefore concluded that the independent variables had significant combined effects on quality service delivery of mission hospitals in Meru County. The model was for the estimation of the contributions of the Management Structure, Financial Capability, Human Resource and Communication on quality service delivery of mission hospitals in Meru County.

Table 4.11

ANOVA^b

		Sum of				
Model		Squares	df	Mean Square	F	Sig.
1	Regression	18.199	1	18.199	15.918	.000(a)
	Residual	124.612	109	1.143		
	Total	142.811	110			

4.6.2.2 Model summary

As shown in Table 4.11, the model significance was reaffirmed by goodness of fit test, in which the determination coefficient (R square) of 0.644 confirmed that the model explained 64.4% of the variation or change in the dependent variables. The adjusted R square of 0.628 did not make a significant difference since the model now explained 62.8% of the variations. The coefficient of determination (R square) of 0.644 indicated that the model explained 64.4% of the variations in the quality service delivery of mission hospitals in Meru County. This meant that the linear model was a good fit in explaining the relationship between the Management Structure, Financial Capability, Human Resource and Communication and quality service delivery of mission hospitals in Meru County. A further 35.6% of quality-of-service delivery is attributed to other factors not investigated in this study.

Table 4.12

Fitness Test for the Overall Model

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.812	0.644	0.628	0.12337

a. Management Structure, Financial Capability, Human Resource and Communication

4.6.2.3 Coefficient of Determination

Table 4.13 presents the coefficient of determination between Management Structure, Financial Capability, Human Resource and Communication on quality of service

delivery. The study found that there was a positive relationship between the independent variables and quality of service delivery. Of all the five independent variables, Communication caused the highest variation in quality service delivery of mission hospitals in Meru County (r^2 0.29) followed by Human Resource (r^2 0.25), Management Structure was third (r^2 0.232) and lastly Financial Capability was fourth (r^2 0.171).

Table 4.13

Regression Analysis Results- Coefficient of determination (R^2)

	R	R Square	Adjusted R Square	Std. Error of the Estimate
Management Structure	.4818a	0.2321	0.2127	0.17498
Financial Capability	.4139a	0.1713	0.1612	1.39293
Human Resource	.504 ^a	0.25	0.2119	1.20385
Communication	.545 ^a	0.29	0.24547	1.16921

4.6.3 Regression Analysis Results – Regression Coefficients

Multiple regression analysis was used to determine the relationship between Management Structure, Financial Capability, Human Resource, and Communication on quality of service delivery of mission hospitals in Meru County would be 1.360. A unit increase in management structure would lead to an improvement of quality-of-service delivery by a factor of 0.488; a unit increase in Financial Capability would lead to an improvement in quality-of-service delivery by a factor of 0.667; a unit increase in Human Resource would lead to an improvement in quality-of-service delivery of mission hospitals in Meru

County by a factor of .371. And finally, a unit improvement in Communication would lead to an improvement in quality-of-service delivery by a factor of 0.269. This shows that there was a positive relationship between Management Structure, Financial Capability, Human Resource, Communication and quality of service delivery of mission hospitals in Meru County.

Table 4.14

Model Summary of Effect of Strategy Implementation on Quality Service Delivery.

	Unstandardized Coefficients		Standardized Coefficients		t	Sig.
	B	Std. Error	Beta			
(Constant)	1.360	3.93			2.915	.020
Management Structure	.488	.221	.486		1.998	.011
Financial Capability	.667	.106	.663		3.608	.021
Human Resource	.371	.183	.296		2.018	.034
Communication	.269	.127	.261		2.111	0.039

a Dependent Variable: quality of service delivery of mission hospitals in Meru County

The Unstandardized beta coefficients column in Table 4.14 were used to obtain the overall equation as suggested in the conceptual framework. When these beta coefficients were substituted in the equation, the model became:

The results also showed the unique contribution to the explaining of the independent variable. The standardized coefficients assessed the contribution of each independent variable towards the prediction of the dependent variable, since they had been converted in the same scale to show comparison. The t-test statistic showed that all the β coefficients of Management Structure, Financial Capability, Human Resource and Communication were significant (since $p < 0.05$).

4.7 Hypotheses Testing Results

Hypothesis testing is a process of determining whether the probability of the population occurs by change (Gujarati, 2003). Hypothesis testing was done at 5% levels significance levels. Two-tailed test was used because the study's alternative hypothesis was not directional, but composite (Gujarati, 2003). The null hypothesis was rejected if the p-value was less than the set value and vice versa. If the p-value was more than the set value, the null hypothesis was accepted

H₀₁: Management Structure has no significant influence on the quality of service delivery of Mission Hospitals in Meru County.

The correlation analysis results in Table 4.10 show that management structure had significant and positive relationship with the quality-of-service delivery of Mission Hospitals in Meru County at 5% level of significance. This was based on the *p*-value corresponding to the coefficients equivalent to 0.032. This finding led the study to reject the stated null hypothesis with 95% confidence level. Thus the study concluded that management structure significantly influences the quality-of-service delivery of the Mission Hospitals in Meru County.

H₀₂: financial capability has no significant influence on the quality-of-service delivery of Mission Hospitals in Meru County.

The correlation analysis results in Table 4.10 show that financial capability had significant and positive relationship with the quality-of-service delivery of Mission Hospitals in Meru County at 5% level. This was based on the *p*-values corresponding to the coefficients equivalent to 0.014. This finding led to rejection of the stated null hypothesis at 95% confidence level. By rejecting the null hypothesis it was concluded

that financial capability significantly influenced the quality-of-service delivery of the Mission Hospital in Meru County.

H₀₃: Human resource has no significant influence on the quality-of-service delivery of Mission Hospitals in Meru County.

The correlation analysis results in Table 4.10 show that human resource had a significant and positive relationship with the quality-of-service delivery of Mission Hospitals in Meru County at 5% level. This was based on the *p*-values corresponding to the coefficients equivalent to 0.216. This finding led the study to reject the null hypothesis at 95% confidence level. By rejecting the null hypothesis, the study concluded that human resource significantly influenced the quality-of-service delivery of Mission Hospitals in Meru County.

H₀₄: Communication has no significant influence on the quality-of-service delivery of Mission Hospitals in Meru County.

The correlation analysis results in Table 4.10 show that communication had significant and positive relationship with quality-of-service delivery of Mission Hospitals in Meru County at 5% level. This was based on the *p*-values corresponding to the coefficients equivalent to 0.110. This finding led the study to fail to reject the null hypothesis at 95% confidence level and concluded that communication did not have any significant influence on the quality-of-service delivery of Mission Hospitals in Meru County.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This section summarized the study findings. The research establishes how the strategy implementation affects the service delivery at mission hospitals in Meru County, Kenya. The summary of the findings, the conclusion and the recommendations are presented as per each specific objective. The study concludes with the recommendation for further research.

5.2 Summary of Findings

Based on each specific objective, the findings of the study are summarized.

5.2.1 Management Structure on Quality Service Delivery

The study used descriptive statistics to analyze the effects of management structure on quality-of-service delivery of mission hospitals in Meru County. The findings revealed that there was a simple organizational structure in the hospital and the employees were well involved in service delivery in the hospital. The regression analysis results indicated that management structure was found to be statistically significant ($P=0.11, <0.05$) in explaining the quality-of-service delivery ($P=0.11, <0.05$). The correlation analysis further revealed that there existed a positive and insignificant relationship between management structure and quality-of-service delivery of mission hospitals in Meru County ($r = .357$; $p \text{ value} < 0.05$).

5.2.2 Financial Capability on Quality Service Delivery

The study used descriptive statistics to analyze the effects of financial capacity on quality service delivery of mission hospitals in Meru County. The findings revealed that the hospital had adequate financial resources to run its operations and implement strategies. The study as well revealed that there was adequate cash flow in the hospital and where inadequate, the management endeavored to finance budget for strategy implementation. The regression analysis results indicated that financial capability was found to be statistically significant ($P=0.021, <0.05$) in explaining the quality-of-service delivery. The correlation analysis further revealed that there existed a positive and significant relationship between financial capability and quality-of-service delivery of mission hospitals in Meru County ($r = 0.234$; $p \text{ value} > 0.05$).

5.2.3 Human Resource on Quality Service Delivery

The study used descriptive statistics to analyze the effects of human resource on quality services delivery of mission hospitals in Meru County. The study findings revealed that the hospital had experienced employees in critical areas. It also revealed that the hospital's plan was always communicated to every stakeholder in a suitable and effective manner. The regression analysis results indicated that human resource was found to be statistically significant ($P=0.034, <0.05$) in determining the quality service delivery. The correlation analysis further revealed that there existed a positive and significant relationship between human resource and quality-of-service delivery of mission hospitals in Meru County ($r = 0.418$; $p \text{ value} < 0.05$).

5.2.4 Communication on Quality Service Delivery

The study used descriptive statistics to analyze the effects of communication on quality-of-service delivery of mission hospitals in Meru County. The study findings revealed that during the implementation of a strategy, hospital communication was critical for training, knowledge distribution, and learning. The study also found that the communication flows were official, efficient and accountable and failure to communicate in time was punishable in the hospitals. The regression analysis results indicated that communication was found to be statistically significant ($P=0.039, <0.05$) in describing the quality service delivery. The correlation analysis further revealed that there existed a positive and significant relationship between communication and quality-of-service delivery of mission hospitals in Meru County ($r = 0.321$; $p \text{ value} < 0.05$).

5.3 Conclusion of the Study

The study found that Management Structure influenced the quality service delivery of mission hospitals in Meru County. The study therefore concluded that there was a simple organizational structure in their hospitals. Efficiency is contributed by having an organized system of authority and responsibility. The study also concluded that the management structure in the hospital proved to be flexible. Additionally, the study concluded that all the stakeholders were well involved in the hospital strategy implementation. The findings further concluded that the hospitals decision process was well defined to solve most issues.

The study found that financial capability influenced the quality of service delivery of mission hospitals in Meru County. The study therefore concluded that the hospitals had adequate financial resources to run their operations and implement strategies. The study

also concluded there was adequate cash flow in the hospital and where inadequate, the management endeavored to finance budget for strategy implementation. The study further concluded that projects were initiated as per the planned budget annually and periodically as per the strategic plan as supported. Also, the hospital assets were worth to support strategy implementation although receiving financial resources in the department entailed a significant amount of bureaucracy.

The study found that human resource influenced the quality of service delivery of mission hospitals in Meru County. It was concluded that hospital had adequate employees with the right qualifications in all the critical areas and they were experienced and competent. In addition, the study concluded that the hospital had employees with the right skills. Finally, the study concluded that the hospital's plan was communicated to most of the stakeholders in a suitable and effective manner.

The study found that communication influenced the quality of service delivery of mission hospitals in Meru County. The study therefore concluded that the hospitals got feedback regularly regarding issues arising during implementation as supported. It was also concluded that during the implementation of a strategy, hospital communication was critical for training, knowledge distribution, and learning. The study concluded that the channels of communication within the organization were very effective. In addition, the study concluded that the communication flows were official, efficient and accountable as supported. Lastly, the study concluded that failure to communicate in time was punishable in the hospital.

5.4 Recommendations

This study recommends partnerships with mission for essential drugs and supplies (Meds), county governments and others to offer regular trainings of employees in order to equip them with the right skills and attitude to enhance competence and quality service delivery. Also, recruitment and selection of quality and adequate staff, in order to improve healthcare provision to patients so as to improve quality of service delivery is critical. This study recommends the top management support to strategy implementation by being fully committed and motivating the employees in order to achieve high quality service delivery in health care provision. Also, this study recommends project management approach in periodic monitoring and evaluation of the strategic plan implementation, in order to achieve quality service delivery. The study recommends the hospitals to partner with the few available donors, government and international organizations to finance strategic plan implementation in order to achieve quality service delivery. The study further recommends both clear bottoms up, and top-down communication between all the stakeholders in order to achieve quality service delivery.

5.5 Areas for Further Research

Further research on nature and quality of service delivery in non-mission hospitals like public and private ones is recommended to compare with or confirm with the findings of this study. Further research into the adoption of quality service delivery strategies in public hospitals should be conducted.

REFERENCES

- Abba, M., Yahaya, L., & Suleiman, N. (2018). Explored and critique of contingency theory for management accounting research. *Journal of Accounting and Financial Management*, 4(5),22-37.https://www.researchgate.net/publication/326156499_Explored_and_Critique_of_Contingency_Theory_for_Management_Accounting_Research/link/5b3e82d8a6fdcc8506fa54cd/download
- Adjei, E., & Mensah, M. (2016). Adopting total quality management to enhance service delivery in medical records. *Records Management Journal*, 26(2), 140–169. <https://doi.org/10.1108/rmj-01-2015-0009>
- Adobor, H. (2019). Opening up strategy formulation: Benefits, risks, and some suggestions. *Business Horizons*. <https://doi.org/10.1016/j.bushor.2019.01.005>
- Affisco, J. F., & Soliman, K. S. (2006). E-government: A strategic operations management framework for service delivery. *Business Process Management Journal*, 12(1), 13–21. <https://doi.org/10.1108/14637150610643724>
- Aikins, I., Ahmed, M., & Adzimah, E. D. (2018).Assessing the role of quality service delivery in client choice for healthcare: A case study of Bechem Government Hospital and Green Hill Hospital. *European Journal of Logistics Purchasing and Supply Chain Management*, 2(3), 1-23. <http://www.eajournals.org/wp-content/uploads/Assessing-the-Role-of-Quality-Service-Delivery-in-Client-Choice-for-Healthcare-A-Case-Study-of-Bechem-Government-Hospital-and-Green-Hill-Hospital.pdf>

- Akpan, E. I. (2016). Monitoring Recruitment and Selection Practice: A Therapeutic Strategy for Quality Service Delivery in Nigerian Public Universities. *Journal of Economics, Management and Trade*, 8(5), 1-7.
<https://www.journaljemt.com/index.php/JEMT/article/view/12352>
- Albejaidi, F. M. (2016). Healthcare system in Saudi Arabia: an analysis of structure, total quality management and future challenges. *Journal of Alternative Perspectives in the Social Sciences*, 2(2), 794-818.
https://arabdevelopmentportal.com/sites/default/files/publication/219.healthcare_system_in_saudi_arabia_an_analysis_of_structure_total_quality_management_and_future_challenges.pdf
- Aldehayyat, J. S., &Twaissi, N. (2015). Strategic planning and corporate performance relationship in small business firms: Evidence from a Middle East country context. *International Journal of Business and Management*, 6(8), 255- 259.
<http://www.ccsenet.org/journal/index.php/ijbm/article/download/9054/8167>
- Anatole, M., & Hirschhorn, L. R. (2017). Nurse mentorship to improve the quality of health care delivery in rural Rwanda. *Nursing Outlook*, 61(3), 137-144.
<https://doi.org/10.1016/j.outlook.2012.10.003>
- Anthony, J. B. (2019). Green information system integration for environmental performance in organizations. *Benchmarking: An International Journal*, 26(3), 1033–1062. <https://doi.org/10.1108/bij-05-2018-0142>
- Armistead, C. (2016). Service Operations Strategy: Framework for Matching the Service Operations Task and the Service Delivery System. *International Journal of*

Service Industry Management, 1(2), 6–16.
<https://doi.org/10.1108/eum0000000002800>

Asiamah, N., Mensah, H. K., & Oteng-Abayie, E. F. (2017). General, target, and accessible population: Demystifying the concepts for effective sampling. *The Qualitative Report*, 22(6), 1607-1608.
<https://nsuworks.nova.edu/cgi/viewcontent.cgi?article=2674&context=tqr>

Atkinson, H. (2016). Strategy implementation: A role for the balanced scorecard? *Management Decision*, 44(10), 1441–1460.
<https://doi.org/10.1108/00251740610715740>

Avortri, G. S., Nabukalu, J. B., & Nabyonga-Orem, J. (2019). Supportive supervision to improve service delivery in low-income countries: Is there a conceptual problem or a strategy problem? *BMJ Global Health*, 4(9), .<https://doi.org/10.1136/bmjgh-2018-001151>

Bashaasha, B., Mangheni, M. N., & Nkonya, E. (2017). *Decentralization and rural service delivery in Uganda*. Food Policy Research Inst.
<https://www.ifpri.org/publication/decentralization-and-rural-service-delivery-uganda>

Borrero, S., Acosta, A., & Medina, A. F. (2020). *Culture, strategy formulation, and firm performance: a meta analysis*. <https://www.emerald.com/insight/content/doi/10.1108/ARLA-01-2018-0013/full/html>

- Bradburn, M. J., & Heller, S. R. (2020). Treatment effects may remain the same even when trial participants differed from the target population. *Journal of Clinical Epidemiology*, 124(2) 126-138. <https://doi.org/10.1016/j.jclinepi.2020.05.001>
- Brown, T. L., Potoski, M., & Van Slyke, D. M. (2018). Changing modes of service delivery: How past choices structure future choices. *Environment and Planning C: Government and Policy*, 26(1), 127-143. <https://doi.org/10.1068%2Fc0633>
- Buong, J. A. B., & Ayugi, M. E. (2017). Uptake of community health strategy on service delivery and utilization in Kenya. <https://core.ac.uk/download/pdf/236412185.pdf>
- Cheng, Y. (2020). Contingent organization-public relationship (COPR) matters: reconciling the contingency theory of accommodation into the relationship management paradigm. *Journal of Public Relations Research*, 32(4), 140-154. <https://doi.org/10.1080/1062726X.2020.1830405>
- Corbitt, B. (2018). Managing Quality by Action Research—Improving Quality Service Delivery in Higher Education as a Marketing Strategy. *Journal of Marketing for Higher Education*, 8(3), 45-62. https://doi.org/10.1300/J050v08n03_04
- Cruz, A. M., & Haugan, G. L. (2019). Determinants of maintenance performance: A resource-based view and agency theory approach. *Journal of Engineering and Technology Management*, 51(1), 33-47. <https://repository.urosario.edu.co/handle/10336/22342>
- De Araújo, J. F. F. E. (2015). Improving public service delivery: the crossroads between NPM and traditional bureaucracy. *Public Administration*, 79(4), 915-932.

<https://gsdrc.org/document-library/improving-public-service-delivery-the-crossroads-between-npm-and-traditional-bureaucracy/>

Enwereji, P. C., & Uwizeyimana, D. E. (2019). Challenges in strategy implementation processes in South African municipalities: a service delivery perspective. *Gender and Behaviour*, 17(3), 13756-13776. <https://journals.co.za/doi/10.10520/EJC-1975253910>

Epetimehin, F. M. (2016). Market segmentation: A tool for improving customer satisfaction and retention in insurance service delivery. *Journal of Emerging Trends in Economics and Management Sciences*, 2(1), 62-67. <http://citeseerx.ist.psu.edu/viewdoc/download;jsessionid=84CBC092ED801D7443CB163712B75889?doi=10.1.1.301.2591&rep=rep1&type=pdf>

Eriksson, T., Bigi, A., & Bonera, M. (2020). Think with me, or think for me? On the future role of artificial intelligence in marketing strategy formulation. *The TQM Journal*, 8(4), 8-10. <http://ltu.diva-portal.org/smash/record.jsf?pid=diva2:1428396>

Gavrilova, T., Kubelskiy, M., Kudryavtsev, D., & Grinberg, E. (2018). Modeling methods for strategy formulation in a turbulent environment. *Strategic Change*, 27(4), 369-377. <https://doi.org/10.1002/jsc.2209>

Govindarajan, V. (2016). A contingency approach to strategy implementation at the business-unit level: integrating administrative mechanisms with strategy. *Academy of management Journal*, 31(4), 828-853. <https://psycnet.apa.org/doi/10.2307/256341>

- Grattan, R. F. (2016). *Strategic review: The process of strategy formulation in complex organisations*. Routledge.
- Guliye, A. S. (2016). *Challenges of strategy implementation in quality service delivery and organizational performance: a case study of Wajir County Government* ([Doctoral dissertation, University of Nairobi] .Kenya. <http://erepository.uonbi.ac.ke/handle/11295/98196>
- Gupta, M. (2015). Strategy formulation for performance improvement of indian corrugated industry: An application of SWOT analysis and QSPM Matrix. *Journal of Applied Packaging Research*, 7(3), 3-5. <https://scholarworks.rit.edu/japr/vol7/iss3/3/>
- Gutman, J., & Miaoulis, G. (2017). Communicating a quality position in service delivery: An application in higher education. *Managing Service Quality: An International Journal*, 13(2), 105–111. <https://doi.org/10.1108/09604520310466798>
- Haghshenas, A., & Davidson, P. M. (2017). Quality service delivery in cardiac rehabilitation: cross-cultural challenges in an Australian setting. *Quality in primary care*, 19(4), 215-221. <https://primarycare.imedpub.com/quality-service-delivery-in-cardiac-rehabilitation-crosscultural-challenges-in-an-australian-setting.php?aid=622>
- Hambrick, D. C., & Cannella Jr, A. A. (2019). Strategy implementation as substance and selling. *Academy of Management Perspectives*, 3(4), 278-285. <https://www.jstor.org/stable/4164915>

- Hania, B., & Ahmad, A. A. (2017). Strategy formulation process in large family-based businesses. *International Journal of Economics and Management Systems*, 2 (1), 10-11. <https://www.iaras.org/iaras/home/caijems/strategy-formulation-process-in-large-family-based-businesses>
- Huang, Y., & Beck, J. L. (2018). Full Gibbs sampling procedure for Bayesian system identification incorporating sparse Bayesian learning with automatic relevance determination. *Computer- Aided Civil and Infrastructure Engineering*, 33(9), 712-730. <https://doi.org/10.1111/mice.12358>
- Ijeoma, N. B. (2018). Quality Service Delivery as a Competitive Weapon in Corporate Strategy: The Case of Zenith Bank of Nigeria Plc. *AFRREV IJAH: An International Journal of Arts and Humanities*, 2(3), 90-118. <https://www.ajol.info/index.php/ijah/article/view/106473>
- Khayota, M. C. (2015). Critical Analysis of Strategy Implementation on Organization Performance in Service Delivery: Case of Lake Victoria South Water Services Board in Kisumu. *European Journal of Business and Management*, 6(30), 192-201. <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.677.605&rep=rep1&type=pdf>
- Kim, S. K. A. (2020). Advanced Mathematical Business Strategy Formulation Design. *Mathematics*, 8(10), 1642-1650. <https://doi.org/10.3390/math8101642>
- Kimani, M. (2017). *Effects of Information Communication Technology Strategy Implementation on the Customer Service Delivery in the Insurance Industry in*

Kenya [Doctoral dissertation, United States International University-Africa].Kenya. <http://erepo.usiu.ac.ke/handle/11732/3163>

King'oo, P. . M. (2017). *Top Management Support and Quality Service Delivery By The Nairobi City County Government, Kenya* (Doctoral dissertation, Kenyatta University).Kenya. <https://ir-library.ku.ac.ke/handle/123456789/19155>

Kitur, C. L. (2021). *Compensation management, employee voice and quality service delivery in county referral hospitals in north rift region, Kenya* [Doctoral Dissertation, Moi University]. Kenya. <https://ir.mu.ac.ke/xmlui/handle/123456789/4195>

Kumar, R., & Kumar, U. (2018). *A conceptual framework for the development of a service delivery strategy for industrial systems and products*. <https://www.emerald.com/insight/content/doi/10.1108/08858620410549938/full/html>

Kyalo, M. K. (2015). *Total quality management implementation and service delivery at Kenya power* (Doctoral dissertation, University of Nairobi).Kenya. <http://erepository.uonbi.ac.ke/handle/11295/94508>

Lahap, J., O'mahony, B., & Dalrymple, J. (2016).The importance of communication in improving service delivery and service quality in the Malaysian hotel industry. *Procedia-Social and Behavioral Sciences*, 224, 213-220. <https://doi.org/10.1016/j.sbspro.2016.05.446>

Lee, F. H., Lee, T. Z., & Wu, W. Y. (2010). The relationship between human resource management practices, business strategy and firm performance: evidence from

steel industry in Taiwan. *The International journal of human resource management*, 21(9), 1351-1372. <https://doi.org/10.1080/09585192.2010.488428>

Luxford, K. A., & Price, N. (2019). Service delivery supporting quality cancer care: A national multidisciplinary care project for breast cancer. *Journal of Clinical Oncology*, 22(14), 6063-6063. <https://ascopubs.org/doi/abs/10.1200/jco.2004.22.90140.6063>

Lyon, A. R., & Lewis, C. C. (2016). Designing health information technologies for uptake: development and implementation of measurement feedback systems in mental health service delivery. *Administration and Policy in Mental Health and Mental Health Services Research*, 43(3), 344-349. <https://www.doi:10.1007/s10488-015-0704-3>

Mbai, E., Ngui, T., & Ndiao, O. (2018). Competitive strategies implementation and quality service delivery in Standard Chartered Bank (K) Ltd. *International Academic Journal of Human Resource and Business Administration*, 3(1), 246-265. http://www.iajournals.org/articles/iajhrba_v3_i1_246_265.pdf

Mbulwa, J., & Kinyua, G. (2020). The Role Of Strategy Formulation On Service Delivery: A Perspective Of Turkana County In Kenya. *International Journal of Innovative Research and Advanced Studies*, 8(3), 8-10. http://www.ijiras.com/2021/Vol_8-Issue_3/paper_4.pdf

McAdam, R., Miller, K., & McSorley, C. (2019). Towards a contingency theory perspective of quality management in enabling strategic alignment. *International*

Journal of Production Economics, 207(5),195-209.
<https://doi.org/10.1016/j.ijpe.2016.07.003>

Mfene, P. N. (2019). A service delivery perspective on public administration. *Journal of Public Administration*, 44(1), 209-221.
<https://www.undp.org/sites/g/files/zskgke326/files/2021-07/UNDP-UPitt-2021-Gender-Equality-in-Public-Administration-EN1.pdf>

Mohajan, H. K. (2017). Two criteria for good measurements in research: Validity and reliability. *Annals of SpiruHaret University Economic Series*, 17(4), 59-82.
<https://mpira.ub.uni-muenchen.de/83458/>

Mokalane, B. J. (2017). *Evaluating Implementation of the Integrated Development Plan Towards Service Delivery in a Local Municipality* (Doctoral dissertation, University of Johannesburg). South Africa.
https://researchspace.ukzn.ac.za/xmlui/bitstream/handle/10413/14966/Dlamini_Bongani_D_2015.pdf?sequence=1&isAllowed=y

Mugambi, M. K. (2016). *Effects of e-Government strategy on service delivery in the government ministries in kenya* (Doctoral dissertation, University of Nairobi).Kenya. <http://erepository.uonbi.ac.ke/handle/11295/62290>

Musenze, I. A., & Balunywa, W. (2018). Communication and quality service delivery in Uganda's local government: the mediating influence of total quality management. *African Journal of Science, Technology, Innovation and Development*, 6(2), 93-103. <https://doi.org/10.1080/20421338.2014.924264>

- Mutembei, G. C., & Tirimba, O. I. (2018). Role of human resource management strategy in organizational performance in Kenya. *International Journal of Scientific and Research Publication*, 4(10), 125-141. <https://ir-library.ku.ac.ke/bitstream/handle/123456789/19296/Human%20resource%20management%20practices%20and%20performance%E2%80%A6.pdf?sequence=1&isAllowed=y>
- Mutie, I. M. (2017). Effect of Strategy Implementation on Service Delivery in Government Corporations: A Case of Kenya Bureau of Standards. *Journal of Public Policy & Governance*, 1(1), 53-72. <https://stratfordjournals.org/journals/index.php/journal-of-public-policy-governance/article/view/4>
- Mutiso, C., & Kilika, J. M. (2017). Using Human Resource Management Practices to Predict Quality Service Delivery: Case of Public Secondary Schools in Kenya. *International Journal of Business and Management*, 12(10), 121-131. <https://www.ccsenet.org/journal/index.php/ijbm/article/view/69523>
- Mwangi, P. K. (2016). *Influence of Strategy Implementation on the Performance of Manufacturing Small and Medium Firms in Kenya* [Doctoral dissertation, JKUAT COHRED]. Kenya. <http://ir.jkuat.ac.ke/handle/123456789/2350>
- Nengwekhulu, R. H. (2019). Public service delivery challenges facing the South African public service. *Journal of public administration*, 44(2), 341-363. <https://www.semanticscholar.org/paper/Public-service-delivery-challenges-facing-the-South-Nengwekhulu/e76a30b77cf2506c4b87654507a538f1a269b0b6>

- Noeth, A. J. (2016). Knowledge management for service delivery in rural communities. *New voices in psychology*, 2(1), 31-45. <https://journals.co.za/doi/10.10520/EJC112550>
- Nurjono, M., Shrestha, P., & Vrijhoef, H. J. M. (2019). Implementation fidelity of a strategy to integrate service delivery: learnings from a transitional care program for individuals with complex needs in Singapore. *BMC health services research*, 19(1), 1-14. <https://doi.org/10.1186/s12913-019-3980-x>
- Nwachukwu, C., Chládková, H., & Fadeyi, O. (2018). Strategy formulation process and innovation performance nexus. *International Journal for Quality Research*, 12(1), 1-2. <https://publons.com/publon/2838779/>
- Nzoka, M. S. (2017). *Strategic Management Practices Adoption and Service Delivery by the Health Department of Nairobi City County, Kenya* [Doctoral dissertation, University of Nairobi]. Kenya. <http://erepository.uonbi.ac.ke/handle/11295/102744>
- Osah, J., & Khene, C. (2018). *Group structural elements in e-Government strategy formulation at local municipal level in South Africa. Transforming Government: People, Process and Policy*. <https://www.ingentaconnect.com/content/mcb/tg/2018/00000012/00000001/art00001>
- Owuor, S. (2020). *Strategy Implementation on Service Delivery in Siaya County Government, Kenya* [Doctoral Dissertation, Kenyatta University]. Kenya. <https://ir-library.ku.ac.ke/handle/123456789/21902>

- Pasha, O., & Poister, T. H. (2017). Exploring the change in strategy formulation and performance measurement practices under turbulence. *Public Performance & Management Review*, 40(3), 504-528. <https://doi.org/10.1080/15309576.2016.1276843>
- Powers, T. L., & Bendall-Lyon, D. (2016). Using complaint behavior to improve quality through the structure and process of service delivery. *Journal of Consumer Satisfaction, Dissatisfaction and Complaining Behavior*, 15, 13. <http://search.proquest.com/openview/29b3de98480214180165f3ef1f24d7be/1?pq-origsite=gscholar&cbl=46531>
- Prefontaine, L., & Dawes, S. (2020). *New models of collaboration for public service delivery*. https://www.ctg.albany.edu/media/pubs/pdfs/new_models_wp.pdf
- Quaye, I., Osei, A., Sarbah, A., & Abrokwah, E. (2015). The applicability of the learning school model of strategy formulation (Strategy Formulation as an Emergent Process). *Open Journal of Business and Management*, 3(2), 135-142. <https://www.semanticscholar.org/paper/The-Applicability-of-the-Learning-School-Model-of-Quaye-Osei/25849a5f490387e68a25de481ac58fbfc644eeaa>
- Riany, G. (2018). K., Were, S., Kihara, A. (2018). Influence of e-Government Strategy Implementation on the Performance of Public Service Delivery in Kenya. *International Journal of Strategic Management*, 7(2), 32-49. <https://ir-library.ku.ac.ke/handle/123456789/15472>
- Satyro, W. C., Sacomano, J. B., Contador, J. C., Almeida, C. M., & Giannetti, B. F. (2017). Process of strategy formulation for sustainable environmental

development: Basic model. *Journal of Cleaner Production*, 166,(2) 1295-1304.
<https://doi.org/10.1016/j.jclepro.2017.08.128>

Shimengah, M. M. (2018). Influence of strategic leadership practices on service delivery within county governments in Kenya: A literature review. *Journal of Strategic Management*, 3(1), 1-13.
<https://www.ajpojournals.org/journals/index.php/JSM/article/view/326>

Sibanda, M. M. M. (2018). Monitoring customer-focused quality service delivery in Local government: conceptual issues and perspectives for consideration. *Africa's Public Service Delivery & Performance Review*, 1(1), 4-25.
<https://apsdpr.org/index.php/apsdpr/article/view/21>

Singh, J. (2016). Understanding the structure of consumers' satisfaction evaluations of service delivery. *Journal of the academy of marketing science*, 19(3), 223-244.
<https://doi.org/10.1007/BF02726498>

Tomkinson, R. (2017). *Shared services in local government: improving service delivery*. Routledge.

Usak, M., Kubiak, M., & Rajabion, L. (2020). Health care service delivery based on the Internet of things: A systematic and comprehensive study. *International Journal of Communication Systems*, 33(2), 4170-4179. <https://doi.org/10.1002/dac.4179>

Van der Waldt, G. (2016). Establishing a management by projects approach for service delivery. *Journal of Public Administration*, 36(4), 296-311.
https://repository.nwu.ac.za/bitstream/handle/10394/13419/2001Establishing_Manmnt.pdf?sequence=1

- Waits, M. J. (2016). The added value of the industry cluster approach to economic analysis, strategy development, and service delivery. *Economic development quarterly*, 14(1), 35-50. <https://doi.org/10.1177%2F089124240001400106>
- Weaver, M., &Deolalikar, A. (2017).Economies of scale and scope in Vietnamese hospitals. *Social science & medicine*, 59(1), 199-208. <https://doi.org/10.1016/j.socscimed.2003.10.014>
- Žurga, G. (2019).*New Trends in Quality Public Service Delivery*. <https://www.unhcr.org/innovation/wp-content/uploads/2018/03/service-delivery-trend.pdf>

APPENDICES

Appendix 1: Research Questionnaire

You are requested to answer all questions in this research study questionnaire. The information provided shall be treated with confidentiality and will be used purposely for this study. This study aims at determining “*Effect of strategy implementation on quality service delivery of mission hospitals in Meru County, Kenya*”. In this regard, I am kindly requesting for your support in terms of time, and by responding to the attached questionnaire.

NB: Do not write your name on this questionnaire

Section A: Background Information

Please tick where appropriate [√]

1. Gender of the respondent

Male [] Female []

2. Age of the respondent

18 – 25 years [] 26-30 years []

30 - 35 years [] Above 35 years []

3. Highest level of education

Diploma [] Undergraduate degree []

Master’s degree [] PhD. []

4. Length of service at the Mission Hospital

0 - 2 years [] 3 -5 years []

6 -10 years [] 11 years and above []

SECTION B: EFFECT OF STRATEGY IMPLEMENTATION

Use the Likert scale to indicate your level of agreement on the opinions in the box below.

1 = Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= strongly agree

Part A: Management Structure

Please use the point scale below to indicate your level of agreement by ticking each one of the given statements.

1		2		3		4		5	
Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	Opinion	1	2	3	4	5			
1	There is a simple organizational structure in the hospital								
2	The management structure in the hospital is flexible								
3	The employees are well involved in the hospital								
4	The decision process is well defined to solve most issues								
5	The departmental managers provide enough leadership and direction.								

Part B: Financial Capability

Please use the point scale below to indicate your level of agreement by ticking each one of the given statements.

1		2		3		4		5	
Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	Opinion	1	2	3	4	5			
1	The hospital has adequate financial resources to run its operations and implement strategies								
2	There is adequate cash flow in the hospital and where inadequate, the management endeavors to finance budget for strategy implementation								
3	Projects are initiated as per the planned budget annually and periodically as per the strategic plan								
4	The hospital assets are worth to support strategy implementation								
5	Receiving financial resources in the department entails a significant amount of bureaucracy								

Part D: Human Resource

Please use the point scale below to indicate your level of agreement by ticking each one of the given statements

	1	2	3	4	5
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	Opinion				1 2 3 4 5
1	The hospital has adequate employees with the right qualifications in all the critical areas				
2	The hospital has experienced employees in critical areas				
3	The hospital has competent employees				
4	The hospital has employees with the right skills				
5	The hospital's plan is communicated to every stakeholder in a suitable and effective manner				

Part E: Communication

Please use the point scale below to indicate your level of agreement by ticking each one of the given statements

	1	2	3	4	5
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
	Opinion				1 2 3 4 5
1	The hospital get feedback regularly regarding issues arising during implementation				
2	During the implementation of a strategy, hospital communication is critical for training, knowledge distribution, and learning.				
3	The channels of communication within the organization are very effective				
4	The communication flows are official, efficient and accountable				
5	Failure to communicate in time is punishable in this hospital				

Part F: Quality Service Delivery

Please use the point scale below to indicate your level of agreement by ticking each one of the given statements

1		2		3		4		5	
Strongly disagree		Disagree		Neutral		Agree		Strongly agree	
	Opinion	1	2	3	4	5			
1	Customer compliments are always well received								
2	Customer complaints are received and acted upon promptly								
3	Customers are satisfied with the service provided								
4	Majority of patients always come back when in need of service								
5	Patients are attended within the set time-lines								

Thank you for your Assistance

Appendix II: Introduction Letter



KENYA METHODIST UNIVERSITY

P. O. Box 267 Meru - 60206, Kenya
Tel: 254-064-30301/31229/30367/31171

Fax: 254-64-30162
Email: deanrdi@kemu.ac.ke

DIRECTORATE OF POSTGRADUATE STUDIES

May 13, 2021

Commission Secretary,
National Commission for Science, Technology and Innovations,
P.O. Box 30623-00100,
NAIROBI.

Dear sir/ Madam.

RE: MARY MUGURE (BUS-3-1516-2/2017)

This is to confirm that the above named is a bona fide student of Kenya Methodist University, Department of Business Administration undertaking a Degree of Master of Business Administration. She is conducting research on 'Effects of Strategy Implementation on Quality Service Delivery of Mission Hospitals In Meru County, Kenya'.

We confirm that her research proposal has been defended and approved by the University.

In this regard, we are requesting your office to Issue a permit to enable her collect data for her research.





Any assistance accorded to her will be appreciated.

Thank you.

Dr. John Muchi, PHD.
Director Postgraduate Studies
Cc: Dean SPUE

COD Business Administration
MBA Co-ordinator
Supervisors

Appendix III: Research Permit

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 875199	Date of Issue: 20/May/2021
RESEARCH LICENSE	
	
<p>This is to Certify that Sr. Mary Vincent Mugure of Kenya Methodist University, has been licensed to conduct research in Meru on the topic: Effects of strategy implementation on quality service delivery of mission hospitals in Meru County, Kenya for the period ending : 20/May/2022.</p>	
License No: NACOSTLP/21/10675	
875199 Applicant Identification Number	 Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
	Verification QR Code 
<p>NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the QR Code using QR scanner application.</p>	