

**STRATEGY IMPLEMENTATION DETERMINANTS, EXTERNAL
ENVIRONMENT AND PUBLIC HEALTH FACILITIES SERVICE
DELIVERY IN WESTERN REGION, KENYA**

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Award of the Degree of Doctor of Philosophy in Business Administration
(Strategic Management Option) of Masinde Muliro University of Science and
Technology.**

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DECLARATION

This thesis is my original work prepared with no other than the indicated sources and support and has not been presented elsewhere for a degree or any other award.

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CERTIFICATION

We the undersigned certify that we have read and hereby recommend for acceptance of Masinde Muliro University of Science and Technology a thesis entitled, **“Strategy Implementation Determinants, External Environment and Public Health Facilities Service Delivery in Western Region, Kenya”**.

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DEDICATION

This Thesis is dedicated to my wife Sylvia Cheptekei and my Son Jathniel Kipyator Momos for their patience, encouragement and support during this research.

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ABSTRACT

Every organization's aim is to realize and uphold great performance in service delivery, which leads to progression and growth for the organization. In order to improve effectiveness and safeguard higher performance, organizations have enhanced their strategy implementation process. There have been complaints about poor service delivery in public hospitals in devolved units from its citizenry; this is in spite of the reality that county governments obligate themselves to offering these services in their strategic plans, county integrated development plans, as well as in their service delivery charters. This study sought to establish the extent to which strategy implementation determinants influence public health facilities service delivery in county governments in the Western Region of Kenya. In order to achieve this purpose, it was hypothesized that public health facilities service delivery in county governments is determined by participative leadership style, human resource capacity and organizational culture. It was also hypothesized that this relationship was moderated by external environmental factors. Taking a positivist approach, the study was anchored on the McKinsey 7-S Model Framework, participative leadership theory, human capital theory, and organizational culture theory. Descriptive survey and explanatory research designs were adopted with a target population of 966 respondents, consisting of the 16 top management leaders in the Ministry of Health, 264 medical personnel and 686 patients admitted, treated, and discharged who had been selected to form the study sample through stratified and simple random sampling techniques. Structured questionnaires and interview schedules were the main tools for data collection. The validity and reliability of these instruments were established through conducting a pilot study, conducting Cronbach alpha tests, and getting expert opinions. The questionnaires for medical personnel gave Cronbach alpha coefficients of $\alpha = 0.807$, an indication of a high level of reliability. The collected data was then coded and analyzed using the SPSS version 26 computer program. Data was analyzed using descriptive statistics such as frequencies, percentages, means, and standard deviations and inferential statistics such as Pearson's correlation coefficient test, simple, multiple, and hierarchical regression analysis, analysis of variance (ANOVA), and exploratory factor analysis. Multiple regression analysis results showed that strategy implementation determinants significantly influenced public health facilities service delivery. From the results, participative leadership explains 62.4% ($R^2 = 0.624$), human resource capacity explains 51.2% ($R^2 = 0.512$) and organizational culture explains 80.1% ($R^2 = 0.801$) of the variance in public health facilities service delivery. Therefore, the hypotheses were rejected. The external environment moderated the relationship between strategy implementation determinants and public health facilities service delivery in the Western Region of Kenya. The study concluded that strategy implementation determinants influenced public health facilities service delivery in the Western Region of Kenya. Participative leadership style, human resource capacity and organizational culture were the major determinants of public health facilities service delivery. External environmental factors did not moderate the relationship between participative leadership style and public health facilities service delivery. However, external environmental factors moderated the relationship between human resource capacity, organizational culture and public health facilities service delivery. The study recommends that the county governments in the Western Region of Kenya should enhance the operation of strategy implementation determinants for better public health facilities service delivery.

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LIST OF ABBREVIATIONS AND ACRONYMS

ALF	-	Agricultural, Livestock and Fisheries
ANOVA	-	Analysis of Variance
CBCHS	-	Cameroon Baptist Convention Health Services
CECM	-	County Executive Committee Member
CVF	-	Competing Values Framework
HCT	-	Human Capital Theory
HIV	-	Human Immunodeficiency Virus
HRD	-	Human Resource Development
HRM	-	Human Resource Management
IBM	-	International Business Machines
IHMIS	-	Integration of Health Management Information Systems
KBS	-	Kenya Bureau of Statistics
MDGs	-	Millennium Development Goals.
NACOSTI	-	National Commission for Science, Technology and Innovation
NCWSC's	-	Nairobi City Water and Sewerage Company's
OECD	-	Organization for Economic Cooperation Development
QHCS	-	Quality Health Care Service Delivery
SDGs	-	Sustainable Development Goals
SPSS	-	Statistical Package for Social Sciences
UHC	-	Universal Health Coverage
VIF	-	Variance Inflation Factor
WHO	-	World Health Organization
UHC	-	Universal Health Care

OPERATIONAL DEFINITIONS OF TERMS

- Human Resource Capacity:** Means the qualification, experience, skills and Attitudes of healthcare professional's workers critical to service delivery.
- Organizational Culture:** In this study context organizational culture means the shared beliefs and values, communication channels, policies that prescribe ethos and behaviors and attitude that guide employee behaviour at work place.
- Participative Leadership Style:** Means the inputs and suggestions, consultations, new ideas and innovations, decision-making and implementation of strategies.
- Public Health:** Is the study of protecting and enhancing the health of individuals and communities.
- Service delivery** Provision of the required services to customers by an organization.
- Strategy Implementation Determinants:** For this study the strategy implementation determinants are the Participative Leadership Style, Human Resource Capacity and Organizational Culture.
- Western Region, Kenya:** The Western Region of Kenya, bordering Uganda. Counties found within Former Western Kenya Province. They include; Bungoma Kakamega, Vihiga, and Busia Counties.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

World class organizations around the world are driven by successful implementation of strategies formulated plans (Sophia & Owuor, 2015). A strategy is of little use to an organization without a means of putting it into action. Most of the global companies operating in the developed countries like United States, Germany, China and Russia have achieved their strategic goals by successfully implementing their strategies. Public organizations are operating on an environment which is very dynamic and people are knowledgeable on their rights and obligations. The assessment of performance is very essential to the top management since they will be able to make and implement strategic plans in addition they will be able to make necessary changes (Ng'ang'a, 2018). However, the performance of public organizations in terms of effectiveness has in the recent two decades become a point of concern. Failure or poor performance of these organizations, will lead to poor delivery of services in the public sector (Kariithi & Mbugua, 2018).

Globally, public organizations have constantly been challenged by different environmental forces, various business complexities, technological advancement, globalization, climate change, and shifting customer preferences that push them to relook at how they do business. Obtaining efficiency, productiveness and sustaining performance goals therefore has become a key concern to these organizations (Basalamah, 2017). Governments all over the globe are increasingly under pressure from their residents to show performance results from the resources allocated and to be accountable for the promises made in their development plans and commitments. In addition, citizens demand for transparency on the impact of government's

interventions in improving its citizenry's quality of life. Paradoxically, the government's resource basket has not expanded in sequence with these demands which implies pressure to do more with less. In an era marked with rising demand to governments to provide quality services with little resources, it is critical to ensure optimal performance. Improved performance helps government to be excellent in provision of quality services to its citizens efficiently and effectively (Hrebiniak, 2006). From running local health departments to overseeing compliance with regulations, counties deliver a variety of services.

Decentralization, which was conceived to bring government and government services closer to the people, has been the driver of devolution. Shen, Zhao and Zou (2014) attempted to explore the key issues and challenges in China's decentralized public service delivery and financing system and presented some important findings. It points out the necessity of promoting local government responsibility for the provision of good public services. Khemani (2006) declared that local governments were a suitable mechanism for providing essential health services to the poor communities in Nigeria. Tshukudu (2014) emphasized the importance of providing an efficient service to decentralization, among which the process of implementing decentralization should be optimal.

Bardhan and Mookherjee (2006) pointed out that service delivery affects the nature of decentralization, and for better service, both revenue and expenditure should be decentralized. However, Wiryawan (2021) examined the effect devolution had on health and education outcomes in the Philippines and found that devolution led to enhanced health. Other studies have indicated that devolution has widened regional inequalities in how public resources are spent if devolved units are to account for

revenue mobilization as well as service provision. For instance, Lewis (2016) studied the impact of local government expenditure on the delivery of services in Indonesia. This empirical examination revealed that district expenditure had a positive influence on access to education, health, and infrastructure services.

In India, Besley and Burgess (2002) observed that devolution enhances the responsiveness of government in the delivery of services, and more so where the media is quite active at the local level. In a study done in Italy, results showed that decentralization may aggravate local inequalities on how public resources are spent and about the fiscal outputs and performance of these local organizations (Calamai, 2009). Wiryawan (2021) observed that the sub-national level has challenges with the unavailability of data. Consequently, decentralization fails to accomplish the targeted effects of allocative efficiency. Wangana (2015) citing a study by the World Bank (2003) argued that decentralization has both an explicit and implicit motivation to improve service delivery for two major reasons. Firstly, the basic services that the state is responsible for are systematically failing. Secondly, improving service delivery through decentralization is important because these services are consumed locally.

The developing countries have scanty evidence on the effect of devolution on performance in terms of accountability. There is inadequacy of systematic analyses of decentralization in Africa and its effect on the delivery of services, the reduction of poverty, and organizational performance. The scanty studies available indicate, however, that devolution has yet to deliver the targeted results. There is almost no evidence that service delivery and poverty indicators have been enhanced by devolved governance (Maina, 2017).

Recent decentralization reforms in health care across Africa have shown results that are interesting, though one key issue cuts across: the reluctance of the central government to release power and resources to the devolved units. For example, despite having health care services devolved in Uganda, the budgets and conditional grants are controlled by the central government (Julius, 2021). Such controls imply that officers at local government levels are limited in determining how health care services operate, which affects the performance of these devolved units. In what the researcher names 'deep democratic decentralization', Mehrotra (2006) identifies the more fruitful cases of devolution in Benin, Guinea, and Mali, where devolution of basic health care provision resulted in the improvement of accessible and reasonably priced health services and better performance. Inkoom and Gyapong (2016) pointed out that although there were advances in the execution of ambitious devolution plans in Ghana, Malawi and Tanzania, in all of these governments, the making of policies is yet to be devolved, leaving local governments highly dependent on the national government for resources (habitually earmarked). This gives room for national governments to interfere with local governments, which affects the performance of these devolved functions (World Bank, 2016).

The county governments in Kenya form a decentralized system of governance in which power and authority from the central government is cascaded down in what is also known as devolution. The environment under which organizations work has in recent days become uncertain, thus posing several challenges. County governments in Kenya have had their share of these challenges, especially because devolution is a relatively new notion in the country. According to the World Bank Group (2016), devolved governments face challenges in instigating county-integrated development plans, which in turn affect service delivery. There is therefore a need to create

harmony in the strategic management of public resources and the betterment of the lives of citizens through repackaging performance management. Strategy implementation determinants can enhance laid-down processes and improve management of existing resources, but of greater importance is that they give citizens a chance to see the outcomes of government efforts, thereby giving them trust in county officials (Pangewa, 2015).

The Kenyan government is facing challenges in its transitional procedure of realizing county integrated development plans (CIDP), which is a major strategy for accomplishing national development objectives, leading to unaccomplished goals, which translates to poor performance (Hantiro & Maina, 2020). The study by Hantiro and Maina (2020) noted that implementation of CIDP has not been ultimately accomplished in most county governments due to management and resource challenges passed on to the counties from the former local authorities, which are now part of the county governments. According to Finch and Omolo (2015), the devolution process raised so much hope for how fast the development of the devolved government in Kenya would bring light to the lives of ordinary citizens, improve service delivery, and improve performance. Nonetheless, the county governments in Kenya appear to have underperformed and have not lived up to the expectations of the citizens (Kariithi & Rugui, 2018). It has also become challenging to fulfill the performance expectations of the residents for better service delivery, and thus the county government heads and officers need to put their best foot forward to fulfill citizens' desires.

County government's performances, including those in the Western Region of Kenya, are anchored on the county integrated development plans (CIDP) that are developed,

which are the growth plan for five years. This plan clarifies the ways in which the county government intends to use its assets to convey development and facilities to the inhabitants of the county; nevertheless, according to the World Bank Group 2016, the counties face challenges in instigating CIDP, which in turn affects performance. The Kenyan government presently necessitates the ability to survive and thrive in the economic settings they face, and this capability depends on how county governments take suitable decisions and implement them. According to Birisha (2017), successful county performance is possible with the application of strategy implementation determinants.

Strategy implementation determinants play a significant part in enhancing the economic development of the country and have been used to safeguard higher performance and improve competitiveness. Strategy implementation is significant for goal realization and sustainable competitive advantage. However, several strategies fail not because they are inappropriately formulated but because they are poorly implemented. Bryson, (2018) asserts that for a selected strategy to be implemented, it is necessary for management to interpret that strategy into a set of actions and activities aimed at achieving objectives.

1.2 Strategy Implementation Determinants

Strategy implementation is the process of putting the set strategies of an organization in to action in order to achieve the set objectives and goals (Raza, 2014). It is a continuous process which changes with the changes in the environment both internal and external. Strategy implementation depends on top management, organizational structures, processes and systems, communication and proper leadership (Nebo, Ngozi & Rita, 2015).

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). Globally, businesses have developed and executed strategies that have ensured that the goals they come up with and pursue have taken into account their capabilities, constraints, opportunities and threats that exist in their environment (Hunger & Wheelen, 2017).

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.

According to Nkozi (2015) study in South Africa concerning factors affecting strategy plan implementation, the study considered that lack of adequate financial resources emerged as the most significant factor or challenge in strategy implementation; followed by inadequate structure that effectively supports strategy implementation, weak continuous professional development policies and resistance to change remain obstacles toward strategy implementation . Research studies reports that strategies often find that strategy implementations is much more difficult than strategy formative strategies have developed skills to formulate strategies well but when it

comes to implementation. , there much more left to be cleared. For instance, a consulting agency's report concluded that eight out of ten companies failed to deploy strategies very effectively. A study in Indian context done with 145 managers working in companies in and around Delhi attempted to uncover the reasons why strategy implementation is always unsuccessful. The study listed most frequently cited reasons of which the major ones are inadequate management skills, poor comprehension of roles, inadequate leadership, ill-defined tasks and lack of employee commitment.

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. Nzoka (2017) states that, the implementation process requires, staff competency, discipline, proper planning, motivation and controlling processes.

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.

Murigi et al. (2017), in their research on determinants of effective strategy implementation found that organizational culture, resource allocation and proper communication greatly influenced effective strategy implementation in Kenya. Their

findings further recommend that strategy managers should effectively distribute information on strategy to entire workforce to achieve the set strategic objectives. Uwizeyimana (2019) suggested that leadership, technology and culture improves the levels of strategy implementation in South Africa through achievement of predetermined targets or index. With effective strategy implementation, an organization is able to direct related targets.

De Kluyver and Pearce (2015), argued that a company's capacity to effectively execute its laid down strategies depends on how it utilizes its available resources and knowledge, how it organizes its structure, corporate culture and giving incentives to its employees. A firm or company becomes successful using its strategies but also depending on its internal capabilities and policies put in place. The firm's management choices of organization structure, financial structure and strategy implementation guidelines are very important. Firm level factors significantly contribute to the attainment of a successful strategy implementation. Nabwire (2014) posited that organizational culture, structure, communication and leadership component leads to effective and efficient strategy implementation. Firm level factors when well-articulated and considered, the implementation of the strategy will be achieved adequately. Shisia (2018), also in her research on factors influencing effective strategic plan implementation at the Kenyatta Prime Care center argues that internal factors including leadership, resource allocation and employee capabilities are crucial in strategy implementation. The positive leadership style, adequate resources and adequate training of employees on strategic planning and implementation ensured successful strategy implementation at the center.

Mišanková and Kočíšová (2014) explained that strategy implementation's main responsibility is to activate the strategy implementation determinants as a part of daily decision-making procedure of the organization. Successful strategy implementation is a great formula for organizational performance (Ahmady, Mehrpour, & Nikooravesh, 2016). Rajasekar (2014) argued that top management and organizational executives should pay careful attention to the implementation of strategies to avoid common pitfalls that result in failure.

Olson, Slater and Hult (2005) defined strategy implementation to be the process where an organization converts policies and strategies into actions by designing programs, procedures and budgets. The practice has since spread to other parts of the world such as Canada, India, Nigeria Senegal and Kenya (Kobia and Mohammed, 2006). Poister and Streib 2005 have asserted that in the USA the Government enacted use of performance and Results Act of 1993 that required federal agencies to develop strategic plans for implementation and duplicated in their budgets and performance measures.

In Uganda, Obedgiu, Bagire and Mafabi (2017) stated that strategy implementation called for the development of new structures, institutionalization of organizational culture, developing organizational capabilities and processes, and other organizational alignments. In addition, they revealed that implementation is a central portion of the strategy process despite it having been somehow neglected. Caution should be taken when developing an organization's structure so as to be sure that practical competencies, suitable apportionment of resources, effective decision making involvement, departmental communication and harmonization, implementation of policies with ease and achievement of tasks have been considered. Viseras et al.

(2005) emphasized that in order for strategy execution to succeed, emphasis should be put on human factors more and less on organization structure.

In Nigeria, Omisore (2014) argued that in order to make the implementation process a success, there is need for identification of required resources and the making of necessary organizational changes. Organizational structure requires undertaking actions such as allocating tasks, coordinating and supervising with the aim of attaining the targeted goals. This means having a formal structure through which tasks allocation is done (Apiyo & Mburu, 2014). There is a fundamental association between formulation of strategy and structure of the organization. The structures enhance or put a constraint on how the process and relationships work, hence influencing the process of strategy implementation.

In Uganda, Shabbir (2017) indicates that implementation of strategies is among the challenging tasks the government is handling. Due to challenges of implementing strategies formulated, some public institutions have been experiencing deteriorating performance. According to Speculand (2014), implementation of strategies necessitates proper functioning in organizations and continuous existence of the organization even in a dynamic environment. An organization that employs strategies and implements them successfully sets themselves up for better performance as opposed to firms where decision making is intransigent (Kihara, 2016).

Mbaka and Mugambi (2014) while examining factors affecting successful strategy implementation in the water sector in Kenya identified a number of factors including: strategy formulation process adopted relationship among different units/departments and different strategy levels, models applied, communication, implementing tactics, consensus, commitment, organization structure, employees and inadequate resources.

Abok (2013) established that key factors in strategy implementation included: management style, communication, organizational culture, stakeholders and organizational resources all affect the effectiveness of implementation of strategic plans. Kagumu and Njuguna (2016) identified organizational factors which affect implementation of strategies in organizations as; motivation of employees, change management, leadership, resources, organizational culture and structure.

Hunger and Wheelen (2017) indicated that these strategy implementation determinants include management commitment, organizational culture, staff competence, budget process, and organization structure. As explained by Hunger and Wheelen (2017), fruitful formulation and implementation of strategy demands for dedication and commitment of management as well as employees at all levels. Management commitment is a form of attitude presenting interest levels and dependency and loyalty of personnel towards the organization and their tendency towards staying in the organization (Khan, Farooq, & Ullah, 2010). It implies the direct participation by the highest-level employees in all aspects of the organization. Commitment and dedication of management to the implementation of strategies is crucial as they offer guidance and leadership to other players in the organization as well as act as the role models. It is the responsibility of the management to motivate all players in an organization so as to optimally use their competencies and capabilities towards attainment of organizational objectives.

Essendi (2015) observed that in Kenya, the availability and access to vital life-saving maternity and newborn care services were adversely influenced by poor programme management, insufficient infrastructure capacity, and community involvement. Big changes have occurred in the way health care is provided (Kenya Institute for Public

Policy Research and Analysis, 2018). Problems, such as redundant abilities, a lack of resources, and unhappy patients, emerge as a result. Public health facilities' ability to provide care and respond to emergencies is adversely affected (Rutaremw, Wandera, Jhamba, Akiror, & Kiconco, 2015). The World Health Organization (WHO) recognizes four critical aspects necessary for the accomplishment of universal coverage: a robust and well-managed health system; a framework for financing health services; access to needed medicine and technologies; and well-trained, encouraged health professionals (World Health Organization, 2016).

Kenya (2016) notes that customers are dissatisfied when their expectation of the health service surpasses their assessment of the health care got. Public hospitals in Nairobi County, he found, were hampered in their ability to provide health care due to issues with information system integration, drug supply, decision making, and responsibility delegation. This research aimed to determine if and how public health facilities service delivery in health facilities in Western Kenya's Region was affected by the leadership style of its managers, the availability of its human resources capacity, and the strength of its culture.

According to Egessa (2012), strategy implementation determinants relate to crucial internal organizational elements that must be considered and handled for a successful strategy implementation. Some examples of these can be seen in the leadership style, employee training, culture and awards of a company. Leadership, communication, culture, and stakeholder engagement were among the factors of strategy execution that Buya (2018) examined. The level of support from upper management, the clarity of internal communications, the flexibility of organizational structures, and the availability of resources were all cited as important factors in Ochola's (2016) analysis

of plan execution. Kamande and Orwa (2015) found that the organizational structure, resource allocation, leadership, stakeholder involvement, and organization communication all have a role in the success or failure of plan execution.

Ochola (2016) indicated that the strategy implementation determinants include top management support, organization communication, organization structure and allocation of resources. Kamande and Orwa (2015) revealed that success or failure of strategy implementation is determined by organization structure, allocation of resource, leadership in the organization, stakeholder involvement and organization communication. According to Kibicho (2015) successful strategy implementation in an organization depends on support from top management, organizational structures, processes and systems, communication and proper leadership. Riaz (2016) indicated that the perspectives of top management support comprise of firm culture, staff development, leadership style and reward/recognition.

Top management support involves reward and recognition, leadership style, timely release of resources and employee involvement (Kariithi & Mbugua, 2018). Flexibility in leadership will accommodate opinions from all levels of an organization, motivate staff, create team spirit, recognize challenges and obstacles and work on them which will ensure achievement of the objectives (Kamande & Orwa, 2015). Opportunities for promotions, nature of work to be done, how procedures operate, security in the work place and how co-workers relate in the organization are part of recognition and motivation in organizations and affect its performance (Nainggolan & Donna, 2023).

It has been noted that the culture in an organization is an important strategy implementation determinant that impacts the success of the organization (Aldehayyat

& Anchor, 2010; David, 2011; Hunger & Wheelen, 2017). According to Li et al. (2017), culture comprises outstanding shared values, ideologies, the way things are done, and standards by which an organization is defined. The current study adopts the definition by Griffin & Moorhead (2014) that it is the set of values that enables the staff in a firm to comprehend activities and actions that are considered acceptable or unacceptable. It is measured in terms of a supportive environment, involvement, sharing knowledge, and working ethics.

Organizational culture tends to oppose changes as it seeks to maintain the stability of existing behavior and established relationships. Therefore, during strategy implementation, caution should be taken to assess the compatibility of the link between structure and culture. It is easier to implement a strategy that is compatible with culture. In the event that the strategy developed is not compatible with culture, change management mechanisms should be explored, and this includes recruitment of new managers, training, and structural modifications, all aimed at achieving compatibility (Siciliano & Hess, 2009; Griffin & Moorhead, 2014; Pearce & Robinson, 2000). According to Hunger and Wheelen (2017), in order to manage organizational culture, communication options can be explored through the sharing of information on core values and best practices that reinforce the desired culture. Desired culture is also enhanced through rewards and other incentives for those embracing it (Ikavalko & Aaltonen, 2001; Nelson & Quick, 2012).

Staff competence is the combination of related knowledge, skills, and commitments that make it possible for employees to perform tasks efficiently (Omisore, 2016). The presence of staff possessing relevant competencies and the right attitude for the implementation of chosen strategies requires proper recruitment, training, and

placement of employees (Darin, 2009). In order to attain organizational objectives through effective implementation of strategy, it is important to enhance staff competence, which can be achieved through consistent and regular training (Mahmood, Hee, Yin, & Hamli, 2018). The quality and enhancement of the performance of an organization greatly depend on the activities of employees, which mean there is a need to address staff competency issues so as to ensure they have the relevant knowledge, skills, training, capabilities, and dedication. Competent staff are able to comprehend and enact desired practices, while the contrary is true, as it will be challenging for staff to implement strategies when they do not possess the right skills, knowledge, and capabilities (Mufti, Parvaiz, Wahab, & Durrani, 2016).

Ikavalko & Aaltonen, (2001) stated three key aspects that result to successful implementation of strategies. These factors include proper communication between top managements and executors, strategic acting and founding the link between system and firms' structure with new strategy context and content, the third is identification, support and assistance of main actors in the implementation of strategies. Mackenzie, Wilson and Kider (2001) argue that there should be focus on the leadership system of an organization. Most studies point out that the strategy implementation determinants responsible for successful implementation of strategies are: proper link of budgets to strategic plans, culture embraced at the organization, adopted leadership model, staff trainings, organizational structure, staff satisfaction, rewards and incentives, availability of resources, adopted technology. In these studies, performance of the organization is measured using both financial and non-financial methods ranging from profit, growth of the market, staff job satisfaction, revenue collection, competitive position, and return on investment (Hrebiniak, 2008; Okumu, 2003; Egessa, 2013).

The current study borrowed from the above studies to measure strategy implementation determinants using participative leadership style, human resource capacity and organizational culture. Therefore, strategy implementation determinants are not only important but are essential in strategic management; and the county governments in Kenya should take into serious account how to implement their plans.

1.3 Statement of the Research Problem

Every organization's aim is to realize and uphold great performance in service delivery, which leads to progression and growth for the organization. In order to improve effectiveness and safeguard higher performance, organizations have enhanced their strategy implementation process. There have been complaints about poor service delivery in public hospitals in devolved units from its citizenry; this is in spite of the reality that county governments obligate themselves to offering these services in their strategic plans, county integrated development plans, as well as in their service delivery charters (Wanjau, Muiruri, & Ayodo, 2012; Finch & Omolo, 2015). Improvements in health structural development have been reported to have been caused by devolution in the country; however, there are challenges faced in the post-devolution era within the health sector. Some of the key challenges include: inappropriate or inadequate allocation of resources, capacity gaps, human resource deficits, institutional infrastructure inadequacies, organizational structure that has not supported cost management, performance improvement and effective and efficient service delivery; management that does not commit to strategic direction, strategic objectives and direction of communication with the aim to achieve county goals; staff competency to ensure compliance with due processes and regulations; and resource accessibility to meet the budgetary requirements for better performance among others

which have an influence on organizational performance (Masaba et al., 2020; Kimathi, 2017; Kiambati, 2020; Kloot & Martin, 2017).

Other researchers include Kagumu (2018), who conducted a study on factors influencing strategy implementation in Murang'a County; Ochola (2016), who investigated determinants of strategy implementation in the public health facilities in Mombasa County, Kenya; and Kamande and Orwa (2015), who researched the factors influencing the implementation of strategies in the Ministry of Lands in Kiambu County, Kenya. Kagumu (2018) used a cross-sectional survey research design, while Ochola (2016), Kamande, and Orwa (2015) used a descriptive research design, but these designs cannot be used to establish relationships. Also, these studies were conducted in Murang'a, Kiambu, and Mombasa, and due to differences in strategies adopted, the findings of these studies cannot be utilized by county governments in the Western Region of Kenya. In addition, these studies did not show the relationship between strategy implementation determinants, the external environment, and public health facility service delivery in the county governments of the Western Region, Kenya.

While there have been studies done on strategy implementation determinants and service delivery, the specific bundles of participative leadership style, human resource capacity, and organization culture that this study sought to investigate have been operationalized differently in the studies reviewed. The moderating effect of external environmental factors on strategy implementation determinants and public health facility service delivery has not been explored in other reviewed studies; hence, this study is bridging a gap on such a relationship.

1.4 Research Objectives

1.4.1 General Objective

The main objective of this study was to determine the influence of strategy implementation determinants, external environment and public health facility service delivery in Western Region, Kenya.

1.4.2 Specific Objectives

The specific objectives of the study were:

- (i) To establish the influence of participative leadership style on public health facilities service delivery in County Governments in Western Region, Kenya.
- (ii) To determine the influence of human resource capacity on public health facilities service delivery in County Governments in Western Region, Kenya.
- (iii) To examine the influence of organizational culture on public health facilities service delivery in County Governments in Western Region, Kenya;
- (iv) To evaluate the moderating influence of external environment on the link between strategy implementation determinants and public health facilities service delivery in Western Region, Kenya

1.5 Research Hypotheses

The study sought to test the following null hypotheses:

- H₀1: Participative Leadership style has no statistically significant influence on public health facilities service delivery in County Governments in Western Region, Kenya;
- H₀2: Human resource capacity has no statistically significant influence on public health facilities service delivery in County Governments in Western Region, Kenya;

H₀₃: Organizational culture has no statistically significant influence on public health facilities service delivery in County Governments in Western Region, Kenya;

H₀₄: External environment has no statistically significant moderating influence on the relationship between strategy implementation determinants, external environment and public health facilities service delivery in Western Region, Kenya.

1.6 Significance of the Study

The significance of the study extends to various beneficiaries, including policymakers, academics, county residents, donors, governments, partners, investors, and other stakeholders. Firstly, policymakers at the County Government level would benefit from the study findings, as they provide valuable insights into the challenges hindering service delivery. The study could serve as a reference point for policymakers to identify and address the specific difficulties faced by County Governments in implementing strategic plans. Secondly, academics in the field of strategic management, particularly in Kenya and Africa, would find a solid foundation for future research. The study contributes to the existing body of knowledge and offers opportunities for further exploration of strategy implementation determinants in the context of County Governments.

Thirdly, county residents stand to benefit from the results of this study as it sheds light on the factors influencing their County Governments' service delivery. The findings could inform residents about the challenges faced by their local governments, enabling them to advocate for improvements and participate in decision-making processes. In addition, donors, governments, partners, investors, and other

stakeholders could find the study findings useful. The research highlights the determinants of County Governments' implementation of strategic plans, enabling stakeholders to understand the nature of the challenges faced. This knowledge could influence investment decisions, partnerships, and support initiatives aimed at addressing the identified obstacles.

1.7 The Scope of the Study

The study focused on investigating the relationship between strategy implementation determinants and public health facilities service delivery in County Governments within the Western Kenya Region. The determinants examined in this study were participative leadership, human resource capacity, and organizational culture. The primary audience for this research comprised 966 personnel, including CECMs, Chief Officers, Directors, and the County Nursing Officer for Health, as well as various key positions within public health facilities such as Medical Superintendents, Hospital Administrators, Human Resource Officers, Heads of Pharmacy, Nursing, Health Records Information, Laboratory, and Clinical Services. Additionally, the study considered the number of patients admitted, treated, and discharged as part of the target audience.

The geographical scope of the study encompassed four counties in Western Kenya, namely Bungoma, Busia, Kakamega, and Vihiga. These counties were selected due to their representation of the Western region and the availability of Referral and Sub-County Hospitals within them. The inclusion of these hospitals was based on their better preparedness in terms of facilities and specialists, allowing for a comprehensive examination of public health facilities service delivery across a wider spectrum. The data collection process for this research spanned a period of three months (July –

September, 2022), during which relevant information and data were gathered to address the research objectives and explore the relationship between strategy implementation determinants and public health facilities service delivery in the selected counties.

1.8 Limitations of the Study

To address the issue of respondents' unwillingness to participate in the study, the researcher took several measures. Firstly, official letters from the relevant institutions granting permission to conduct the research were presented to the potential participants. This helped establish the credibility and legitimacy of the study. Additionally, the researcher explained to the participants that their responses would be used solely for scholarly purposes, emphasizing the confidentiality and anonymity of their individual responses. This reassurance aimed to alleviate any concerns about potential victimization or negative consequences.

For those respondents who expressed hesitation due to fear of victimization, the researcher provided a thorough explanation of the study's objectives and assured them of the strict confidentiality of their responses. This personalized approach aims to build trust and encourage participation. To address the tardy response of respondents to completing the research instrument, the researcher made follow-up phone calls to study participants. These calls served as reminders and provided an opportunity to reiterate the anonymity of their responses. The proactive follow-up helped increase the response rate and ensured that data collection proceeded in a timely manner.

One of the ways of overcoming the constraints of operationalizing the theory's constructs in relation to the variables of the study was that the researcher relied on deductive arguments based on findings from analogous studies conducted in Kenya.

This approach allowed for the application of existing knowledge and research in a relevant context. To prevent misplacement of surveys and ensure secure data collection, hand delivery and hand-picking of completed questionnaires were implemented. This method minimizes the risk of surveys being lost or misplaced, ensuring the integrity of the data. Lastly, the distribution of 300 questionnaires, as opposed to 264, was a proactive measure to increase the anticipated response rate. Through expanding the sample size, the researcher aimed to capture a broader range of perspectives and enhance the representativeness of the study. These measures were implemented to address various challenges and optimize the data collection process, ultimately contributing to the robustness and reliability of the study's findings.

1.9 Assumptions of the Study

The assumptions of a study are the underlying beliefs or a condition that the researcher takes for granted or assumes to be true. These assumptions provide a foundation for the research design, methodology, and interpretation of results. Some possible assumptions for the study on strategy implementation determinants and public health facilities service delivery in county governments in the Western Kenya Region could include: The researcher assumed that the selected counties (Bungoma, Busia, Kakamega, and Vihiga) and the chosen public health facilities within those counties were representative of the broader Western Kenya Region and its public health system. This assumption implied that the findings from the selected sample could be generalized to other counties or regions in Western Kenya.

The researcher may assume that the participants voluntarily agreed to take part in the study and that their responses accurately reflect their perceptions and experiences. This assumption assumed that participants were not coerced or influenced to respond

in a particular way, leading to unbiased data. The researcher hypothesized that the participants provided truthful and accurate information in their responses to the research instrument. This assumption was crucial for the reliability and validity of the collected data and subsequent analysis. The researcher assumed that participants' responses and personal information would be kept confidential and would not be disclosed or linked to their identities. This assumption fostered trust and encouraged participants to provide honest and open responses.

Another assumption was that there was a causal relationship between the identified strategy implementation determinants (for example, participative leadership, human resource capacity, and organizational culture) and public health facility service delivery. This assumption implied that changes or improvements in these determinants would have a positive effect on service delivery outcomes. Lastly, the researcher assumed that the research instruments used, such as questionnaires or interviews, were valid measures of the constructs being investigated. This assumption suggested that the instruments accurately captured the intended variables and provided meaningful data for analysis.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter provided a summary of the relevant scholarly literature. The chapter provided both theoretical and empirical literature in support of the investigation, as well as highlighting the conceptual framework for the study, a literature critique, and a research gap.

2.2 Theoretical Literature Review

The theoretical review of this study was based on the following theories:

2.2.1 The McKinsey 7S Theory

The McKinsey 7S Framework is a management model that provides a holistic approach to organizational effectiveness and strategic management.

The McKinsey 7S Framework is a management model that provides a holistic approach to organizational effectiveness and strategic management. It was developed by Tom Peters and Robert Waterman of McKinsey & Company in the late 1970s. The framework examines seven interdependent factors that need to be aligned for an organization to achieve its goals and objectives. These factors are often referred to as "7Ss" and include: Strategy: The organization's plan for achieving its objectives and competitive advantage; Structure: The formal organizational structure, including reporting relationships and division of labour; Systems: the processes, procedures, and routines that guide the operation of the organization; Shared Values: The core beliefs and values that shape the organization's culture; Skills: the capabilities and competencies of the organization's employees; Staff: The organization's human resources, including their skills, experience, and qualifications, Style: The leadership and management styles within the organization

The McKinsey 7S Framework is relevant to strategy implementation determinants as it emphasizes the importance of aligning all seven elements. It recognizes that a strategy can only be effectively implemented when there is coherence and alignment among these factors. For example, a well-defined strategy must be supported by an appropriate organizational structure, systems, and skills to ensure successful implementation. When considering the external environment and public health facilities service delivery in Western Kenya, the McKinsey 7S Framework can provide insights into the alignment of these factors. For instance, the framework can help assess whether the strategy of public health facilities in Western Kenya is aligned with the local healthcare needs, the structure and systems support efficient service delivery, and the staff and skills are appropriately developed to meet the demands of the population.

Strengths of the McKinsey 7S Framework include its comprehensive approach to organizational analysis and its focus on the interdependencies among various elements. The framework emphasizes the need for alignment and coherence among all seven factors, which can contribute to effective strategy implementation and organizational performance. However, the framework also has some limitations. It may oversimplify the complexities of real-world organizations and the dynamic nature of the external environment. It may not fully capture the nuances and intricacies of specific industries or sectors. Additionally, the framework may not provide specific guidance on how to address issues or conflicts that arise when trying to align the various elements.

In summary, the McKinsey 7S Framework offers a valuable perspective on organizational effectiveness and strategy implementation. It can be a useful tool for

assessing and improving alignment within organizations, including public health facilities in Western Kenya. However, it should be complemented with other frameworks and approaches to gain a more comprehensive understanding of the complexities involved in strategy implementation and service delivery in the specific context.

2.2.2 Participative Leadership Theory

Kurt Lewin put forth this hypothesis during the 1930s and 1940s. And in 1973, Professor Victor Vroom and Phillip Yetton released *The Normative Model of Leadership Behavior*, where they explored the results of including subordinates in the decision-making process. The theories of participatory leadership that resulted from their studies are widely used today. The American academic Likert (1961) introduced the idea of participation leadership in his book "A New Model of Management" after conducting extensive experimental research on democratic leadership. Additionally, single out the three cornerstones of participative leadership theory: mutual support, group decision, and high standards.

It is characterized as participative leadership by Kahai et al. (1997). Those who work under this style of management have a voice in decision-making, are given more responsibility, and are actively encouraged to contribute to the conclusion. There are two more features of participatory leadership that are supported in literature: first, employees are consulted before decision-making is done so that they may work together to solve problems, and second, employees are provided with resources to aid them in the course of their work (Kahai et al., 1997; Lam et al., 2015; Li et al., 2018).

Huang et al. (2010), who conducted extensive research on participatory leadership, agree that this style of management necessitates a greater emphasis on employee

engagement in decision-making and the free flow of information and ideas (Xiang and Long, 2013; Lam et al., 2015; Li et al., 2018). The essence of leadership is clearly carrying out various managerial tasks, such as consulting people before making choices, and the essence of participative leadership is obviously fostering employee participation in corporate decision-making (Benoliel and Somech, 2014). We have defined participative leadership as a set of leadership behaviors that encourages subordinates to participate in decision-making by providing them with sufficient autonomy, helpful knowledge and other resources, and positive reinforcement in order to consult them before making decisions to address work-related challenges, as evidenced by numerous studies and real-world experiences (Huang et al., 2010; Chan, 2019).

In this work, the application of the theory of participatory leadership is to shed light on the factors including inputs and recommendations, consultations, new ideas and innovation, and decision-making crucial to the effective execution of policies for providing public health services. The study's overarching goal was to examine the theoretical connections between participatory leadership and a concrete indicator of county government performance in Western Kenya. The primary hypothesis of the investigation was inspired by this theory.

2.2.3 Human Capital Theory (HCT)

The Human Capital Theory (HCT) (Schultz, 1961) proposes the idea that the value created by an organization's employees is a key factor in the success of that business. In this framework, employees are considered assets rather than overhead expenses. According to Bontis (2013), a company's human capital consists of its employees' talents, intelligence, and expertise, which allows it to stand out from the competition.

Human capital is an intangible asset that contributes to the success of a company even if it does not physically exist. The notion argues that companies can benefit from their employees' remarkable levels of expertise and knowledge using methods like building learning corporate cultures or linguistic roles to form cohesive teams (Almendarez, 2010). This is because, as Boxall and Purcell (2011) call it, human capital advantage, the HCT highlights the value that people may offer to an organization's success.

From the realm of macroeconomic development theory established by Conner, the theory of human capital is widely accepted (1991). Human capital, according to the facts, improves an organization's health and leads to higher pay. This theory will help elaborate why it is vital to notice the influence of human capital on the service delivery of Public Health Facilities by proposing that, as stated by Bontis (2013), a firm's human capital possesses a variety of skills and competences that can be used to provide answers to problems and to make the most of performance and service delivery. Considering the importance of human capital to the success of any business, the quality of service provided by Public Health Facilities is directly related to the people who are hired to work there. Since an organization's success depends on its people and their ability to provide excellent service, Human Capital Theory was considered appropriate for this investigation. It is the responsibility of the County Governments in the Western Kenya Region to ensure that their human capital and other resources are properly aligned so as to improve service delivery by the Public health institutions. The second variable and study hypothesis are related to this notion. The human capital theory has been the target of fresh criticisms since the 1980s and 1990s, when behavioral economics became popular. These new arguments focus on the theory's underlying assumption that people are rational actors. So, the human capital theory will also have problems when trying to explain phenomena, as its

foundational assumptions about people's motivations, objectives, and choices turn out to be unfounded (Blair, 2018). Critics in sociology and anthropology have recently argued against the human capital hypothesis, stating it provides overly simplistic concepts that claim to explain everyone's salaries all the time. Nevertheless, when experts take a closer look, they find that differences in productivity between people cannot be assessed objectively.

2.2.4 Organizational Culture Theory

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2.3 Conceptual Review of Variables

2.3.1 Participative Leadership Style

Many definitions exist for participative leadership. Participatory leadership, as described by Kahai (1997), entails including all members of a team in making

decisions and resolving issues. In addition, Bass (1990) previously defined participatory leadership as the equalization of authority and sharing of problem-solving with followers by consulting them prior to making a decision. A leader with a participative approach encourages subordinates to take on more decision-making weight (Vroom, 2019). In its most basic form, participative leadership refers to a boss's ability to foster an office climate that's conducive to teamwork, mutual aid, personal growth, and democratic decision-making. The method is applicable in any group where members are expected to actively contribute and share their perspectives. The term participative leadership, which also goes by the names shared leadership and democratic leadership, is an approach to management in which team members are given more say in decision-making. It's a style of management applicable in both the public and private sectors. According to Gipson et al. (2017), a participative leadership style is flexible, welcoming, and effective. It's a kind of leadership in which the boss tries to get everyone on the same page and then encourages them to work together. Involved group members are consistently given the opportunity to voice their thoughts.

When leaders have doubts or require more ideas to complete a task, Northouse (2018) argues that this is an ideal time to promote participative leadership. Openness to others' perspectives encourages honest dialogue within the group. After that, everybody pitches in and shares their thoughts, and there's a lot of agreement, potential, and suggestions. As long as everyone in the group participates, it will be a dynamic and engaging experience (Northouse, 2018).

It might be taxing and demanding of your dedication at times. Managers and team leaders were counted on to make the right call under these conditions. The group put

all their faith in the leader's ability to make a decision and stand by it (Gipson et al., 2017). Belias and Koustelios (2014) believe that employees' morale is enhanced when they see that they are contributing to the growth and development of the organization. While making important choices, their input is sought.

Basit's (2017) research on Saudi public sector organizations shows that followers are more open to structural changes when they have a say in making those changes and when their leaders actively engage them in the process. So, when there is a need to respond swiftly to changes and adapt to the current conditions, excluding employees from the decision-making process may result in several unjustifiable delays in implementing change (Belias & Koustelios, 2014).

As many scholars have pointed out, today's corporate leaders must rely on highly engaged employees to overcome the difficulties of a competitive marketplace. This has led to a rise in interest in the concept of participative leadership, which seeks to foster behaviors that enhance employee engagement in organizational decision-making (Huang et al., 2006). When compared to other leadership styles, participative leadership is characterized by its emphasis on transparency and the inclusion of subordinates in strategic decision-making. This type of leadership can be found in organizations of all sizes, types, and developmental stages (Huang et al., 2021). Leaders who are able to involve their teams in strategic decision-making and problem-solving are called participative (Chan, 2019).

2.3.2 Human Resource Capacity

Building human potential means providing an organization with the people who have the knowledge, competencies, and motivation to realize its objectives (Wairiuko, 2014). Human capacity is a training and development initiative that helps workers

improve their abilities and knowledge to do their jobs better (Nandra & Ghandhi, 2017). When properly implemented, human resource capacity is thought to improve an organization's ability to provide services to its clients.

There is no single, agreed-upon definition or interpretation of human resource capacity building (Williamson, 2003; Abbay, 2008). Human resource capacity is commonly understood to be intertwined with the processes of teaching, learning, and growing people. Human resource capacity building is defined by Groot and Molen (2000) as the process of enhancing individuals' and communities' ability to plan, implement, and monitor locally appropriate institutional and operational infrastructure and processes. With this concept, we may understand capacity for employees to mean enhancing everyone's potential to do their jobs well within the broader framework of the organization's performance expectations.

Brews (1994) modified the original definition of HR capacity to incorporate employee agency. Apart from the traditional emphasis on education, training, and HRD, this strategy encompasses a larger set of goals. Capability, he said, is what gives agency its due weight. If freedom is the goal, then efficacy is the substance. Activities that build capacity provide the tools and motivation for workers to reach organizational objectives (Brews, 1994).

Organizations save money on employee turnover costs when they invest in their current workforce through training and development initiatives, according to the literature (Bakoti, 2016). Employee training has been highlighted as the foundation for gaining a competitive edge since it has been shown to have a highly beneficial influence (relationship) on worker output (Ge, Xi, & Guo, 2015). Human resource management (HRM) tools for the evaluation process and training programs are

essential in healthcare businesses due to the present and future demand for effective and qualified managers. In light of these claims, it is clear that healthcare institutions must prioritize training and development. Without a shadow of a doubt, healthcare companies with more progressive, people-oriented policies tend to flourish more than those that insist on rivalry with other organizations. This is largely attributable to the fact that successful businesses invest heavily in their employees and in training programs, which in turn leads to higher levels of ability and competence, which in turn boosts employee morale and productivity. Kuan Chongtzu, a famous Chinese, once said, "If you wish to plan for a year, sow seeds. Plant trees if you're thinking ten years ahead. Building up, guys, is a long-term investment that will pay off in the end.

Research has also shown that when healthcare workers stay in their jobs and use their abilities in tandem with modern innovations, they eventually become obsolete and need to be updated. Hence, training is essential since it updates healthcare workers' skills and knowledge and enhances their professionalism (Nishtha & Amit, 2010). Unlike other resources, human capital may be expanded and improved upon in ways that boost trust, mutual respect, excitement, openness, and teamwork. Human resource training and development is an important part of HR; it helps HRH improve their talents in the workplace by boosting their social and technical skills, as well as their self-assurance and drive.

2.3.3 Organizational Culture

The culture of an organization is the set of commonly held beliefs and customs among its employees (Ortega-Parra & Sastre-Castillo, 2013). The standards that employees of a company accept as normal are what Schneider (2013) calls organizational culture, and they have a significant bearing on how employees act and change so that the

company can achieve its goals. The term workplace culture is used to describe the shared beliefs and practices that shape how employees at a company treat each other and the outside world (Simoneaux & Stroud, 2014). According to Yirdaw (2016), an organization's culture is what brings together its human and inanimate assets to produce high-quality results through collaboration.

Weber and Tarba (2012) found that business leaders use corporate culture to set themselves apart from rivals. Apple Inc., IBM, and HP all have commonalities in their technology and business operations, yet each has its own distinct culture (Schein, 2010). Apple's corporate philosophy centers on the creation of groundbreaking goods that are also visually appealing (Toma & Marinescu, 2013). IBM values staff dedication and strategic planning for the long term (Flamholtz & Randle, 2012; Kotter & Heskett, 1992). HP values originality and individuality in the workplace above everything else (Childress, 2013).

O'Connor and Byrne (2015) argue that good corporate governance and management benefit from an organization's culture. Many executives understand that a healthy company culture can boost productivity (Unger, 2014). One of the wealthiest businessmen in the world, Warren Buffet, has said that a company's culture has a significant impact on its success (Childress, 2013). Howard Schultz, CEO of Starbucks Coffee, has said that the company's culture is a driving force behind the company's success (Flamholtz & Randle, 2012).

The culture of an organization has been shown to have a significant impact on many aspects of healthcare delivery, including nursing, patient and staff safety, job satisfaction and turnover, and the methodical enhancement of management practices

(Boan & Funderburk, 2003; Seyda & Ulku, 2007; Jacobs & Roodt, 2008; Randsley de Moura, Dominic, Retter, Sigridur, & Kaori, 2009; Singer et al., 2009).

2.3.4 External Environment

The external environment, sometimes called the remote environment, consists of elements that are unrelated to and oftentimes out of a company's control (Volberda, Morgan, Reinmoeller, Hitt, Ireland & Hoskisson, 2011). Political, economic, social, technological, environmental, and legal considerations are all part of the picture (Pearce et al., 2011). Since businesses depend on their external context and provide a needed service, they must operate as part of a larger, more complex system that is inherently open to the elements of that context (Ansoff & McDonell, 1990). Both their ability to source necessary materials and their access to final disposal destinations are contingent on environmental factors. Only the most effective businesses can weather the stormy and frequently hostile conditions in which they operate (Smart & Vertinsky, 1984) and thrive.

More significant organizational goals will need to be modified when the pace of environmental change increases, and vice versa. An organization's adaptability can be gauged by how well it anticipates and responds to change, as well as how quickly it can adapt to new conditions (Hannan & Freeman, 1993). The strategic dimensions selected by organizations and, by extension, their performance are affected by changes and instability in the external environment. Thus, it is evident that enterprises face opportunities, dangers, and restrictions due to external environmental factors, but it is uncommon for a single organization to exercise any significant influence on these aspects (Pearce & Coghlan, 2008). Based on their research, Njoroge, Ongeti, Kinuu, and Kasomi (2016) concluded that the external environment significantly affects

organizational performance. According to Mthanti (2012), a company faces various dangers as a result of the impending threats and opportunities that emerge from the external environment of the company, the dangers being a function of the complexity and uncertainty connected to the setting.

2.3.5 Service Delivery

According to Kazmi (2018), service delivery contains firm components that describe the method in which multiple client and service provider processes interact so that the client either gains or loses value as a result. As an immaterial good, service cannot be physically owned or stored. Assets of any type, including information and expertise, are traded (Jackson, 2019). We have a system in place that allows us to distribute our products and services to clients no matter where they may be or when they may need them (Pujari 2016). This suggests that a high-quality technique for delivering services improves customer satisfaction. Schindler and Cooper (2017) note that service delivery is the process through which a service is provided to a client in a commercial setting. Additionally, Van and Poole (2015) assert that service delivery represents a company's concerted efforts to deliver effective services and goods.

The requirement to improve the organization as a whole is reflected in a set of indicators that may be used by top management to monitor the development of the company's service delivery activities. The efficiency with which a company provides its services can be gauged by looking at its governance and accountability practices. Success in the market is still largely determined by the level of customer satisfaction a firm can maintain while providing its services (Verhoef & Lemonk, 2015).

Satisfying a client's needs and wants is only possible when the service actually does what it promises to do. Kiragu (2015) talks about the difference between pre-

encounter (ex-ante) expectations and post-encounter (ex-post) perceptions, where ex-ante expectations are what people hope to get out of a service and pre-encounter expectations are what they actually get. Ex-ante expectations are those formed after one's first exposure to a service or those picked up from the assurances made in promotion, advocacy, word of mouth, or recommendations. After using the service multiple times, users are able to form an accurate ex-post perception of what it's like to work with the company. Providing reliable service is achieved by following through on commitments and remaining consistent in approach. Customers will remember your service favorably and remain loyal if you consistently provide them with high-quality service (Kinoti, 2013).

2.4 Empirical Review

2.4.1 Participative Leadership Style and Public Health Facilities Service Delivery

In this study, Kim, Park, and Lee (2017) examined the influence of participative leadership style on job satisfaction among public health nurses, while also exploring the mediating role of empowerment. The researchers collected data from a sample of public health nurses and used statistical analysis to assess the relationships between participative leadership, empowerment, and job satisfaction. The findings of the study indicate a positive impact of participative leadership style on job satisfaction among public health nurses. Furthermore, the study reveals that empowerment plays a mediating role in the relationship between participative leadership and job satisfaction. In other words, participative leadership enhances job satisfaction partially through its effect on empowering employees. This study provides insights into the importance of participative leadership in the healthcare context, specifically among public health nurses. By involving nurses in decision-making processes and fostering a sense of empowerment, organizations can enhance job satisfaction among their

nursing staff. The findings highlight the significance of leadership practices that promote employee involvement and empowerment for improving job satisfaction in the healthcare sector.

In this study by Syed and Kramar (2019), the researchers investigated the influence of participative leadership on various employee outcomes within the healthcare sector. The study focuses on factors such as job satisfaction, organizational commitment, and employee engagement as indicators of employee outcomes. The researchers collect empirical evidence to examine how participative leadership influences these outcomes and, consequently, employee performance and service delivery in healthcare organizations. The findings of the study suggest that participative leadership has a positive impact on employee outcomes in the healthcare sector. Specifically, participative leadership is associated with higher levels of job satisfaction, increased organizational commitment, and enhanced employee engagement. These positive outcomes contribute to improved employee performance and, subsequently, better service delivery within healthcare organizations. The study provides empirical evidence highlighting the significance of participative leadership in the healthcare sector. Through involving employees in decision-making processes and valuing their input, participative leadership fosters a sense of ownership and engagement among employees. This, in turn, positively influences employee outcomes and contributes to enhanced performance and service delivery in healthcare organizations.

The study conducted by Wang, Hen, and Xie (2018) focuses on exploring the effect of participative leadership on the performance of public hospitals in China. The researchers assess various performance indicators, including patient satisfaction, quality of care, and financial performance, to evaluate the influence of participative

leadership on the overall service delivery in public healthcare organizations. The findings of the study indicate that participative leadership has a positive impact on the performance of public hospitals in China. Specifically, participative leadership is associated with higher levels of patient satisfaction, improved quality of care, and enhanced financial performance. These positive effects contribute to the overall enhancement of service delivery in public healthcare organizations. This study provides insights into the importance of participative leadership in the context of public hospitals in China. By involving healthcare professionals and staff in decision-making processes and fostering a collaborative environment, participative leadership enhances the performance of public hospitals. The positive influence of participative leadership on patient satisfaction, quality of care, and financial performance highlights its potential in improving healthcare services in public healthcare organizations.

In their study, Wong and Cummings (2019) investigated the effect of authentic leadership behaviors on trust and work outcomes among healthcare staff. The researchers examine how authentic leadership influences the level of trust employees have in their leaders and how it subsequently affects various work-related outcomes. The study focuses on the concept of authentic leadership and its effects in the healthcare sector. Wong and Cummings explore how leaders' authentic behaviors, such as being genuine, transparent, and ethical, influence the level of trust healthcare staff have in their leaders. Additionally, they investigate how trust, in turn, affects work outcomes, such as job satisfaction, organizational commitment, and performance. The findings of the study suggest that authentic leadership behaviors positively influence trust among healthcare staff. When leaders display authenticity, it enhances trust in their intentions and actions. This, in turn, leads to positive work

outcomes, including increased job satisfaction, higher levels of organizational commitment, and improved performance among healthcare staff. This study contributes to the understanding of authentic leadership and its impact in the healthcare sector. By demonstrating the positive effects of authentic leadership on trust and work outcomes, it highlights the importance of leaders displaying genuine and ethical behaviors in healthcare organizations. The findings emphasize the role of authentic leadership in fostering a positive work environment and enhancing the well-being and performance of healthcare staff.

Sfantou, Laliotis, Sifaki-Pistoll, Matalliotakis, and Patelarou (2017) investigated if a correlation exists between various leadership styles and healthcare quality indicators. Medline (through the PubMed interface of the National Library of Medicine) and EMBASE were combed through for relevant results between 2004 and 2015. This review was driven by the question, "Is there any association between leadership style in healthcare settings and quality of care?" Our search yielded eighteen papers that partly or wholly addressed our scholarly inquiry. Quality of care and related metrics were found to be significantly correlated with a leadership style that encourages participation from staff. Both patients and healthcare providers viewed strong leadership as essential to the delivery of coordinated and integrated care. Given the desktop review nature of the study, it is difficult to generalize the findings because of a lack of methodological support.

Warri (2021) analyzed how different leadership styles affected the quality of care provided by medical professionals. Descriptive research methods were employed, and the sample size was determined at random among 150 CBCHS health personnel. Information was gathered via surveys with predetermined answers and processed with

IBM SPSS Statistics 20. Good public relations and customer service are more likely to persist under a leader with a participatory style of management. Yet, the results were not statistically significant, therefore the link between leadership styles and output quality cannot be substantiated. It is also impossible to assess external validity because the sample frame was not indicated in the study.

Pursuing this question, Kyalo, Otieno, and Tenambergen(2018) set out to identify the impact that managerial ethos has on the successful implementation of health management information systems (IHMIS). The research strategy employed a combination of qualitative and quantitative techniques. Two hundred and eighty participants were randomly selected from a pool of eligible participants, and then further classified into three categories based on their healthcare status (tier 1, 2, and 3). Members of the sub-county and county health management teams, as well as those in charge of medical records and information, filled out the surveys. Success in any business depends in large part on the careful selection and use of different types of leadership. When leaders have complete access to relevant data, they are better able to put their vision into action. Yet, research shows that a leadership style characterized by participation has a negative and non-significant impact on the successful integration of HMIS. One aspect of service delivery that was examined in the study was the linking of health management information systems. There was also little indication that qualitative and quantitative data were triangulated.

The study conducted by Njoroge and Ogutu (2019) investigated the impact of participative leadership style on service quality in public health facilities within Kiambu County, Kenya. The researchers collected data by assessing the perceptions of both healthcare providers and patients regarding the leadership style and service

quality. The findings of the study reveal a positive relationship between participative leadership style and service quality in public health facilities. This suggests that when leaders adopt a participative leadership approach, involving and engaging healthcare providers in decision-making processes, it leads to improved service quality. By empowering and valuing the input of healthcare providers, participative leadership creates a conducive environment for enhancing service delivery. The study provides valuable insights into the importance of leadership style in public health facilities, particularly within the context of Kiambu County, Kenya. The findings highlight the significance of participative leadership in fostering a culture of collaboration, shared decision-making, and engagement among healthcare providers. This, in turn, contributes to the delivery of high-quality services in public health facilities.

Chepkonga and Nyaga (2019) looked into how a hospital's leadership style affected patient care. Two hundred seventy hospital workers and ten thousand patients in the Mbagathi region of Nairobi City County were the subjects of this research. The 398 workers and patients were selected using a simple random selection method, while the 8 management personnel were counted during a census. Both quantitative and qualitative primary data were employed in this investigation. A questionnaire was used to collect primary data from the relevant parties, and responses were recorded using a 5-point Likert scale. The administration of the district hospital was interviewed using an interview guide as well. The results showed that a more open and democratic style of leadership was associated with better service provision in Kenya's public hospitals. Staff members' familiarity with their tasks and responsibilities, as well as the management's and staff's ability to work together toward common goals, were found to have a positive impact on hospital service quality. The data does not appear to have been triangulated using quantitative and

qualitative methods. The hospitals in the Mbagathi district of Nairobi City County were the only ones included in the study. No information on the method utilized to collect information from staff and patients was provided in the study.

Kanyua and Thiane (2017) conducted research in Embu County, Kenya, to determine the effect that different types of leadership have on the delivery of health services. The research strategy used here was a descriptive one. Stratified sampling was used in this analysis. There were 110 total participants in the survey. In order to describe the data, the researcher made use of descriptive statistics including frequency distribution tables and percentages. According to the research, County Government has a policy on leadership style, and employees are not allowed to make many decisions without first consulting with their superiors. The study selectively sampled a small number of participants without specifying its intended audience. There was also no inferential study showing how the leadership style of County officials affected the actual provision of services to the public.

Pakistan's health care industry was studied by Pahi, Ahmed, Sheikh, Dakhan, and Ramayah (2020), who looked into the relationship between leadership style and service quality. Data from 315 medical officers in 43 public hospitals in Sindh, Pakistan, were gathered using a quantitative survey strategy. This study used cognitive dissonance and path-goal theories to examine how different types of leadership can affect service quality commitment while role clarity acts as a moderator. The data provides confirmation of the clear causal links between transformational and transactional leadership styles and a company's dedication to providing high-quality service. All of the hypothesized links except the one between laissez-faire leadership and dedication to service quality were found to have

substantial support in the data. Two leadership styles, transformational and laissez-faire, were shown to have moderated connections with service quality commitment, but the relationship between transactional leadership and service quality commitment was unaffected by role clarity.

2.4.2 Human Resource Capacity and Public Health Facilities Service Delivery

Musyoka, Adoyo, and Ongombe (2021) evaluated human resource capability to determine its impact on the quality of care delivered by public hospitals in Nairobi City County, Kenya. The particular objectives included; determining the influence of recruiting management on service delivery, determining the influence of employee training management on service delivery and establishing the influence of job evaluation management on service delivery. This study employed a descriptive research strategy. The study's sample frame was derived from a list of healthcare facilities in Nairobi County obtained from the county's certified master facility list, and it included everything from hospitals to nursing homes to clinics to dispensaries. Surveys were self-administered by the researcher with the aid of a research assistant to obtain primary data. The researcher was able to gain insight into the respondents' own thoughts and experiences by asking them open-ended questions. Training and development, the research showed, is predominantly individualistic in nature and focuses on making sure individuals grow throughout their careers to seize greater opportunities. While looking at the impact of human resource capacity on service delivery at public health institutions, inferential analysis turned up no clear results. There was also little indication that qualitative and quantitative data were triangulated.

Mohamed and Hameed (2015) looked into how HR capacity in practice affected healthcare quality and patient satisfaction. To illustrate and analyze the prior

literatures, the descriptive methodology was used. Findings from this study highlight the importance of strong human resource capability in enhancing the quality of healthcare and the efficiency of hospital employees. In order to improve hospital staff performance, the study recommends measuring how well hospital human resources managers are doing in their jobs before beginning a performance development process and providing ongoing training and development opportunities. Nevertheless, it is unclear from the report whether researchers surveyed employees or patients to gauge their happiness. There was no mention of the patient satisfaction instrument employed in the study.

Ikenye's (2021) research in Kiambu County, Kenya, aimed to determine how various elements of human resources influenced the quality of medical treatment provided to residents. Descriptive research methods and a descriptive study layout formed the basis of this investigation. Human subjects were collected from Kiambu County's public health facilities. Senior health administrators in all level V hospitals, level IV hospitals, level III health centres, and level II dispensaries were the unit of observation. Participants were selected using a stratified sample technique for this investigation. Eighty-five hospital health authorities were selected at random for this study. The data for the study was gathered with the help of pre-designed, structured research questionnaires. Human resource capacity was found to positively correlate with the provision of healthcare services, as determined by the study. Human resource capacity was defined in this study as including both training and development and incentives and recognition; however, the researchers found that rewards and recognition had no discernible impact on the quality of healthcare provided to residents of Kiambu County. The study failed to account for common technique bias that occurs when using the same instrument to gather data on both the dependent and

independent variables. It was also crucial to involve patients in this evaluation of health care quality.

Tomar and Dhiman (2013) used an exploratory research approach to analyze how HR practices contribute to sustaining high-quality service delivery within the healthcare industry. Due to the novelty of the topic, an inductive strategy was adopted. The research used semi-structured interviews to gather information. In tandem with the data collection, we established a set of foundational theoretical concepts and made preliminary connections between those concepts and the data. The results demonstrate a priority placed more on hospitality and patient perks than on actual medical care. There has been a sea change in the healthcare sector. Patients have surpassed consultants as the new kings of the consulting world. These days, it's not so much the quality of the medical care that matters as much as the level of patient contentment with the available facilities. This is especially true for institutions like this hospital that pride themselves on being patient centric in their pursuit of excellence in healthcare delivery. The standardization of nursing duties, the existence of appraisal systems, the availability of appropriate communication channels, and the design of a fair compensation structure are all HR-specific concerns that have an impact on the standard of care patients get. It did, however, zero in on the administrative variables and HR policies that boost effective service quality and the behaviors that lower the quality of care given in a private sector Indian hospital.

Stephen and Bula (2017) looked into how Human Resource Management Practices affect the quality of health care services in Teaching and Referral Hospitals in Kenya. All of the clinical and nursing staff at the Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) in Kisumu County, Kenya, were part of the study group.

A cross-sectional survey study with a sample size of 97 was used to get the opinions of 130 doctors and nurses. Using descriptive statistics, we put together the main data from a structured questionnaire that people filled out on their own. The information was presented in tables with SPSS v.20 regression findings. A multiple regression analysis was used to test how important the link was between the log10 of the predictor and the outcome variable. The coefficient of determination (R^2) for the log-log regression was 0.222. This means that the four HRM practices looked at in the study can explain 22.2% of the variation in the dependent variable. Training and performance management were found to be significant predictors of Quality Health Care Service Delivery (QHCS D) within Teaching and Referral Hospitals (TRHs), as determined by the log-log regression coefficients that were isolated using an analysis of variance test.

Odhiambo and Iravo (2018) investigated the impact of human resource capability on service delivery in the health sector of the Nakuru County Government and, more specifically, the Nakuru Central sub-county. This study used a descriptive research method because of its quantitative nature. All 145 of the highest-ranking managers in the healthcare sector in Nakuru Central Sub-county were surveyed for this study. Purposive sampling was used to choose 63 participants for the study. The questionnaires were used for primary data collection. Every respondent was responsible for administering their own questionnaire. Quantitative methods were employed to analyze the data in the study. Capacity building was found to significantly improve service delivery, according to the study. Policymakers would do well to pay attention to the impact of capacity building, as doing so might considerably improve citizens' access to services and hence their quality of life. Human resource capability was examined, although the study's focus was on capacity

building. The research was conducted just in the Nakuru Central Sub County, and it focused on the executive team, however all employees play a part in providing the service to the community.

Ikyanyon, Johnson, and Dawson (2020) examined how HRM policies and procedures affect the standard of care patients receive in hospitals. The study's findings show that good human resource management is directly related to high-quality healthcare delivery. While more work needs to be done on the topic of patient safety, the study's recommendations include monitoring the routine of the Head of human resources department in healthcare sectors before stabilizing the performance development process and continuously improving staff capacity building for effective service delivery.

2.4.3 Organizational Culture and Public Health Facilities Service Delivery

Bruno (2021) investigated the impact of private hospitals' cultures on patient care in Nairobi County, Kenya. The research in this article was grounded in two theories: the Service quality model and the theory developed by Deal and Kennedy. There are 55 private hospitals in Nairobi City County, which served as the primary audience. It was shown that staff recognition and leadership are highly valued at private hospitals in Nairobi, whereas diversity and open dialogue are moderately fostered. It was shown that there is a favorable association between company culture and service quality. According to the results, workers need to be involved in the implementation process for a plan to be successful. This study also suggests a set of product quality characteristics known to entice repeat purchases. Whereas the previous research was conducted in a public hospital, the current investigation took place in Western Kenya.

Since it is unclear from the study who was asked to participate, any conclusions can only be made on a case-by-case basis.

Al-Otaibi and Common (2018) evaluated the role of organizational culture in Saudi Arabia's health care system. This research applies the CVF to Saudi Arabian healthcare workers to better comprehend the local culture and effect good change. Given the breadth of this use of the CVF beyond its Western origins, an examination of Saudi culture is warranted. According to a close reading of Hofstede's framework, this culture displayed characteristics of great power distance, collectivism, femininity, and risk aversion. Many facets of society are reflected in the healthcare system and hospital cultures. With the help of the CVF, it became clear that both the actual and ideal state of Saudi Arabia's healthcare system included elements of each of the four organizational culture types. The results also revealed that in the current context, a hierarchical culture was somewhat more prevalent than other types, however in the ideal context, a clan culture was slightly more prevalent. To improve health care delivery in Saudi Arabia, all four forms of culture (clan, adhocracy, market, and hierarchy) must be developed. Study was conducted among Arabs, whose business culture is vastly apart from that of Kenya. Generalizing the findings was difficult due to the inadequacy of the study's population and design methods.

Chi and Chia (2018) investigated the relationship between hospital organizational culture and organizational commitment among Taiwanese hospital nursing executives. Researchers in this study chose 106 nurse administrators from 24 different hospitals in Taiwan using a stratified random sample technique. Descriptive statistics, Pearson's correlation coefficients, and a hierarchical regression analysis are used to examine the data. This study reports a beneficial connection between hospital

organizational culture and employee loyalty. The total score on the hospital's cultural dimensions is also a strong predictor of loyalty to the organization, as shown by regression analysis. Only the normative and emotional dimensions of organizational commitment were found to be statistically significant. The present research was concerned with the provision of high-quality services, while the previous one measured organizational commitment. Hospital culture was not operationalized in this study.

Carney (2018) aimed to determine if there was a shift in the relationship between cultural factors and healthcare quality, and whether this shift might be reflected in certain components of corporate culture. Fifty professional clinicians and non-clinician managers in the capacity of head of department in Irish acute care hospitals were interviewed for this study. A total of 850 managers were used in the original survey, and from that pool, this sample was drawn. The complexity of an organization's culture has been underestimated up until now. Many cultural factors were identified as important cultural determinants of quality care delivery, including ethical values, engagement, professionalism, value for money, cost of care, commitment to quality, and strategic thinking. Managers in the healthcare industry recognize that balancing the competing priorities of reducing costs and providing high-quality treatment presents a significant challenge, but believe that doing so is essential to their success. Due to its lack of a positivist philosophical underpinning, this qualitative study may not be as reliable as one that takes a more scientific approach. The research did explain how 50 participants were culled from an initial pool of 850.

Chepkonga and Nyaga (2019) examined the impact of leadership culture on the quality of service delivery in public hospitals. Two hundred seventy hospital workers

and ten thousand patients in the Mbagathi region of Nairobi City County were the subjects of this research. The 398 workers and patients were selected using a simple random selection method, while the 8 management personnel were counted during a census. Both quantitative and qualitative primary data were employed in this investigation. A questionnaire was used to collect primary data from the relevant parties, and responses were recorded using a 5-point Likert scale. Because Likert scales allow for easy quantitative data analysis in packages like Statistical Package for the Social Sciences, they were the chosen method of survey design (SPSS). The administration of the district hospital was interviewed using an interview guide as well. Drop and pick up later was the method of choice for the self-administered questionnaires. A small percentage (5%) of the total population was used in a pilot research. The results showed a favorable and statistically significant correlation between leadership culture and service provision in Kenya's public hospitals. The researchers ignored all other forms of company culture in favor of studying the culture at the top.

2.4.4 The Moderating Effect of External Environment

Kinyajui and Awour (2019) analyzed how a decentralized healthcare system's organizational environment impacted service delivery. Kiambu County, Kenya, was the site of the experiment. Cross-sectional study design was used for the analysis; this type of descriptive research only required a single data collection session from 100 respondents at the management level in the county and the three level 5 hospitals in Kiambu County. It involved the collection and analysis of primary quantitative data. The findings show that the decentralized system's health care service delivery was significantly impacted by political interference, conflict interests, a lack of human resources, and poor monitoring and evaluation. Because of national government

initiatives, service delivery improved, particularly in terms of money and access to medical equipment for diagnosis and treatment.

Muthai (2018) investigated private hospitals in Nairobi County, Kenya, in an effort to identify the role that contextual factors have in the adoption of strategic initiatives. Fifty private hospitals in Nairobi were selected as the population of interest, and a total of 44 workers were employed as the sample for this descriptive study. Questionnaires were utilized to collect the necessary data, which was then examined statistically and qualitatively to generate the necessary insights for the creation of frequency tables. The research showed a positive association between internal organization characteristics and the actual execution of the strategy. What's more, the research uncovered that market dynamics influenced the success of the implemented strategies. The study indicated that the government does have an effect on the implementation of the strategy. According to the data, there is a positive association between internal elements, external influences, and government control or oversight and the actual execution of a strategy. While the data was analyzed, hierarchical regression was not employed to determine the moderating effect of external environmental factors, and the research was conducted in a private hospital.

Ahmad (2012) looked into how different macro-environmental factors affected the decisions made by hospital administrators regarding how to best provide health care services. In this investigation, we zeroed in on four macro-environmental elements that have a significant impact on hospitals' choices regarding health service strategy. The political/legal, economic, social/cultural, and technological contexts are all relevant. This study aimed to include all private general hospitals in the Western Area of Saudi Arabia. It turns out that various aspects of the macro environment have

varying degrees of impact on health care planning. The findings also indicate that the hospitals could improve their performance by emphasizing an integrated health service approach and taking into account the effects of the macro environment. According to the results, hospitals in the Saudi private sector are under intense pressure due to the rapid evolution of the healthcare environment, and as a result, they need to focus on marketing strategies in general and health service strategy in particular.

Oketch's (2021) research aimed to determine how different types of strategic leadership were associated with the success of Kenya's Agriculture, Livestock, and Fisheries (ALF) parastatals. It was determined to undertake a cross-sectional census of Kenya's ALF parastatals' 45 CEOs and 135 SMT members. Primary data was collected through a questionnaire and analyzed both descriptively and inferentially through the use of correlation, multiple regression, and bootstrapping. Moreover, the results demonstrated a strong, positive, and statistically significant connection between the external environment, strategy execution, and performance, as well as the effect of the external environment on the connection between strategic leadership style and performance. The external environment mediates the relationships among strategic leadership style, strategy implementation, and performance. Yet, the current investigation is more concerned with public health service provision than the former study was with organizational performance. Research was conducted in both public and ALF parastatal hospitals in Kenya (institutions responsible for agriculture, livestock, and fisheries).

Tegek (2018) investigated commercial banks in Kenya to ascertain how strategy implementation and external environment influenced their performance. This study

adopted a descriptive cross-sectional survey strategy in which all actively running commercial banks served as the population of interest. Forty-three financial institutions were given structured questionnaires. The study found that most financial institutions create models or guidelines to direct how they implement strategies, taking into account the many external elements that can have an impact. The research also indicated that the process of putting a strategy into practice is affected by a wide range of factors, some of which are specific to each institution. Unlike the present investigation, which focuses on public health facilities service delivery, the previous study relied on participants' actual performance as its dependent variable. This study focused on public hospitals in Kenya, but a similar one was also done on the efficiency of Kenya's commercial banks. Unlike the current study, which was undertaken in public hospitals, the previous one was conducted in for-profit institutions like commercial banks.

2.5 Research and Knowledge Gaps

The aforementioned literature assessment highlighted significant knowledge gaps concerning the interplay between strategy implementation determinants and the provision of public health services. There are gaps in the research that have to do with concepts, context, and methods. Participatory leadership style, human resource capacity, and organizational culture were adopted as independent variables in this study, whereas in Kavindu (2016) and Ochola (2016), top management support, organizational structure, organizational communication, and resource allocation were used as independent variables.

The research by Kariuki, (2021); Andove & Nzulwa, (2018); and Ochola, (2016) had contextual gaps because they focused on Kasarani Sub County, Kenya, Machakos

County, and Mombasa County, Kenya, whereas Western Kenya County Governments were the focus of the present research. In light of these gaps the understanding of the conceptual, methodological, and contextual factors influencing the delivery of public health services by County Governments in Western Region, Kenya, the present study aimed to identify and quantify the elements that influence these outcomes. The studies by Kariuki (2021), Andove and Nzulwa (2018), Ochola (2016), Mwangi (2020), and Kiana (2016) were also conceptually incorrect and had a limited scope because they only addressed organizational cultures and styles, organizational communication, organizational structures, and the capability of the health facilities, as well as ineffective and inconsistent management of the healthcare system in the facility, management issues, and a driven style of providing healthcare services. None of these researches have focused on the relationship between strategy implementation determinants and public health facilities service delivery in the County Governments of Western Kenya Region.

There is a significant disparity between the findings of Buya (2019), who looked at the factors that influence the success or failure of strategy implementation in the Kenyan Coast Region's Administration Police, and those of Egessa (2012), who focused on the role that strategy implementation imperatives play in determining the efficiency and effectiveness of local governments in Kenya's Western Region. The factors that influence the success or failure of a strategy's implementation and the provision of services have been the subject of research. However, these investigations have not been conducted under the same conditions as the current study, so the results cannot be extrapolated to the current investigation.

In addition, the moderating impacts of the external environment on public health facilities service delivery have not been investigated, despite the fact that specific

strategy implementation factors have been isolated and evaluated to establish the amount to which they determined service delivery. So, the purpose of this research was to address this void by examining the extent to which external environment influenced the relationship between plan implementation factors and public health service performance in County Governments in Western Region, Kenya.

Determinants of strategy execution, such as leadership style, human resource capacity, and organizational culture, were evaluated by gauging their presence or absence in public health organizations. The quality, timeliness, and satisfaction of public health services were evaluated based on feedback from both service providers and recipients. The political, economic, social, technological, ecological, and legal aspects of the external environment were quantified. This study was conducted to examine the impact of strategy implementation determinants on the provision of public health services by County Governments in Western Region, Kenya in light of the aforementioned information gaps. The study's empirical evidence and research gaps are listed in Table 2.1.

Table 2.1: Summary of Research Gaps

Researcher(s)	Focus of Study	Methodology	Findings	Knowledge Gaps	How Current Study addressed the Gaps
Participative Leadership Style					
Kim, Park, and Lee (2017)	Examined the influence of participative leadership style on job satisfaction among public health nurses, while also exploring the mediating role of empowerment	Design/methodology/approach The participants were 177 employees in a retailing store in Hong Kong. Hierarchical multiple regression	A positive impact of participative leadership style on job satisfaction among public health nurses	The study reveals that empowerment plays a mediating role in the relationship between participative leadership and job satisfaction	The study was conducted in public health facilities in County Governments in Western Region, Kenya The study used inferential statistics such as Pearson correlation and inferential analysis
Syed and Kramar (2019)	The influence of participative leadership on various employee outcomes within the healthcare sector	A sample of public health nurses and used statistical analysis	The findings of the study suggest that participative leadership has a positive impact on employee outcomes in the healthcare sector	The study did not indicate the sampling frame therefore difficult to determine external validity	The current study sampled Medical Superintendent, Hospital Administrator, Human Resource Officer, Head of Pharmacy, Head of Nursing, Head of Laboratory and Head of Clinical Services. Therefore the total target population for this study consisted 264 staff in all the referral and sub-county hospitals
Wang, Hen, and Xie (2018)	Exploring the effect of participative leadership on the performance of	A cross-sectional research design was employed, where data were gathered from 347	The findings of the study indicate that participative leadership	Reliance on a cross-sectional measurement	The study used inferential statistics such as Pearson correlation

		public hospitals in China	participants from all managerial levels in the United Arab Emirates (UAE)	has a positive impact on the performance of public hospitals in China	design. The survey methodology, concentrated on a single time for surveying a significant number of leaders and subordinates	and inferential analysis
Wong and Cummings (2019)	and	The effect of authentic leadership behaviors on trust and work outcomes among healthcare staff	All participants were undergraduate business majors who were required to do internships as part of their degree course for a period of three to four months.	The findings of the study suggest that authentic leadership behaviors positively influence trust among healthcare staff.	The study did not indicate whether it sampled staff or patients to establish patients' satisfaction level.	The study sampled both the staff and patients with quality service delivery as dependent variable
Sfantou (2017)	et al.	Whether there exist an association between different leadership styles and healthcare quality measures	The search was performed in the Medline (National Library of Medicine, PubMed interface) and EMBASE databases for the time period 2004–2015	Participative leadership style was found to be strongly correlated with quality care and associated measures. Leadership was considered a core element for a well-coordinated and integrated provision of care, both from the patients and healthcare professionals.	This was a desktop review with empirical findings making it difficult to generalize the finding since it lacked methodological support.	The current study was empirical in which data was collected using questionnaire
Warri (2021)		Link between the type of leadership style and the quality of services among health workers	The study used a descriptive research design with a simple random size of 150 health workers of the CBCHS. Data	Participative leadership style was associated with higher scores for maintaining good public	The effect of leadership styles on the quality of work was not confirmed	The current study sampled Medical Superintendent, Hospital Administrator, Human

		were collected using closed-ended questions and analyzed using IBM SPSS Statistics Version 20	relations and customer care than other leadership styles	as the results were not statistically significant. Further, the study did not indicate the sampling frame therefore difficult to determine external validity	Resource Officer, Head of Pharmacy, Head of Nursing, Head of Laboratory and Head of Clinical Services. Therefore the total target population for this study consisted 264 staff in all the referral and sub-county hospitals
Kyalo, Otieno and Tenambergen(2018)	Role played by leadership style in the integration of health management information systems (IHMIS)	A mixed method research design was used. A sample size of 288 respondents stratified in three levels of healthcare (tier 1, 2, and 3) were purposively selected to participate in this study	Good execution of leadership transpires through the availability and access to information during decision making. Participative leadership style was however found to have a negative and none significant effect in the integration of HMIS, this type of leadership plays the role of fragmenting the information systems	The study focused the integration of health management information systems which is one measure of service delivery. Further, there was no evidence of triangulation of quantitative and qualitative data sources	The current study triangulated the data from questionnaires and interview to enhance arguments
Chepkonga and Nyaga (2019)	Influence of leadership style on the quality of service delivery in public hospitals.	Target population for this study comprised of 273 employees and 10,000 patients in Mbagathi district hospitals within Nairobi City County. Simple random sampling was	Findings indicated that there was a positive and significant relationship between participative leadership style and service delivery in	There was no evidence of triangulation of quantitative and qualitative data sources. The study	The study was conducted in public health facilities in County Governments in Western Region, Kenya to enhance arguments

		used to select 398 employees and patients while census was done on the 8 management staff	public hospitals in Kenya.	was limited to Mbagathi district hospitals within Nairobi City County. The study did not indicate which tool was used to collect data from employees and patients	
Kanyua and Thiane (2017)	How leadership Style influences implementation of service delivery in County Government, department of health Services in Embu County	This study adopted descriptive study design. The study made use of stratified sampling. Stratified is where the researcher divides a study area in portion and then he/she picks few individuals for study. The sample size comprises of 110 respondents	The study found that County Government has a policy on leadership style. It was also found that workers were not free to make most decisions without consulting their seniors, meaning decisions are made by their seniors	The study did not indicate the target population although it stated that he/she picks few individuals for study. Further, there no inferential analysis to indicate leadership Style influenced implementation of service delivery in County Government.	The study used inferential statistics such as Pearson correlation and inferential analysis The current study sampled Medical Superintendent, Hospital Administrator, Human Resource Officer, Head of Pharmacy, Head of Nursing, Head of Laboratory and Head of Clinical Services. Therefore the total target population for this study was 264
Human Resource Capacity					
Musyoka, Adoyo and Ongombe (2021)	The role of human resource capacity on service delivery of public health facilities in Nairobi City County,	A descriptive research design was used in this study. Primary data was collected using questionnaires, which was self-administered by the	The study found out that Training and development, is primarily individualistic in nature	There was no evidence of effect of human resource capacity on service delivery of public	The study focused on the effect of human resource capacity using inferential statistics

	Kenya	researcher with the help of a research assistant. Open-ended questions helped the researcher to obtain personal ideas and suggestion from the respondents.	and focused on ensuring that employees develop throughout their careers to capture more opportunity	health facilities using inferential analysis. Further, there was no evidence of triangulation of quantitative and qualitative data sources.	
Mohamed and Hameed (2015)	Impact of practicing human resources capacity on the quality of healthcare service and achieving patients' satisfaction	The descriptive methodology was applied to demonstrate and analyze the previous literatures	The study shows that effective human resources capacity has a strong impact on healthcare quality and improving the performance of hospital's staff.	The study did not indicate whether it sampled staff or patients to establish patients' satisfaction level. The study did not indicate which patient satisfaction tool was used.	The study sampled both the staff and patients with quality service delivery as dependent variable
Ikenye (2021)	Effect of human resource factors on healthcare service delivery in Kiambu County.	The study methodology that was anchored on a descriptive research design. The population of the study was derived from public health institutions operating from Kiambu County. The unit of observation was senior health officials in all the level V, IV, III and II in the county	The study was able to establish that human resource capacity had a positive relationship with healthcare services delivery.	The study did not factor common method bias in cases where a single tool is used to collect dependent and independent variable data. Further it was important to include patients who can adequately assess health service delivery.	The study focused on all cadre of employees
Tomar and Dhiman (2013)	Role played by HR practices in maintaining	Exploratory designed This being a relatively new	HR specific issues such as standardization of	It specifically focused on the	The current focused on the influence of human

		the quality of service delivery, in the context of healthcare services.	area, an inductive approach was used. The study relied on semi-structured interviews for the purpose of data collection	nursing activities, appraisal systems, effective communication channels, and compensation structure, all affect the quality of service provided in a hospital	administrative factors and HR policies that aid effective service quality and the practices that bring down the quality of care provided in a private sector Indian hospital.	resource capacity on public health facilities service delivery in County Governments in Western Region, Kenya
Stephen and Bula (2017)		The link between human resource management practices and quality of health care service delivery within Teaching and Referral Hospitals in Kenya. A case of Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) in Kisumu County, Kenya	A cross sectional survey research design was used to capture opinions of a sample of 97 respondents from a target population of 130 clinicians and nurses	The findings indicated that predictor variables in the study, with training and performance management was significant predictors of QHCSD within TRHs	Study focused on Human Resource Management Practices and Quality of Health Care Service Delivery. Geographically, the study was limited to Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) in Kisumu County, Kenya	The current focused on the influence of human resource capacity on public health facilities service delivery in County Governments in Western Region, Kenya
Odhiambo Iravo (2018)	and	Effect of human resource capacity on service delivery of the health sector of Nakuru County Government and specifically Nakuru Central sub County.	The study was quantitative in nature and thus it employed a descriptive research design. The target population of the study was all the 145 top level managers of healthcare services in Nakuru Central sub-county. The sample size	The study found that capacity building had a positive and significant effect on service delivery. The effect of capacity building is highly relevant for policy makers and	The study focused on capacity building as one aspect of human resource capacity. Geographically, the study was limited to Nakuru Central Sub County focusing on	The current study conceptualized human resource capacity as qualifications, experience, skills and attitudes

of the study was 63 respondents who were selected using purposive sampling

could help significantly in increasing the quality of life of their citizens through better access to services

top level management yet service delivery is implemented by all staffs in the organization.

Organizational Culture

Bruno (2021)

Influence of organizational culture on service delivery among Private Hospitals in Nairobi City County Kenya

The target population was all private hospitals in Nairobi City County totaling to 55 hospitals

It was established that organization culture and service delivery have a positive correlation.

The study was conducted in private hospital while the current study was conducted in Western Kenya. The study did not indicate which respondents were targeted and therefore is difficult to generalize the findings.

The study was conducted in public health facilities in County Governments in Western Region, Kenya
The study focused on all employees

Al-Otaibi and Common (2018)

Role of organisational culture in health care provision in Saudi Arabia.

To understand this culture and to be able to change it in a positive way, this study applies the Competing Values Framework (CVF) to health care providers in Saudi Arabia

The findings revealed that a hierarchy culture had slight prevalence when compared to other types in the current situation, while clan culture was slightly more prevalent in the preferred situation. To improve Saudi health care provision, a

The study was conducted in different context, Arabs, which has got different organizational culture as compared to Kenya. There was inadequate methodology in regards to population and design therefore

The study was conducted in public health facilities in County Governments in Western Region, Kenya
The study adopted Causal-comparative and descriptive research designs were used in this study.

Chi and (2018)	Chia	Impact of hospital organizational culture on organizational commitment among hospital nursing executives in Taiwan	The randomly stratified sampling method is used in this study to select 106 hospital's nursing executives from 24 medical centers in Taiwan	balance and a uniform strengthening of the four types of cultures (clan, adhocracy, market and hierarchy) was required	making it difficult to general the findings
Carney (2018)		Identify if aspects of organizational culture may indicate a new terrainthe cultural influences-quality healthcare relationship	Interviews were undertaken among 50 professional clinician and non-clinician managers working in the role of head of department, in acute care hospitals in Ireland. The sample was drawn from the total population of 850 managers, utilized in a previous survey study	A positive relationship between hospital organizational culture and organizational commitment was reported. Regression analyses also reveal that the total score on hospital organizational culture is a good predictor of organizational commitment Several cultural influences such as excellence in care delivery, ethical values, involvement, professionalism, value-for-money, cost of care, commitment to quality and strategic thinking were found to be key cultural determinants	The study used Public health facilities service delivery as dependent variable. Organizational culture included shared beliefs and values, communication channels policies and attitude The study used mixed methodology which enhanced triangulation

Chepkonga and Nyaga (2019)	Influence of leadership culture on the quality of service delivery in public hospitals	The target population for this study comprised of 273 employees and 10,000 patients in Mbagathi district hospitals within Nairobi City County. Simple random sampling was used to select 398 employees and patients while census was done on the 8 management staff. This study used primary data, both quantitative and qualitative.	in quality care delivery Findings indicated that there was a positive and significant relationship between leadership culture and service delivery in public hospitals in Kenya	The study only focused on leadership culture ignoring other type of organizational culture.	Organizational culture included shared beliefs and values, communication channels policies and attitude
External Environment -Moderating Variable					
Kinyanjui and Awour (2019)	Effect of the organization environment on health care service delivery under the devolved system	Cross-sectional study design was employed. The target population for this study was from 100 respondents at management level both at the county and the three level 5 hospitals in Kiambu County. Primary quantitative data was collected.	Results indicate that political influence, conflict interest, inadequate human resource capacity and weak monitoring and evaluation negatively affected health care service delivery under the devolved system	The study was conducted in Kiambu County in Kenya	The study was conducted in public health facilities in County Governments in Western Region, Kenya The study adopted Causal-comparative and descriptive research designs were used in this study.
Muthai (2018)	Effects of external environmental factors on strategy implementation in private hospitals in Nairobi County, Kenya	Descriptive research design was used, with a sample size was 44 employees from 50 private hospitals in Nairobi. Data was collected using questionnaires and analyzed quantitatively and qualitatively	The findings of the study on internal organization factors indicated a positive correlation between internal organization	The study was conducted in private hospital and in terms of data analysis; hierarchical regression was not used to establish	The study was conducted in public health facilities in County Governments in Western Region, Kenya Hierarchical regression was used to ascertain

			factors and strategy implementation. The study further found that industrial forces positively affected strategy implementation.	moderating effect of external environmental factors.	moderating effect
Ahmad (2012)	Investigated the influence macro environment factors have on the health service strategy made by the hospital managers	A triangulation method was used to collect primary data through a questionnaire.	The results show significant differences in the influence of macro environment factors on health service strategy	This study focused on four factor macro environment factors with considerable influence in health service strategy in the hospitals in Saudi general private sector hospitals.	The study was conducted in public health facilities in County Governments in Western Region, Kenya
Oketch (2021)	Role of strategy implementation and external environment in the relationship between strategic leadership style and organizational performance of Agricultural, Livestock and Fisheries (ALF) parastatals in Kenya.	A Cross sectional survey design using a census was adopted Primary data was collected using structured questionnaire	The external environment also directly and indirectly moderates in the relationships between strategic leadership style, strategy implementation and performance	The study used organizational performance as dependent variable not public health facilities service delivery as in the current study. The study was conducted in Agricultural, Livestock and Fisheries (ALF) parastatals in Kenya	The current study was conducted in Public hospitals The study was conducted in public health facilities in Western Region Public health facilities service delivery was used as dependent variables-
Tegek (2018)	effect of strategy implementation and	The research design that was employed for this research was	Findings from the study showed that	The study used performance as	

external environment
on performance of
commercial banks in
Kenya

descriptive cross sectional survey
whereby all operating commercial
banks were targeted. Structured
questionnaires were distributed to
43 banks

majority of the banks
develop
guidelines/models
which guide the
strategy
implementation
process and puts into
consideration
different
environmental factors
that can influence the
implementation
process.

dependent variable
not public health
facilities service
delivery as in the
current study. The
study was further
conducted in
performance of
commercial banks in
Kenya. The study
was conducted in
profit making
organizations,
commercial banks

2.6 Conceptual Framework

Models are theoretical frameworks that systematically organize interconnected concepts and principles, providing structure and coherence to a specific area of knowledge. Without the guidance of theory, isolated data lack meaning and fail to reveal underlying relationships (Olum, 2004). Theories and theoretical models serve as criteria for determining relevance, facilitating effective communication, and encouraging ongoing learning in response to the dynamic nature of our world or the specific domain of our endeavors (Chiuri, 2015). In the field of strategic management, various models and frameworks are commonly employed by researchers and managers for strategy analysis and formulation. These include widely recognized tools such as SWOT analysis, Porter's generic strategies, and portfolio models (Okumus, 2003; Wheelen and Hunger, 2012).

However, when it comes to the specific area of "strategy implementation," there is a lack of consensus, a widely accepted, or dominant framework (Siddique and Shadbolt, 2016). Unlike the aforementioned models that have gained widespread recognition and adoption, strategy implementation lacks a universally agreed-upon framework that researchers and practitioners can rely on. This gap in the literature and practice highlights the complexity and multifaceted nature of strategy implementation. It suggests that implementing strategies effectively involves a variety of factors and considerations that may not be adequately captured by a single framework as illustrated in Figure 2.1. As a result, researchers and practitioners often draw on a range of approaches, theories, and best practices to address the challenges and intricacies of strategy implementation.

Independent Variable

Dependent Variable

(Strategy Implementation Determinants)

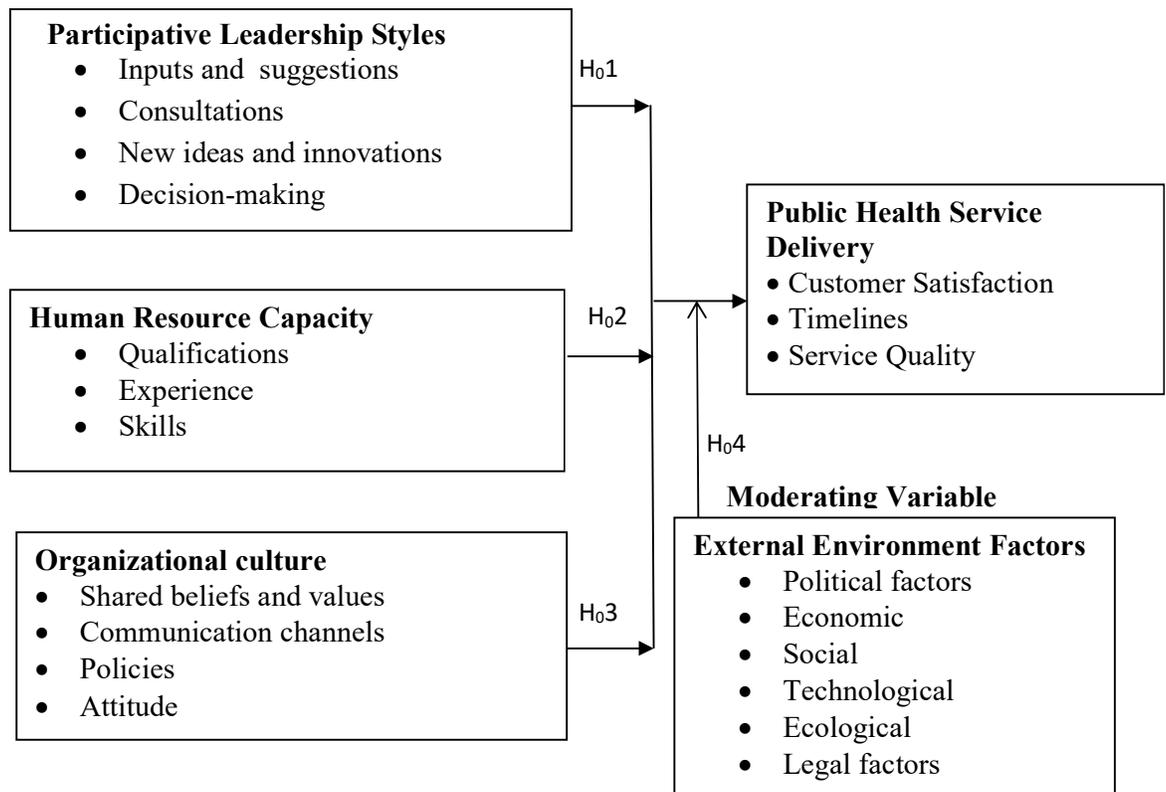


Figure 2.1: Conceptual Framework

Source: Developed from the Reviewed Literature by Researcher (2023)

The study derived a conceptual framework from the reviewed literature to illustrate the link between the dependent and independent variables. The independent variable was the determinant of strategy implementation. They included styles of participatory leadership, human resource capacity and organizational culture. Service Delivery in the Public Health Facilities was the dependent variable. This was evaluated based on client happiness, turnaround times and service quality. This link was believed to be mediated by the External Environment, which consisted of political, economic, social, technological, ecological, and legal factors. Figure 2.1 illustrates the conceptual framework and operationalization of variables in this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the research methods employed for the study. It also discusses the research design explicitly in terms of design selection. The study also included a discussion of the research philosophy, population, sample and sampling methodologies, data gathering methods, data processing and presentation methods.

3.2 Research Philosophy

This study utilized the positivist research philosophy, which is consistent with the notion that realism is stable. Shamsudin, Chauhan and Kura (2012) define positivism as a research methodology predicated on the ontological notion that reality is independent of the observer and that aims to quantify the variables of a social phenomenon. Consequently, the rejection of metaphysical inquiry in favor of scientific inquiry is the most significant characteristic of positivism and the reason why this philosophy is suitable for this subject.

Eriksson and Kovalainen (2015) defend the idea that reality may be observed and described objectively without interfering with the phenomenon itself. Because positivists trace their philosophy back to the natural sciences, they hold that assumptions generated from current theories may be tested through measuring observable social reality. Research philosophies that are similar to positivism tend to agree with the worldview of the natural sciences. These scientists take pleasure in studying something that appears to be a social reality, and the conclusions that can be drawn from their work are on par with those drawn by physical and natural scientists

(Creswell & Creswell, 2017). Positivist research is also characterized by an emphasis on objectivity and a desire to eliminate bias from the study's findings.

The researchers assert that they are not involved in the data collection procedure because there is little that can be done to modify the collected data's substance. In addition, the strategy of this study was positivist because it relied on experimental and non-manipulative procedures that established a distance between the researcher's own prejudices and the actuality of the study's purpose. Positivist methodology often involves theory confirmation, hypothesis creation, and testing. In general, quantitative methodologies were employed. The attitude of the positivist is based on the theoretical premise that the researcher may know objective reality if the proper procedures and applications of those approaches are utilized (Cohen & Crabtree, 2006). As noted by Thomas, Silverman and Nelson (2015), positivistic thinkers embrace scientific methodologies and standardize the knowledge generating process with the aid of quantification in order to increase precision in the description of parameters and their relationships.

3.3 Research Design

A research design is the program that guides the investigation of the research in collection, analysis and interpretation of observations made (Cresswell, 2014). It is a logical model of proof that allows inferences to be drawn concerning causal effect relations between the variables under investigation. It also defines the domain of generalization to a larger population or to different situations, (Mitchell & Jolley, 2012). Research design can also be thought of as the structure of research. It is the glue that holds all of the elements in a research project.

This study employed both an explanatory research design and a descriptive survey research design. The explanatory research design explores the cause-and-effect relationships and also allows for the systematic collection of data in standardized form from an identifiable population or representative (Baskerville & Priesheje, 2014). Creswell and Creswell (2017) state that explanatory is used to refer to research in which the researcher, rather than creating the treatment, examines the effect of a naturally occurring treatment after it has occurred. In other words, it is a study that attempts to discover the pre-existing causal conditions between groups. The main aim of explanatory research is to identify any causal links between the factors or variables that pertain to the research problem. On the other hand, it tries to verify formulated hypotheses that refer to the present situation in order to clarify them (Bowen, Rose & Pilkington, 2017).

The design was appropriate for determining in quantitative terms the degree of relationship between the strategy implementation determinants, the external environment and public health facilities service delivery. The suitability of this design was justified by the fact that it was able to determine the relationship between the three variables used in this study. Studies that engage in hypotheses testing usually explain the nature of certain relationships; establish the differences among groups or the independence of two or more factors in a situation (Benitez, Henseler, Castillo & Schuberth, 2020). An explanatory research design was fitting for this study because it helped in ascertaining not only the relationship between the different variables but also the effect and strength of each independent variable on the dependent variable, which in this case is the public health facilities service delivery.

The descriptive survey approach was chosen because it enables the researcher to collect information systematically using questionnaires, compile it, present it, analyze

it using SPSS, and interpret it. Often, descriptive research requires the collection of information through data analysis, surveys, interviews, or observation. The design also aids the researcher in providing accurate descriptions of goods.

3.4 Study Location

The research was carried out in the County Governments of the former Western Province. Bungoma, Kakamega, Vihiga, and Busia are the Counties. Its respective county seats are located in the towns of Kakamega, Mbale, Bungoma, and Busia. In terms of longitude, Bungoma County can be found between $340^{\circ}20'$ and $350^{\circ}15'$ east of the Greenwich Meridian and between latitude $00^{\circ}28'$ and latitude $10^{\circ}30'$ north of the Equator. Kakamega County is to the east and south of it, Busia County to the west and south west, Uganda to the northwest, and Trans Nzoia County to the north east. Bungoma County is divided into nine different constituencies: Kanduyi, Webuye East, Webuye West, Bumula, Kabuchai, Kimilili, Sirisia, Tongaren, and Mt. Elgon. Kakamega County can be found between 00.280° and 340.750° of latitude and longitude. Altitudes in the county average 1,240 meters and peak at around 2,000 meters.

Kakamega County is located in central Kenya, and it shares boundaries with the Counties of Bungoma and Trans Nzoia to the north, Vihiga County to the south, and Nandi County and Uasin Gishu County to the east. There are 12 different constituencies in Kakamega County: Lurambi, Malava, Ikolomani, Shinyalu, Navakholo, Mumias East, Mumias West, Matungu, Butere, Khwisero, Lugari, and Likuyani.

Vihiga County can be found between the coordinates of $34^{\circ}30'$ and $350^{\circ}0'$ East and 0° and $0^{\circ}15'$ North. The county is gently sloping from west to east, with an elevation

ranging from 1,300 to 1,800 meters above sea level. To the east is Nandi County, to the west is Siaya County, to the south is Kisumu County, and to the north is Kakamega County. Vihiga County lies in central Kenya. There are five different constituencies in Vihiga County, and they are named Hamisi, Luanda, Vihiga, Emuhaya, and Sabatia. The coordinates for Busia County are: 0 degrees North, 0 degrees East, and 34 degrees 25 minutes East. Counties of Kakamega and Siaya to the south-west and Bungoma to the north form its borders to the east, south, and west, respectively. Part of Lake Victoria is to the southeast, while Uganda is to the west of the country. Teso South, Teso North, Funyula, Matayos, Nambale, Budalang'i, and Butula are the seven constituencies that make up the County. Because of their proximity to one another and the fact that they share a number of economic and social values and perspectives that are similar, County Governments in Western Kenya were selected as the study region.

3.5 Target Population

The term target population is used to describe the complete set of people, things, or communities that will be analyzed (Orodho, 2009). Therefore, the total target population for this study consisted of nine hundred and sixty-six staff from the four (4) county referral hospitals and 29 sub-county hospitals. These were four (4) CECMs (Health), four (4) Chief Officers (Health), four (4) Directors (Health), four (4) County Nursing Officers, 33 Medical Superintendents, 33 Hospital Administrators, 33 Human Resource Officers, 33 Head of Pharmacy, 33 Head of Nursing, 33 Head of Laboratory, 33 Head of Clinical Services, 33 Health Records and Information Officers and 686 patients who were admitted, treated and discharged between July and September, 2022). These patients were selected from the Health Records and Information Officers' records and were reached through phone interviews when

filling out the questionnaires. The study focused only on the four (4) referral and twenty -nine (29) sub county hospitals since they were well equipped in terms of facilities and specialists and offered variety of services to the patients (see Table 3.1).

Table 3.1: Sampling Frame

S/N	Categories of Respondents	Bungoma	Kakamega	Busia	Vihiga	Total
Ministry of Health						
1	CECM – Health	1	1	1	1	4
2	Chief Officer – Health	1	1	1	1	4
3	County Director	1	1	1	1	4
4	County Nursing Officer	1	1	1	1	4
Sub Total						16
Referral Hospital						
1	Medical Superintendents	1	1	1	1	4
2	Hospital Administrators	1	1	1	1	4
3	Human Resource Officers	1	1	1	1	4
4	Head of pharmacy	1	1	1	1	4
5	Head of Nursing	1	1	1	1	4
6	Head of laboratory	1	1	1	1	4
7	Head of Clinical Services	1	1	1	1	4
8	Health Records and Information Officers	1	1	1	1	4
Sub Total						32
Sub-County Hospitals						
1	Medical Superintendents	9	10	6	4	29
2	Hospital Administrators	9	10	6	4	29
3	Human Resource Officers	9	10	6	4	29
4	Head of Pharmacy	9	10	6	4	29
5	Head of Nursing	9	10	6	4	29
6	Head of laboratory	9	10	6	4	29
7	Head of Clinical Services	9	10	6	4	29
8	Health Records and Information Officers	9	10	6	4	29
9	Number of Patients Admitted, Treated & Discharged (July-September, 2022)	175 (18)	215 (22)	153 (15)	143(14)	686(69)
Sub Total						918
TOTAL						966

Source: County Human Resource Departments (2022)

3.6 Sampling Techniques and Sample Size

One of the key objectives of any survey is to obtain results that may be considered reliable by statistical standards. This means there are sufficient observations to draw firm judgments. Typically, sample size relates to the surveying of huge populations. Generally, 10% is an acceptable maximum sample size as long as it does not exceed 1,000 (Piroska, 2022). The population of the four Counties and the people who lived there were split up into several groups. The researcher employed stratified random sampling because it allows them to collect data from a subset of the population that is representative of the whole. The study adopted the census method for the 264{32 + (29x8)} staff since the number was small and accessible, thus giving a total sample size of 264 respondents who responded to the questionnaires. A total of 16 staff comprising CECMs, Chief Officers, County Directors, County Nursing Officers and 10% of the 686 (69) patients who were selected through a simple random sampling technique were interviewed and therefore did not respond to the questionnaires. A census technique is the procedure of a statistical list in which all members of a population are analyzed, and it aims to collect data on all eligible elements in a specific population. In addition, the census method of data collection allows for a more thorough examination of the research problem. With simple random selection, the researcher chooses a predetermined number of people at random from the entire population. The odds of selection are the same for everyone in the population. This sampling strategy is sometimes referred to as a method of chance because the selection of items is entirely dependent on luck or probability (Fleetwood, 2017). The patients are the primary consumers of the health services offered by the county referral hospitals and sub-county hospitals. Therefore, the patients give the factual information on the health delivery services offered by these hospitals.

3.7 Data Collection Instruments

The study made use of two data collection instruments, namely structured and semi-structured questionnaires, and interview guides.

3.7.1 Instrumentation

The study developed both structured and semi structured questionnaires to collect data from respondents among public health facilities in County Governments in Western Kenya. The questionnaires for employees consisted of five sections, where sections II -VII had closed ended questions. Section I consisted of background information which was aimed at obtaining general information about the respondents. Section II, III and IV aimed at examining strategy implementation determinants, the external environment and public health facilities service delivery in the Western Region, Kenya. Section V included information on external environmental factors and Section VI captured information on public health facilities service delivery. Interview questions for patients who received services and discharged were structured with open ended questions and had two sections; demographic information and public health facilities service delivery among health facilities in Western Kenya County Governments. Therefore closed ended questions were developed to allow easier and more accurate analysis of the data and therefore, precise interpretation of the responses, as well as a high degree of respondents' objectivity. Open ended questions were used to give the respondents a chance to deliver rich information. Questionnaires were appropriate for the study because they enabled collection of data from a sample of respondents and upheld confidentiality (Kombo & Tromp, 2011).

3.7.2 Interview guides

Kothari (2011) defines interviews as the process of obtaining information through face to face interaction. The instrument allowed for in-depth probing, leading to the clear expression of feelings, opinions and attitudes from County Executive Committee Members, Chief Officers, County Directors; County Nursing Officers for Health and Patients who received services and were discharged.

The questions were developed based on the objectives of the study. The first question was on participative leadership styles, available in public health facilities in County Governments of Western Kenya, while the second question was on human resource capacity. The third question was based on organizational culture, while the fourth and fifth questions were on the moderating variable of external environment and public health facilities service delivery, respectively. The patients who received services and were discharged were also interviewed to gauge their response to the dependent variable (public health facilities service delivery)

Interviews were considered reliable way of collecting data from respondents who had an in-depth understanding of strategy implementation determinants among public health facilities in County Governments of Western Kenya.

3.7.3 Data Collection Procedure

The data collection procedure involves the channel used by the researcher to collect data during the study. In this study, the data collection procedures followed by the researcher included; obtaining permission to conduct research was obtained from MMUST Directorate of Graduate Studies (See Appendix VI) and NACOSTI (See Appendix VII), the researcher conducted a pilot study in Trans Nzoia County, testing for reliability and validity of research questionnaires; and administering the

instrument through the drop and pick later method while adhering to ethical considerations.

Four research assistants for each County Governments of the former Western Province were identified and trained to help in the data collection exercise. Participants were given a period of two weeks to one month to complete the questionnaire. This was carried out during the regular break times 1-2pm and 4-6 pm due to the busy schedule of participants. The exercise took a period of 1-2 months to collect the needed data. Follow-ups through mobile calls were made to the research assistants so as to remind them of their duty to collect data within the stipulated timeframe. Weekly meeting of research assistants were scheduled so as to assess progress and iron out any issues that arose during the exercise of data collection. Once the data collection exercise was completed, questionnaires were checked for completeness before editing, coding and entering data into SPSS. Then finally, the data in the SPSS was transformed and analyzed.

3.8 Pilot Study

According to Cooper and Schindler (2011), the purpose of the pilot test is to identify flaws in the design and instrumentation, as well as to supply proxy data for the selection of the probability sample. Preliminary testing of the questionnaire followed the same protocols as the study or data collection itself. Only 10% of the population was included in the pilot study (Mugenda, 2012). 40 respondents from the five (5) sub-county hospitals in Trans Nzoia County, was used as a pilot study to test the questionnaire. The instruments' validity and reliability were examined through pilot studies. The results of the pilot study were useful in improving the data collection instruments; for example, some previously omitted information was incorporated. The

results of the pilot study were used to remove the flaws from the study instruments. After the pilot study, a discussion was held with the supervisors in order to make relevant adjustments to the instruments pertaining to reliability and validity. This was done by checking the relevance of how respondents answered questions on strategy implementation determinants and public health facilities service delivery in the instruments of data collection prior to the main study.

3.9 Validity and Reliability of Research Instruments

3.9.1 Validity

It's not enough for data to just be accurate; it also needs to be true. Valid measurements also tend to be quite trustworthy (Creswell, 2003). The researcher relied on content validity, which is the degree to which a test or survey sufficiently addresses the concepts at hand. The data collection instrument's content validity was established after being reviewed by a panel of experts who offered their thoughts on each question and indicated whether they found it to be pertinent or not. Construct and face validity were also employed in the research. Construct validity was achieved by investigating multiple facets of the construct of interest through a sequence of interconnected questions. The questionnaire was found to have high face validity because it only asked about topics that were actually of interest to the respondents.

3.9.2 Reliability

The reliability of a research instrument is defined as the degree to which the same results are obtained when the instrument is repeatedly used on the same participants (Mugenda and Mugenda, 2003). Reliability testing ensures that the variables being measured are consistent (Kumar, 2000). Internal consistency reliability was calculated using the Cronbach alpha formula (Kim & Cha, 2002). This study followed Gupta's

(2004) recommendation that a minimum alpha value of 0.7 be used for item loadings. The purpose of this research was to make sure that the measurements obtained from the data gathering instruments were correct (valid) and reliable (consistent) throughout several uses. Using the SPSS statistical program, data generated during the pilot study was analyzed to determine the reliability of the instrument. In the past, researchers have accepted a reliability coefficient of 0.7 or higher (Carmines & Zeller, 1979), but now researchers set the bar at 0.7. The reliability analysis results are as shown in Table 3.2 indicating that the instruments were reliable.

Table 3.2: Reliability Analysis Results

Variables	Reliability Statistics	
	Cronbach's Alpha	No. of Items
Participative Leadership Style	0.762	08
Human Resource Capacity	0.740	04
Organizational Culture	0.880	05
External Environment	0.804	06
Public health facilities service delivery	0.853	10

Source: Research Data (2023)

This internal reliability analysis assured that products act consistently when put through the same testing environment multiple times. This, therefore, meant that if the instruments were used on a full scale, they would give consistent results. These results gave a go-ahead for actual data collection from the hospitals in the four Counties. This study considered two forms of reliability: Test-retest reliability; that is, even if there is no judgment involved, the researcher would make sure that the questions on the instrument were precise enough and were not opened to misinterpretation or the current mood of the participant when going through the questions with the supervisors and experts in the School of Business and Economics. The second form of reliability was internal consistency. In this case, the consistency across items on the scale was

taken care of by having every item on the scale measured the same construct and responses for all items.

The coefficient for the whole medical personnel questionnaire was 0.807. These results indicated a high level of reliability for the tool. This helped to establish consistency among the items in measuring the concepts of interest.

3.10 Data Processing and Analysis

Analyzing acquired data in order to draw conclusions is what is meant by data analysis (Oso & Onen, 2011; Cooper & Schindler, 2011; Kothari, 2011; Mugenda & Mugenda, 2012; Kombo & Tromp, 2011). Discovering patterns, isolating key variables, searching for outliers, and verifying hypotheses are all part of the data analysis process. In this step, you'll analyze the collected data to draw conclusions. In order to present and comprehend the results, the collected data was coded, tallied, and tabulated. Tabulations, percentages, and measures of central tendency were all used to produce quantitative reports.

Quantitative data was analyzed using the Statistical Program for the Social Sciences (SPSS Version 26), while qualitative data was analyzed using a content analysis approach based on themes derived from in-depth interviews and open-ended questions. Content analysis is a method for describing the overt content of communications in a systematic, quantitative, and objective manner (Berelson, 1952). Used to objectively count the number of times a particular word, topic, theme, phrase, character, or sentence appears in a text or collection of texts. Linear regression analysis was used in the study to figure out the connections between the various independent variables and the final tally. A series of multiple linear regression models was used to examine the relationship between the factors influencing the success of

strategy implementation and the quality of services provided by County Governments in Western Region of Kenya.

Multiple linear regression analysis (standard multiple regression and hierarchical multiple regression models) and the Pearson correlation test were used to determine the degree of association between the independent and dependent variables. An independent variable's components that are highly associated with the dependent variable are aggregated to form the construct variable, a composite variable (Kothari & Garg, 2014). While applying this method, the construct variable's composite was cleaned up by removing the components that did not show a statistically significant correlation with the dependent variable.

3.10.1 Descriptive Statistics

The major purpose of this was to illustrate the general trend of the underlying data. The researcher employed descriptive statistics such as the mean, standard deviation, and range of values to characterize the data. Descriptive statistics like this were utilized to create indices and measures that would serve as summaries of the data (Kothari, 2007). The mean is a statistical measure of central tendency that is used to identify the most typical value in a data set. The standard deviation quantifies the extent to which a distribution deviates from its mean value. The range of the data was demonstrated by using minimum and maximum values. Tabular and graphical representations of the information were provided.

3.10.2 Inferential statistics

The study employed inferential statistics such as correlation analysis and regression analysis to evaluate null hypotheses. SPSS Version 26 was used for these statistical analyses, and a 5% threshold of significance was used throughout.

3.10.2.1 Correlation Analysis

Analyzing the degree to which two variables are linearly related and computing their association is the purpose of correlation analysis in scientific study. When two variables are correlated, the degree to which one variable changes in response to a change in the other can be determined using correlation analysis. A strong correlation between two variables suggests an intimate relationship, while a weak correlation suggests simply a superficial one. The correlation coefficient (sometimes abbreviated as r) is a symbol-less number between +1 and -1 that quantifies the strength of a linear relationship between two variables in correlation analysis.

3.10.2.2 Multiple Regression Analysis

Regression analysis is a useful statistical tool for investigating correlations between several independent variables and a single dependent variable (Lind, 2008). The goal of multiple regression analysis, as described by Kariuki (2015), is to incorporate various predictor variables into a single regression equation. Multiple Regression analysis was done to determine the extent to which each independent variable contributed to the overall change in the dependent variable. As a guideline, we utilized a 5% significance level. Reject the null hypothesis in favor of the alternative if the P value is less than 0.05 (5% significance level) and vice versa (Linyuru, 2015). Both the traditional multiple regression method and the more advanced hierarchical method were used in the research.

A conventional multiple regression model, including simple linear regression and multiple linear regressions, was used to analyze the impact of strategic implementation determinants on County Governments' delivery of public health services in the Western Kenya Region. We used simple linear regression to

investigate the effects of individual factors on strategy implementation and multiple linear regression to analyze the combined effects of all components. The study utilized the R square, the F ratio, and the significance level to demonstrate a relationship between strategy implementation elements and the provision of public health services by County Governments in Western Region of Kenya.

The moderating effect of context on the association between the factors that influence strategy execution and the provision of public health services was analyzed using the Hierarchical Multiple Regression Method. The model's interaction impact is important if and only if a moderating effect occurs. Each moderating variable underwent a three-stage analysis process before a conclusion could be drawn. A moderating variable, then the interaction effect, and then the determinants of strategy implementation were then added to the model. This research aimed to determine the significance level, the rate of change (F), and the coefficient of determination (R square).

3.11 Analytical Model

The study used simple regression, multiple regression and hierarchical models for its objectives.

a) Simple Regression Models

A simple linear regression analysis model was used to test the effect of individual strategy implementation determinants, namely participative leadership style, human resource capacity and organisational culture on public health facilities service delivery among the Western Kenya County Governments. The model was therefore applied to establish the strength of the relationship between individual strategy implementation determinants, namely participative leadership style, human resource capacity and

organisational culture on public health facilities service delivery among the Western Kenya County Governments. Key aspects, namely, the model summary of the value of r squared and the coefficient of determination that shows the percentage of variations in the dependent variable that were caused by variations in the independent variable. The second part of the model was the ANOVA table, whose variations were caused by both the model as well as residuals. The study used a 5% significance level to test the hypotheses.

The computed F statistic was checked for significance by taking the last column which had the key value. The third and last part of the model had values of the coefficients of regression that showed the extent of the strength of the relationship between strategy implementation determinants and public health facilities service delivery, whose p values were indicated. The formula represented the general model of simple linear regression and clearly showed that on the left-hand side was the dependent variable and on the right-hand side was the independent variable alongside the y-intercept and the random error term.

$$Y = \alpha + \beta X + \varepsilon$$

Where:

Y = dependent Variable (Public health facilities service delivery)

α = the predicted value of internal efficiency if the independent variable is zero

β = rate of increase or decrease of Y for each change in the independent variable

x = the Independent Variable (Strategy Implementation Determinants)

ε = other factors that influence the dependent variable that are unobservable or are not part of the study.

b) Multiple Regression Model

The model was used to test the statistically significant effect of the combined strategy implementation determinants, namely participative leadership style, human resource capacity and organizational culture on public health facilities service delivery among the Western Kenya County Governments.

The formula represented the general model of multiple linear regression and clearly showed that on the left-hand side was the dependent variable and on the right-hand side was the independent variables alongside the y-intercept and the random error term.

$$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Where:

Y = Strategy Implementation determinants

α = Determines the level of fitted lines

β_1, β_2 and β_3 = Slopes of X_1, X_2, X_3

X_1 = Participative Leadership

X_2 = Human Resource Capacity

X_3 = Organizational Culture

ε = Error term

c) Hierarchical Regression Model

The model was used to test the statistically significant moderating effect of external environment factors on the relationship between strategy implementation determinants and public health facilities service delivery in the Western Kenya Region as hypothesized in hypothesis 4. A hierarchical regression analysis test was used to test the significant moderating effect of individual external environment factors, namely, political factors, economic, social, technological, ecological and legal

factors on the relationship between strategy implementation determinants and public health facilities service delivery.

Later, the model was used to test the moderating effect of combined external environmental factors, namely, political factors, economic, social, technology, ecological and legal factors, on the relationship between strategy implementation determinants and public health facilities service delivery. The first model had independent variables interact with the dependent variables without an external environmental factor. While the second model had the independent variables interacted with dependent variable together with the individual external environmental factors namely, political factors, economic, social, technology, ecological and legal factors and examined for statistical significance to determine the moderating effect. Later, the independent variables were interacted with dependent variables together with combined external environmental factors namely, political factors, economic, social, technology, ecological and legal factors and examined for statistical significance to determine the moderating effect on the relationship between strategy implementation determinants and public health facilities service delivery in Western Kenya. Finally, the independent variables were interacted with dependent variables together with compound external environmental factors as a whole and examined for statistical significance to determine the moderating effect on the relationship between strategy implementation determinants and public health facilities service delivery in Western Kenya.

The moderation effect was measured using hierarchical regression analysis and the models were in the form of

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

Where:

Y = Is Public health facilities service delivery (Dependent Variable),

X_1 - Participative Leadership,

X_2 - Human Resource Capacity,

X_3 - Organizational Culture,

Z_a is the hypothesized moderator (External Environment)

X_iZ is the interaction term of the External Environment with each of the independent variables (X_1, X_2, X_3)

B_iZ is the coefficient of X_iZ the interaction term between External Environment and each of the independent variables for $i = 1, 2, 3$

β_0 is constant (Y - intercept) which represent the value of Y when $X = 0$

3.12 Diagnostic Tests

The following diagnostic tests were performed before completing the regression analysis in order to reduce the possibility of bias introduced by the gathered data. The study conducted the following tests:

3.12.1 Multicollinearity

The independent variables have a close link to one another, a phenomenon known as multicollinearity. Multicollinearity occurs when the correlations among the independent variables are high ($r = 0.9$ and higher). This is a highly critical issue for multiple regressions. Bryman and Cramer (2014) advise caution before combining analyses using variables that have a bivariate correlation of 0.7 or higher. It is more difficult to discern the specific effects of each independent variable on the dependent variable when there is multicollinearity, and as a result, the standard errors for those variables tend to be exaggerated (Yoo, 2014). Remove one or more of the linked

independent variables from the regression model to eliminate multicollinearity (Cai, Wu, Xu & Zeng, 2017). Assessing the potential for multicollinearity There was a combination of a variation inflation factor and a tolerance level. Tolerance intervals larger than 0.1 or VIFs below 10 are considered suitable.

3.12.2 Normality

The condition (assumption) of the linear regression model is that the data for independent and dependent variables be normally distributed; hence, a normality test was employed to ensure this in this study (Sounders, 2012; Fuller, 2015). In addition, parametric tests assume that sample data come from regularly distributed populations. In SPSS Version 26, the Kolmogorov-Smirnov and Shapiro-Wilk tests were used to analyze the data for normality.

3.12.3 Homoscedasticity

When using a linear regression model, the homoscedasticity assumption must hold true. Homoscedasticity refers to a circumstance in which the error term is identical for all values of the independent variables. In order to achieve consistent responses and high-quality findings, this study controlled for error variation over the range of independent variables (homoscedasticity). Nevertheless, heteroscedasticity occurs when the magnitude of the error component changes across the values of the independent variables. The degree to which a breach of the homoscedasticity assumption influences the outcomes is proportional to the degree of heteroscedasticity (Gelfand, 2015). According to Cohen, West, and Aiken (2013), heteroscedasticity occurs when responses are not normally distributed or when the variance of the error term is not constant. To test for heteroscedasticity in the independent variables, we utilized a scatter plot of residuals and a graphical approach. The predicted scores

should have identical residuals and residual variance (homoscedasticity), and the scatter plot should resemble a rectangle with scores clustered near the zero line (Sounders, et al., 2012; Gibson, 2017). As a result, the score distribution was fully random, and any systematic pattern or grouping of the data is a violation.

3.12.4 Linearity

The relationship between the independent and dependent variables must be linear in order for linear regression to be performed. As linear regression is so vulnerable to outlier effects, checking for outliers is especially essential. Scatter plots are ideal for verifying the linearity assumption, and the following two illustrations show scenarios in which linearity is either absent or severely limited (Chatterjee & Hadi, 2015).

3.12.5 Hypothesis Testing

As each hypothesis is predicated on a single response variable that linearly depends on a set of predictor variables, we tested them all by employing a multiple regression model. The starting point for any hypothesis test is the null hypothesis or H_0 (Kaur, 2015). The T-test and the F-test were used to examine the hypotheses. In scientific research, it is customary to use null hypotheses, which are stated as the opposite of the working hypothesis. Alternative hypotheses refer to the rejection of the null hypothesis and the proposition of an alternative hypothesis (Bali, Gupta, & Gadhi, 2007). Table 3.3 outlines the methodology used to examine the four hypotheses.

Table 3.3: Hypothesis Testing

	Hypothesis Statement	Hypothesis Testing	Model
i	H ₀₁ : Participative Leadership style has no significant influence on the public health facilities service delivery of County Governments in Western Region, Kenya.	H ₀₁ : $\beta_1 = 0$ H _{0A} : $\beta_1 \neq 0$ Reject H ₀₁ if $\beta_1 \neq 0$ and P value ≤ 0.05 otherwise fail to reject H ₀₁ if $\beta_1 = 0$ and P value $> \alpha = 0.05$	$Y = \beta_0 + \beta_1 X_1 + \epsilon$
ii	H ₀₂ : Human resource Capacity has no significant influence on the public health facilities service delivery of County Governments in Western Region, Kenya.	H ₀₂ : $\beta_2 = 0$ H _{0A} : $\beta_2 \neq 0$ Reject H ₀₂ if $\beta_2 \neq 0$ and P value ≤ 0.05 otherwise fail to reject H ₀₂ if $\beta_2 = 0$ and P value $> \alpha = 0.05$	$Y = \beta_0 + \beta_2 X_2 + \epsilon$
iii	H ₀₃ : Organizational culture has no significant influence on the public health facilities service delivery of County Governments in Western Region, Kenya.	H ₀₃ : $\beta_3 = 0$ H _{0A} : $\beta_3 \neq 0$ Reject H ₀₃ if $\beta_3 \neq 0$ and P value ≤ 0.05 otherwise fail to reject H ₀₃ if $\beta_3 = 0$ and P Value $> \alpha$; $\alpha = 0.05$	$Y = \beta_0 + \beta_3 X_3 + \epsilon$
iv	H ₀₄ : External environment has no statistical significant moderating effect on the relationship between strategy implementation determinants and public health facilities service delivery of County Governments in Western Region, Kenya.	H ₀₄ : $\beta_4 = 0$ H _{0A} : $\beta_4 \neq 0$ Reject H ₀₄ if $\beta_4 \neq 0$ and P value ≤ 0.05 otherwise fail to reject H ₀₅ if $\beta_4 = 0$ and P Value $> \alpha$; $\alpha = 0.05$	$Y = \beta_0 + \beta_1 X_1 Z + \beta_2 X_2 Z + \beta_3 X_3 Z + \beta_4 X_4 Z + \epsilon$ If X*Z has a p value ≤ 0.05 , then there is a significant moderating effect. $\beta_i > 0$ signifies positive moderating effect

Source: Author Computation (2023).

3.13 Observation of Ethical Standards in the Study

Since the research involved human subjects, it was conducted in strict conformity with applicable ethical guidelines. The study observed the following ethical principles, protection of participant privacy, obtaining informed consent from the respondents before participating in the study; the respondents in the study, anonymity and confidentiality by not requiring respondents not to mention their name or contact.

Before self-administering research questionnaires, informed consent was sought and obtained from the respondents. The researcher informed the respondents of their right not to take part in the survey and kept their identities confidential. The respondents were assured that the research was being carried out in fulfillment of the requirements of a doctoral program and would not be used for any other purposes outside the doctoral program. Data was collected and reviewed for inconsistencies and proper methods of coding and analysis applied.

For this study, permission was obtained from different entities. First, permission was sought from MMUST Directorate of Graduate Studies. Secondly, in compliance with the Science and Technology Act, Chapter 250, Laws of Kenya, a research permit was obtained from NACOSTI. In line with the NACOSTI permit requirement, the researcher further obtained research permission from County Directors of Health and County Secretary of Western Kenya Counties in order to allow for collection of data among the county employees in the Department of Health.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1 Introduction

This chapter discusses the study's findings as well as their analysis and presentation. The study's purpose was to investigate the strategy implementation determinants, external environment and public health facilities service delivery in Western Region, Kenya. The chapter presents research findings in light of the study's specific objectives.

4.2 Response Rate

The purpose of the analysis was to ascertain the response rate so that the researcher could assess whether or not it was adequate for interpreting and reporting the results. With a sample size of 264 respondents, a total of 264 questionnaires were sent out to medical professionals. There was a response rate of 93.6% from healthcare providers for a total of 264 completed surveys. There were 17 non-responses from medical staff. Gibson (2017) argues that any response rate of 50 percent or more is adequate for drawing conclusions from the study. Hence, as shown in Table 4.1, the response rates of 247 (93.6%) health professionals were adequate to provide credible data.

Table 4.1: Response Rate of the Respondents

Description	Total	Percentage
Targeted Participants		
Health Staff	264	100%
Questionnaires Returned (Return Rate)		
Health Staff	247	93.6%
Questionnaires Not returned		
Health Staff	17	6.4%
Response rate	264	93.6%

Source: Research Data (2023)

4.3 Demographic Characteristics of the Sample

This section gives the conclusions regarding the respondents' demographic profiles. The study's data were assessed for gender disparities, age, educational backgrounds, length of public health care delivery experience, job roles of respondents in county governments in the Western Kenya Region, and other factors. The demographic characteristics resulted in the following:

4.3.1 Gender Distribution in the Sample

The study sought to establish the respondents' gender. The research in Table 4.2 depicts the study results.

Table 4.2: Gender of Respondents

Indicate your Gender		
Gender	Frequency	Percentage
Male	141	57.1
Female	106	42.9
Total	247	100.0

Source: Research Data (2023)

According to the data presented in Table 4.2, 141 (57.1%) of the respondents were

male, while 106 (42.9%) were female. The data analysis revealed a significant gender gap between the respondents, with the majority being male. That's why it's crucial for organizations like the Ministry of Health to strictly adhere to gender parity guidelines when hiring new staff. As a result, we can rest assured that no service delays will occur because we have sufficient numbers of women on staff to deal with the problems that arise because of gender. This is significant since scholars such as Eden and Ackermann (2013) have identified gender as one of the cultural factors influencing service delivery within organizations. Others agree that service delivery in community execution of strategic plans needs to include both sexes to be successful (Demirkaya, 2015)

4.3.2 Age Distribution in the Sample

The respondents varied in age from under 25 to over 55 years old. The pie chart in Figure 4.1 depicts the distribution of respondents across different age groups.

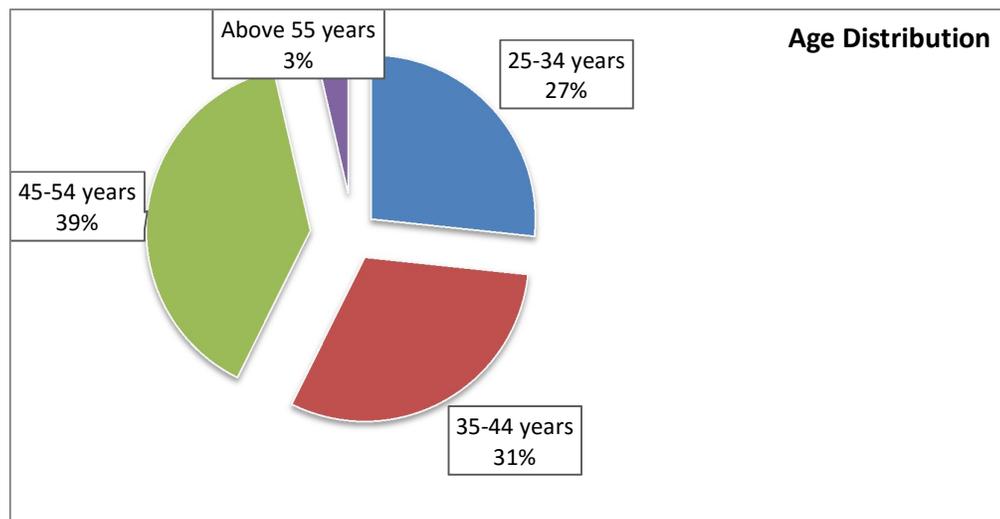


Figure 4. 1: Age distribution in the sample; n = 247

Source: Research Data (2023)

According to Figure 4.1, 27% of respondents were between the ages of 25 and 34, while 31% were in the 35-44 age bracket. A sizable percentage of the sample (39%)

also fell between the age range of 45 and 54, while 3% represented those respondents with an age bracket above 55 years. Recruitment, training, deployment, succession planning, and overall strategic direction are all affected by the age of the respondents. These results corroborate the claims of Mwendo (2009) that the vast majority of people working for county governments are either nearing the end of their careers or are planning to retire in the coming decade because of their advanced age. Furthermore, 31% of respondents were between the ages of 35 and 44, suggesting that people in this age range are typically active, experienced, responsible, and knowledgeable (Kimani, 2015).

4.3.3. Educational level Distribution in the Sample

Respondents represented a diverse spectrum of academic pursuits and levels of completion. The respondents' degree of schooling was of particular interest to the researcher. The results of respondents' educational attainment are displayed in Figure 4.2. Findings from the question on respondents' highest level of education reveal that nearly half (43%) of respondents had completed at least one year of college. Twenty-four percent (24%) of respondents held a master's degree, 33 percent held a diploma or higher national diploma, and 3.6 percent held a PhD. The fact that most respondents had at least a bachelor's degree suggests that human capital development efforts by county governments in the Western Region of Kenya have been fruitful. The efficacy and efficiency with which services are provided are enhanced when competent workers are readily available.

Scholars in this area counter by arguing that even if management does not necessitate a high degree of education, there is a need for individuals managing high-level roles to hold high qualifications (Mavhiki, 2012; George & Desmidt, 2014). In a similar

vein, Ferlie and Ongaro (2015) suggest that providing services is not easy and requires advanced logistical expertise.

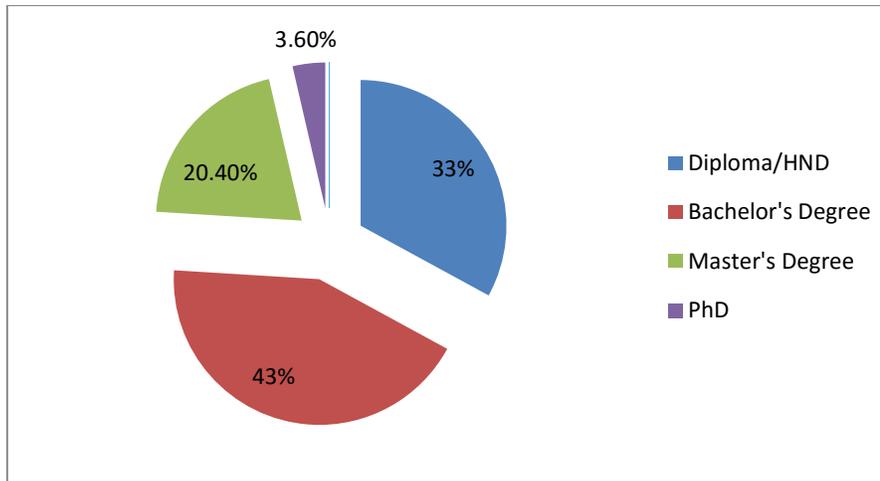


Figure 4. 2: Education Level distributions in the sample; n = 247

Source: Research Data (2023)

4.3.4 Length of Service

The study sought to determine the respondents' period of service. Figure 4.3 shows the study results.

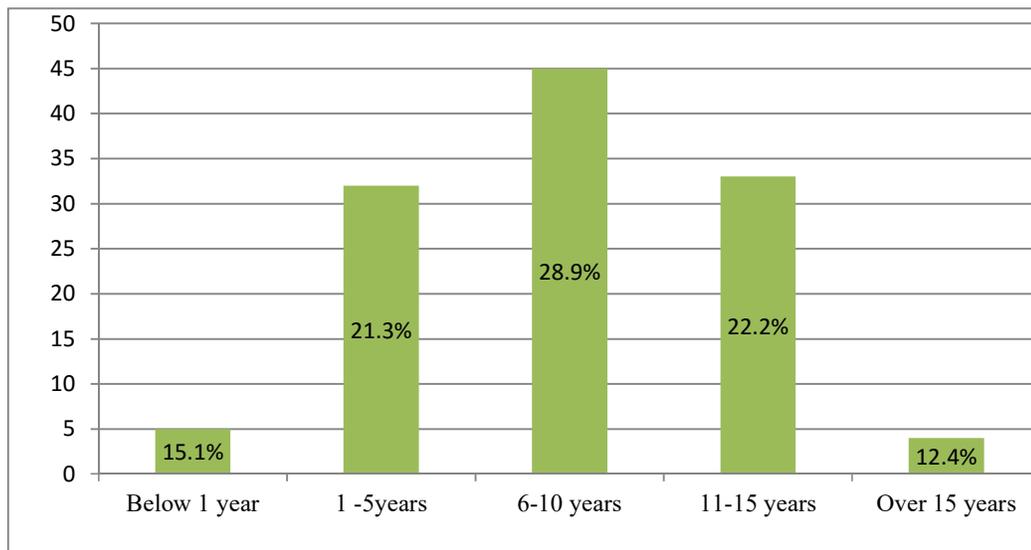


Figure 4.3: Length of service distribution in the sample; n = 247

Source: Research Data (2023)

Figure 4.3 shows that most respondents had served long enough to provide credible responses on the strategy implementation determinants and public health facilities service delivery. This is because 28.9% of respondents had 6–10 years of experience, and another batch of 22.2% had been in the service between 11 and 15 years. This, together with the fact that the vast majority of respondents have been with their current employer for more than 11 years, suggests that they have the requisite experience to comprehend workplace events, are more competent in their roles, and are highly valued by their clients. Just over a quarter (21.3%) of employees had been with the company for between 1 and 5 years, while nearly one-fifth (15.1%) had been with the company for less than a year. Employees with extended service translate into useful experience in the execution of service delivery, as noted by Ghafoor (2013), whose research is supported by the results shown in Figure 4.3. As seen in Figure 4.3, the respondents' average term of service is displayed as a bar graph.

4.3.5 Job Designation of the Respondents

The respondents were designated as shown in the Table 4.3. These are job positions for the various staff that took part during data collection exercise.

Table 4.3: Job Designation of the Respondents

Job Designation	What is your current designation?	
	Frequency	Percentage
Medical Superintendents	25	10.1
Hospital Administrators	35	14.2
Human Resource Officers	14	5.6
Head of Pharmacy	36	14.6
Head of Nursing	31	12.6
Head of Laboratory	38	15.4
Head of Clinical Services	33	13.3
Health Records Information Officers	35	14.2
Total	247	100.0

Source: Research Data (2023)

There were 25 medical superintendents (10.1%), 35 hospital administrators (14.2%), 14 human resource officers (5.6%), 36 heads of pharmacy, 31 heads of nursing, 38 heads of laboratory, 33 heads of clinical services, and 35 heads of health records information officers (14.2%). These officers were fairly portrayed, as they are the ones in charge of running the hospitals and are consequently familiar with their daily operations. Observations on the ground revealed that human resource officer roles were unfilled in a number of institutions, with hospital administrators doing their duties in their absence. Given the hospital administrators' apparent lack of resources, HR departments often fall short in areas such as talent management, pay and benefits, staff development, regulatory compliance, and workplace safety.

4.4 Descriptive Results

The purpose of descriptive statistics is to define and describe the properties of a data set (Mboya, 2019). Frequencies, percentages, averages, and standard deviations are the foundation upon which descriptive statistics are presented. The external environment and the delivery of public health services were moderators, and the independent variables were the participative leadership style, human resource capacity, and organizational culture. Respondents were asked to indicate their degree of agreement on a scale ranging from 1 (strongly disagree) to 5 (strongly agree). Respondents were asked to indicate their degree of agreement on the five-point Likert scale of strongly agree (SA = 5), agree (A = 4), neutral (N = 3), disagree (D = 2), and strongly disagree (SD = 1). The frequencies are accompanied by the standard deviation, denoted by Stdev.

4.4.1 Participative Leadership Style on Public Health Facilities Service Delivery

The extent to which respondents agreed with assertions about the impact of the Participative Leadership Style on County Governments was surveyed. The researcher determined the mean and standard deviation of the Participative Leadership Style effect components to gauge the extent to which participants agreed with the research questions. Table 4.4 details the study's results.

Table 4.4: Participative Leadership Style on Public Health Facilities Service Delivery

Statement	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Mean/SD
Leadership is flexible and open to change	3 1.2%	12 4.9%	22 8.9%	119 48.2%	91 36.8%	4.15 0.86
Leadership does consultation for new idea	10 4.0%	40 16.2%	20 8.1%	68 27.5%	109 44.1%	3.92 1.24
Leadership encourages & motivate new ideas	30 12.1%	13 5.3%	15 6.1%	76 30.8%	113 45.7%	3.93 1.35
Leadership style is enabling effective strategies implementation	3 1.2%	10 4.0%	21 8.5%	56 22.7%	157 63.6%	4.43 0.90
When workers are involved in decision making it increases their service delivery significantly	14 5.7%	33 13.4%	5 2.0%	51 20.6%	144 58.3%	4.13 1.28
Leadership approaches affect workers level of service delivery.	25 10.1%	27 10.9%	14 5.7%	46 18.6%	135 54.7%	3.97 1.40
Participation can be a contributing factor in increasing service delivery	12 4.9%	37 15.0%	9 3.6%	68 27.5%	121 49.0%	4.01 1.25
The ability to participate in decision making serves as a morale boost for the employees.	20 8.1%	30 12.1%	6 2.4%	55 22.3%	136 55.1%	4.04 1.34
Average of Participative Leadership Style	Mean= 4.07	%Mean 81.4	Std. Deviation (SD) = 1.20			

Source: Research Data (2023)

The majority of respondents 119(48.2%) agreed and 91(36.8%) strongly agreed that leadership in public health facilities was flexible and open to change. The response had a mean of 4.15 with a standard deviation of 0.86. This finding suggested that participants perceive a positive attribute of flexibility and adaptability in the leadership style, which aligned with previous studies highlighting the importance of leaders who can navigate and respond to dynamic and evolving healthcare environments. A significant proportion of respondents 109(44.1%) agreed, while 68(27.5%) strongly agreed that leadership engages in consultation for new ideas. This had a mean score of 3.92 and a standard deviation of 1.24. This indicates that participants perceive a participatory approach to decision-making, which is consistent with the concept of participative leadership. Previous research has shown that involving employees in decision-making processes can lead to higher levels of job satisfaction, commitment, and innovative work behaviors.

Similarly, a considerable number of respondents 113(45.7%) agreed and 76(30.8%) strongly agreed that leadership in public health facilities encourages and motivates new ideas, with a mean score of 3.93 and a standard deviation of 1.35. This finding suggests that participants perceive a supportive and empowering leadership style that fosters a culture of innovation. Previous studies have shown that participative leadership can enhance employee motivation, creativity, and willingness to contribute new ideas.

The majority of respondents, 157(63.6%) agreed and 56(22.7%) strongly agreed that the leadership style in public health facilities enables effective strategy implementation, with a mean score of 4.43 and a standard deviation of 0.90. This finding indicates that participants perceive participative leadership as facilitating the

successful execution of organizational strategies. Previous research has emphasized the importance of leadership support and involvement in strategy implementation for achieving desired outcomes.

When workers are involved in decision-making, it increases their service delivery significantly. A significant majority of respondents, 144(58.3%) strongly agreed, while 51(20.6%) agreed that involving workers in decision-making processes leads to improved service delivery, with a mean score of 4.13 and a standard deviation of 1.28. This finding aligns with previous studies that have highlighted the positive impact of participative decision-making on employee engagement, commitment, and service quality.

The majority of respondents 135(54.7%) strongly agreed and 46(18.6%) agreed with a mean score of 3.97 with a standard deviation of 1.4 that leadership approaches influence workers' level of service delivery. This finding underscores the importance of leadership behaviors and styles in shaping employee performance and service outcomes. Previous research has demonstrated the role of leadership in motivating and empowering employees to deliver high-quality services.

The mean score of 4.01 with a standard deviation of 1.25 suggested a moderately positive perception among respondents regarding the role of participation in enhancing service delivery. The distribution of responses shows that 12 respondents (4.9%) strongly disagreed, 37 (15.0%) disagreed, 9 (3.6%) were undecided, 68 (27.5%) agreed, and 121 (49.0%) strongly agreed. This indicated that a majority of respondents (76.5%) recognized participation as a contributing factor in increasing service delivery.

The mean score of 4.04 with a standard deviation of 1.34 indicates a somewhat

positive perception of the effect of participative decision-making on employee morale. The distribution of responses showed that 20 respondents (8.1%) strongly disagreed, 30 (12.1%) disagreed, 6 (2.4%) were undecided, 55 (22.3%) agreed, and 136 (55.1%) strongly agreed. This indicated that a significant majority of respondents (77.4%) perceived participative decision-making as a morale booster for employees. The relatively low standard deviations (1.25 and 1.34) indicate a relatively narrow range of responses and a certain level of consensus among the respondents.

The average mean score of 4.07 (81.4%) with a standard deviation of 1.20 (on a scale of 1 to 5) suggests a generally favorable perception of participative leadership. These findings are consistent with previous studies that have emphasized the benefits of participative leadership in healthcare settings, including increased employee engagement, motivation, and service quality. According to the results, respondents are in agreement with the idea that participative leadership is positively correlated with service delivery in Kenya's public hospitals, as suggested by Sfantou, Laliotis, Sifaki-Pistolla, Matalliotakis, and Patelarou (2017), who found a correlation between leadership styles and healthcare quality indicators. Chepkonga and Nyaga's (2019) research into the impact of leadership style on service quality in public hospitals echoed the same sentiments. In this study, we found that a more participative leadership style was associated with better service provision in Kenya's public hospitals.

4.4.2 Human Resource Capacity on Public Health Facilities Service Delivery

Table 4.5: Human Resource Capacity and Public Health Facilities Service Delivery

Statement	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Mean/SD
The hospital has adequate employees with the right qualifications in all the critical areas	18 7.3%	55 22.3%	46 18.6%	57 23.1%	71 28.7%	3.44 1.31
The Hospital has experienced employees in critical areas	1 0.4%	14 5.7%	35 14.2%	110 44.5%	87 35.2%	4.09 0.87
The department has employees with the right skills	33 13.4%	12 4.9%	11 14.5%	89 36.0%	102 41.3%	3.87 1.36
The Departmental plan is communicated to every stakeholder in a suitable and effective manner	4 1.6%	13 5.3%	25 10.1%	72 29.1%	133 53.8%	4.28 0.96
Average of Human Resource Capacity	Mean= 3.92	%Mean 78.4%	Std. Deviation (SD) = 1.12			

Source: Research Data (2023)

The study sought to determine the respondents' opinion on whether human resource capacity influences public health facilities service delivery in county governments in the Western Region of Kenya. The descriptive results are as shown in Table 4.5. The mean score of 3.44 suggests a relatively neutral opinion among respondents. The standard deviation of 1.31 indicates a notable level of variability in responses. The distribution of responses shows a lack of consensus, with 23.1% agreeing, 28.7% strongly agreeing, and 29.6% disagreeing. This indicates that there is no clear consensus on whether the hospital has enough staff with the appropriate qualifications in all important areas. The mean score of 4.09 reflects a relatively positive perception among respondents regarding the hospital's experienced staff in essential areas. The standard deviation of 0.87 suggests a narrower range of responses and a higher level of agreement compared to the previous aspect. A significant proportion, 44.5%,

agreed, and 35.2% strongly agreed, indicating a general consensus that the hospital has experienced staff in essential areas. The mean score of 3.87 suggests a relatively positive perception of staff abilities, but not as strong as the previous aspect. The standard deviation of 1.36 indicates more variability in responses compared to the previous aspect. Respondents were somewhat divided, with 36% agreeing, 41.3% strongly agreeing, and 18.3% disagreeing. This indicates a moderate level of agreement but also a notable proportion of respondents with differing opinions on staff abilities. The mean score of 4.28 indicates a relatively positive perception of the department's plan being effectively conveyed to relevant parties. The standard deviation of 0.96 suggests a narrower range of responses and a higher level of agreement compared to the first aspect. A significant proportion, 29.1%, concurred, and 53.8% strongly concurred, while only 6.9% held the opposite view.

In summary, the average mean score of 3.92 across all four questions suggests a generally positive perception among respondents regarding staff qualifications, experience, abilities, and communication. However, it is important to note the variability in responses, as indicated by the standard deviations. These results highlight the need for further investigation and potential areas for improvement within the hospital, particularly addressing concerns related to staff qualifications and abilities.

When asked to comment on issues pertaining to human resource capability and public health facilities service delivery, the County Executive Committee Member (CECM) Health, Chief Officers, County Director, and County Nursing Officer for Health all provided similarly descriptive qualitative data: The respondents gave strong indications that hospitals don't have adequate employees with the right qualifications

in all the critical areas, the right skills, and adequate experience, and that this has adversely affected public health facilities service delivery. The respondents were of the view that the hospital plan is communicated to every stakeholder in a suitable and effective manner, though this was not followed to the latter.

Ikenye (2021) had similar goals: she wanted to know how various elements of the human resource system influenced healthcare delivery in Kiambu County. Results showed a correlation between HR capacity and healthcare service delivery. Odhiambo and Iravo (2018), who evaluated the effect of resource capacity on service delivery in the health sector of the Nakuru County Government, reached similar conclusions. A positive statistically significant link was found between capacity building and service delivery in Nakuru Central Sub-County, suggesting that actions related to and designed to increase the competence and effectiveness of individuals and organizations to achieve effective and efficient service delivery should be put in place and continuously monitored and reviewed to ensure that their numbers and quality are in tandem and equal.

4.4.3 Organizational Culture on Public Health Facilities Service Delivery

Researcher set out to examine the influence of organizational culture on providing public health services to comply with the third goal. This was accomplished by first computing some descriptive statistics about the culture of the organization, and the findings are displayed in Table 4.6.

Table 4.6: Organizational Culture on Public health facilities service delivery

Statement	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Mean/SD
The hospital has instilled shared beliefs and values among all departments	15 6.1%	38 15.4%	23 9.3%	77 31.2%	94 38.1%	3.80 1.27
The hospital has clear channels of communication between staff and management	23 9.3%	34 13.8%	14 5.7%	69 27.9%	107 43.3%	3.82 1.36
The hospital has created clear policies to ensure that all personnel follow prescribed ethos and behaviors	12 4.9%	39 15.8%	21 8.5%	102 41.3%	73 29.6%	3.75 1.18
The hospital staff undertake their duties and responsibilities with a positive attitude	20 8.1%	36 14.6%	20 8.1%	94 38.1%	77 31.2%	3.70 1.27
Punctuality and commitment is observed by all staff	15 6.1%	53 21.5%	40 16.2%	58 23.5%	81 32.8%	3.55 1.31
Average of Organizational Culture	Mean= 3.72	%Mean 74.5%	Std. Deviation (SD) = 1.28			

Source: Research Data (2023)

The mean score for whether the hospital has established shared beliefs and values among all departments was 3.80, with a standard deviation of 1.27. Among the respondents, 77 (31.2%) agreed, 94 (38.1%) strongly agreed, 23 (9.3%) had various opinions, and 53 (21.5%) had differing views. The mean score for whether the hospital provides open lines of communication between employees and upper management was 3.82, with a standard deviation of 1.36. In total, 69 (27.9%) agreed, 107 (43.3%) strongly agreed, and 34 (13.8%) disagreed. The mean score for whether the hospital had established clear policies to ensure that all workers followed specified ethos and behaviors was 3.75, with a standard deviation of 1.18. Among the respondents, 102 (41.3%) agreed, 73 (29.6%) strongly agreed, and 51 (20.7%) had dissimilar views. The mean score for whether hospital staff members approach their

work with a can-do attitude was 3.70, with a standard deviation of 1.27. Among the responses, 38.1% agreed (77 respondents), 31.2% strongly agreed (56 respondents), and 22.7% disagreed (56 respondents). The mean score for the statement that all staff members are punctual and committed was 3.55 (SD = 1.28). Among the respondents, 58 (23.5%) agreed, 81 (32.8%) strongly agreed, and 68 (27.6%) had differing opinions. The overall mean score for all five questions was 3.72 (74.5%), with a standard deviation of 1.28.

When asked to weigh in on matters of human resource capacity and public health facilities service delivery, members of the County Health Staff shared similar perspectives. This includes the County Executive Committee Member (CECM) for health, as well as the County Director and County Nursing Officer:

The respondents were positive that the hospital instills shared beliefs and values among all departmental staff and that they have clear communication channels between staff and management, which at times are violated by the staff. Respondents indicated that the hospitals have created clear policies to ensure that all personnel follow prescribed ethos and behaviors to some extent. They held the view that some of the policies are never implemented as they are supposed to be and therefore negatively affect the operations of the hospitals (public health facilities service delivery).

These findings indicated that there was little to no variation between respondents' perspectives on questions concerning organizational culture as it relates to the provision of public health services by county governments in the Western Region of Kenya. So, it was possible to infer that county government's cultural norms in Western Kenya affected the quality of their citizens' access to public health care.

Organizational culture in Saudi Arabia's health care system was evaluated by Al-Otaibi and Common (2018). A hierarchy culture was found to be somewhat more prevalent than other types in the current scenario, while a clan culture was shown to be slightly more prevalent in the ideal environment. Strengthening all four types of culture (clan, adhocracy, market, and hierarchy) uniformly was necessary to improve Saudi Arabia's health care system. In 2018, Chi and Chia looked into how the culture of hospitals affected the dedication of their top nursing executives in Taiwan. This study found a positive correlation between hospital organizational culture and employee loyalty. In a similar vein, Chepkonga and Nyaga (2019) looked into how organizational culture affected the standard of care provided by public hospitals. The results showed a favorable and statistically significant correlation between leadership culture and service provision in Kenya's public hospitals.

4.4.4 External Environment on the Relationship between Strategy Implementation Determinants and Public Health Facilities Service Delivery

Public health care delivery in County Governments in the Western Kenya Region was analyzed using a descriptive statistics approach, with the external environment serving as a moderating variable. The outcomes of this analysis are as shown in Table 4.7.

Table 4.7: External Environment on the Relationship between Strategy Implementation Determinants and Public Health Facilities Service Delivery

Statement	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Mean/ SD
There is a lot of political interference which always makes the management adjust public health facilities service delivery strategic initiatives.	10 4.0%	36 14.6%	38 15.4%	82 33.2%	81 32.8%	3.76 1.17
Cost of doing business in Kenya always forces the management to adjust the costs in offering public health facilities service delivery	34 13.8%	63 25.5%	26 10.5%	64 25.9%	60 24.3%	3.21 1.41
The society/industry forces change very fast and influence some of our service delivery plans	27 10.9%	45 18.2%	40 16.2%	76 30.8%	59 23.9%	3.38 1.32
Advancement of technological factors influence the public health facilities service delivery	33 13.4%	25 10.1%	29 11.7%	87 35.2%	73 29.6%	3.57 1.36
Ecological factors affect public health facilities service delivery	19 7.7%	40 16.2%	25 10.1%	85 34.4%	78 31.6%	3.66 1.28
New regulations by the National and County Government have also influenced our service delivery.	32 13.0%	33 13.4%	14 5.7%	61 24.7%	107 43.3%	3.72 1.46
Average of External Environment	Mean= 3.55	%Mean 71%	Std. Deviation (SD) = 1.33			

Source: Research Data (2023)

Regarding the presence of political interference that leads to adjustments in public health facilities service delivery strategic initiatives, the mean score was 3.76, with a standard deviation of 1.17 of the respondents, 82 (33.2%) agreed, 81 (32.8%) strongly agreed, and 46 (18.6%) held contrasting opinions. The question about the cost of doing business in Kenya and its impact on adjusting expenses for providing public health care delivery had a mean score of 3.21 and a standard deviation of 1.41.

Among the respondents, 64 (25.9%) agreed, 60 (24.3%) strongly agreed, 63 (25.5%) disagreed, and 34 (13.8%) strongly disagreed. The mean score for the effect of rapid changes in society and industry on service delivery strategies was 3.38, with a standard deviation of 1.32. Out of those polled, 76 (30.8%) agreed, 59 (23.9%) strongly agreed, 45 (18.2%) disagreed, and 27 (10.9%) strongly disagreed. In terms of how technological advancements affect the delivery of public health services, the mean score was 3.57, with a standard deviation of 1.36. Among the respondents, 87 (35.2%) agreed, 73 (29.6%) strongly agreed, and 58 (23.5%) had opposing opinions. The mean score for the effect of ecological factors on public health facilities service delivery was 3.66, with a standard deviation of 1.28. Of the respondents, 85 (34.4%) agreed, 78 (31.6%) strongly agreed, 40 (16.2%) disagreed, and 19 (7.7%) did not agree. The mean score for the influence of new regulations by the national and county governments on service delivery was 3.72, with a standard deviation of 1.46. Among the responses, 24.7% were in agreement, 43.3% strongly agreed, 13% strongly disagreed, 13.4% disagreed, and 5.7% were neutral. The overall mean score for the five questions was 3.55 (71%), with a standard deviation of 1.33.

In general, responses to questions about the external environment of the relationship between strategy implementation determinants and public health care delivery in the county governments of the Western Kenya Region showed some variation in opinion. Research indicated that the external environment influences the link between strategy implementation determinants and public health facilities service delivery in the county governments of the Western Kenya Region to a significant degree (72.6%). Kinyajui and Awour (2019) found similar results in their investigation of how the organizational climate affected the provision of health care in Kenya's decentralized Kiambu County. Health care service delivery was found to be negatively impacted by

political influence, conflicting interests, a lack of human resources, and poor monitoring and evaluation under the decentralized system.

Muthai (2018) conducted similar research at private hospitals in Nairobi County, Kenya, to identify the role that external environmental elements have in the adoption and implementation of strategic plans. The study's findings showed a correlation between internal organizational elements, market pressures, and government regulation on the one hand and plan implementation on the other. The results also corroborate those of Ahmad (2012), who studied the impact of macro-environmental factors on healthcare strategy decisions made by hospital administrators in the Western Region of Saudi Arabia's private, general hospitals. According to the data, the impact of macro-environmental factors on health service strategy varies considerably. The findings also suggest that the hospitals could reap further benefits by emphasizing an integrated health service approach and taking into account the impact of the macro-environment on their operations.

4.4.5 Public Health Facilities Service Delivery

The purpose of this study was to use a Likert-type scale to compile descriptive statistics on the quality of public health services provided by County Governments in the Western Kenya Region. The responses were rated as shown in Table 4.8.

Table 4.8: Public Health Facilities Service Delivery

Statement	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Mean/SD
Health services are well managed resulting in higher customer satisfaction	38 15.4%	09 3.6%	18 7.3%	76 30.8%	106 42.9%	3.82 1.42
Discharge of services by staff is satisfactory	6 2.4%	13 5.3%	19 7.7%	82 33.2%	127 51.4%	4.25 0.98
Health services are delivered in a timely manner to the patients	33 13.4%	37 15.0%	21 8.5%	72 29.1%	84 34.0%	3.55 1.43
Services are direct and accessible with no undue barriers of cost, language, culture, or geography	10 4.0%	19 7.7%	17 6.9%	76 30.8%	125 50.6%	4.16 1.11
Quality of medical care received is good	6 2.4%	50 20.2%	28 11.3%	78 31.6%	85 34.4%	3.75 1.20
Services may be provided in the home, the community, the workplace, or health facilities as appropriate	5 2.0%	50 20.2%	32 13.0%	85 34.4%	75 30.4%	3.71 1.16
There is transparency and good communication between care provider (doctors/nurses/attendants) and patient(s)	19 7.7%	42 17.0%	18 7.3%	83 33.6%	85 34.4%	3.70 1.31
The program targets and deadlines are executed within the stipulated timeframes	4 1.6%	46 18.6%	44 17.8%	86 34.8%	67 27.1%	3.67 1.11
There is good accessibility to doctors and other medical professionals	00 0.0%	00 0.0%	126 51.0%	102 41.3%	19 7.7%	3.57 0.63
Services offered are affordable	00 0.0%	15 6.1%	108 43.7%	109 44.1%	15 6.1%	3.50 0.70
Average of Public health facilities service delivery	Mean= 3.76	%Mean 75.2%	Std. Deviation (SD) = 1.11			

Source: Research Data (2023)

The majority of respondents (73.7%) agreed that well-managed health services lead to increased customer satisfaction, with a mean score of 3.82 and a standard deviation of 1.42. Only a small percentage strongly disagreed (15.4%) or disagreed (3.6%). Most

respondents (51.3%) agreed that the discharge of services by staff was satisfactory, with a mean score of 4.25 and a standard deviation of 0.98. A significant portion agreed (33.2%), while a small percentage strongly disagreed (2.4%) with this statement. The average rating for the promptness of patients receiving health care services was 3.55, with a standard deviation of 1.43 and 63.1% of respondents had a favourable opinion, while 28.4% did not. Services were considered straightforward and easily accessible, with no unnecessary obstacles of price, language, culture, or location. Eighty-one-point four percentage (81.4%) of respondents agreed with this statement, which had a mean score of 4.16 and a standard deviation of 1.11. Only 11.7% expressed disagreement.

Sixty-six percentage (66%) of respondents agreed that the quality of medical treatment received was good, with a mean score of 3.75 and a standard deviation of 1.2. On the other hand, 22.6% held negative opinions. A majority of respondents (64.8%) agreed that the services provided in the home, the community, the workplace, or health facilities were appropriate with a mean score of 3.71 and a standard deviation of 1.16. Twenty-two-point percentage (22.2%) of the respondents expressed disagreement.

Majority of the respondents (68%) expressed that there was openness and good communication between care providers (doctors/nurses/attendants) and patients, with a mean score of 3.70 and a standard deviation of 1.31. However, a small percentage of respondents strongly disagreed (7.7%) or disagreed (17%). The average score for meeting program goals and deadlines within the allotted period was 3.67, with a standard deviation of 1.11. Sixty-one-point-nine percentage (61.9%) of respondents had positive opinions, while 20.2% expressed negative opinions.

Access to doctors and other medical professionals was rated at 49% of respondents, with a mean score of 3.57 and a standard deviation of 0.63. Regarding the affordability of services, 50.1% of respondents felt that the prices were fair, with a mean value of 3.50 and a standard deviation of 0.70. However, 6% disagreed with this statement. In summary, the average of public health facilities service delivery was 3.76(75.2%), indicating a generally positive perception of the services provided. However, it's important to consider the variations in opinions and the standard deviations associated with each statement.

The County Executive Committee Member (CECM) health, Chief Officers, County Director and County Nursing Officer for health when interviewed on the related to public health facilities service delivery, the following were their responses:

The respondents said that the health services in Hospitals were well managed with a minimum wastage of resources to some good extent. The respondents gave their views that Hospital Managers were allocated the necessary authority and are held accountable for overall performance and results. They further said that some of the officers who have been found culpable usually take responsibility of their actions, some have even been suspended. The Hospital Managers are doing their best to ensure public health services are delivered timely to the patients. The public health services to some good extent are accessible to the patients though some remote areas are negatively affected since they don't have adequate resources and therefore deliveries of health services are hampered.

The responses from the patients who received services and were discharged from public hospitals in the Western Kenya region in relation to public health facilities service delivery were:

"The management ensures service delivery and addresses customer needs however; the management lacks proper organization, leading to dissatisfaction among customers." On the discharge of services by staff and customer satisfaction, "the staff provided care and were attentive to needs but the staff seemed overwhelmed and were unable to provide adequate attention during the discharge process." The question on the timely provision of health services delivery to the patients: "I experienced significant delays in receiving the required medical services." The statement on the direct and accessible health services with no undue barriers of cost, language, culture, or geography: "Accessing healthcare services was challenging due to high costs and language barriers." On the quality of medical care received: "The quality of medical care was subpar and despite concerns about the competence of some healthcare providers." The statement on the provision of services in the home, the community, the workplace, or health facilities: "The hospital offers various service delivery options, including home visits and community outreach programs but it was difficult to access services outside of the hospital premises, limiting convenience and availability." The interview item on the transparency and communication between healthcare providers and patients: "The healthcare providers explained the condition and involved me in decision-making, however, there was a lack of transparency, and communication with healthcare providers was insufficient." In relation to accessibility to doctors and other medical professionals: "It was challenging to schedule appointments and access doctors in a timely manner." On the affordability of services offered: "The services provided were at least affordable and within the financial means." The question on the professionalism of the staff: "Some staff members exhibited unprofessional behavior, which negatively affected my experience." The following were suggestions to improve service delivery offered by the hospital:

improve the waiting times and reduce delays, enhance communication between healthcare providers and patients, offer more affordable pricing options for medical services, increase the number of healthcare professionals to meet patient demand, improve the cleanliness and hygiene standards within the hospital and provide more comprehensive patient education and information.” The study outcome are similar to the findings of Mugure (2021) 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.

4.5 Diagnostic Tests

Due to the sensitivity of linear regression to the effects of outliers, diagnostic checks were performed to establish the absence of any anomalies. The conditions of normality, linearity, homoscedasticity, and the lack of multicollinearity must be met before linear regression may be performed. The study employed a linear regression modeling approach to analyze the factors influencing the success of plan implementation and the quality of public health services provided by County Governments in Western Kenya. If you want to confirm that your data is homoscedastic, a scatter plot will do (which averages the residuals are equivalent over the regression line). The results of a study may be skewed if the researchers ignore the assumptions of multiple regression analysis. Not only can this cause regression precision coefficients and confidence intervals to be too confident or too unsure, but it can also lead to the opposite (Chatterjee & Hadi, 2012).

4.5.1. Normality and Linearity Tests

It was determined through testing that the data satisfied the assumption of a normal distribution. In order to further test the data for normality, P-P plots were constructed for each predictor variable against the dependent variable. In order to determine if the data collected were normally distributed, a graphical technique called a probability-probability (P-P) plot was employed to compare the percentiles of two different distributions. The results are shown in Figures 4.4, 4.5, and 4.6. When a regression has linearity, the connection between the predictor variables and the response variable is linear. There is linearity if and only if the residuals follow a normal and homoscedastic distribution. The standardized residuals (or ZRESID in SPSS) were plotted on the horizontal x axis, while the Y values were plotted vertically for linearity tests. As can be seen in Figure 4.4, the results confirmed that the linearity assumption was correct by showing that the scatter plot followed a linear (as opposed to a curved) trend.

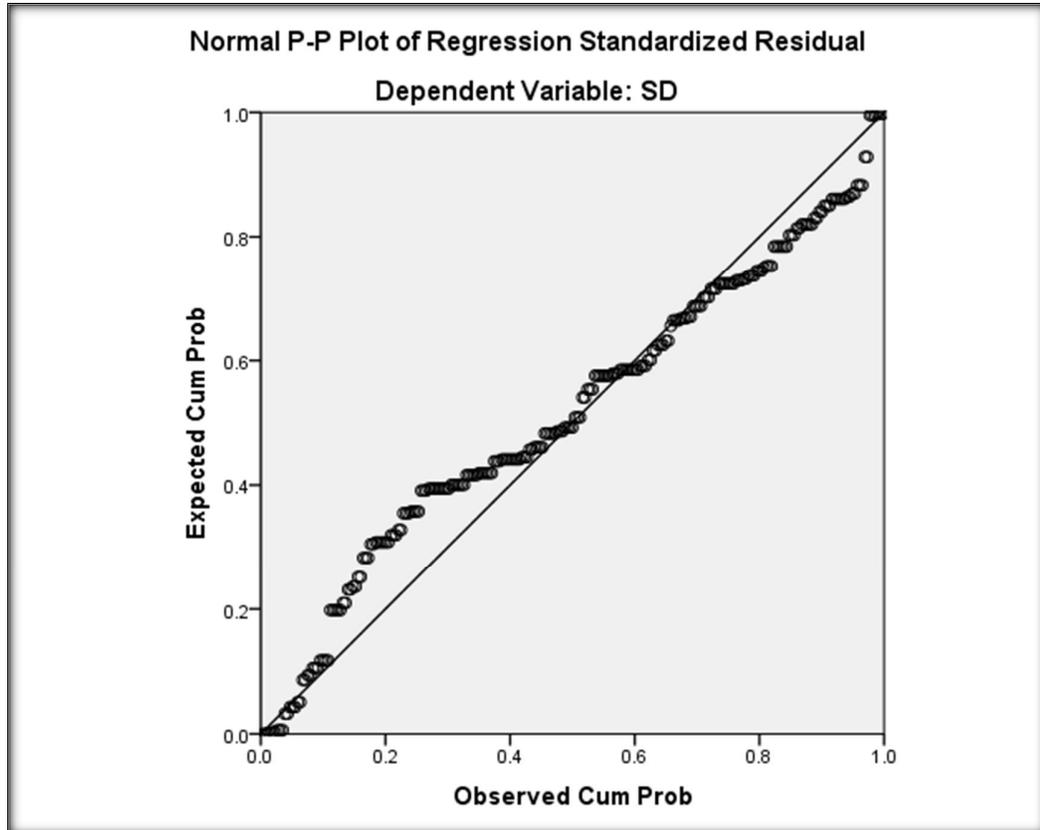


Figure 4.4: Linearity Test of Y Values and Standardized Residuals for Participative Leadership on Public Health Facilities Service Delivery
Source: Research Data (2023)

Figure 4.4 demonstrates that most of the residual points are along the diagonal line from bottom left to top right, indicating a linear relationship between participatory leadership and public health facilities service delivery in the County Government of Western Kenya Region.

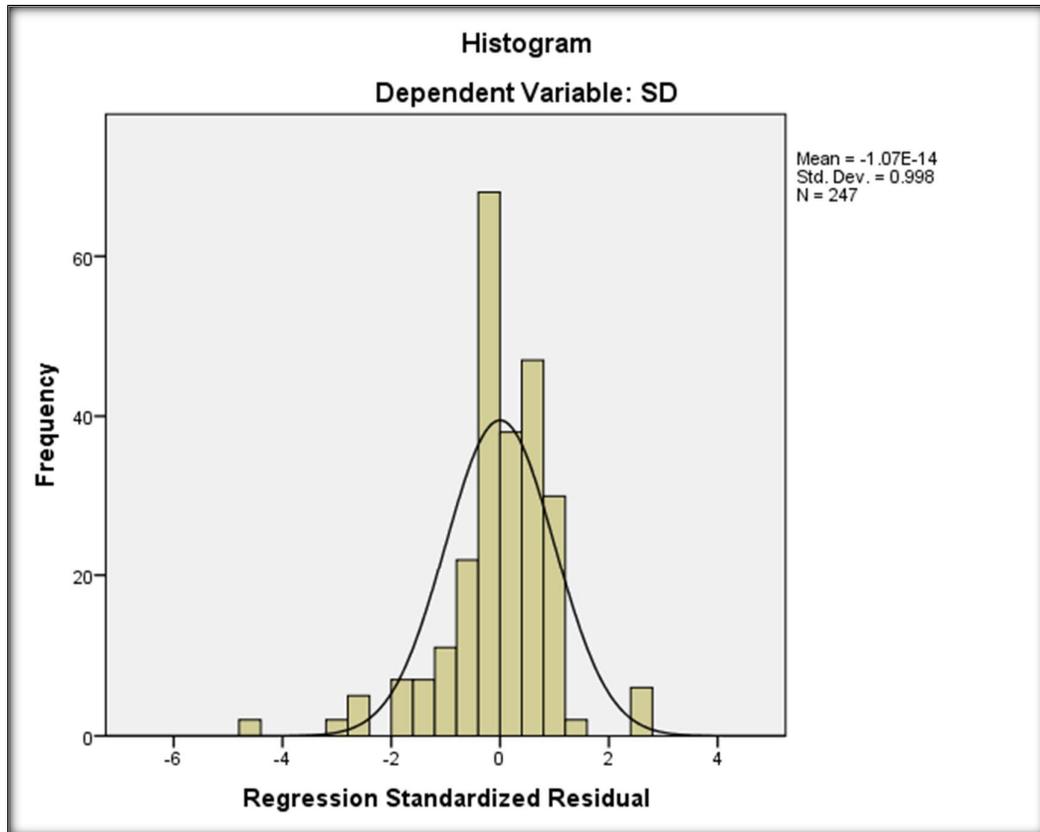


Figure 4.5: Normality Test: Histogram of Regression Standardized Residual of Participative Leadership versus Public Health Facilities Service Delivery
Source: Research Data (2023)

Figure 4.5 displays normally distributed statistics on the prevalence of participative leadership and the quality of public health facilities service delivery in the County Government of the Western Kenya Region. This is due to the fact that the histogram has a bell shape, with the majority of values concentrated in the middle and the tails having a smaller concentration of data points.

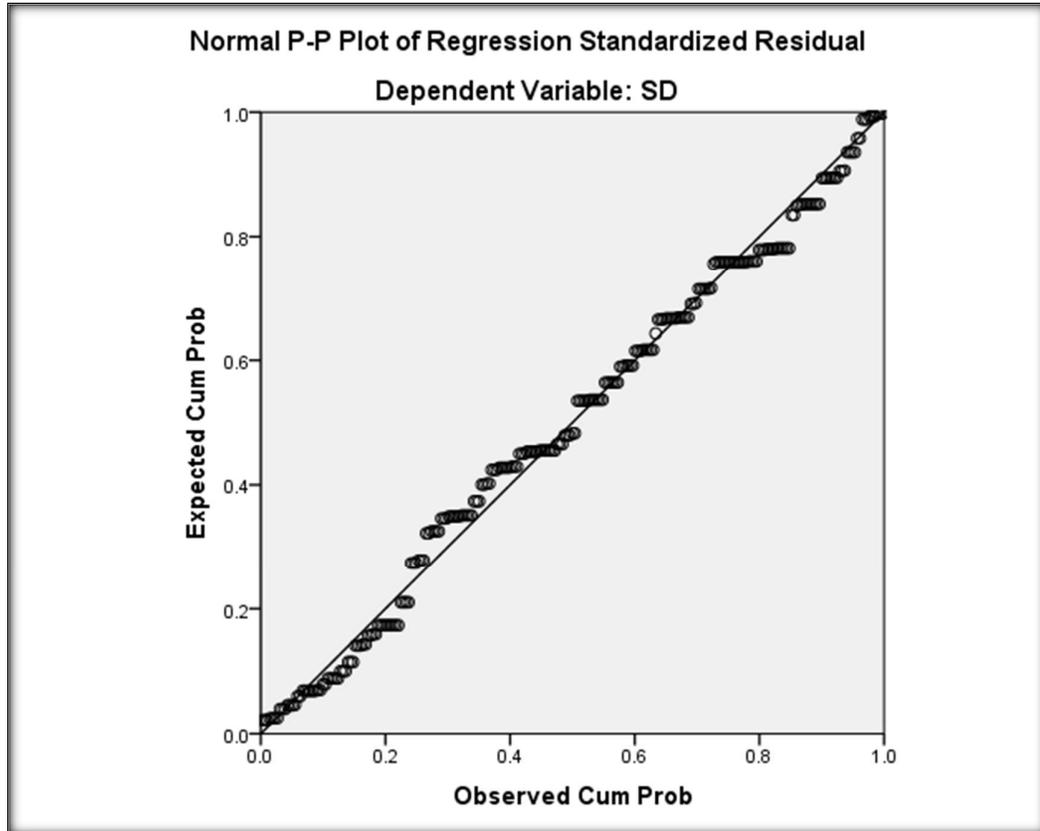


Figure 4.6: Linearity Test of Y Values and Standardized Residuals for Human Resource Capacity on Public Health Facilities Service Delivery
Source: Research Data (2023)

Figure 4.6, shows that the residual points are relatively laying along the straight diagonal line from bottom left to top right; this indicates a linear relationship between human resource capacity and public health facilities service delivery in the County Government of Western Kenya Region.

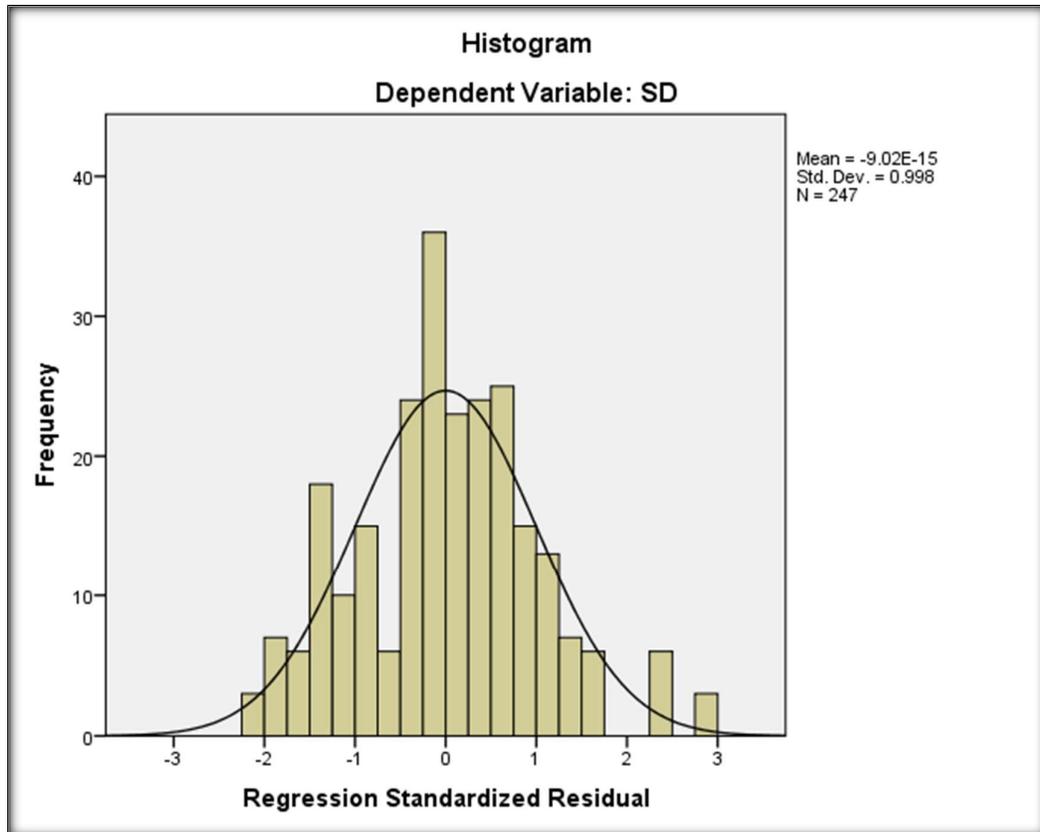


Figure 4.7: Normality Test: Histogram of Regression Standardized Residual of Human Resource Capacity versus Public Health Facilities Service Delivery
Source: Research Data (2023)

Figure 4.7 demonstrates that the County Government of the Western Kenya Area has normally distributed data on human resource capability and public health facilities service delivery. The reason for this is because the histogram takes on a bell form, with the majority of values concentrated in the middle, and the minority concentrated on the ends.

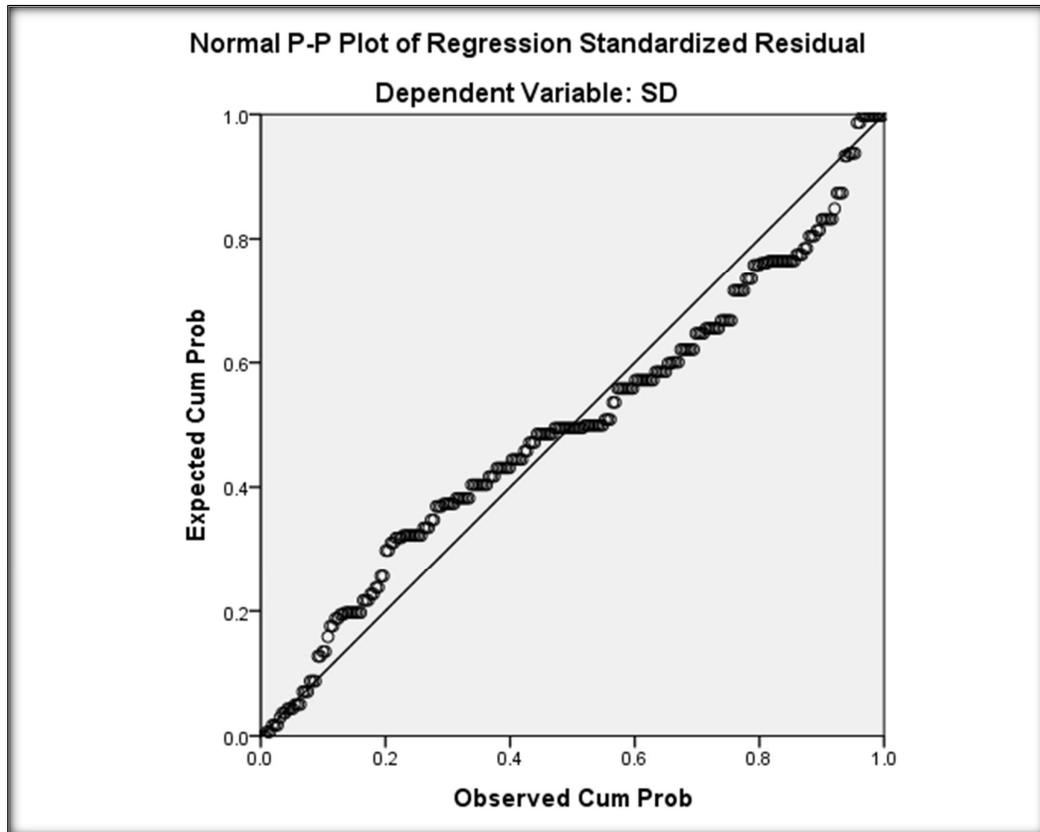


Figure 4.8: Linearity Test of Y Values and Standardized Residuals for Organizational Culture on Public Health Facilities Service Delivery

Source: Research Data (2023)

Figure 4.8 evidences a direct relationship between organizational culture and public health facilities service delivery in the County Government of Western Kenya Region, where the majority of the residual points lie along the diagonal from bottom left to top right.

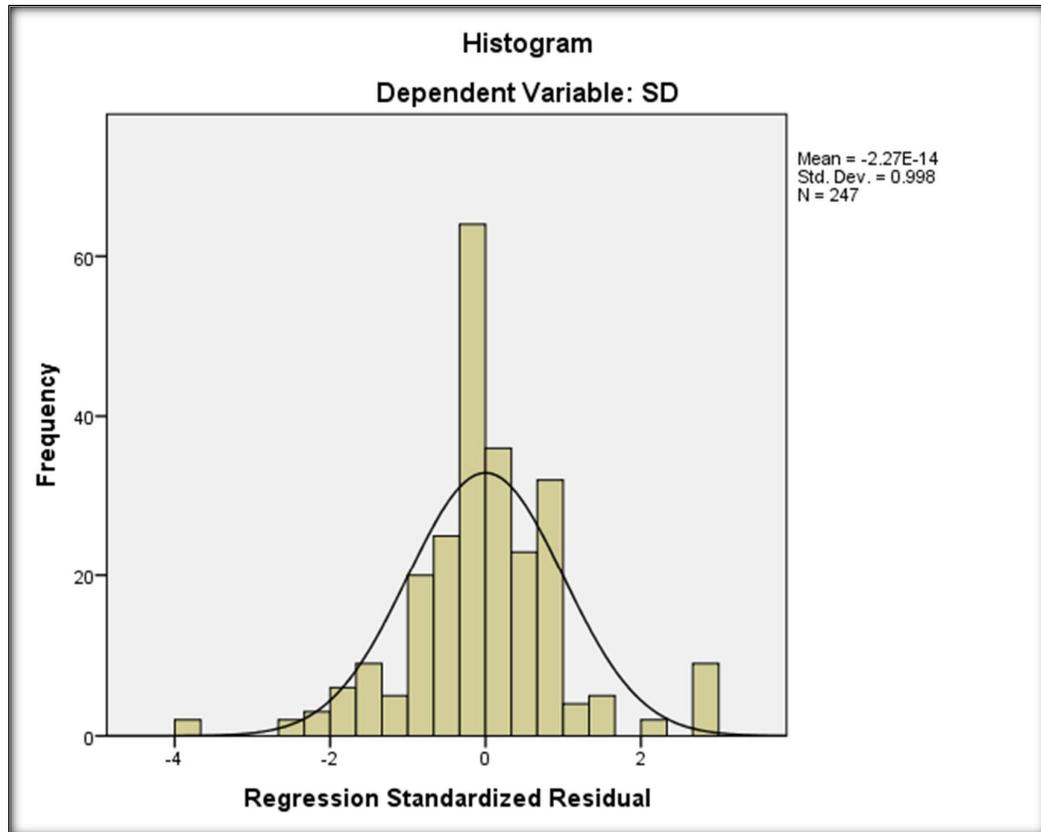


Figure 4.9: Normality Test: Histogram of Regression Standardized Residual of Organizational Culture versus Public Health Facilities Service Delivery
Source: Research Data (2023)

Figure 4.9 showing how County Government in Western Kenya Region is typically structured and how public health facilities services are provided. This is because the histogram has a bell curve form, with the bulk of the values clustered in the centre and a lesser number of points concentrated in the tails.

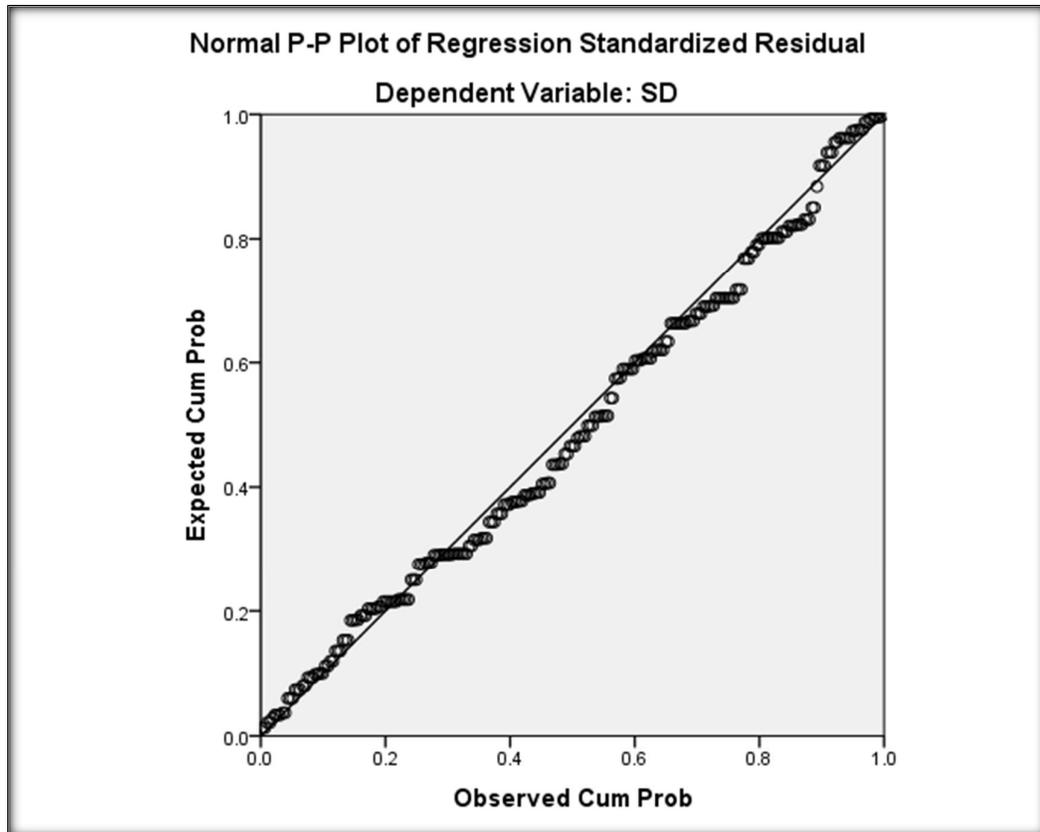


Figure 4.10: Linearity Test of Y Values and Standardized Residuals for External Environment on Public Health Facilities Service Delivery

Source: Research Data (2023)

Figure 4.10 displays a direct connection between the state of the world and the quality of public health facilities service delivery in the Western Kenya Region's County Governments. Most of the points that were left over can be found in a straight diagonal from the bottom left to the top right.

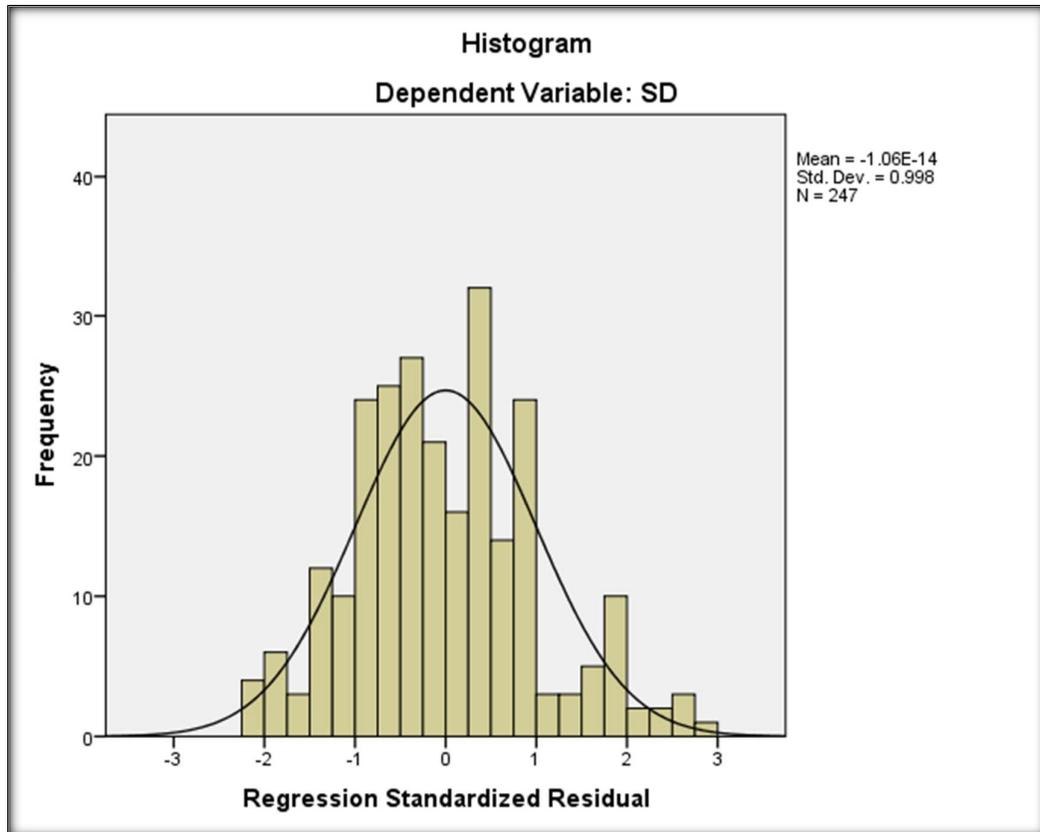


Figure 4.11: Normality Test: Histogram of Regression Standardized Residual of External Environment versus Public Health Facilities Service Delivery

Source: Research Data (2023)

A normal distribution can be shown in Figure 4.11 for data on the external environment and public health facilities service delivery in the County Government of the Western Kenya Region. This is due to the fact that the histogram has a bell shape, with the majority of values concentrated in the middle and the tails having a smaller concentration of data points.

4.5.2 Homoscedasticity Test

The results of a test for homoscedasticity performed with linear regression are depicted in Figures 4.4, 4.5, and 4.6. Heteroscedasticity arises when the variance's error term, which should be constant under ideal conditions, instead varies. The

findings showed that there was little to no heteroscedasticity between the four constructs in this study's data.

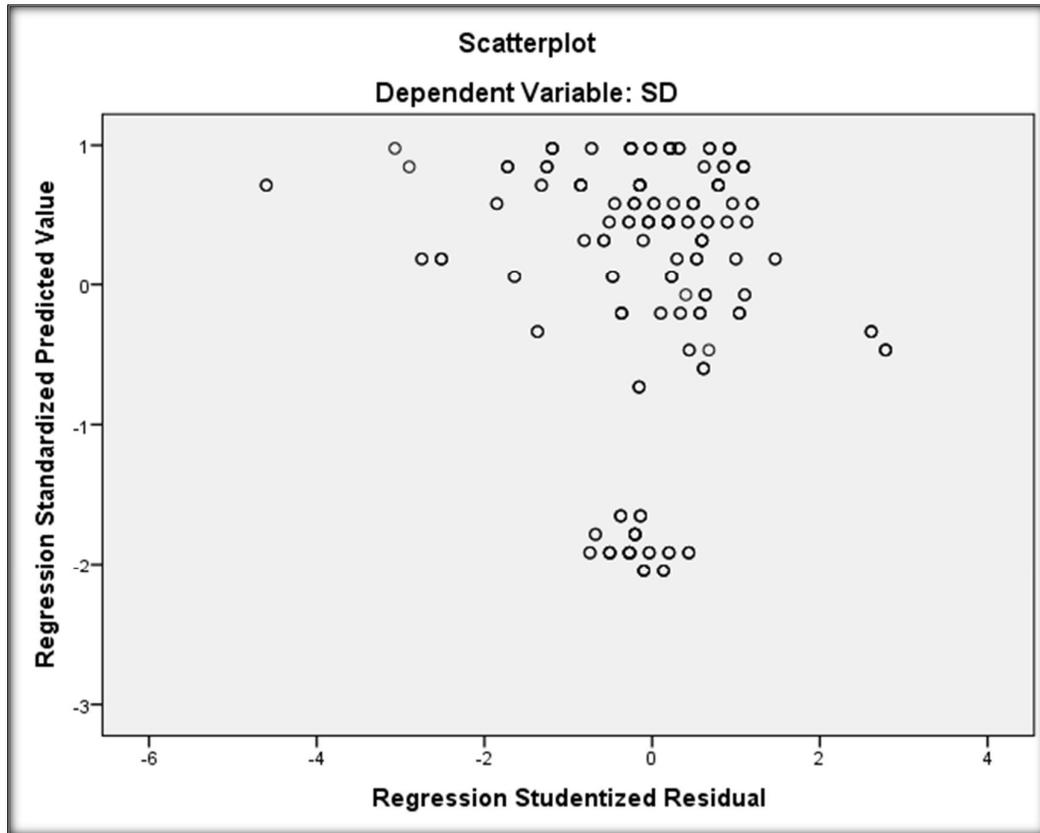


Figure 4.12: Scatter Plot of Standardized Residuals for the Participative Leadership on Public Health Facilities Service Delivery

Source: Research Data (2023)

Figure 4.12 demonstrates that the residual points in the scatter plot are generally distributed and that the majority of points are concentrated in the centre; this suggests homoscedasticity; hence, the homoscedasticity assumption for linear regression holds.

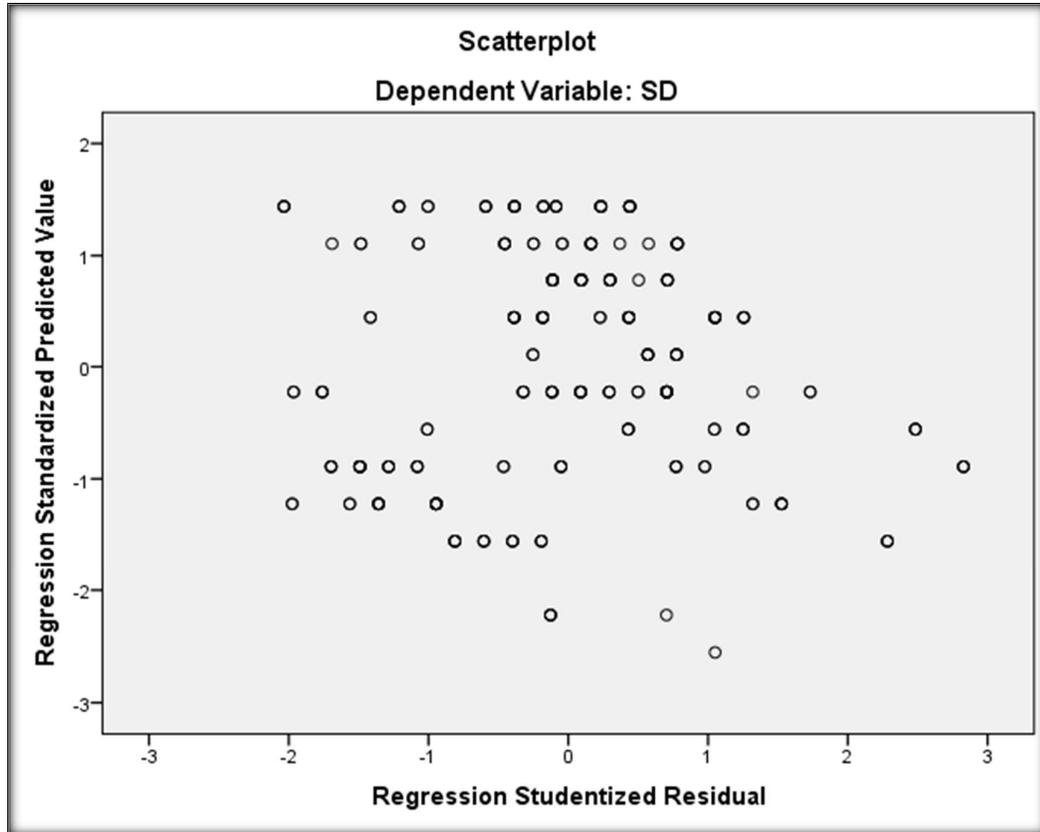


Figure 4.13: Scatter Plot of Standardized Residuals for the Human Resource Capacity on Public Health Facilities Service Delivery

Source: Research Data (2023)

Figure 4.13 shows that the scatter plot residuals are broadly distributed, with a concentration of most points near the centre, indicating homoscedasticity, and so supporting the linear regression assumption of homoscedasticity.

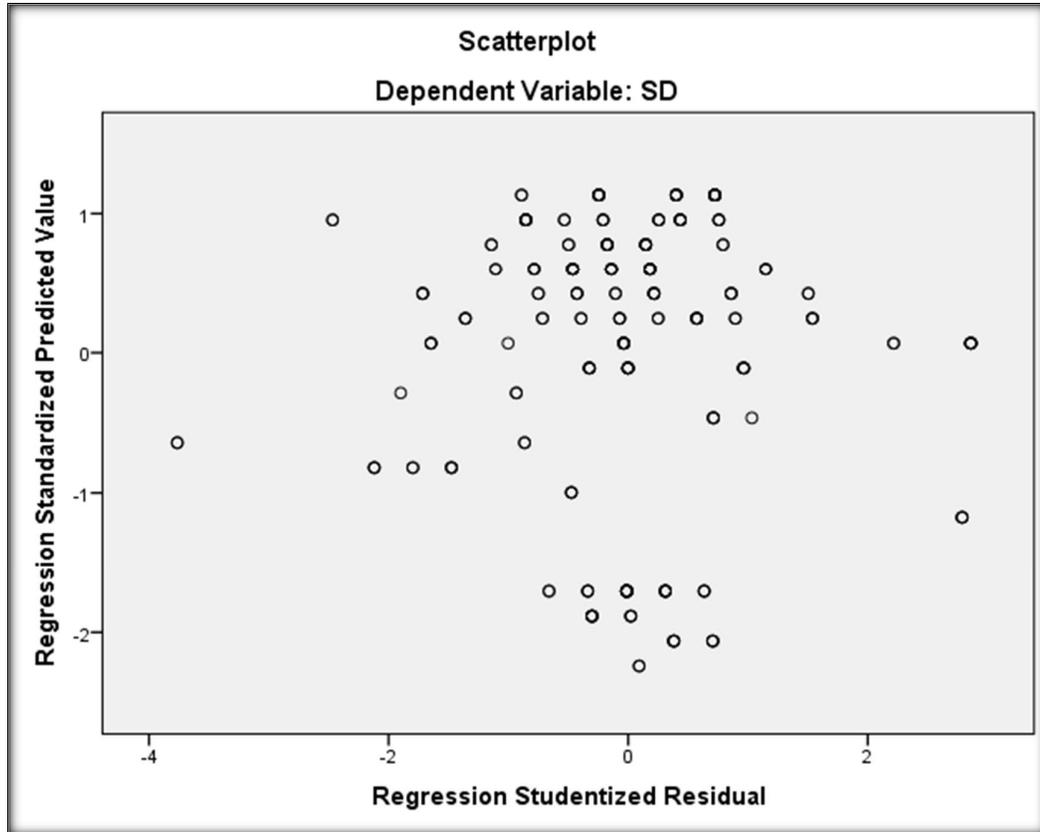


Figure 4.14: Scatter Plot of Standardized Residuals for the Organizational Culture on Public Health Facilities Service Delivery

Source: Research Data (2023)

Figure 4.14 shows that the scatter plot residuals are broadly distributed, with a concentration of most points near the centre, indicating homoscedasticity, and so supporting the linear regression assumption of homoscedasticity.

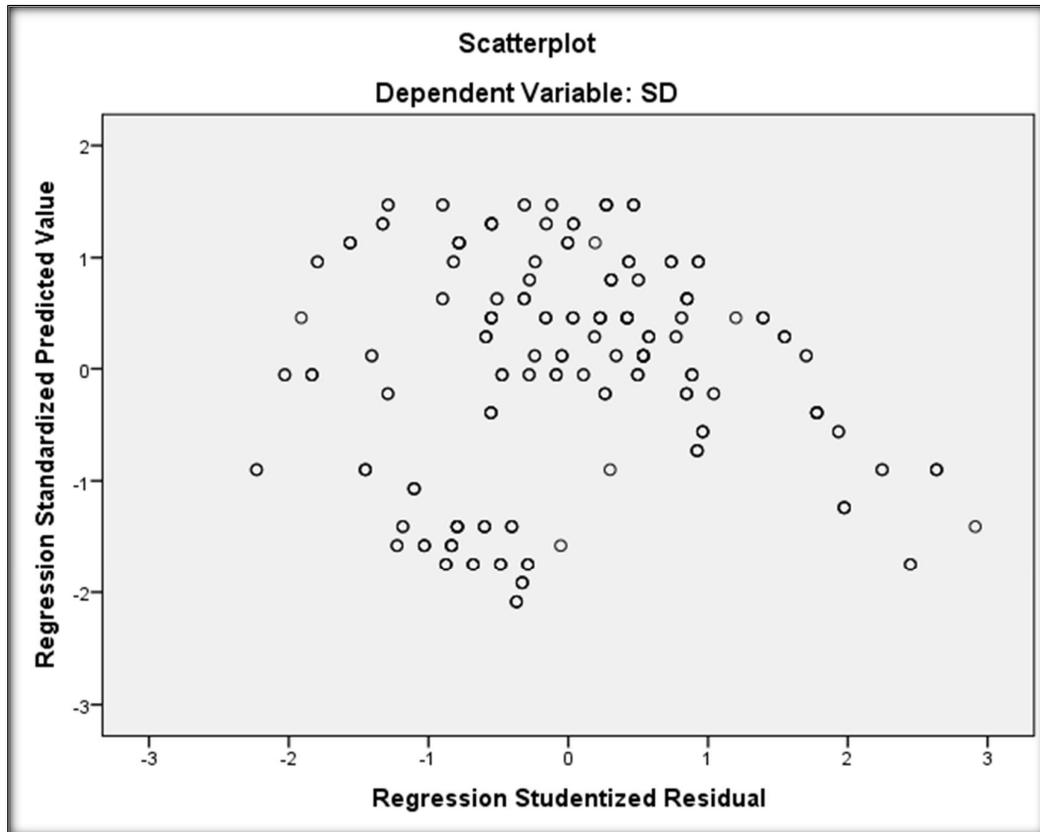


Figure 4.15: Scatter Plot of Standardized Residuals for the External Environment on Public Health Facilities Service Delivery

Source: Research Data (2023)

Figure 4.15 demonstrates that the residual points in the scatter plot are generally distributed, with the majority of their points concentrated in the center; this suggests homoscedasticity, and so the homoscedasticity assumption for linear regression holds.

4.5.3 Test of Multicollinearity

The term multicollinearity describes a situation in which the correlations or linkages between different independent variables are extremely strong (Gujarati & Porter, 2009).

Table 4.9: Test for Multicollinearity using VIF and Tolerance

Variable	Tolerance	VIF
Participative Leadership	0.313	3.198
Human Resource Capacity	0.826	1.211
Organizational culture	0.490	2.041
External Environment	0.422	2.369

Source: Research Data (2023)

High correlation was expected due to the nature of the variables, prompting the need to study multicollinearity. Table 4.9 displays the results of a regression analysis used to develop variance inflation factors (VIF) and a tolerance value for testing multicollinearity. When the tolerance value is close to 1, multicollinearity is not a major concern, but a number approaching zero indicates multicollinearity risk. The variance inflation factor (VIF) reveals how much multicollinearity is increasing the variance of the estimated coefficient. In particular, multicollinearity issues are indicated by a VIF greater than 10 (VIF > 10). Bryman (2012) claims that multicollinearity is present when cutoff levels are greater than 10. According to the results shown in Table 4.9: Test for Multicollinearity using VIF and Tolerance, there is no multicollinearity in the participatory leadership model. The VIF for this model is 3.198, and the tolerance value is 0.313. The VIF for Human Resource Capacity is 1.211, which is within the tolerance value of 0.826. The VIF for organizational culture was 2.041 and the tolerance value was 0.490, indicating that there were no signs of multicollinearity; similarly, the VIF for the external environment was 2.369 and the tolerance value was 0.422, suggesting that there were no signs of multicollinearity there, either.

4.6 Correlation Analysis

Compared to previous studies, Pearson's correlation coefficients were used to show that there was a relationship between the independent variables (participative leadership style, human resource capacity, organizational culture, and external environment) and the dependent variable (public health facilities service delivery). They also showed what kind of relationship it was and how strong it was.

Table 4.10: Correlation Matrix

		Correlations				
		Participative Leadership	Human Resource Capacity	Organizational culture	External Environment	Service Delivery
Participative Leadership	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	247				
Human resource capacity	Pearson Correlation	.728**	1			
	Sig. (2-tailed)	.000				
	N	247	247			
Organizational culture	Pearson Correlation	.880**	.770**	1		
	Sig. (2-tailed)	.000	.000			
	N	247	247	247		
External Environment	Pearson Correlation	.751**	.642**	.735**	1	
	Sig. (2-tailed)	.000	.000	.000		
	N	247	247	247	247	
Service Delivery	Pearson Correlation	.790**	.716**	.895**	.674**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	247	247	247	247	247

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

* . Correlation is significant at the 0.05 level (2-tailed).

Source: Research Data (2023)

According to Gujarati and Porter (2009), the correlation coefficient between two variables is high if it is more than 0.70. The correlation coefficient between variables

is displayed in Table 4.10. All independent factors had positive and statistically significant ($p \leq 0.05$) relationships with the delivery of public health services. There was a high and substantial association between participatory leadership and human resource capacity and public health facilities service delivery, with $r=0.790$ and $r=0.716$, respectively. The correlation coefficients were positive and statistically significant at the 1% level (0.01). The correlation coefficient between participative leadership and the delivery of public health services was significant and positive ($r=0.790$, $p < 0.00$). This indicated that a proportional rise in the level of public health facilities service delivery would accompany an increase in the level of participatory leadership. Positive and substantial correlations were found between organizational culture, external environment, and public health facilities service delivery: $r=0.895$ and $r=0.74$ respectively. Multicollinearity exists when the independent variables are highly correlated ($r = 0.90$ or above). The interactions between the four variables, external environment, human resource capability, organizational culture, and participatory leadership, were not highly linked, as evidenced by the fact that their r -values were less than $r=0.9$, as shown in Table 4.10.

4.7 Hypotheses Testing

4.7.1 Hypothesis one

The purpose of this study was to determine the relationship between participatory leadership and the provision of public health facilities service delivery by County Governments in Western Kenya. *H₀₁ was the hypothesized outcome. There is no significant correlation between participatory leadership and the delivery of public health services in County Governments in the Western Kenya Region.* In order to examine the Hypothesis, the model $Y = \beta_0 + \beta_1 X_1 + \varepsilon$ was fitted. Where Y is the dependent variable (delivery of public health services), β_0 is the coefficient of

regression, and is an error term. The model summary for the regression study between participatory leadership and public health care delivery is shown in Table 4.11. Changes in participative leadership explain 62.4% of public health care delivery, as measured by an R-squared value of 0.624%. This implied that characteristics excluded from the model accounted for 37.6% of public health facilities service delivery.

Table 4.11: Model Summary for Participative Leadership

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.790a	.624	.623	.42804	.624	407.454	1	245	.000

a. Predictors: (Constant), participative leadership

a. Predictors: (Constant), participative leadership

b. Dependent Variable: public health facilities service delivery.

Source: Research Data (2023)

Table 4.12 below shows analysis on variance (ANOVA) showing the regression model between participative leadership and public health facilities service delivery.

Table 4.12: ANOVA between Participative Leadership and Public Health Facilities Service Delivery

ANOVA^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	74.655	1	74.655	407.454	.000b
	Residual	44.889	245	.183		
	Total	119.544	246			

a. Dependent Variable: Public health facilities service delivery

b. Predictors: (Constant), Participative leadership

a. Dependent Variable: public health facilities service delivery

b. Predictors: (Constant), participative leadership

Source: Research Data (2023)

The F test yielded a result of $F(1,246) = 407.454$, $p < 0.05$, indicating that the model adequately explains the variation in the dependent variable. This also indicates that participative leadership is a useful predictor of the delivery of public health facility services.

The regression coefficients for the model between participatory leadership and public health facilities service delivery are displayed in Table 4.13. The statistically favorable and significant results ($\beta = 0.579$, $\text{beta} = 0.790$, and $t = 20.185$, $p = 0.000$) indicate that participative leadership positively impacts public health facilities service delivery.

Table 4.13: Regression Coefficients between Participative Leadership and Public Health Facilities Service Delivery

Model	Coefficients ^a			t	Sig.
	Unstandardized Coefficients		Standardized Coefficients		
	β	Std. Error	Beta		
(Constant)	1.411	.120		11.760	.000
Participative leadership	.579	.029	.790	20.185	.000

a. Dependent Variable: service delivery of public health facility

Source: Research Data (2023)

The regression model's results indicated that it might be used to foretell the extent to which participative leadership affects the provision of public health services. There was a significant correlation between participative leadership and the provision of public health services, and the regression model appeared as follows:

$$Y = \beta_0 + \beta_1 X_1 + \varepsilon$$

Based on the findings obtained, the model equation was:

$$Y=1.411 + 0.579X_1$$

Since β_1 is statistically different from zero, the null hypothesis was rejected, and it was determined that participative leadership had a significant impact on the delivery of public health services. When there is more participation from leaders, public health services improve by 0.790 units. Similar conclusions were reached by Sfantou et al. (2017), Warri (2021), and Chepkonga and Nyaga (2019): that staff members' familiarity with their tasks and responsibilities, as well as the quality of the working relationship between management and staff, affected the quality of care provided by hospitals. Quality of care and related metrics were found to be significantly correlated with a leadership style that encourages participation from staff. Chepkonga and Nyaga (2019) looked into how management techniques affected the standard of care provided in public hospitals. The results showed a favorable and statistically significant correlation between a more participative style of leadership and better patient care in Kenya's public hospitals. All of the hypothesized associations between leadership style and service quality in Pakistan's health care industry were supported except for the direct link between laissez-faire leadership and commitment to service quality, and role clarity was found to moderate the relationships between transformational leadership and laissez-faire leadership and commitment to service quality.

The relationship between leadership styles and healthcare quality indicators was studied by Sfantou et al. (2017). Quality of care and related metrics were found to be significantly correlated with a leadership style that encourages participation from staff. Both patients and healthcare providers viewed strong leadership as essential to the delivery of coordinated and integrated care. Warri (2021) analyzed how different leadership styles affected the quality of care provided by medical professionals.

Maintaining positive public and customer relations was found to be more difficult with more authoritarian leadership styles than with a more participative one.

It was the goal of the study by Kyalo, Otieno, and Tenambergen (2018) to determine how management styles affect the success of health information system implementations (IHMS). Yet, research indicates that a leadership style characterized by participative decision making has a negative and non-significant impact on the integration of HMIS. However, no efforts were made to verify the reliability of the results using a combination of qualitative and quantitative data.

4.7.2 Hypothesis Two

The study sought to determine the effect of human resource capacity on public health facilities service delivery in County Governments in Western Region, Kenya.

Table 4.14: Model Summary for Human resource capacity and Public Health Facilities Service Delivery

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Change	F Change	df1	df2	Sig. F Change
1	.716a	.512	.510	.48798	.512	257.026	1	245	.000

a. Predictors: (Constant), human resource capacity
b. Dependent Variable: public health facilities service delivery

Source: Research Data (2023)

It was hypothesized that: H_02 There is no statistically significant relationship between human resource capacity and public health facilities service delivery in County Governments in Western Region, Kenya. To test the Hypothesis, the model $Y = \beta_0 + \beta_2 X_2 + \varepsilon$ was fitted.

Table 4.14 indicates the model summary for the regression between human resource capacity and public health facilities service delivery. An R-squared of 0.512 indicates that 51.2% of public health facilities service delivery was explained by changes in human resource capacity.

Table 4.15: ANOVA for Human Resource Capacity and Public Health Facilities Service Delivery

		ANOVA ^a				
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	61.204	1	61.204	257.026	.000b
	Residual	58.340	245	.238		
	Total	119.544	246			

a. Dependent Variable: service delivery of public health
b. Predictors: (Constant), human resource capacity

Source: Research Data (2023)

As indicated in Table 4.15, when the independent variable human resource capacity was regressed against the dependent variable public health care delivery, the results were positive and statistically significant. The F test yielded a value of $F(1,245) = 257.026$, $p < 0.05$, indicating that the model adequately explains the variation in the dependent variable. It also indicates that human resource capacity is a significant factor in the provision of public health services by County Governments in the Western Kenya Region.

Table 4.16 shows the regression coefficients between human resource capacity and public health facilities service delivery. Results were statically significant ($\beta = 0.664$; $\beta = 0.716$ and $t = 16.032$, $p < 0.05$) hence human resource capacity significantly influences public health facilities service delivery.

Table 4.16: Regression Coefficients between Human Resource Capacity and Public Health Facilities Service Delivery

Model	Coefficients ^a			t	Sig.
	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta		
(Constant)	1.168	.165		7.068	.000
1 human resource capacity	.664	.041	.716	16.032	.000

a. Dependent Variable: public health facilities service delivery

Source: Research Data (2023)

The results from the regression model showed that the model could be used to predict the level at which human resource capacity affects public health facilities service delivery. The regression model between human resource capacity and public health facilities service delivery was $Y = \beta_0 + \beta_2 X_2 + \epsilon$

Based on the findings obtained, the derived fitted model equation was as given:
 $Y = 1.168 + 0.664 X_2$

Since β_1 is significantly different from zero and therefore the null hypothesis was rejected and concluded that there was a significant influence of human resource capacity on public health facilities service delivery ($\beta = 0.664$, $p < 0.05$). It was found that public health facilities service delivery in County Governments in Western Region, Kenya changed by 0.716 1units for every 1unit increase in human resource capacity. Similar results were found by Odhiambo and Iravo (2018); Ikyanyon, Johnson, and Dawson (2020); Ikenye (2021); Mohamed and Hameed (2015), all of whom were interested in identifying the factors that influence the success of public health care delivery at the county level in Western Kenya. The human resource capacity was found to be positively related to the provision of healthcare services. Musyoka, Adoyo, and Ongombe (2021) investigated the impact of human resource

capability on the quality of care provided by public hospitals in Nairobi City County, Kenya. According to the research, training and development programs are primarily concerned with the personal growth of each employee and their pursuit of greater professional potential. It was found through inferential analysis that public health facilities' service delivery was not affected by their human resource capacities. Effective human resources capacity has a major impact on healthcare quality and enhancing the performance of hospital's employees, as discovered by Mohamed and Hameed (2015) in their study of the relationship between the two variables. The research supports the idea that performance evaluations of hospital human resources managers are necessary prior to initiating a performance development process and that continual development and training of staff performance is essential.

Tomar and Dhiman (2013) adopted an exploratory research approach to investigate the impact that human resources practices have on healthcare service quality. The findings of the study showed that the quality of care delivered in hospitals is affected by human resources (HR)-related factors such the standardization of nursing tasks, performance evaluation procedures, clear lines of communication, and competitive salaries. Human resource management practices and the quality of health care service provision in Kenya's Teaching and Referral Hospitals was the focus of a 2017 study by Stephen and Bula. Training and performance management were found to be significant predictors of quality of health care service delivery within Teaching and Referral Hospitals in Kenya when the log-log regression coefficients for each of the predictor variables were isolated using an ANOVA test.

Odhiambo and Iravo (2018) focused on the impact of human resource capability on service delivery in the health sector of the Nakuru County Government, more

specifically the Nakuru Central sub County. Increasing service delivery was found to be significantly impacted by capacity building. Improving citizens' access to services is one way in which capacity building can have a substantial impact on their quality of life. Ikyanyon, Johnson, and Dawson (2020) examined how human resource management affects the delivery of high-quality medical care. The study's findings suggested that well-managed human resources can have a substantial positive effect on healthcare employees' productivity. Mohamed and Hameed (2015) looked into how human resource capacity in practice affected healthcare service quality and the satisfaction of patients. The study's findings showed that a hospital's staff did better when its human resources capability was optimized. Based on the findings, the hospital's human resources department's managers should have their performance evaluated before beginning a performance development process, and staff performance should undergo ongoing development and training.

4.7.3 Hypothesis Three

The study sought to determine the relationship between organizational culture and public health facilities service delivery in County Governments in Western Region, Kenya. It was hypothesized that: *H₀₃ There is no significant influence between organizational culture and public health facilities service delivery in County Governments in Western Region, Kenya.*

Table 4.17: Model Summary for Organizational Culture on Public Health Facilities Service Delivery

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.895 ^a	.801	.801	.31134	.801	988.260	1	245	.000

a. Predictors: (Constant), organizational culture
a. Dependent Variable: public health facilities service delivery
b. Predictors: (Constant), Organizational culture

Source: Research Data (2023)

To test the Hypothesis, the study fitted the model $Y = \beta_0 + \beta_3 X_3 + \varepsilon$. Table 4.17 illustrates the model summary for the regression analysis between organizational culture and public health facilities service delivery. An R-squared of 0.801 indicates that 80.1% of public health facilities service delivery was explained by changes in organizational culture. This implies that other factors which are left out in the model explained 19.9% of public health facilities service delivery.

Table 4.18: ANOVA between Organizational Culture and Public Health Facilities Service Delivery

ANOVA^a					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	95.795	1	95.795	988.260	.000 ^b
Residual	23.749	245	.097		
Total	119.544	246			

a. Dependent Variable: public health facilities service delivery

b. Predictors: (Constant), organizational culture

Source: Research Data (2023)

Table 4.18: shows ANOVA results between organizational culture and public health facilities service delivery. The F test gave a value of $F(1,245) = 988.260$, $p < 0.05$,

which supports the goodness of fit of the model in explaining the variation in the dependent variable. It also means that organizational culture is a useful predictor of public health facilities service delivery in the County Governments in Western Region, Kenya.

Table 4.19: Regression coefficients between Organizational Culture and Public Health Facilities Service Delivery

Model	Coefficients ^a			t	Sig.
	Unstandardized Coefficients		Standardized Coefficients		
	β	Std. Error	Beta		
(Constant)	1.708	.069		24.923	.000
Organizational culture	.554	.018	.895	31.437	.000

a. Dependent Variable: Public health facilities service delivery

Source: Research Data (2023)

Table 4.19 shows that the regression coefficients between organizational culture and public health facilities service delivery. The results illustrated a statistically significant link between organizational culture and public health facilities service delivery: ($\beta = 0.554$, $\beta=0.895$ and $t=31.437$, $p<0.05$); hence, concluded that organizational culture significantly influences Public health facilities service delivery. The results from the regression model showed that the model could be used to predict the level at which organizational culture influences public health facilities service delivery. The regression model between organizational culture and public health facilities service delivery was:

$$Y=1.708+ 0.554X_3$$

Since β_3 is significantly different from zero, the null (H_0) was rejected and it was concluded that there was a significant influence of organizational culture on public health facilities service delivery. Increasing organizational culture by one unit resulted

in a 0.873 unit rise in the quality of public health services provided. Similar results were found by Bruno (2021), Chi and Chia (2018), Carney (2018), Al-Otaibi and Common (2018), and Chepkonga and Nyaga (2019), all of whom found that organizational culture positively impacted the provision of public health services by County Governments in Kenya's Western Region.

Bruno (2021) investigated the effect of company culture on service provision in Nairobi City County Kenya's private hospitals. Service quality was observed to increase when an organization prioritized its culture. Organizational culture in Saudi Arabia's health care system was evaluated by Al-Otaibi and Common (2018). The results also showed that in the current condition, a hierarchy culture was somewhat more prevalent than other types, whereas in the ideal environment, a clan culture was slightly more prevalent. Strengthening all four types of culture (clan, adhocracy, market, and hierarchy) in Saudi Arabia is necessary to improve the country's health care system as a whole. Similarly, Chi and Chia (2018) investigated how hospital culture affected the dedication of hospital executives in Taiwan. They found a favorable correlation between hospital culture and dedication to the institution. Public hospital service quality was studied by Chepkonga and Nyaga (2019), who looked into the effect of leadership culture. The results showed a positive and statistically significant connection between leadership culture and service provision in Kenya's public hospitals.

4.7.4 Hypothesis Four

The study sought to examine how external environment moderates the relationship between strategy implementation determinants, external environment and public health facilities service delivery in Western Region, Kenya. It was hypothesized that:

H₀₄: There is no significant influence of external environment moderating the relationship between strategy implementation determinants, external environment and public health facilities service delivery in Western Region, Kenya.

Table 4.20: Model Summary for Moderation of External Environment on the Relationship between Strategy Implementation Determinants and Public Health Facilities Service Delivery

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.874 ^a	.764	.761	.27427	.764	312.567	3	290	.000
2	.875 ^b	.766	.763	.27356	.002	2.501	1	289	.012
3	.879 ^c	.773	.768	.27049	.007	139.455	7	286	.000

1. Predictors: (Constant), Participative leadership, Human resource capacity & Organizational culture (Before Moderation)

2. Predictors: (Constant), Participative leadership, Human resource capacity, Organizational culture & External Environment (After Moderation)

3. Predictors: (Constant), Participative leadership, Human resource capacity, Organizational culture & External Environment, PL*EE, HRC*EE & OC*EE (After Moderation+ Interactive term)

a. Dependent Variable: public health facilities service delivery

Source: Research Data (2023); *PL*EE = Participative Leadership*External Environment; HRC*EE= Human Resource Capacity*External Environment & OC*EE= Organizational Culture*External Environment*

In order to determine the impact of strategy implementation determinants on public health care delivery in County Governments in the Western Kenya Region, a multiple regression analysis was first done (see results in, Model 1, before moderation).

In Model 2, all the strategy implementation determinants (participative leadership, human resource capacity and organizational culture) were entered into the model. Secondly, multiple regression was further conducted to establish the moderating influence of external environment on relationship between strategy implementation determinants and public health facilities service delivery, Model 2, after moderation.

In Model 2, the moderating variable, external environment was entered in addition to participative leadership, human resource capacity and organizational culture variables. In Model 3, the interaction term between the moderating variable and public health facilities service delivery were entered (see the components of Model 3 from Table 4.20). This is the cross product of external environment and strategy implementation determinants constructs.

Table 4.20 from Model 1 reveals R value of 0.874, which indicates a very high positive link between strategy implementation determinants and public health facilities service delivery in County Governments in Western Kenya Area. Using an R-squared value of 0.764, we can infer that the factors involved in the strategy implementation determinants account for 76.4% of the variation in public health facilities service delivery among County Governments in the Western Kenya Area.

Model 2 displays the outcomes after the moderating variable of environmental context has been included. The R-squared value for Model 2 is 0.875, indicating a very high positive link between strategy implementation determinants and public health facilities service delivery in County Governments in the Western Kenya Region, with moderating effects from the external environment. The external environment was shown to moderate the relationship between the variables of plan execution and the provision of public health services by County Governments in Western Region, Kenya ($R^2 = 0.766$). It was then followed by a 0.002 point increase in the R-squared value. When the external environment was introduced as a moderating variable into the relationship between strategy implementation determinants and public health facilities service delivery in County Governments in the Western Kenya Region, the F-Change dramatically changed, going from 312.567(3,290) to 2.501(1,289). This

may suggest ($p < 0.05$) that the external environment has a key role in the connection between the determinants of strategy execution and the provision of public health facilities service delivery in County Governments in the Western Kenya Region.

In Model 3, the interactive influence between external environment and strategy implementation determinants constructs and accounted for more variance on public health facilities service delivery than just what was observed in Model 2, (R^2 change = 0.773, $p = 0.00$), indicating that there is potentially significant moderation influence on the public health facilities service delivery when the interactive terms (PL*EE, HRC*EE and OC*EE) with external environment are regressed with public health facilities service delivery.

Table 4.21: Regression Coefficients for Moderation of External Environment on the Relationship between Strategy Implementation Determinants and Public Health Facilities Service Delivery

		Coefficients ^a				
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.873	.096		19.416	.000
	Participative leadership (PL)	.039	.036	.063	1.074	.000
	Human resource capacity (HRC)	.038	.035	.049	1.095	.002
	Organizational Culture (OC)	.405	.033	.780	12.398	.000
2	(Constant)	1.867	.096		19.387	.000
	Participative leadership	.019	.038	.031	.495	.021
	Human resource capacity	.030	.035	.039	.855	.033
	Organizational culture	.397	.033	.765	12.043	.000
	External Environment	.041	.026	.071	1.581	.012
3	(Constant)	.948	.455		2.083	.038
	Participative leadership	-.052	.174	-.084	-.297	.766
	Human resource capacity	.476	.150	.618	3.176	.002
	Organizational culture	.237	.155	.456	1.530	.127
	External Environment (EE)	.289	.143	.493	2.025	.044
	PL*EE	.020	.048	.213	.406	.085
	HRC*EE	-.119	.039	-1.216	-3.094	.002
OC*EE	.042	.041	.471	1.027	.030	

a. Dependent Variable: Public health facility service delivery

Source: Research Data (2023)

The null hypothesis that there is no significant influence of external environment moderating the relationship between strategy implementation determinants, external environment and public health facilities service delivery in Western Region, Kenya was dismissed and accepted the alternative. The following model was obtained from the unstandardized Beta coefficients and the constant from Model 1 (before moderation):

$$Y = 1.873 + 0.039X_1 + 0.038X_2 + 0.405X_3$$

In this model, Y represents the provision of public health services; X₁ represents participatory leadership; X₂ represents the availability of human resources; and X₃ represents the culture of the organization. The model predicts that, with all other factors held constant, public health care provision would move by 0.039 units if participatory leadership were to be adjusted by one unit. Keeping the same levels of participative leadership and company culture, a one-unit change in human resource capacity would result in a 0.038-unit change in the quality of public health services provided. If there was a one-unit change in organizational culture while preserving participatory leadership and human resource capability at the same level, public health care provision would shift by 0.405 units. These findings suggest that in County Governments in Western Region, Kenya, the relationship between strategy implementation determinants and public health service performance was significantly impacted by participatory leadership, human resource capacity, and organizational culture.

The following model 2 was obtained from the unstandardized Beta coefficients and the constant:

$$Y = 1.867 + 0.019X_1 + 0.030X_2 + 0.397X_3 + 0.041X *N$$

Where Y is the public health facilities service delivery, X₁ is the participative leadership, X₂ is the human resource capacity, X₃ is the organizational culture and N is the moderating variable (external environment). From the model, introduction of the moderating variable (external environment) creates a positive shift: the regression coefficients for the independent variables had positive shifts in participative leadership from $\beta_1=0.039$ to $\beta_1=0.019$; human resource capacity from $\beta_2=0.038$ to $\beta_2=0.030$, organizational culture, $\beta_3=0.405$ to $\beta_3=0.397$. The interaction term for between strategy implementation determinants, external environment and public health facilities service delivery in Western Region, Kenya *external environment was $\beta_4=0.041$. Results indicate that if the external environment (the moderating variable) was enhanced, then the relationship between strategy implementation determinants, external environment and public health facilities service delivery in Western Region, Kenya would improve and vice versa.

In Model three, upon the introduction of the interaction term (cross-product between strategy implementation determinants and public health facilities service delivery), external environment (EE) is still positive and significant with its predictive power increasing from B=0.041 to B=0.289. Human resource capacity (B=0.476, p<0.05) and organizational culture (B=0.237, p<0.05) maintained their significance since they were found positive and significant. Participative leadership (PL) was found negative and insignificant (B=-0.052, p>0.05). Participative leadership interaction with external environment and public service delivery yielded ($\beta= 0.02$, beta=0.213, t=-0.406, p=.085); interaction of human resource capacity (HRC) with external environment and public service delivery gave ($\beta= -0.119$, beta=-1.216, t=-3.094, p=.002) while interaction of organizational culture with external environment and public service delivery had ($\beta= 0.042$, beta=-471, t=1.027, p=.030). All strategy

implementation determinants had p-values less than 0.05 with exception of participative leadership implying their positive significant influence on public service delivery. Therefore these results of Model 3 therefore illustrate that external environment had a significant moderating influence on the relationship between strategy implementation determinants and public health facilities service delivery as well as between human resource capacity (HRC)*external environment (EE) and organizational culture (OC)* external environment (EE). These findings were also represented in the model equation as shown in below:

$$SD=0.948-0.052X_1+0.476X_2+0.237X_3+0.289Z+0.020X_1Z-0.119X_2Z+0.042X_3Z$$

Where:

Public health facilities service delivery is the performance (Dependent Variable);

X_1 is the Participative leadership (PL) (Independent Variable);

X_2 is the Human resource capacity (HRC) (Independent Variable);

X_3 is the Organizational Culture (OC) (Independent Variable);

Z is the External Environment (EE) (Moderating Variable)

From the Model, various deductions can be made; first, the PL*EE coefficient is positive, meaning that the interactive influence is positive, therefore, as external environment increases by one unit, the level of participative leadership influence on public health facilities service delivery insignificantly increases by 0.02 (P=0.085). However, HRC*EE coefficient is negative, meaning that the interactive influence is negative, therefore, as external environment increases by one unit, the level of human resource capacity influence on public health facilities service delivery significantly decreases by -0.119 units (p=0.002). The OC*EE coefficient was positive signifying that as external environment increases by one unit, the level of organizational culture

influence on public health facilities service delivery would significantly increase by 0.042 (P=0.030).

Secondly, in regard to unstandardized Beta coefficient of 0.039 (P=0.000), the interaction of External Environment with Participative Leadership produced a beta coefficient of 0.020 (P=0.085). This implies External Environment has no significant moderating effect on the relationship between Participative Leadership Style and Public health facilities service delivery in County Governments in Western Region, Kenya.

In regard to unstandardized Beta coefficient of 0.038 (P=0.002), the interaction of External Environment with Human Resource Capacity produced a beta coefficient of -0.119 (P=0.002). This implies External Environment has a significant moderating effect on the relationship between Human Resource Capacity and Public health facilities service delivery in County Governments in Western Region, Kenya. In regard to unstandardized Beta coefficient of 0.405 (P=0.000), the interaction of External Environment with Organizational Culture produced a beta coefficient of 0.042 (P=0.030). This implies External Environment has a significant moderating effect on the relationship between Organizational Culture and Public health facilities service delivery in County Governments in Western Region, Kenya.

These results are consistent with those found by Kinyajui and Awour (2019), who looked at how the organizational environment affected health care service delivery in Kiambu County, Kenya, under the devolved system. They found that political influence, conflicting interests, a lack of human resources, and poor monitoring and evaluation all had a negative impact.

Similar research was conducted by Muthai (2018), who looked into how external environmental factors affected the adoption of strategic initiatives in the private hospitals in Nairobi County, Kenya. The study's findings showed a correlation between internal organizational elements, market pressures, and government regulation on the one hand, and plan implementation on the other. Moreover, the findings corroborate those of Ahmad (2012), who found diverse impacts of macro environmental factors on health service approach. According to the results, the external environment influences the connection between strategy implementation and performance in terms of efficiency, quality of service, and innovation (but not customer satisfaction).

The purpose of Oketch's (2021) research was to determine how strategic leadership style and the external environment affected the performance of Kenya's Agriculture, Livestock, and Fisheries (ALF) parastatals. An extremely robust, positively statistically significant correlation was found between the external environment, the implementation of strategy, and the outcomes, and the results showed that the external environment had a significant effect on the relationship between the strategic leadership style and performance. Direct and indirect effects of the external environment on the linkages between strategic leadership style, strategy implementation, and performance were also found.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMEDATIONS

5.1 Introduction

This chapter contains summary of the findings as well as conclusions and recommendations in line with the study specific objectives. It also includes suggested areas for further research.

5.2 Summary of the Findings

The summaries of the findings per each objective were:

5.2.1 Participative leadership and Public Health Facilities Service Delivery

The study sought to establish the respondents' opinion on the participative leadership in relation to public health facilities service delivery in County Governments in Western Region, Kenya. Results from the eight (8) questions had an average mean of 4.12. The respondents were almost unanimous on the question asked on the participative leadership in relation to public health facilities service delivery in County Governments in Western Region, Kenya. An R-squared of 0.604 indicates that 60.4% of public health facilities service delivery is explained by changes in participative leadership. This implied that other factors which are left out in the model explained 39.6% of public health facilities service delivery. The F test gave a value of $F(1,292) = 445.042$, $p < 0.05$, which supports the goodness of fit of the model in explaining the variation in the dependent variable. It also means that participative leadership is a useful predictor of public health facilities service delivery. Results were statistically positive and significant ($\beta = 0.479$, $\text{beta} = 0.777$ and $t = 21.096$, $p = 0.000$) hence participative leadership positively and significantly affects public health facilities service delivery. For every 1 unit increase in participative leadership, public health facilities service delivery increases by 0.777 units.

5.2.2 Human Resource Capacity and Public Health Facilities Service Delivery

The study sought to determine the respondents' opinion on whether human resource capacity influences public health facilities service delivery in County Governments in Western Region, Kenya. Results from the fifteen Results from the four (4) questions had an average mean of 4.073, indicating that the respondents almost gave uniform views on the question asked on the human resource capacity in relation to public health facilities service delivery in County Governments in Western Region, Kenya. An R-squared of 0.476 indicates that 47.6% of public health facilities service delivery was explained by changes in human resource capacity. The F test gave a value of $F(1,292) = 265.467$, $p < 0.05$, which supports the goodness of fit of the model in explaining the variation in the dependent variable. It also means that human resource capacity is a useful forecaster of public health facilities service delivery in County Governments in Western Region, Kenya. Results are statically significant ($\beta = 0.690$; $\beta = 0.531$ and $t = 16.293$, $p < 0.05$) hence variable X^2 significantly influences Y. For every 1 unit increase in human resource capacity, there was a related shift in public health facilities service delivery public health facilities service delivery in County Governments in Western Region, Kenya by 0.690 units.

5.2.3 Organizational Culture and Public Health Facilities Service Delivery

Aligned to the third objective, the researcher sought to determine the influence of organizational culture on public health facilities service delivery. To achieve this, first descriptive statistics of organizational culture were computed. Results from the five (5) questions had an average mean of 3.88, though the respondents gave varied views on the question asked on the organizational culture in relation to public health facilities service delivery in County Governments in Western Region, Kenya. An R-squared of 0.761 indicates that 76.1% of public health facilities service delivery was

explained by changes in organizational culture. This implies that other factors which are left out in the model explained 23.9% of public health facilities service delivery. The F test gave a value of $F(1,292) = 932.011$, $p < 0.05$, which supports the goodness of fit of the model in explaining the variation in the dependent variable. It also means that organizational culture is useful forecasters of public health facilities service delivery in County Governments in Western Region, Kenya. The results illustrated a statistically significant link between organizational culture and public health facilities service delivery: ($\beta = 0.452$, $\beta = 0.873$ and $t = 30.529$, $p < 0.05$); hence, concluded that organizational culture significantly influences public health facilities service delivery. For one-unit increase in organizational culture, public health facilities service delivery increased by 0.873 units.

5.2.4 External Environment as a Moderating Variable

Descriptive statistics on external environment as a moderating variable was determined in the County Governments in Western Region, Kenya. To achieve this, first descriptive statistics of external environment were computed. Results from the five (6) questions had an average mean of 3.63, though the respondents gave varied views on the question asked on the external environment on the relationship between strategy implementation determinants and public health facilities service delivery. of 0.874, implying that strategy implementation determinants had a very strong positive association to public health facilities service delivery in County Governments in Western Region, Kenya. An R-square of 0.764 was obtained implying that 76.4% of the change observed in public health facilities service delivery public health facilities service delivery in County Governments in Western Region, Kenya was as a result of strategy implementation determinants. The F test gave a value of $F(1,292) = 312.567$, $p < 0.05$, which supports the goodness of fit of the model in explaining the variation in

the dependent variable. It also means that organizational culture is useful forecaster of public health facilities service delivery in County Governments in Western Region, Kenya. . From the model, should participative leadership be modified by one unit, there would be a related shift in public health facilities service delivery public health facilities service delivery by 0.039 units keeping human resource capacity and organizational culture constant. Should human resource capacity be modified by one unit, there would be a related shift in public health facilities service delivery public health facilities service delivery by 0.038 units keeping participative leadership as well as organizational culture constant. Should organizational culture be modified by one unit, there would be a related shift in public health facilities service delivery public health facilities service delivery by 0.405 units keeping participative leadership and human resource capacity constant. These results indicate that there was a statistically significant influence of participative leadership, human resource capacity and organizational culture on the relationship between strategy implementation determinants, external environment and public health facilities service delivery in Western Region, Kenya. From the model, introduction of the moderating variable (external environment) creates a positive shift: the regression coefficients for the independent variables had positive shifts in participative leadership from $\beta_1=0.039$ to $\beta_1=0.019$; human resource capacity from $\beta_2=0.038$ to $\beta_2=0.030$, organizational culture, $\beta_3=0.405$ to $\beta_3=0.397$. Results indicate that if the external environment (the moderating variable) was enhanced, then the relationship between strategy implementation determinants, external environment and public health facilities service delivery in Western Region, Kenya, would improve and vice versa.

5.3 Conclusions

The research findings revealed a significant association between strategy implementation determinants, the external environment, and public health facilities service delivery in the Western Kenya Region. Multiple linear regression analysis was employed to examine the impact of strategy implementation determinants, specifically participative leadership, human resource capacity, and organizational culture, on public health facilities service delivery. The results demonstrated a substantial influence of these determinants, the external environment, and public health facilities service delivery. Notably, the strategy implementation determinants accounted for a significant portion of the observed variation in public health facilities service delivery, indicating their importance in shaping the outcomes.

Participative leadership emerged as the most influential determinant of public health facilities service delivery in County Governments within the Western Kenya Region. The study revealed that a participative leadership style facilitated effective strategy implementation, and when employees were involved in decision-making processes, it significantly enhanced their service delivery capabilities. Therefore, the County Governments should prioritize the development and implementation of participative leadership practices to improve public health facilities service delivery.

Human resource capacity was identified as the second most significant contributor to public health facilities service delivery. The study's findings indicated a positive effect of human resource capacity on service delivery outcomes, leading to the rejection of the null hypothesis at a 5% level of significance. Consequently, it was concluded that enhancing human resource capacity within County Governments in the Western Kenya Region would result in improved public health facilities service

delivery and overall performance. Therefore, investing in workforce development, training, and recruitment strategies was crucial for enhancing service delivery in public health facilities.

The study highlighted the significance of organizational culture in relation to public health facilities service delivery. The null hypothesis, suggesting no significant influence of organizational culture on service delivery, was rejected in favour of the alternative hypothesis, indicating a significant influence of organizational culture. The findings emphasized the importance of fostering shared beliefs and values across all departments and establishing clear channels of communication between staff and management. These measures were crucial for improving public health facilities service delivery in County Governments within the Western Kenya Region.

The study also examined the role of the external environment in moderating the relationship between participative leadership style and public health facilities service delivery. However, the findings did not reveal a significant influence of the external environment in this context. Further research was suggested to be conducted to investigate whether this finding holds true for other County Governments in different regions not covered by this study. Understanding the role and influence of the external environment on service delivery could provide valuable insights for comprehensive improvement strategies.

5.4 Recommendations

This study has important managerial implication on the Ministry of Health in Kenya especially in County Governments in Western Region, Kenya in terms of improving public health facilities service delivery. The study highlighted the importance of the three independent variables participative leadership, human resource capacity and

organizational culture in improving public health facilities service delivery. Results indicated that these variables positively influenced public health facilities service delivery. The findings realized some lapses in some areas which were either not covered by the researcher or areas which were never covered by the past studies and needed further study and further improvement for a better public health facilities service delivery. Having realized this, the researcher therefore made the following recommendations to various groups for further betterment of the public health facilities service delivery.

5.4.1 Recommendations for the Policy Makers

- i) The study provides valuable guidance for policymakers, including the National Government and County Government Executives, on areas to streamline in the implementation of strategies within the public sector. It was recommended that policymakers prioritize robust participative leadership practices, as they have been found to have a significant predictive ability in determining strategy implementation outcomes. Additionally, policymakers should address organizational factors that play a key role in strategy implementation. By the policy makers focusing on both participative leadership and organizational factors, they could create an enabling environment for effective strategy implementation in the public sector.
- ii) To improve service delivery, it is crucial to align national policies on health sector resource distribution with the specific needs of each County. Policymakers should ensure that current human resources have the necessary capacity to implement different strategies effectively. Strengthening the procedures for enforcing strategy implementation rules and regulations would

help ensure that resources are allocated efficiently and effectively.

- iii) County Governments should establish clear indicators for service delivery and set job targets for their human resources. These targets should be accompanied by specific deadlines for achievement. It is essential that all tasks are completed in accordance with the County's strategic plan, emphasizing the importance of timely and effective implementation.
- iv) To maintain productivity, equity, and workplace harmony, policymakers should develop clear and straightforward policies and processes for managing human resources. These include aspects such as hiring, advancement, compensation, and staff interactions. Through implementation of comprehensive regulations governing human resource management, policymakers could create a fair and conducive work environment that supports effective strategy implementation.
- v) Policymakers are encouraged to develop policies that foster a culture of active engagement in the strategic implementation process among all employees and stakeholders. It is important to move away from a top-down approach where strategy implementation is solely the responsibility of change specialists and upper management. By the policy makers involving all employees and stakeholders in the process, they could harness the collective knowledge, expertise, and commitment of the entire workforce, leading to more successful strategy implementation.

5.4.2 Recommendation to the Ministry of Health

- i) The study highlights the importance of adopting a participative leadership style within County Governments to improve service delivery. The Ministry of Health should encourage County Governments to implement participative

leadership practices that involve shared responsibility and clear work norms. It was crucial to establish organizational structures that facilitate delegation and empower all employees to perform their best without interference or favoritism from senior authorities. The Ministry should provide guidance and support to County Governments in implementing these leadership practices effectively.

- ii) The study emphasized the significance of enhancing human resource capacity through collaborative decision-making processes and trainings. The Ministry of Health should ensure that County Governments actively engage the opinions of workers who are directly affected by decisions, expanding their knowledge and abilities. Training and development programs should be provided to all workers, equipping them with the necessary skills for improved public health facilities service delivery. Adequate budget allocation should be made to support these training initiatives, demonstrating the Ministry's commitment to enhancing service delivery.
- iii) The study highlights the role of organizational culture in overcoming strategic implementation obstacles. The Ministry of Health should collaborate with County Governments to develop training and communication strategies that promote a positive organizational culture. These strategies should focus on fostering effective teamwork, communication, and coordination among healthcare professionals and other stakeholders. Through addressing organizational culture barriers, the Ministry could contribute to improved service delivery outcomes.
- iv) The Ministry of Health should work with County Governments to allocate a significant portion of the budget to recruit personnel in crucial sectors in order

to enhance service delivery. Adequate compensation packages should be provided to retain these vital human resources, preventing their departure for other nations or the private sector. Through prioritizing competitive compensation and addressing workforce shortages, the Ministry can ensure a skilled and motivated workforce to deliver quality healthcare services.

- v) The Ministry of Health should prioritize training and development initiatives for all workers in the County Governments. Sufficient budget allocation should be made to support these programs. Training should encompass various aspects, including familiarizing workers with the functions of County Governments, clarifying their relationships with the National Government, and emphasizing customer service in the delivery of services to County citizens. Additionally, the Ministry should actively participate in significant training, skill development, and deployment of healthcare professionals to address workforce shortage issues effectively.

5.5 Theoretical and Practical Implications of the Study

The research study has several theoretical and practical implications that advance knowledge and contribute to the existing literature:

- i) The study's findings provided valuable insights for County Governments in the Western Kenya region, specifically in adopting participative leadership styles, enhancing human resource capacity, and developing a conducive organizational culture. By understanding the statistical influence of these strategy implementation determinants on public health facilities service delivery, County Governments could make informed decisions and implement effective strategies to improve service delivery outcomes.
- ii) The study contributes to the body of knowledge by providing a rational basis

for identifying and testing empirical indicators and hypotheses related to strategy implementation determinants. It validates the ideas and provides evidence to support the impact of these determinants on public health facilities service delivery. The findings of this study can serve as a foundation for future research in similar contexts or other areas, encouraging further exploration and understanding of the topic.

- iii) The study expands the existing theories that it was anchored on, particularly Systems Theory. The findings illustrate the dynamic and interdependent nature of leadership, human resources, and culture in achieving system goals. This expands the understanding of Systems Theory by demonstrating how these components interact and contribute to the overall effectiveness of the system in delivering public health services.
- iv) The study contributes to the refinement and development of Participatory Leadership Style Theory. Through showcasing the practical application and effectiveness of participatory leadership in the context of public health, the study offers insights into tailoring and optimizing this leadership style for specific contexts. It emphasizes the importance of collaboration, shared responsibility, and leveraging collective intelligence to achieve better outcomes in public health service delivery.
- v) The study aligns with Human Capital Theory by highlighting the significance of education, qualifications, and skills in increasing individual productivity and contribution to organizations. It demonstrates that investments in qualifications and skills in the field of public health can lead to a more capable and productive workforce, ultimately enhancing the quality of health services delivered to the public.

- vi) The study expands the understanding of Organizational Culture Theory by linking specific elements of culture to organizational outcomes, particularly service delivery in public health. It emphasizes the importance of developing a positive organizational culture that supports effective service delivery and highlights the impact of culture on organizational outcomes.
- vii) The McKinsey 7S theory provides a holistic approach to understanding organizations by examining multiple interconnected elements. It emphasizes the interdependencies and relationships between different aspects, such as strategy, structure, systems, shared values, skills, staff, and style. Theoretical implications include a comprehensive understanding of how these elements interact and influence organizational performance. The framework highlights the importance of aligning and ensuring congruence between various organizational elements. It recognizes that organizational effectiveness is achieved when all seven elements are aligned and mutually reinforcing. Theoretical implications include exploring the notion of alignment and its impact on organizational performance.
- viii) The study introduces the concept of the external environment as a moderating variable in the relationship between strategy implementation determinants and public health facilities service delivery. It demonstrates that the external environment could have a significant and beneficial impact on this relationship. This highlights the need for further longitudinal studies to explore the moderating effect of the external environment on strategy implementation determinants and service delivery outcomes in County Governments.

5.6 Suggestions for Further Research

The current research focused exclusively on investigating the effect of strategy implementation determinants on public health facilities service delivery in the County Governments of the Western Kenya Region. To ensure the consistency of results, it is recommended that future studies expand their scope to cover all forty-seven (47) Counties.

The study specifically examined three determinants of strategy implementation: participative leadership style, human resource capacity and organizational culture. These determinants explained a significant portion (76.4%) of the variation in public health facilities service delivery. However, it is important to acknowledge that there may be other factors not explored in this study that could also contribute to improved service delivery. Future studies should consider investigating additional determinants such as financial and material resources, organizational structure and systems among others, to gain a more complete understanding of the topic.

One notable finding of this study is that the external environment was not found to be significant in moderating the relationship between participative leadership style and public health facilities service delivery. It was recommended to explore whether this finding holds true for County Governments in other regions not covered by the current study. Contradictions from other studies, where the external environment was found to moderate the relationship between participative leadership style and service delivery, indicate a knowledge gap that warrants further investigation. Through addressing this gap, future research could provide a more nuanced understanding of the role of the external environment in shaping the relationship between leadership style and service delivery outcomes.

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APPENDICES

APPENDIX 1: INTRODUCTION LETTER

LEONARD MOMOS JUMA
PBA/H/01 – 53395/2018
MMUST,
P.O. BOX 190-50100,
KAKAMEGA

Dear Respondent,

RE: DATA COLLECTION

I am a PhD Student at Masinde Muliro University of Science and Technology (MMUST) Undertaking a Degree of Doctor of Philosophy in Business Administration (Strategic Management Option). Currently, I am conducting a research on the “**STRATEGY IMPLEMENTATION DETERMINANTS, EXTERNAL ENVIRONMENT AND PUBLIC HEALTH FACILITIES SERVICE DELIVERY IN WESTERN REGION, KENYA**” as a partial fulfillment of the requirements for the conferment of this degree. Your Institution has been selected to participate in this study. You have been chosen as one of the resourceful respondents and I would like to request you to apportion some of your precious time to respond to the attached Instrument. However, any information obtained from you shall be treated with utmost confidentiality. In any reports or publications, no one was identified and only data was presented.

Thanking you in advance for your co-operation.

LEONARD MOMOS JUMA
PBA/H/01 – 53395/2018

APPENDIX 2: QUESTIONNAIRE FOR MEDICAL STAFF

SECTION 1: BACKGROUND INFORMATION

A. Indicate your Gender: Male [] Female []

B. What is your age?

Code	Years	Tick (✓) as Appropriate
B.1	Below 25years	
B.2	25-34 years	
B.3	35-44 years	
B.4	45-54 years	
B.5	above 55years	

C. What is your highest level of education?

Code	Level of Education	Tick (✓) as Appropriate
C.1	Diploma/HND	
C.2	Bachelor's Degree	
C.3	Master's Degree	
C.4	PhD	

D. How long have you worked in this Department?

Code	Years of Service	Tick (✓) as Appropriate
D.1	Below 1 year	
D.2	1-5 years	
D.3	6-10 years	
D.4	11-15 years	
D.5	Over 15years	

E. What is your current designation? Tick [√] as appropriate

Designation	Tick (√) as Appropriate
Medical Superintendent	
Hospital administrator	
Human Resource Officer	
Head of Pharmacy	
Head of Nursing	
Head of Laboratory	
Head of Clinical Services	

SECTION II: INFLUENCE OF PARTICIPATIVE LEADERSHIP STYLE ON PUBLIC HEALTH FACILITIES SERVICE DELIVERY

<p>F. The following set of statements is pertinent to Participative Leadership Style on the public health facilities service delivery in the Hospital. Using the scale: 1= Strongly disagree; 2= Disagree; 3= Neutral; 4 = Agree; 5= Strongly agree; indicate the extent to which your department has experienced the following:</p>						
	Participative Leadership Style	5	4	3	2	1
1	leadership is flexible and open to change					
2	leadership does consultation for new idea					
3	leadership encourages & motivate new ideas					
4	leadership style is enabling effective strategies implementation					
5	When workers are involved in decision making it increases their service delivery significantly					
6	Leadership approaches affect workers level of service delivery.					
7	Participation can be a contributing factor in increasing service					

	delivery					
8	The ability to participate in decision making serves as a morale boost for the employees.					

SECTION III: INFLUENCE OF HUMAN RESOURCE CAPACITY ON PUBLIC HEALTH FACILITIES SERVICE DELIVERY

<p>G. The following set of statements is pertinent to Human Resource Capacity on the strategy implementation determinants in enhancing public health facilities service delivery in the Hospital. Using the scale: 1= Strongly disagree; 2= Disagree; 3= Neutral; 4 = Agree; 5= Strongly agree; indicate the extent to which your department has experienced the following:</p>						
	Human Resource Capacity	5	4	3	2	1
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 department has employees with the right skills					
4	The Departmental plan is communicated to every stakeholder in a suitable and effective manner					

SECTION IV: INFLUENCE OF ORGANIZATIONAL CULTURE ON PUBLIC HEALTH FACILITIES SERVICE DELIVERY

<p>H. The following set of statements is pertinent to Organizational Culture on the strategy implementation determinants to enhance public health facilities service delivery in the in the Hospital. Using the scale: 1= Strongly disagree; 2= Disagree; 3= Neutral; 4 = Agree; 5= Strongly agree; indicate the extent to which your department has experienced the following:</p>						
	Organizational Culture	5	4	3	2	1
1	The hospital has instilled shared beliefs and					

	values among all departments					
2	The hospital has deployed clear communication channels between staff and management					
3	The hospital has created clear policies to ensure that all personnel follow prescribed ethos and behaviors					
4	The hospital staff undertake their duties and responsibilities with a positive attitude					
5	Punctuality and commitment is observed by all staff					

SECTION V: THE MODERATING EFFECT OF EXTERNAL ENVIRONMENT ON THE RELATIONSHIP BETWEEN STRATEGY IMPLEMENTATION DETERMINANTS AND PUBLIC HEALTH FACILITIES SERVICE DELIVERY

<p>I. Please tick (√) the most appropriate response for each of the questions in the table below 1 Strongly Disagree SD, 2 Disagree D, 3 Fairly Agree FA, 4 Agree A, 5 Strongly agree SA</p>						
	External environment factors	5	4	3	2	1
1	Political interference always makes the management adjust public health facilities service delivery strategic initiatives.					
2	Cost of doing business in Kenya always forces us to adjust our costs in offering public health facilities service delivery					
3	The society/industry forces change very fast and influence some of our service delivery plans					
4	Advancement of Technological factors influences the public health facilities service delivery					
5	Ecological factors affect public health facilities service					

	delivery					
6	New regulations by the National and County Government also influenced our service delivery.					

SECTION VI: PUBIC HEALTH FACILITY SERVICE DELIVERY

In this section please tick (√) the most appropriate response for each of the questions in the table below, where **Strongly agreed, SA (5), Agree, A (4), Undecided, U (3), Disagree, D (2), Strongly disagree, SD (1).**

Service Delivery						
		5	4	3	2	1
1	Health services are well managed resulting in higher customer satisfaction					
2	Discharge of services by staff is satisfactory					
3	Health services are delivered in a timely manner to the patients					
4	Services are direct and accessible with no undue barriers of cost, language, culture, or geography					
5	Quality of medical care received is good					
6	Services may be provided in the home, the community, the workplace, or health facilities as appropriate					
7	There is transparency and good communication between care provider (doctors/nurses/attendants) and patient(s)					
8	The program targets and deadlines are executed within the stipulated timeframes					
9	There is good accessibility to doctors and other medical professionals					
10	Services offered are affordable					

APPENDIX 3: INTERVIEW SCHEDULE FOR PATIENTS WHO RECEIVED SERVICES AND DISCHARGED

INTRODUCTORY LETTER

LEONARD MOMOS JUMA
PBA/H/01 – 53395/2018
MMUST,
P.O. BOX 190-50100,
KAKAMEGA

Dear Respondent,

RE: DATA COLLECTION

I am a PhD Student at Masinde Muliro University of Science and Technology (MMUST) Undertaking a Degree of Doctor of Philosophy in Business Administration (Strategic Management Option). Currently, I am conducting research on the **“Strategy Implementation Determinants, External Environment and Public Health Facilities Service Delivery in Western Region, Kenya.”** as a partial fulfillment of the requirements for the conferment of this degree. Your Institutions has been selected to participate in this study. You have been chosen as one of the resourceful respondent and I would like to request you to apportion some of your precious time to respond to the attached Instrument. However, any information obtained from you shall be treated with utmost confidentiality. In any reports or publications, no one will be identified and only data will be presented.

Thanking you in advance for your co-operation.

LEONARD MOMOS JUMA
PBA/H/01-53395/2018

PUBIC HEALTH SERVICE DELIVERY

Kindly provide your responses on the following Public Health Facilities Service

Delivery statements:

1. The management of Public Health Facility Service Delivery and customer satisfaction
2. Discharge of services by staff and customer satisfaction
3. Timely provision of health services delivery to the patients
4. Direct and accessible health services with no undue barriers of cost, language, culture, or geography
5. Quality of medical care received
6. Provision of services in the home, the community, the workplace, or health facilities
7. Transparency and communication between health care providers and patients
8. Accessibility to doctors and other medical professionals
9. Affordable of services offered
10. The professionalism of the staff
11. What can be done to improve services delivery offered by the hospital.

APPENDIX 4: INTERVIEW SCHEDULE FOR COUNTY EXECUTIVE COMMITTEE MEMBERS (CECMs), CHIEF OFFICERS, COUNTY DIRECTORS AND COUNTY NURSING OFFICERS FOR HEALTH

(a) Participative Leadership Style and Public health facilities service delivery

- (i) Is the Hospital leadership flexible and open to change?
- (ii) Does the leadership do consultation for new ideas?
- (iii) does the leadership encourages & motivate new ideas
- (iv) Does participative leadership style provide enabling and effective strategies implementation?
- (v) When workers are involved in decision making does it increase their service delivery significantly?
- (vi) Does the participative leadership approach affect workers level of service delivery?
- (vii) Does the participation be a contributing factor in increasing service delivery?
- (viii) Does the ability to participate in decision making serves as a morale boost for the employees?

(b) Human Resource Capacity and Public health facilities service delivery

- (i) Do the Hospitals have adequate employees with the right qualifications in all the critical areas?
- (ii) Are the Hospital employees in critical areas experienced?
- (iii) Do the Hospital employees have the right skills?
- (iv) Does the Hospital plan communicated to every stakeholder in a suitable and effective manner?

(c) Organizational Culture and Public health facilities service delivery

- (i) Does the hospital instill shared beliefs and values among all departments?
- (ii) Has the hospitals deployed clear communication channels between staff and management?
- (iii) Has the hospitals created clear policies to ensure that all personnel follow prescribed ethos and behaviors?
- (iv) Does the hospital staff undertake their duties and responsibilities with a

positive attitude?

(d) Public health facilities service delivery

- i) Does the health services in Hospitals well managed with a minimum wastage of resources?
- ii) Do the Hospital Managers allocated the necessary authority to achieve planned objectives and held accountable for overall performance and results?
- iii) Does the health services in the County delivered in a timely manner to the patients?
- iv) Does the health services offered directly and permanently accessible with no undue barriers of cost, language, culture, or geography?
- v) Are the health services close to the people, with a routine point of entry to the service network at primary care level?
- vi) Can the Health Services be provided in the home, the community, the workplace, or health facilities as appropriate?
- vii) Do the Hospitals in the county have the service delivery given and executed as per the service charter?
- viii) Does the hospital program target and deadlines in the county executed within the stipulated timeframes?
- ix) Explain whether the plans contained in CIDP and ADP are executed to improve public health facilities service delivery.

THANK YOU FOR YOUR COOPERATION

APPENDIX 5: SUCCESSFUL ORAL DEFENSE OF RESEARCH PROPOSAL

Tel: 0702597361 Tel: 0733120020 email: deansobe@mmust.ac.ke website: mmust.ac.ke	 MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY Technology in Development	P.O Box 190 Kakamega 50100 Kenya
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**MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY
(MMUST)
SCHOOL OF BUSINESS AND ECONOMICS (SOBE)**

REF: PBA/H/01-53395/2019 **DATE:** 24th June, 2022

TO: Leonard Momos Juma

SUBJECT: **SUCCESSFUL DEFENCE OF RESEARCH
PROPOSAL, LEONARD MOMOS JUMA
REG. NO. PBA/H/01-53395/2019**

The above subject refers.

Following your successful defense of your research proposal titled *“Strategy implementation Determinants and Public Health Service Delivery in County Government in Western Kenya.”* before the School of Business and Economics Graduate Studies Committee, your research proposal is hereby submitted to Director School of Graduate Studies for documentation and processing. Your supervisors are **Dr. Ayub Shitseswa and Dr. Umulkher Ali.**

On behalf of the School of Business and Economics Graduate Studies Committee, you are hereby permitted to proceed and collect the data needed to complete your thesis.

By copy of this letter, relevant institutions/bodies are humbly requested to assist you in achieving your endeavor.


PROF. ROBERT K.W. EGESSA
Associate Professor and Dean
School of Business and Economics
Mobile: 0722-672-264
Email: regessa@mmust.ac.ke

APPENDIX 6: APPROVAL OF PROPOSAL



MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY (MMUST)

Tel: 056-30870
Fax: 056-30153
E-mail: directordps@mmust.ac.ke
Website: www.mmust.ac.ke

P.O Box 190
Kakamega – 50100
Kenya

Directorate of Postgraduate Studies

Ref: MMU/COR: 509099

11th October 2022

Leonard Momos Juma,
PBA/H/01-53395/2018
P.O. Box 190-50100,
KAKAMEGA.

Dear Mr. Juma

RE: APPROVAL OF PROPOSAL

I am pleased to inform you that the Directorate of Postgraduate Studies has considered and approved your Ph.D. proposal entitled: *“Strategy Implementation Determinants and Public Health Service Delivery in County Governments in Western Kenya Region.”* and appointed the following as supervisors:

1. Dr. Shiteswa Ayub - SOBE, MMUST
2. Dr. Umulkheri Ali - SOBE, MMUST

You are required to submit through your supervisor(s) progress reports every three months to the Director Postgraduate Studies. Such reports should be copied to the following: Chairman, School of Business and Economics Graduate Studies Committee and Chairman, Department of Accounting and Finance. Kindly adhere to research ethics consideration in conducting research.

It is the policy and regulations of the University that you observe a deadline of two years from the date of registration to complete your Ph.D. thesis. Do not hesitate to consult this office in case of any problem encountered in the course of your work.

We wish you the best in your research and hope the study will make original contribution to knowledge.

Yours sincerely,

Prof. Stephen O. Odebero, PhD, FIEEP
DIRECTOR, DIRECTORATE OF POSTGRADUATE STUDIES

THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013

The Grant of Research Licenses is Guided by the Science, Technology and Innovation (Research Licensing) Regulations, 2014

CONDITIONS

1. The License is valid for the proposed research, location and specified period
2. The License any rights thereunder are non-transferable
3. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research
4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies
5. The License does not give authority to transfer research materials
6. NACOSTI may monitor and evaluate the licensed research project
7. The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) within one year of completion of the research
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice

National Commission for Science, Technology and Innovation
off Waiyaki Way, Upper Kabete,
P. O. Box 30623, 00100 Nairobi, KENYA
Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077
Mobile: 0713 788 787 / 0735 404 245
E-mail: dg@nacosti.go.ke / registry@nacosti.go.ke
Website: www.nacosti.go.ke

APPENDIX 8: AUTHORITY TO COLLECT DATA FROM COUNTY GOVERNMENT OF TRANS NZOIA

REPUBLIC OF KENYA

TEL: 054-30301;
054-30302
Fax;
EMail: directormedicalservices@transnzoia.go.ke



Office of the Director Medical Services
P.O. Box 4211-30200
KITALE

**COUNTY GOVERNMENT OF TRANS NZOIA
DEPARTMENT OF HEALTH SERVICES**

When replying please quote
Our Ref: CGTN /HLT/CDH/2022
Your Ref:

Date: 20th July 2022

TO:
LEONARD MOMOS JUMA - PBA/H/01-53395/2018
MMUST
P.O. BOX 190
KAKAMEGA

Dear Sir,

RE: RESEARCH AUTHORIZATION

Reference is made to your letter dated 18th July 2022 on the above subject matter.

You are hereby authorized to undertake the research on 'Strategy implementation determinants and public health service delivery in Trans Nzoia County' for a period ending 18th July 2023.

We would appreciate a feedback report of the research thesis after completion of the study.

Thank you.


Dr. Nancy Kegode
DIRECTOR MEDICAL SERVICES

CC:
➤ Medical Superintendent - KCH



Mission: To provide health care solutions that make a difference to life.

**APPENDIX 9: AUTHORITY TO COLLECT DATA FROM COUNTY
GOVERNMENT OF BUNGOMA**

COUNTY GOVERNMENT OF BUNGOMA



OFFICE OF THE COUNTY SECRETARY & HEAD OF PUBLIC SERVICE

Telephone: 0725-393939
E-mail: countysecretary@bungoma.go.ke

County Headquarters
1st Floor, Room No. 20
P.O BOX 437
BUNGOMA

Our Ref: CG/BGM/CS/GEN/VOL.V(118)

Date: 19TH JULY, 2022

MEDICAL SUPERINTENDENT:

1. Bungoma County Referral Hospital
2. All Sub-County Hospitals.

RE: AUTHORITY TO COLLECT DATA FOR RESEARCH PURPOSE

BY LEONARD MOMOS JUMA–PBA /01-53395/2018

The person named herein is a student at Masinde Muliro University of Science and Technology pursuing a DOCTOR OF PHILOSOPHY Degree in Business Administration.

As a requirement for the conferment of this degree, the researcher is to collect data in the Department of Health under the topic: 'STRATEGY IMPLEMENTATION DETERMINANTS AND PUBLIC HEALTH SERVICE DELIVERY IN BUNGOMA COUNTY GOVERNMENT'.

Authority is hereby granted for him to access the County health facilities to carry out the research before 8th July, 2023.

DR. SIMIYU CHRIS NYONGESA (PhD)
FOR: COUNTY SECRETARY & HEAD OF PUBLIC SERVICE.

Copy to: CECM – HEALTH & SANITATION.

CHIEF OFFICER – HEALTH & SANITATION.

APPENDIX 10: AUTHORITY TO COLLECT DATA FROM COUNTY GOVERNMENT OF KAKAMEGA

COUNTY GOVERNMENT OF KAKAMEGA

E-mail: wpg15@yahoo.com
Telephone: Kakamega 0702930346
When replying, please quote:
REF: CGH/KAK/ERC/VOL.1/139



COUNTY GENERAL HOSPITAL
P.O. Box 15-G.P.O-50100
KAKAMEGA
DATE: 12th August, 2022

MINISTRY OF HEALTH SERVICES

LEONARD MOMOS JUMA
LICENCE NO. NACOSTI/P/22/18920

RE: RESEARCH AUTHORIZATION FOR DATA COLLECTION – NO. ERC/160-08/2022

This is to inform you that Kakamega County General Hospital Ethics Review Committee (KCGH ERC) has authorized your research proposal titled: *“Strategy Implementation Determinants and Public Health Service Delivery in County Governments in Western Kenya Region”*. The approval period is 12th August, 2022 – 18th July, 2023.

This authorization is subject to compliance with the following requirements:

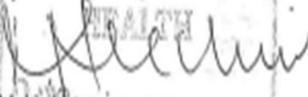
- i. Only approved documents including informed consent, study instruments, MTA will be used.
- ii. All changes including amendments, deviations and violations are submitted for review and approval by the KCGH ERC.
- iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to KCGH ERC within 24 hours of notification.
- iv. Any changes, anticipated or otherwise that may increase the risks or affected safety of welfare of the study participants and others or affect the integrity of the research must be reported to KCGH ERC within 24 hours.
- v. Clearance for export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days upon completion of the study to KCGH ERC.

This authorization should be attached to your research license from National Commission for Science, Technology and Innovation (NACOSTI) and also other necessary clearances.

for *Sanna*
DR. AJEVI AUSTYNE
CHAIRMAN



**APPENDIX 11: AUTHORITY TO COLLECT DATA FROM COUNTY
GOVERNMENT OF BUSIA**

	<p>COUNTY GOVERNMENT BUSIA County Health Director Health & Sanitation Department P.O. BOX 1040-50400 BUSIA, KENYA</p>	
<hr/>		
CG/BSA/11/ADM/1/56/ VOL.II/81		DATE: 22 ND JULY 2022
TO WHOM IT MAY CONCERN		
Dear Sir/Madam,		
<u>RESEARCH AUTHORIZATION</u>		
This to confirm that Leonard Momos Juma who is a PhD student at Masinde Muliro University of Science and Technology (MMUST) undertaking a degree of Doctor of Philosophy in Business Administration (Strategic Management Option) has been authorized to conduct the study Entitled: “Strategy Implementation Determinants and Public Health Service Delivery in County Governments in Western Kenya region” .		
The research has been approved by National Commission of Science, Technology and Innovation (NACOSTI) and Institutional authorization letter (both attached).		
Kindly accord him any necessary cooperation.		
		
Dr. Melsa Eutomia County Director of Health Department of Health and Sanitation <u>BUSIA COUNTY</u>		
C.C. CECM Chief Officer		Department of Health and Sanitation Department of Health and Sanitation

APPENDIX 12: AUTHORITY TO COLLECT DATA FROM COUNTY GOVERNMENT OF VIHIGA

COUNTY GOVERNMENT OF VIHIGA

When Replying please quote...
Ref. No: VCHS/CDH/ME/2022/14
Email: cdhvihiga@gmail.com; vihirzmandlo@gmail.com



County Director of Health,
P.O. BOX 344-50306,
Marzoll
Date: 02/03/2022

To
Mr. Momos,

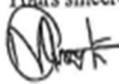
RE: ACCEPTANCE OF YOUR PROPOSAL TO CONDUCT A STUDY IN VIHIGA COUNTY.

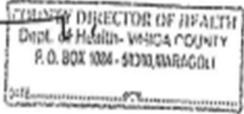
We are in receipt of your proposal to conduct a study titled "Strategy Implementation - Determinants and Public Health Service Delivery in County Governments in Western Kenya."

We are glad to inform you that your proposal is accepted under the following conditions:

1. You furnish this office with key information of the study in case of any changes.
2. You commit to submit regular reports to the county department of health through this office on the progress of the study.
3. You share the findings of the study in form of final informative products such as reports, journal articles or abstracts.

Thank you very much for considering Vihiga County as we look forward to engaging more.

Yours sincerely,

Martin Osotsi



Ag CDH, Vihiga County
Copied:

Professor Justus Inonda, CECM Health Services
Dr. Mary Anyiendah, Chief Officer, Health Services
Collins Mudogo-Head Division of health information, M&E and Research Development

APPENDIX 13: MAP OF KENYA INDICATING THE LOCATION OF COUNTY GOVERNMENTS OF FORMER WESTERN PROVINCE

