Strategic Orientation and Service Delivery of Level Four Public Hospitals in Kakamega County, Kenya.

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A Research Thesis submitted in partial fulfillment of the requirements for a ward of the Master's Degree in Business Administration (Strategic Management Option) of Masinde Muliro University of Science and Technology

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DECLARATION

I declare that this dissertation is my original work and has not been previously published or presented elsewhere for award of a degree. I also declare that this contains no material written or published by other people except where due reference is made, and author duly acknowledged.

Signature…… Date……

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MBA/G/01/70233/2022

CERTIFICATTION

The undersigned certify that they have read and hereby recommend for acceptance of Masinde Muliro University of Science and Technology of a proposal entitled **"*Effect of Strategic Orientation on Service Delivery of Level Four Public Hospitals in Kakamega County, Kenya*."**

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DEDICATION

I dedicate this work to my family for patience, endurance, perseverance, moral and spiritual guidance.

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ABSTRACT

The government has made significant financial contributions to the health sector yet public health institutions are still performing below the necessary standard based on Kenya Medical Practitioners reports of 2023. World Health organization report that the current healthcare services given in Kenya's public health system do not align with the fundamental principles of excellent healthcare, which include privacy, dignity, choice, safety, autonomy, and fulfilment. The study established the effect of strategic orientation on service delivery of Level Four Public Hospitals in Kakamega County, Kenya. Specifically, the study aimed at determining the effect of customer orientation, resource orientation, and technological orientation on service delivery of Public Level four Hospitals in Kakamega County, Kenya and to establish the moderating effect of Organization factors on strategic orientation and service delivery of Public Level four Hospitals in Kakamega County, Kenya. The study was guided by resource-based view theory as pillar theory as well as goal setting theory and competitive advantage theory. The study adopted a mixed research design comprising of a descriptive and causal research design. The study target population was 304 comprising of 162 nurses, 135 Hospitals office staff and 7 Hospital Administrators. The study sample size was 173 using Yamane formulae. The study applied stratified and simple random sampling technique. Structured questionnaires aided in data collection. Pilot study was done at Sabatia District hospital in Vihiga County. Reliability was tested using Cronbach Alpha while validity was tested using content validity. The study analyzed data using both descriptive and inferential statistics. Where descriptive statistics included frequency, mean, standard deviation, and percentages. Inferential statistics entailed Pearson correlation and regression analysis. Data was presented using tables,pie charts and graphs. The study found out that Customer orientation had a significant influence on service delivery (B=0.709, p-value=0.000< 0.05). Resource orientation had a significant influence on service delivery (B=1.1.00, p-value=0.000< 0.05). Technological orientation had a significant influence on service delivery (t-B=1.307, p-value=0.000< 0.05). Finally, Organization factors moderated the effect of strategic orientation on service delivery among Public Level four Hospitals in Kakamega County, Kenya. (p-value=0.000< 0.05). The study is of importance to medical practitioners, government Authorities, and management of hospitals in managing strategic orientation plans for service delivery. The study recommends that customers orientation should be prioritized since it enhances service delivery. Hospital management should entrust employees with powers to guard resources. That hospitals should adopt a leadership style that supports employee technology resource based programs. Finally, the study recommends that hospital management should increase the scope of firm factors such as culture and structure to streamline strategic orientation and service delivery. A similar study should be explored basing on other strategic orientation practices such as market, entrepreneurial and learning orientation that can enhance service delivery. Similar study can be done in other sectors such as banking, manufacturing as the current study focused on the health sector. Further study can use other moderators such as external factors and innovation as the current study focused on Organization factors.

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LIST OF ABBREVIATIONS AND ACRONYME

ANOVA	Analysis of Variance
CEO	Chief Executive Officer
ICT	Information Communication Technology
KMPDU	Kenya Medical Practitioners, Pharmacists and Dentists Union
KNBS	Kenya National Bureau of Statistics
MoH	Ministry of Health
MSME	Small and Medium-Sized Enterprises
NACOSTI	National Commission for Science, Technology and Innovation
NGO	Non Governmental Organizations
NSE	Nairobi Security Exchange
SEM	Structural Equation Modeling
SMEs	Small Medium Enterprises
SPSS	Statistical Package for the Social Sciences
VIF	Variance inflation factor
WHO	World Health organization

OPERATIONAL DEFINITION OF TERMS

Customer orientation	Refers to client-based approach determined by achieving customer needs, understanding customer needs, exceeding client expectations, responding to customer grievances and time taken serving a client
Organization factors	Refers to hospital related components such as leadership and culture that have an influence on strategic orientation and service delivery.
Resource orientation	Refers to asset advantage assessed through coordination of resources, partnership with donors, knowledge resource, utilization of resources, timeliness of disbursement of resources and adequacy of resources.
Service delivery	Refers to quality of operations, efficiency, patient satisfaction, timeliness in attending to clients and employee satisfaction.
Strategic orientation.	This refers to goal attainment approach based on customer orientation, resource orientation and technological orientation.
Technological orientation	This applies use of information communication technology measured by managerial efficiency, training efficiency, client data processing and management, laboratory process, diagnosis and treatment and operations.

CHAPTER ONE

INTRODUCTION

1.1Background of the Study

Strategic orientation serves as a framework for organizations to accomplish their strategic objectives. It can accurately represent the organization's values and present a comprehensive cognitive interpretation of its internal resources and external environment (Selmi & Chaney, 2018). Giuri , Munari, Scandura and Toschi (2019)discovered that service delivery in Indonesia is influenced by strategic orientation. Arias, Ocampo, and Cardona (2021) conducted an analysis of the impact of customer orientation on service delivery in the European health sector. The study underscored the significance of customer orientation in the context of service delivery. The success of any strategic orientation process is a criterion for firm performance in order to bring about development or change in current practices (Mlicka, 2016). Innovation success in the company's practice is achieved when the result of a deliberate operation of service delivery increases. In order to establish a competitive edge and attract high-performing consumers, orientation is the most critical factor in the decision-making process (Boohene, 2018).

Globally Arias *et al*. (2021) examined the impact of strategic orientation on service delivery on the healthcare industry in Europe. This found customer orientation, resource orientation and technological orientation of value on service delivery. Strategic orientation added up on green supply chain practices and its performance in manufacturing companies in Pakistan (Nadeem & Siddiqui, 2017). In Indonesis Pratono (2015) found strategic orientation and information technological as of value among small medium in Indonesia.

A study in China by Yang and Zhang (2020) found customer orientation of great importance on performance.

Regionally, Kormilitsyna (2021) investigated the impact of technology orientation on performance within the education sector in South Africa and found technology to be significant on service delivery. Boohene (2018) investigated the relationship between an entrepreneur's client orientation and the success of enterprises in Ghana. Though the study was on SMEs service delivery was attained.

Developing countries like Mozambique, Nigeria, Tanzania, Mozambique, Mojave, and Kenya have large populations that lack access to basic healthcare. Public healthcare services have declined and are still declining, and this problem is most severe in public hospitals. As a result, public hospitals must adopt strategies oriented toward improvement in service delivery (Onyebu & Omotayo, 2017). Boohene (2018) studied the relationship between entrepreneurs' focus on customers and their businesses' growth in Ghana. The study found that entrepreneurs' company performance improved when they had easier access to consumers.

In spite of the fact that the health crisis is a worldwide problem, Sub-Saharan Africa has been hit the hardest. Not only has the population of these countries grown substantially, but the epidemics of both communicable and non-communicable diseases have also intensified. But there is a severe and persistent shortage of medical personnel (Memon, 2019). Resource orientation, in particular human resource for health constraints at nearly every level, has hindered health sector planning, administration, and, ultimately, health outcomes. In order to achieve the health-related Millennium Development Goals and

ensure that everyone has access to high-quality healthcare, it is essential to improve the services offered by public hospitals.

In recent years, certain countries, such as Kenya, have encountered challenges in the development of healthcare systems that can effectively provide quality treatment to their citizens. The Kenyan government has developed and executed policies that are intended to increase the availability of contemporary healthcare. It has been stated that the provision of health services should be sufficient to satisfy the fundamental requirements of the populace. Memon (2019) proposed that the services should be designed to ensure that health services are easily accessible to Kenyans. The government is obligated to ensure that health services are safe, accessible, and affordable for Kenyans. Consequently, it is imperative to take a proactive approach to enhance the quality of health care by implementing strategic orientation practices.

1.1.1 Strategic orientation

An organization's ability to achieve its long-term goals is directly related to its level of strategic orientation. It can give a thorough cognitive understanding of the company's internal and external environments and faithfully portray the company's principles (Selmi & Chaney, 2018). In addition to the traditional level of examining client categories, corporations must direct distinct offers, services, and communications to individual customers if they want to achieve profitable growth through spending by producing value for customers. Accordingly, gathering information on distribution and media preferences as well as demographic and psychographic details is of the utmost importance (Boohene, 2018).

Technological improvements have greatly improved performance, allowing firms to connect with consumers on a more personal level. Another implication of the tech focus is that the corporation will use its technical knowledge to develop cutting-edge tech solutions that meet the evolving needs of its clients. Many authors have argued that a focus on technology can improve a company's overall performance (Pratono, 2016). Many healthcare facilities see this as a key driver of business growth and innovation, especially those that rely heavily on new technology. An organization's ability to embrace and implement new technologies and improvements ahead of the competition can be enhanced by a technology orientation.

1.1.2 Organization factors

Organization factors are characteristics of the organization that facilitate the delivery of services. Consequently, Organization factors are determined by leadership and routine management activities. Organization factors such as leadership attributes impact on performance of hospitals. The management in generally counts on efficiency of hospitals at a great extend. The policies set have a key role on hospitals effectiveness. This at the end leads to customer’s satisfaction and service delivery is actualized (Onyebu & Omotayo, 2017).

1.1.3 Service Delivery

According to Mutie (2018) service delivery refers to successful provision of services to an organization characterized by efficiency and customer satisfaction. The implementation of services in hospitals is a critical element of healthcare systems

worldwide, and its impact on public health outcomes and societal well-being is significant. The efficacy of service delivery is a fundamental criterion for evaluating the effectiveness of governmental institutions (hospitals) in the field of public administration and management. The processes and mechanisms by which governmental bodies execute their obligations to citizens and provide essential services are collectively referred to as service delivery. Recently, the quality of service delivery, patient-employee satisfaction, and efficiency have been given significant attention as a result of their correlation with customer retention, strategic orientation, and satisfaction. Customer loyalty, profitability, service guarantees, and organizational growth are all significantly influenced by service delivery. In the current era of budget cuts and declining public satisfaction with services, it is not only necessary but also imperative to enhance customer service (McKenny *et al.*, 2018). These are fundamental functions of performance management, and it is crucial to enhance service delivery by establishing service standards through the establishment of performance targets.

1.1.4 Public Hospitals in Kenya

Extensive devolution of health care service provision to the counties was a result of the new constitution, which was approved in 2010. The goal was to make service delivery more effective, equitable, and of high quality. In addition, devolution was meant to ensure efficient resource allocation, with a focus on a county's most critical health issues. To this end, the Kenya Health Policy was formulated, with an emphasis on efficiency and technical merit in allocating funds (MoH, 2022). In order to determine if devolution is succeeding in its goals, knowledge of the health facilities' performance is required.

The Kenyan medical community included 8682 doctors, 1045 dentists, 2202 pharmacists, 26841 enrolled nurses (MoH, 2022). Although there has been an overall increase, the numbers of health care staff still fall short of what is recommended by the WHO. As a result, there are 159.3 nurses and 20.7 doctors per 100,000 people, which is fewer than the 21.7 doctors and 228 nurses per 100,000 people recommended by the World Health Organization. Strategic orientation is necessary for optimal service delivery due to this ratio. Additionally, rural and especially underprivileged communities' health care needs are threatened by the uneven distribution of health care in Kenya, which favors urban locations. Medical facilities in Kenya must be technically efficient in order to provide their services.

Patients around the world are unhappy with the length of time they have to wait to see a doctor at public hospitals and other public health facilities. There have been allegations that doctors have been negligent, inebriated, or otherwise broke protocol during patient visits, or that they withheld important information that could have affected patients' decisions about operations like sterilization or family planning. The Ministry of Education (2022) has claimed that the sector's general brain drain and the mass resignation of health professionals are symptoms of a sick institution that has failed to provide services.

The growing frequency of strikes among healthcare professionals demanding better compensation, combined with concerns about the quality of healthcare services provided at public health facilities, is a concerning development (Mwari, 2013). The claims of egregious wrongdoing by health professionals, who have exposed significant deficiencies, incompetence, malpractices, and abuse of patients, necessitate improvements. The public allegations of health professionals' egregious misconduct expose significant deficiencies,

neglect, malpractices, and abuse of patients, which are categorized as instances of poor service.

According to the Kakamega County Health care report of 2022, women have experienced physical and verbal abuse from nurses and have been consistently refused medical treatment when seeking maternity health services (MoH, 2022). Deficiencies in service delivery might be inferred from instances of insufficient attention given to service seekers, the exorbitant costs of services due to informal charges and extortion, and the rising number of court cases field against medical officials. This study undertaken in the healthcare industry has revealed that the majority of issues impacting the global healthcare sector may be traced to consumer focus, resource allocation, and technology advancements. The issues encompass elevated turnover rates, disheartened personnel, and public discontentment with the service's quality.

Cases of poor service include public allegations of health professionals' egregious wrongdoing, which reveals serious deficiencies, negligence, malpractices, and patient mistreatment. When women sought out maternity health treatment, nurses routinely ignored their requests and abused them physically and verbally. Issues with service delivery can be seen in situations when clients are not adequately attended to, when informal charges and extortion drive up service costs, and when medical personnel are subject to an excessive number of court cases. According to the World Health Organization (2022), the basic concepts of quality healthcare service privacy, dignity, choice, safety, autonomy, and fulfilment are not being met by the current state of Kenya's public health system.

The government's commitment to improving the standard of living in Kenya, particularly in the health sector, is emphasized in key policy papers such as Kenya Vision 2030 and the Kenya Health Policy framework (Kenya Medical Practitioners, 2020). The Kenya Medical Practitioners, Pharmacists, and Dentists Union (KMPDU) have expressed their concern about the shortage of doctors in the country. The doctor-to-patient ratio in Kenya, which stands at 1:17000, falls significantly short of the 1:1000 ratio suggested by the World Health Organization (WHO). This imbalance has resulted in a hampered delivery of high-quality healthcare services, as reported by the Kenya Medical Practitioners, Pharmacists and Dentists Union (KMPDU) in 2023. Kakamega County has a nurse-to-patient ratio of 34.87: 100,000, which is lower than the national average of 51.5: 100,000. Nairobi, the county with the highest population, has a nurse-to-patient ratio of 88.74 nurses per 100,000 patients. Level four have highest clientele posing need for service delivery concern. This study therefore established the the effect of strategic orientation on delivery of services in Level Four Public Hospitals in the Western Region of Kenya.

1.2 Statement of the Problem

The government of Kenya has made significant financial contributions to the health sector yet public health institutions are still performing below the necessary standard (KNBS, 2020). According to the World Health Organization (2022), the patient to nurse ratio is 1 to 6 globally. However, in Kenya, the ratio is approximately 1 to 30. Despite the relatively small number of doctors in Kakamega County, 13 of them have resigned as a result of delayed salaries and unfavorable working circumstances (Kenya Medical Practitioners, 2020). Furthermore Kakamega County has a nurse-to-patient ratio of 34.87: 100,000,

which is lower than the national average of 51.5: 100,000 (Kenya Medical Practitioners, 2020). The nurse in Kakamega County faces significant work pressure in order to fulfill the healthcare needs of patients, which could potentially hinder the delivery of services.

The current healthcare services given in Kenya's public health system do not align with the fundamental principles of excellent healthcare, which include privacy, dignity, choice, safety, autonomy, and fulfillment (WHO, 2022). Kakamega County had a malaria prevalence rate of 33%, which was the second highest in the region. This necessitates the implementation of effective measures in hospitals to address the issue (National Malaria Control Programme, 2022).

Research has been conducted on strategic orientation in several contexts, such as China (Yang & Zhang, 2020), Jordan (Obeidat, 2016), Thailand (Kerdpitak & Boonrattanakittibhumi, 2020) and Turkey (Alobaidi, 2019). Further, the studies have been done in other sectors such as universities (Giuri *et al*., 2019), and small and medium-sized enterprises (Pratono, 2016). Moreover, previous studies have examined the direct relationship between strategic orientations and performance (Abdille, 2020) but the present study will include organizational variables as a moderating component. Abdille, (2020) while examining strategic orientations and performance of hotels in Mombasa County suggested further study in other sectors such as hospitals, this study therefore investigated the effect of strategic orientation on delivery of services in Level Four Public Hospitals in the Western Region of Kenya.

1.3 Research Objectives

1.3.1 General Objective

To establish the effect of strategic orientation on service delivery of Public Level four Hospitals in Kakamega County, Kenya.

1.3.2 Specific Objectives

The study was guided by the following specific objectives.

i. To determine the effect of customer orientation on service delivery of Public Level four Hospitals in Kakamega County, Kenya.

ii. To establish the effect of resource orientation on service delivery of Public Level four Hospitals in Kakamega County, Kenya.

iii. To examine effect of technological orientation on service delivery of Public Level four Hospitals in Kakamega County, Kenya.

iv. To assess the moderating effect of Organization factors on strategic orientation and service delivery of Public Level four Hospitals in Kakamega County, Kenya.

1.4 Research Hypotheses

The study was guided by the following research hypotheses.

Ho_1: Customer orientation has no significant effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya.

H_{02}: Resource orientation has no significant effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya.

H_{03}: Technological orientation has no significant effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya.

H_{04}: Organization factors have no moderating effect on the relationship between strategic orientation and service delivery of Public Level four Hospitals in Kakamega County, Kenya.

1.5 Significance of the Study

The study findings are expected to play an important role across several sectors.

Practitioners: The findings of this study may help practitioners in the health sector in formulating applicable measures to enable services delivery in public hospitals. All stakeholders in the health sector thus the management, employees and patients may benefit once service delivery concerns are addressed making the health sector to improve.

Policy makers: The study may guide policy makers such as government in developing policies that seek to improve health sector strategic orientation and service delivery so as to benefit organizations operating in Kenya. The government may use the study to identify technological, patient and resource concerns to make service delivery a concern. Furthermore, the government can facilitate organizational factor attributes such as good leadership in hospital set ups.

The findings of the study may serve as a reference material and a guide for future researchers who wish to conduct the same study on strategic orientation and service delivery and any study related especially in the health sector service delivery.

1.6 Scope of the Study

The study was on strategic orientation variables thus customer orientation, resource orientation and technology orientation, Organization factors and service delivery. The study based on 7 level four hospitals in Kakamega County. Inefficient service delivery in level four hospitals evidenced by patient complaints, medics to patient ration prompted this study. This comprised of seven level four public hospitals thus Butere Distric Hospital, Makunga Hospital, Likuyani sub county hospital, Lumakanda District hospital, Malava District hospital, Elwesero Sub County hospital and Iguhu sub county hospital. The target population for this study was 304 comprising of nurses, hospital office staffs and hospital administrators.

1.7 Limitations of the Study

The study was challenged by respondent's timely feedback on questionnaires of which the researcher solved by following up in person or make calls to engage them time to time. Some targeted respondents were uncooperative during data collection exercise. In case of this issue, the researcher posed more clarity that the data collected was only used for academic purposes.

The study was conceptually limited to three strategic orientation variables thus customer orientation, resource orientation and technology orientation which may not reflect other strategic orientation such as market orientation. The study suggested further research to

articulate other strategic orientation components such as market orientation, entrepreneurial orientation and learning orientation.

The study was limited to service delivery at level four hospitals based on strategic orientation. However there are other factors that count to service delivery at hospital sector. The researcher is however based on strategic management elements of hospital set up and not science based research.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

In this chapter the researcher carried out a theoretical review on various theories explaining the economic factors under investigation and empirical review where the researcher also reviews past studies in the similar field and a conclusion on literature review.

2.2 Theoretical Framework

In examining the relationship between strategic orientation and service delivery of public hospitals, the study was guided by, resource-based view theory, goal setting theory and competitive advantage theory.

2.2.1 Resource Based View (RBV) theory

The resource-based view introduced by Barney (1991). The theory examines firm growth and diversification. Public hospitals grow through proper service delivery, increased customer satisfaction and development of infrastructure. Resources such as hospital equipment should be able to stimulate service delivery. Research by Penrose (1959) laid the groundwork for the idea, in which she posited that development is mostly driven by unrealized management resources. Penrose conceded that a company's internal managerial resources can be both an opportunity and a threat to its expansion. One part of the

knowledge-based resource that is useful in healthcare settings is the management resource. Managers are highly skilled at managing customer orientation.

According to Barney (1991), resource-based thinking places an emphasis on assets that are difficult for competitors to replicate and have value within a specific strategic framework. These resources encompass management expertise, focus on customer needs, emphasis on technology, and efficient allocation of resources. Public hospitals and enterprises typically have different resources. Hospitals utilize distinct technologies in medication, and their competence in each product area is determined by their resources and their ability to effectively mobilize and integrate these resources. The idea assumes that enterprises within an industry vary in terms of the resources they possess (Imran & Abbas, 2020). Consequently, every company possesses a distinct collection of assets and capabilities. Furthermore, the theory postulates the presence of imperfect resource mobility. Consequently, acquiring company resources in the marketplace is challenging (Boohene, 2018). This may be attributed to their elevated transaction costs, since they need the utilization of other resources, or because they hold greater value for the corporation now in possession of them compared to any other potential scenario.

It is important to acknowledge that the resources of a corporation can directly or positively, as well as indirectly or negatively, affect the execution of its services. When enterprises strategically utilize their resources, the firm's assets have a direct impact on customers and an indirect impact on service delivery (Boohene, 2018). For example, a hospital can improve its service delivery just through technical expertise.

Hospitals have resources that need coordination for effective service delivery. The resources can be attained through partnership with donors so as to build resource ability. Knowledge resource is based on experience and skills level of workers. Hospitals ought to utilize available facilities and disbursed funds from the ministry. However adequacy of resources becomes a key attribute (Arias *et al*., 2021). The study finds resource based theory vital on resource orientation and technological orientation. Technologically training and ICT facilities crowns the resource based view. This came out as the pillar theory for this study.

2.2.2 Goal setting theory

The formulation of goal setting theory occurred in the 1960s by Edwin Locke. The theory facilitates the effective provision of services. The statement suggests that setting specified and difficult goals, together with receiving appropriate feedback, leads to improved and more effective task performance. Achievement of a strategic focus centered around customers, technology, and resource allocation. Goal planning provides employees with clear guidance on what tasks need to be accomplished and the level of effort required (Boohene, 2018). Within the hospital setting, objectives are established to achieve customer satisfaction, enhance technological capabilities, and optimize resource availability and usage.

The crucial aspects of goal-setting theory that are particularly relevant in hospitals involve the employees' dedication to achieving their goals, particularly among medical staff. Essentially, healthcare staff must establish explicit, specific, and challenging objectives. Well defined and unambiguous objectives result in increased productivity and enhanced

overall performance. Setting explicit, quantifiable, and unambiguous objectives, along with a specified timeframe for their achievement, helps prevent any confusion or misinterpretation. The hospital management ensures that the goals are both attainable and demanding. While goals in hospitals may be difficult, the more difficult the goal, the higher the payoff for medical professionals and the healthcare industry as a whole, and the stronger the drive to achieve it (Boohene, 2018).

The goal setting hypothesis is facilitated by self-efficacy, which refers to an individual's belief in their ability to successfully accomplish a task (Bukirwa & Kising'u, 2017). The level of self-efficacy directly influences an individual's response to demanding tasks. A higher level of self-efficacy leads to increased effort and determination, while a lower level of self-efficacy results in decreased effort or even quitting when faced with challenges.

The concept of goal commitment is based on the assumption that an individual is fully dedicated to achieving a goal and will not abandon it. This assumption relies on the idea that objectives are openly established, communicated, and shared (Obeidat, 2016). The theory is applicable to the study because achieving customer orientation, resource orientation, and technology orientation requires established frameworks for improved service delivery. Setting goals enhances service delivery by boosting motivation and effort, as well as by elevating and enhancing the quality of feedback (Bukirwa & Kising'u, 2017).

The idea is questioned due to temporal considerations, as there are instances where the objectives of the organization clash with those of the management. Goal conflict negatively impacts performance when it leads to incompatible action drift. Challenging

and intricate objectives encourage more daring action, resulting in variations in the time it takes to serve a client's purpose in a medical setting, depending on the patient's scenario (Shire & Oringo, 2022). Furthermore, if the individual does not possess the necessary skills and competencies to carry out the crucial steps required to achieve the objective, the goal-setting process might be unsuccessful and result in a decline in performance. There is a lack of data to substantiate the claim that goal-setting enhances service delivery, as stated by Shire and Oringo in 2022. Hospitals have goals that are focused on customer satisfaction, efficient use of resources, utilization of technology, and Organization factors. These goals align with the philosophy of goal setting.

2.2.3 Competitive Advantage Theory

The concept of competitive advantage was first put forth by Michael Porter in 1980. A company's competitive edge lies in the unique factors that allow it to produce goods or render services more cheaply or of higher quality than its rivals. The producing organization is able to outperform its market competitors in terms of service quantity thanks to these elements. Through the utilization of cutting-edge technology, the acquisition of significant resources, and the cultivation of client loyalty through distinctive products, hospitals gain a competitive edge (Obeidat, 2016). This encourages a sense of rivalry amongst them. A hospital equipped with advanced medical imaging technologies such as CT scans or ultrasound scanners possesses a distinct competitive edge compared to its counterparts. A hospital equipped with emergency facilities, including an ambulance, possesses a competitive edge over its counterparts. The idea of competitive advantage posits that decision-making should be guided by the pursuit of competitive

advantage at several levels, including national, corporate, local, and individual (Izadi & Ahmadian, 2018).

In an ideal scenario, allowing someone with superior natural or human resources, unique capabilities, competencies, or lower costs to perform a task is not a situation where one person's gain is another person's loss. Instead, it results in a mutually beneficial outcome for all parties concerned, thus producing a situation where everyone wins. Nevertheless, this assumption relies on the premise that resources and capital have the ability to move unrestrictedly throughout the globe. If market forces were unrestricted, this outcome would occur spontaneously. In reality, there are various obstacles that hinder both the unrestricted movement of resources and the ability to fully benefit from competitive advantage (Frambach *et al*., 2016).

The theory is predicated on the fundamental assumption that individuals who actively seek to exploit the competitive advantage of others can optimize their own potential by accessing adequate employment opportunities. This allows them to progress along the value chain, even if they were previously limited by capacity rather than capability (Frambach *et al*., 2016). Similarly, it implies that resources will relocate to areas where they may find the most favorable job prospects, regardless of socio-cultural disparities. In hospital set up this may not be the case as public hospitals don’t exploit resources for profits but rather service delivery. This theory backs up the resource competitiveness, technological competitiveness, customer competitiveness and Organization factors unique competitiveness on service delivery.

2.3 Conceptual Review

2.3.1 Strategic orientation

Strategic orientation is as a framework that purposes to attain organization prosperity by aligning customers to the firm goals, assembling resources for goal attainment and availing necessary technology to impact growth (Giuri, 2019). This helps organizations to accomplish their strategic objectives. It can accurately represent the organization's values and present a comprehensive cognitive interpretation of its internal resources and external environment (Selmi & Chaney, 2018). This study aligns strategic orientation to customer orientation which looks at the patients in hospitals, resource alignment that checks on medical apparatus, drugs and hospital facilities as well as medics and finally technology orientation based on use of technology to enhance service delivery.

2.3.1.1 Customer orientation

The premise of customer orientation is to attract and retain a specific type of loyal patient population that seeks out a specific healthcare provider. It is anticipated that client orientation will have little long-term effect on growth in a dynamic framework, especially in a flourishing market. However, according to Ziggers and Henseler (2016), a customer-oriented strategy may work well in predictable environments, but it fails to inspire the kind of substantial innovation that is necessary in dynamic contexts. Consequently, the best strategy for propelling a company's performance in a customer-centric market is for the organization to center its actions on the client (Frambach *et al.,* 2016). Gaining an advantage over customers was defined as meeting or exceeding their demands, as well as

their expectations, addressing their complaints, and minimizing the amount of time it took to service them.

2.3.1.2 Resource orientation

Resources are the asset based contents for an institution based on physical and non physical assets for instance non physical is based on knowledge or skill ability. Hospitals have resources based on drugs, bed capacity, structures, logistics machines such as ambulance and skill level of doctors and staff members (Obeidat, 2016). The resource ability was ascertained through coordination of resources, partnership with donors, knowledge resource, utilization of resources, timeliness of disbursement of resources and adequacy of resources.

Hospitals have several resources that come with unique approach that makes them gain reputation. Resources based on facilities to manage patients such as ambulance and bed capacity as well as medicine makes hospitals to gain ability to deliver services (Obeidat, 2016). The uniqueness in medical practitioners makes hospital operations far much better. It is upon such resources that service delivery is sought in hospitals.

2.3.1.3 Technological orientation

McKenny *et al*. (2018) define technology orientation as a business's proactive use of newly developed innovations to expedite the development of new product lines. Information Communication technology is crucial for hospital operations as it improves service delivery by enhancing administrative processes (Pratono, 2016). The integration of advanced technology enhances various aspects of service delivery, such as medical

diagnosis, laboratory testing, pharmaceutical drug production, and medication administration. Technology-oriented firms must evaluate technologies to ensure their survival in the market. However, by integrating customer-value innovation with technological innovation, these firms can enhance their likelihood of achieving sustainable profit and performance (Bukirwa & Kising'u, 2017). The study assessed technology orientation by evaluating managerial efficiency, training efficiency, client data processing and management, laboratory processes, diagnosis, treatment, and operations.

2.3.1.4 Organization factors

Organization factors are geared towards the unique thing a firm/hospital has that makes it do better than others. This can be attributed to leadership, policies, and routine duties performed. Organization factors enhance organizations' performance in the market by building a corporate culture that prioritizes delivering value to customers. Obeidat (2016) emphasized the importance for organizations to be ready to achieve and maintain a competitive environment, even with minimal support from the impact of competition. Organizational policies and procedures directly influence service delivery by establishing norms and standards for staff to adhere to. A study conducted by Singh and Poddar (2022) indicates that firms that have well-defined policies and procedures experience enhanced service quality.

According to empirical studies, Organization factors can affect specific organizational outcomes including service delivery. Memon (2019) highlighted the role of Organization factors on service in preventing bottlenecks or shortages. Another strategy is client participation, involving client in decision-making processes is crucial for determining the

amount of services needed. Hospitals should seek patients input through surveys, public meetings, and other participatory mechanisms to understand community priorities and allocate services accordingly. A study by Bryson *et al*., (2017) emphasized the importance of client's participation in shaping service and enhancing healthcare. In the current study, Organization factors was used as moderator and was indicated by leadership style and organizational policies.

2.3.1.5 Service delivery

Services are perceived to be availed if users agree or are satisfied and that it can be seen through infrastructural growth and the well-being of stakeholders in charge. Hospitals service delivery is articulated through patients satisfactory and recovery from ailment (Izadi & Ahmadian, 2018). It is also seen through ease of service such as number of hours taken before service delivery. It is therefore a customer centered achievement process. The assessment of service quality in the healthcare industry was initiated by an American surgeon named Ernest Codman whose contributions to quality assessment resulted in the establishment of the American College of Surgeons and the Joint Commission on Accreditation of Health Organizations (Obeidat, 2016).

Service delivery refers to the level of quality and accessibility of a particular service. A service is considered supplied when customers possess a clear understanding of its nature, purpose, scope and operational procedures (Choi & Yoon, 2015). The document provides information regarding the requirements, restrictions, expenses, and acquisition process of the service. Delivering an excellent service entails providing and delivering promptly with minimal delay (Kormilitsyna, 2021). Consistently providing high-quality healthcare

services generates a sense of being cared for in patients, resulting in increased patient satisfaction and loyalty. The manner in which doctors, nurses, and supported personnel interact with patients and how patients perceive their treatment are crucial indicators of the quality of service provided. This study utilized quality of service, efficiency and patient and employee satisfaction as primary metrics for evaluating service delivery.

2.4 Empirical Review

The study was guided by several studies previously done by other scholars. This was guided in relation to study objectives thus Customer orientation, resource orientation and technology orientation and Organization factors.

2.4.1 Customer Orientation and Service Delivery

Yang and Zhang (2020) examined the impact of customer orientation on new product development performance in china. Based on a sample of 366 high performance manufacturing firms across ten countries, the obtained results of hierarchical moderated regression analyses reveal that customer focus, customer involvement and communication with customers have significantly positive effects on both financial and nonfinancial performance of firms. This study is innovative because it seeks to make a contribution to existing literature from a theoretical perspective by investigating the sub-dimensions of customer orientation. The study examines manufacturing firms and not hospitals.

Babu (2018) studied the impact of firm's customer orientation on performance, the moderating role of inter-functional coordination and employee commitment. Drawing on dynamic capability theory and service climate theory, this study addresses how employees

and a firm's inter-functional coordination play a key role in the firm's customer orientation to drive its customer-related performance. Based on a sample from the UK's service industry, the findings support the arguments. The findings also offer new insights into the interplay of different strategic orientations and employees' role in driving superior performance through customer orientation. The current study is moderated by Organization factors and not of inter-functional coordination.

Utami and Nuvriasari, (2023) examined the effects of customer orientation, competitor orientation and promotion on the marketing performance of logistics companies in Surakarta City. The research design employed quantitative approach, utilizing a sample population of micro, small and medium-sized enterprises (MSMEs) in the expeditions or courier services sector. Data collection involved questionnaires and secondary data obtained from the Department of Cooperatives and Industry in Surakarta City. Descriptive statistics and regression analysis were used to analyze the data. The result of hypothesis testing revealed that customer orientation, competitor orientation, and promotion did not have a significant effect on the marketing performance of expedition services companies in Surakarta City. In conclusion, customer orientation, competitor orientation, and promotion were found to be insignificant factors influencing the market performance of logistics companies in Surakarta City. This study population was on micro, small and medium-sized enterprises and not hospitals.

Islama and Zhea (2021) conducted a study on the effect of customer orientation on financial performance in service firms, the mediating role of service innovation. A theoretical research model was investigated via structural equation modeling (SEM) using 686 survey responses from the service industry. The findings of the structural equation

model indicated that customer orientation is positively related to financial performance and service innovativeness respectively. And service innovativeness was found as a partial mediating effect, which means that the service innovativeness intervenes for some part but not all of the relationships between customer orientation and financial performance. The dependent variable was financial performance and not service delivery. The study was on service firms and not hospitals.

Kerdpitak and Boonrattanakittibhumi (2020) studied the effect of strategic orientation basically customer orientation and organizational culture on performance of banks operating in the Thailand. A questionnaire based on structured questions was developed with reference to the objectives of the research. It was revealed by the results that significant and positive relation exists between customer orientations and performance. This study delved into banking sector and not hospitality sector

Aklilu and Kero (2024) examined the effect of customer orientation, open innovation and enterprise performance, evidence from Ethiopian SMEs. Explanatory research design and multi-stage sampling were used to acquire both primary and secondary data from the study area. The study used structural equation modeling to examine the data and research hypotheses in the suggested structural regression model based on the empirical data of 321 SMEs operating in the study area. The SEM results indicated that small and medium-sized enterprises with higher level of customer orientation are more innovative in their performance. The findings also showed that open innovation partially mediated the relationship between consumer orientation and enterprise performance. Hence, the study found that customer orientation creates better value through open innovation, having an indirect effect on the performance of SMEs. The study's findings suggest that enterprise

performance can be realized by implementing business strategies that prioritize customer requirements and satisfaction. SMEs can leverage customer insights to create customer-focused innovation strategies that spread acquired knowledge and new ideas throughout internal decision-making processes, ultimately enhancing open innovation and performance of SMEs. The study dependent variable was enterprise performance and not service delivery.

Bruno, Giuseppina and Anna (2017) conducted research on customer orientation and leadership in the healthcare sector. The study cantered on the examination of organizational culture, effectiveness, workplace social support, and leader conduct. A survey research was done among 57 health directors affiliated with the National Health Service in the northern region. The study found that workplace social support played a moderating role in the link between customer orientation and leadership. The present study utilized organizational elements as moderators to address the knowledge gap in the health sector regarding general strategy orientation.

Pehrsson and Pehrsson (2015) illustrated the influence of entrepreneurial orientation and market orientation on the contextual function of strategic orientation. The research demonstrated that organizations must recognize customer preferences, implement competitive strategies, improve product innovation, and evaluate the impact of these modifications on consumer satisfaction in order to pursue customer orientation. Conversely, this investigation examined strategic orientation as a variable that is influenced by other variables, whereas the present investigation assessed it as a variable that influences other variables. The present study was focused on service delivery, in contrast to the previous study, which was based on performance.

2.4.2 Resource Orientation and Service Delivery

Beliaeva, Shirokova and Wales(2018) conducted a study on the benefiting from economic crisis, strategic orientation effects, trade-offs, and configurations with resource availability on SME performance. This research, examined entrepreneurial and market orientations as means through which firms may operate within an economic crisis to seize available opportunities. Additionally, the research considered how increasing financial resource availability during macro- economic constraint may affect these relationships. Based on a rare, and robust national random sample of 612 Russian small to medium-sized enterprises (SMEs) collected during a recent period of economic crisis in 2015-2016, the results revealed a positive effect of entrepreneurial orientation and a non-significant effect of market orientation. Moreover, the findings demonstrate how financial resource availability in concert with firms' strategic orientations yields distinctly more, and less, productive configurations.

Mwai Namada and Katuse (2018) conducted a study on the influence of organizational resources on organizational effectiveness. The research philosophy was positivism, with explanatory and descriptive research design espoused. The population was registered non-governmental organizations with the sample unit as the project managers. A questionnaire was used for data collection. Data analysis was executed using inferential and descriptive statistics. The descriptive analysis included standard deviation, mean and percentages, whereas inferential analysis included regression analysis and ANOVA. The study concluded that fundraising efforts and how funds are distributed to the various strategic activities and operations influence the level of efficiency in the organization process. Staff empowerment, negatively though, significantly influenced process efficiency. The recommendation is to develop an NGO organizational effectiveness ranking metric to

allow the classification of NGOs into categories based on levels of effectiveness in achieving their respective missions and strategies. It was also the aim to carry out an in-depth study of why fundraising efforts in NGOs did not significantly influence stakeholder satisfaction. The study examined organizational effectiveness as dependent variable and not service delivery. It was also conducted on NGOs and not public level four hospitals.

Ongeti and Machuki (2014) established the effect of organizational resources on performance of Kenyan State Corporations. Through a cross-sectional descriptive survey, data on resources and performance were obtained from 63 Kenyan state corporations and analyzed using both descriptive and inferential statistics. The findings report a statistically significant relationship between aggregated organizational resources and performance. However, organizational resources could only explain 8.3 percent of performance of Kenyan state corporations. Results of the independent effect of disaggregated organizational resources indicated statistically significant effect of tangible, human and intangible resources on performance. Statistically not significant results were reported for the effect of organizational capabilities on performance. The study was based on Kenyan state corporations and not public level four hospitals.

Sayed and Sahar (2018) carried out a study on the effects of strategic orientation and firm Competencies on export performance. This study aims to investigate the effects of the dimensions of strategic orientation including market orientation, entrepreneurial orientation and technology orientation on innovation capability, and the effects of innovation capability and firm competencies dimensions including production competencies, marketing and sales competencies and informational competencies on export performance. In this study, leading production companies in Isfahan Iran, was

considered as the study population. A questionnaires was used to gather information which was distributed among 50 of managers and experts of marketing, sales and foreign trade divisions of those companies. The questionnaire is a complex of standard available questionnaires for such variables employing the opinions of professors and advisors in the field. Finally, Smart software was used for data analysis and to test the study hypotheses. The results show that market orientation, entrepreneurial orientation and technology orientation are positively related in innovation capabilities. In addition, Innovation capability confirmed to have straight effect on export performance. Finally, production competencies, marketing and sales competencies and informational competencies confirmed to have positive effect on export performance.

Mekolela, Deya and Kariuki (2024) studied the influence of organizational resources on performance of agencies constituting the National Council on the Administration of Justice in Kenya. With a specific objective to establish the influence of tangible, intangible, and human resources on the performance of the agencies and to assess the moderating role of the regulatory environment on the relationship. The study was anchored on resource-based theory. The study used a descriptive correlational survey research design and utilized both qualitative and quantitative data. The study found that tangible resources, intangible resources, and human resources have a significant and positive relationship with the performance of the agencies. The study failed to discuss level four hospitals but dwelt on agencies constituting the National Council on the Administration of Justice in Kenya.

In a study conducted by Pratono (2016) on the impact of strategic orientation on performance of small and medium-sized enterprises (SMEs) found that resource

orientation was of positive and significant impact on performance. The study employed causal research design. The study used closed ended questionnaires in data collection. Data was analyzed using both descriptive and inferential statistics. The study discovered that resources are the valuable components of an institution, which can be either physical or nonphysical. Nonphysical resources, for example, are based on knowledge or skill proficiency. This study was done on medium-sized enterprises and failed to examine level four hospitals hence sectoral gap. The hospital resources that encompass pharmaceuticals, bed availability, infrastructure, logistical equipment like ambulances, and the expertise of medical professionals and staff were not therefore examined. The present study demonstrated that hospitals with greater resources have a competitive edge in delivering services.

Abdille's (2020) study on the impact of strategic orientation on hotels performance in Kenya employed a correlation research design. The study used structured questionnaires and interviews in data collection. Data was analysed using both descriptive and inferential statistics. The study discovered that resource orientation has the greatest influence on beach hospital performance in Mombasa County, while technological orientation has the least influence. The study suggested that top executives, particularly CEOs, in beach hospitals should prioritize the execution of strategies that promote entrepreneurial orientation. The study findings revealed that the respondents concurred that there was a genuine impact of entrepreneurship approach on hospital performance.

2.4.3 Technological Orientation and Service Delivery

Pratono (2015) conducted a research on strategic orientation and information technological turbulence among small medium enterprises. This study uses quantitative

approach with structural equation model to understand the moderating effect of information on the relationship between strategic orientation and performance. The 390 small and medium enterprises in Indonesia contributes to the research as randomly selected respondents. The result shows how the information technological influences managerial decision-making processes under an opportunity-based paradigm. However, SME managers face lack of capability to deal with high information technological. This study uses cross-section data at the SMEs context in Indonesia. This study suggest that the initiative to encourage SMEs to adopt information technology should consider the SME capability to utilize the information technological. The research gap challenges a question from previous literature on how long firms retain a given capability to deal with dynamic environment. This study has intention to add to the stream of research by proposing the information technological as a primary contingency factor focusing on so as main determinant of performance.

Dionysus and Arifin (2021) strategic orientation on performance of small and medium enterprise. The study applied resource based view theory approach. The research object used was SME entrepreneurs in Jakarta. This research uses a quantitative research design. The data used in this research consists of primary data and collected through google forms, which are distributed online. The amount of data collected was 190 samples. The collected data will be analyzed using stata statistical analysis tests the outer and inner models. The results obtained indicate that technology orientation plays a role in SME Performance, and technology orientation does not affect SME Performance. The implication of this research shows that the Resource Based View theory is right to explain the relationship

between technology orientation and SME Performance. Technology orientation had a significant effect on performance of SMEs. This study was on SMEs and not hospitals.

Orlandi and Zardini (2023) studied the effect of technology orientation on organizational resilience, the mediating role of strategy's digital maturity. The study conducted an online survey of 186 firms that operate in Germany and Italy and tested the study's hypotheses by applying the covariance-based structural equation modeling and bootstrapped regression analysis. The results indicate that technology had a s significant effect on organizational resilience. The study examined organizational resilience and not service delivery of hospitals.

Haug, Kent, Stentoft and Kristian, (2023) examined the effect impact of information technology on product innovation in SMEs. Three hypotheses were tested through a study of 246 small and medium-sized Danish manufacturers. In contrast to previous studies of large firms, our study did not find a significant relationship between IT use in innovation processes and innovation performance. On the Other results showed that this relationship was conditioned by technological orientation. The study was on SMEs and not public hospitals.

Schneider (2023) conducted a study on digitization and service delivery among Israel healthcare professionals. The study employed a correlation research design. The study used structured questionnaires and interviews in data collection. Data was analyzed using both descriptive and inferential statistics. The study found that digitization in the health care had a positive effect on service delivery of healthcare centers in Israel. The study examined strategic change and hospital management as driving factors and failed to examine key strategic orientation practices of customer and resource orientation.

Kormilitsyna (2021) investigated the impact of technology orientation on performance within the education sector in South Africa. The study used correlation research design. The study used structured questionnaires and interviews in data collection. Data was analyzed using both descriptive and inferential statistics. The study stated that in order to maintain a competitive edge, organizations must actively participate in ongoing research and development endeavours and adopt technical methodologies. The firm's technological orientation focuses on utilizing technology capabilities to guide development and enhance innovation. This approach is supported by research and exploratory efforts, which have been shown to increase firm performance. Technology is crucial in storing information for future use and converting gathered data into valuable insights. To maintain a competitive edge, companies must engage in research and development operations and formulate technology initiatives. This study was mostly undertaken in the education sector, whereas the current study focuses on the health sector in Kenya.

Nakabuye, Mayanja and Bimbona (2023) examined the effect of technology orientation on export performance, the moderating role of supply chain agility. A quantitative research design was adopted for this study. The paper formulates hypotheses from the literature review. These hypotheses are tested using structural equation modeling with data collected from 231 SMEs in Uganda. Data were analyzed using SPSS version 23. The findings of this study showed technology orientation has a positive and significant relationship with the performance of Ugandan SMEs and that supply chain agility moderates technology orientation and export performance. The study was on SMEs and not hospitals.

Mutie (2018) examined the effect of technological innovations on organizational performance of government agencies in Kenya. The independent variables for the study

were system development enhancement, digital tools and services, information technology based innovations and interdepartmental process integration. The study adopted descriptive cross-sectional survey design. Primary data was collected by use of questionnaires. The model summary revealed that the independent variables system development enhancement, digital tools and services, information technology based innovations and interdepartmental process integration explains 75.9% of changes in dependent variable as evidenced by R^2 value which implies other factors exist not factored in this model that account for 24.1% of changes in how government agencies perform in Kenya. The correlation analysis results revealed a statistically significant and a positive correlation between system development enhancement and organizational performance of government agencies in Kenya. The study also revealed the existence of significant positive correlation between digital tools and services and organizational performance of Government Agencies. The study recommends more funds in digitization and technological advancement in order to improve service delivery. The current study measured technological orientation through ICT training efficiency, client data processing and management, laboratory process, diagnosis and treatment and operations which was not the case. Furthermore the study was based on diversity management strategy and the performance and not strategic orientation and service delivery.

Abdille, Kirigia and Mwenda (2020) carried out a study on the influence of strategic orientation on performance of selected hotels in Mombasa County. The study is anchored on firms' performance theory and resource based theory. The study adopted descriptive survey design that focuses on research questions that call for real-life contextual understandings, multi-level perspectives and cultural influences. The target populations

were the eight classified beach hotels in Mombasa County and the sample size comprised of five respondents from each of the eight classified beach hotels in Mombasa County, Chief Executive Officer, an operation manager, relationship manager, information technology manager and a strategic manager. This study concluded that entrepreneurial orientation, Marketing orientation, Technology orientation and Customer orientation have influence on the performance of beach hotels in Mombasa County. Entrepreneurial orientation has the highest correlation coefficient with performance of beach hotels. Strategic orientation (Entrepreneurial orientation, Marketing orientation, Technology orientation and Customer orientation) have a positive and significant influence on the performance of beach hotels in Mombasa County. A linear regression model results showed that strategic orientation (Entrepreneurial orientation, Marketing orientation, Technology orientation and Customer orientation) explained 89.9% of the variations in performance of hotels (R2=0.899).Multiple linear regressions confirmed a positive and significant association between strategic orientation and performance of beach hotels in Mombasa County. Entrepreneurial orientation has the greatest influence on the performance of beach hotels in Mombasa County while technology orientation has the least influence on the performance of hotels in Mombasa County. The study recommended that key leaders especially CEO's in beach hotels should focus more on the implementation of strategies that enhance entrepreneurial orientation. The study results indicated that the respondents agreed that the influence of entrepreneurship orientation on hotel performance was real. This study therefore recommends that the marketing officers give close attention to after-sales service as this has proved vital in enhancing the hotels' performance.

Meuter and Olivia (2010) studied the adoption of technology orientation in healthcare delivery: Case study of a large-scale hospital and healthcare system's electronic health record. The study employed case study research design and used *s*emi-structured interviews, and focus group discussions on data collection. The study realized that technology orientation had a positive significant effect on service delivery large scale hospitals. The study however was a case study unlike the current study that was on level four hospitals in Kakamega, Kenya.

2.4.4 Organization factors on the relationship between Strategic Orientation and Service Delivery

In a study conducted by Obeidat (2016), the impact of strategic orientation on organizational performance was investigated. The study utilized innovation as a mediator in the relationship. The study discovered that Organization factors have a favorable impact on the connection between innovation and the performance of organizations via generating value for consumers. Innovation are specifically designed to enhance the competitive advantage of a corporation or institution, enabling it to outperform rivals. This can be attributed to trained professionals, medical practitioners, hospital facilities, and overall environmental benevolence. Innovation enhance organizations' performance in the market by cultivating a corporate culture focused on delivering value to customers. The study focused on the performance of organizations, while the current research specifically examined the delivery of services in hospitals. This study used innovation as mediator unlike your study where organizational factor was used as a moderator.

Waithaka (2016) examined the moderating effect of organizational factors between competitive intelligence practices and performance of firms listed on the Nairobi Securities Exchange, Kenya. The study used correlation research design. The study used structured questionnaires and interviews in data collection. Data was analyzed using both descriptive and inferential statistics. Firm performance was evaluated using both financial and non-financial measures. The findings indicate that Organization factors specifically organizational culture, organizational structure and managerial attitudes toward competitive intelligence were found to moderate in the relationship between the competitive intelligence practices and performance of firms listed on the NSE, Kenya. However Organization factors did not moderate strategic orientation and service delivery as executed for this study

Yegon, Gikera and Okibo (2014) conducted a study on the moderating effect of Organization factors on the relationship between diversity management strategy and the performance of Public Universities in Kenya. The study utilized descriptive correlational survey research design with emphasis on descriptive and analytical designs to put into perspective the effect of Organization factors on the relationship between workforce diversity management and performance of public universities in Kenya. The population of the study constituted all the public universities in Kenya. This being a census study, the data was collected from all registrars in charge of human resource management and administration in all public universities, by use of questionnaires. This study employed the test retest technique to ascertain the reliability of the data collection instruments. Organization factors had a significant moderating effect on the relationship between workforce diversity and university performance. The study results supported this premise

in that workforce diversity was found to significantly and positively affect performance with forty eight point six percent of the performance being explained by workforce diversity. Organization factors moderated diversity management strategy and the performance and not strategic orientation verses service delivery.

Akeke and Olayiwola (2019) conducted a study on the effects of strategic orientation, knowledge management and performance of telecommunication sector. The study used a data set of 300 customers and 57 managers of the telecommunication firms which include the customer care staff members. The collected data was analyzed using mediation analysis. The results indicate that strategic orientation is positively related to performance while knowledge management is directly related to performance. On a direct basis, the result shows that strategic orientation has larger effect on performance than the direct effect of knowledge management on performance. The results showed further that the introduction of knowledge management as a mediating variable improves the relationship between strategic orientation and performance. The results lead to the conclusion that knowledge management is nearly indispensable in the role of strategic orientation as a necessary factor in the performance drive of firms. The study used knowledge management as mediating variable whereas this study used organizational factors as moderator.

2.5 Summary and Research Gaps

From the empirical discussions above the study identified the following knowledge gaps:

Table 2.1 Knowledge Gaps

Author(s)	Study	Methodology	Results	Gap
"Abdille (2020)	Examined the influence of strategic orientation on performance of hotels in Kenya, a survey of beach hospitals in Mombasa County	Used experimental method Both descriptive and inferential statistics	They found that resource orientation had a significant effect on performance of hospitals in Kenya	Limited to performance and not service delivery
Arias *et al*., (2021)	Analyzed the effect of strategic orientation toward digitalization in USA	Meta-analysis research design	They found that customer orientation has a positive, moderate, and significant impact on service delivery.	The study was based on analysis of literature or secondary data
Obeidat, (2016)	Examined the strategic orientation on organizational performance of hospitals in Nigeria.	Employed descriptive research design descriptive and inferential statistics	There existed a significant positive relationship between organizational factor, technological orientation and service delivery.	The study was based in Nigeria and generalized hotels as the current study was in Kakamega and specifically level four hospitals.
Izadi & Ahmadian , (2018)	Study on strategic orientation and firm competencies in small medium enterprises	Multilevel approach, targeted 500 SMEs	Found that resource orientation significantly impacted on firm competencies	The study failed to study hospitals bust instead examined entrepreneur's business growth.
Pratono, (2016)	Studied the influence of strategic orientation and information technology in SMEs.	Used descriptive design, descriptive statistics,	Resources had a positive significant effect on service	The study generalized hospitals the current study was on level four

			delivery of hospitals	hospitals in Kakamega County
Nadeem and Siddiqui, (2017)	Effect of technology orientation on the food processing development of SMEs	Exploratory research design, stratified and random sampling techniques	The study found that technology orientation positively impacted on food processing	Technology orientation was being moderated by technology changes in market orientations and not Organization factors.
Kormilitsyna, (2021)	The effect of technology orientation on performance of education sector in India	Used descriptive design, descriptive statistics and inferential statistics,	Technology had a positive significant effect on performance of education sector	The study examined education sector and used performance as dependent variable, the current study based on level four hospitals and service delivery was the dependent variable.
Boohene, (2018)	Examined the entrepreneur's customer orientation and growth of firms in Ghana	Causal research design descriptive and inferential statistics	The study found that customer orientation had a positive and significant effect on service delivery	The study failed to study hospitals but instead examined entrepreneur's business growth."

Source; Literature Review, (2024)

2.6 Conceptual Framework

The study was guided by a diagram representation articulating the relationship between strategic orientation and service delivery and thereafter assess the effect of Organization

factors on the relationship between strategic orientation and service delivery. The study was guided by the dependent, independent, and moderating variables. The dependent variable is service delivery of level four public hospitals. The independent variable is strategic orientation explained by customer orientation, resource orientation and technology orientation (Obeidat, 2016). The moderator is explained by Organization factors of hospitals over each other. Strategic orientation in hospital set up was examined through customer orientation, resource orientation and technology orientation. Customer orientation entails analyzing customers' needs and, if it contributes to success, productivity is critical (Aladag *et al.,* 2020).

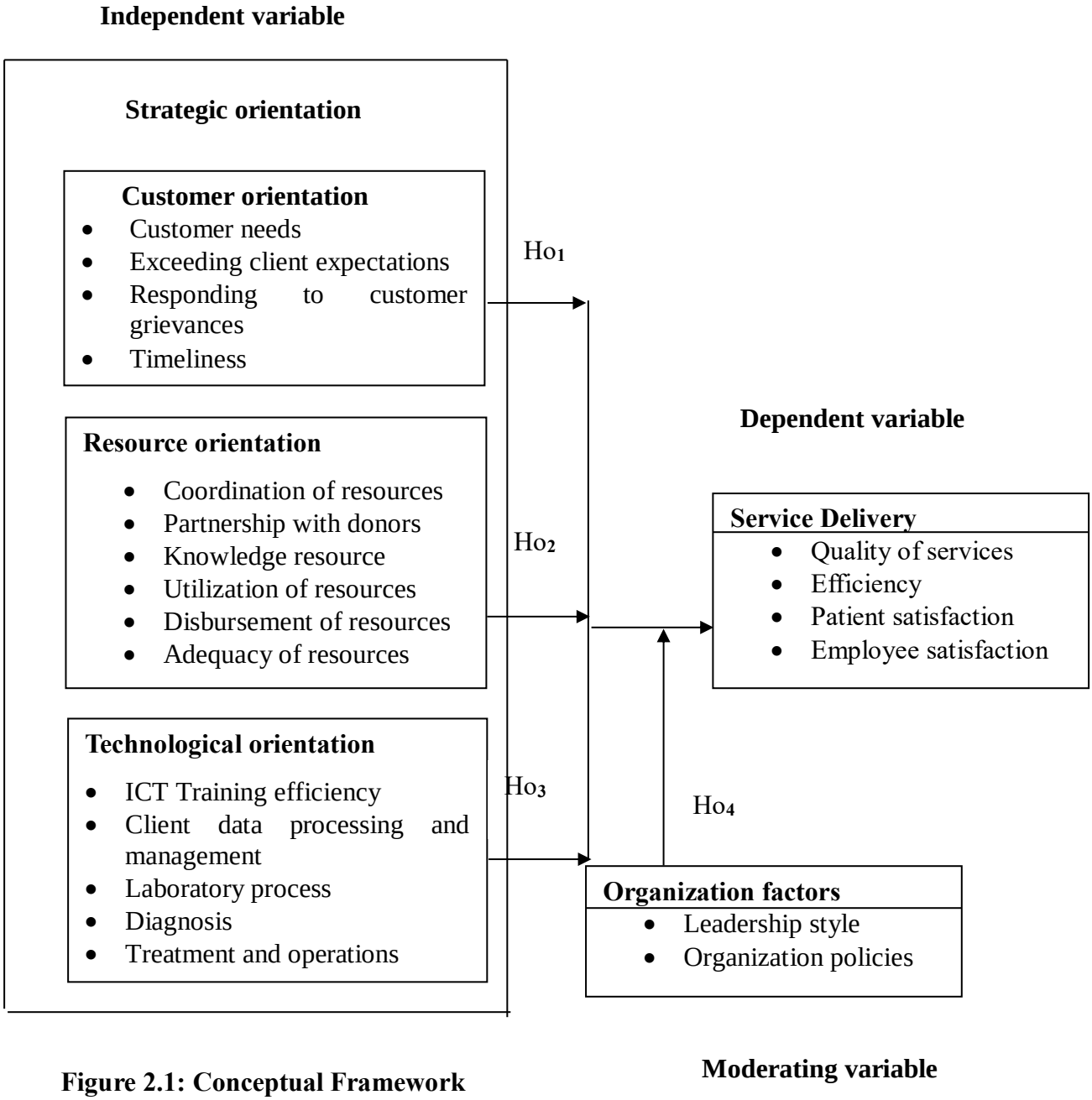

Figure 2.1: Conceptual Framework

Source: Adopted from other studies (Abdille, 2021; Obeidat, 2016);

This conceptual framework explains three sectors of variables constituting the independent variables, the dependent variable and moderating variable. The independent variable comprises of Customer orientation, resource orientation and technological

orientation. Customer orientation was determined by customer needs, exceeding client expectations, responding to customer grievances and timeliness in attending clients. Resource orientation was assessed through coordination of resources, partnership with donors, knowledge resource, utilization of resources, timeliness of disbursement of resources and adequacy of resources.

Technological orientation was measured by ICT training efficiency, client data processing and management, laboratory process, diagnosis and treatment and operations. The moderating variable was Organization factors measured through, organization routines and organization policies. The dependent variable was service delivery measured by quality of services, efficiency, patient satisfaction, and employee satisfaction.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter provides a description of the research design that was employed in the study. The study provides a description of the study's geographical area, research design, population, and sample size. The study also addressed the selection of the data collection instrument, providing a description of its validity and reliability.

3.2 Study Area

The study was conducted in Kakamega County level four public hospitals. Kakamega County has a large population of 1,867,579 people being the second largest after Nairobi with limited health care provisions (Census, 2019). The average elevation of Kakamega County is 1,535 metres. The county covers an area of 3,033.8 km^2. The County has a number of potential public hospitals of which the study is centered on 7 level four hospitals. Kakamega County has high preference cases of service delivery concerns. Level four have highest clientele posing need for service delivery concern, Kakamega based on service delivery concerns.

3.3 Research Design

This study utilized a combination of descriptive and causal research designs, resulting in a mixed research design. Descriptive design relies on its capacity to elucidate the connections between variables. Causal research design, as described by Orodho (2003), is a method used to examine and evaluate the cause-and-effect relationship between variables in a study. It is applicable for gathering data on individuals' attitudes, beliefs,

habits, as well as various educational or societal matters. Questionnaires were utilized to collect primary data, which was then analyzed to find answers to the research questions and obtain the necessary information to meet the research objectives. Mixed is based on basis that causal examines cause and effect relationship and descriptive aligns to relationship among study variables.

3.4 Target Population

The population is the comprehensive collection of elements from which a researcher intends to derive conclusions (Kothari, 2013). The target population is the particular group of individuals that a researcher intends to investigate and draw conclusions from. The study targeted the employees of level four hospitals in Kakamega County. Inefficient service delivery in level four hospitals evidenced by patient complaints, medics to patient ration prompted this study. This based on hospital administrators, staffs, and nurses. The population is based on statistical knowledge where according to organization's Human Resource Employee Data (2022), employees working in various employment cadre at Kakamega County level 4 listed hospitals are 162 nurses (County Chief Officer of Health, 2023), 135 Hospitals office staff (Kakamega County Level four Human Resource Employee Data, 2022) and 7 Hospital Administrators (Kakamega County Level four Human Resource Employee Data, 2022). The total target was 304 respondents. This comprised of seven level four hospitals Butere District Hospital, Makunga Hospital, Likuyani sub county hospital, Lumakanda District hospital, Malava District hospital, Elwesero Sub County hospital and Iguhu sub county hospital.

Table 3.1 Target Population

Designation	Nurses
Nurses	162
Hospitals office staff	135
Hospital Administrators	7
Total	**304**

Source: Kakamega County Ministry of Health, (2024)

3.5 Sample Size

Stratified and simple random sampling design was used in this study. The study adopted stratus on basis of hospital staffs such as, nurses, hospital administrators and Hospitals office staff of which were then picked randomly. Additionally, a simple random technique was employed to select respondents from the strata. Sharma (2017) suggests that the precision of the estimate can be improved by dividing the population units into a specific number of groups.

Yamane (1967) presents a streamlined equation for determining the required sample size. This formula was utilized to determine the sample sizes. The confidence level is set at 95% with a significance level of P = 0.05. The formula used to calculate the sample size is $n = N/1 + N(e)^2$. Due to the study's characteristics, the researcher opted to choose a sample of 304 participants from personnel in different departments and sections across the Kakamega County.

where: n= sample size

N= Population, e= significance level

$n = N/1+N(e)^2$

$$n = \frac{N}{1 + N\,(e)^2}$$

$$n = \frac{304}{1 + 304\,(0.05)^2}$$

$$= \frac{304}{1.76} = 172.7$$

The total sample was 173.

Table 3.2 Sampling frame

Hospitals	**Nurses**	**Hospital office staff**	**Hospital Admins**	**Total**
Butere	23	20	1	41
Makunga	25	23	1	46
Likuyani	25	22	1	45
Lumakanda	23	19	1	40
Malava	23	18	1	39
Elwesero	26	17	1	41
Iguhu	17	16	1	31
Sub-totals	**162**	**135**	**7**	**304**
Sample Size	$\frac{162}{304}$ X 173 = 92	$\frac{135}{304}$ X 173 = 77	$\frac{7}{304}$ X 173 =4	173

Source: Kakamega County Ministry of Health, (2024)

3.6 Data Collection Instruments

The main method of data collection in this study was a questionnaire. The survey utilized solely closed-ended questions. A questionnaire is a written instrument that is specifically intended to collect information by requesting written responses from individuals. Although questionnaires don't usually ask very in-depth questions, the data they collect is similar to what an interview would yield (Mugenda & Mugenda, 2013). The major data in this study was acquired through the use of closed-ended questions. These questionnaires contained prewritten response categories, allowing respondents to choose from a predetermined set of answers. The questionnaires were categorized into four distinct components. Section A encompassed inquiries regarding the respondent's general information, Section B focused on strategy orientation, Section C incorporated organizational variables, and Section D addressed service delivery information.

Questionnaires were selected as the preferred method of data collection due to their ability to achieve a high response rate. The questionnaires were distributed to respondents, who completed them and returned them directly to the researcher. This method required less time and effort to administer. Additionally, questionnaires allowed for the possibility of anonymity, as respondents were not required to provide their names. Furthermore, the use of closed-ended questions in the questionnaires reduced the potential for bias and facilitated easier comparison of responses to each item (Kothari, 2014). Questionnaires were responded to by the hospital administrators, nurse, and hospital office workers.

3.7 Data Collection Procedure

The study implemented a rigorous data collection approach to guarantee the credibility and rigor of research findings. The researcher received an introductory letter from the institution to formalize the process. Additionally, the method of collecting data included the participation of five research assistants. The study preferred the drop and pick later technique based on the convenience of the targeted respondents.

3.7.1 Pilot Study

A pilot study is a scaled-down version of a full-scale study, conducted as a preliminary test to prepare for the complete study. During the pilot study, the researcher administered and evaluated 30 questionnaires, which is equivalent to 10% of the total number of questionnaires proposed by Mugenda and Mugenda (2013), which is 304. These measures ensured that the respondents comprehended the questions and prevented the use of complex terminology that may potentially impact the data collection process. The pilot study of the current research can be described as both a feasibility study and a pre-testing of data collection tools. To gather the necessary initial data for determining the sample size for the main outcome, this study conducted a pilot study at Sabatia district hospital in Vihiga County. Kakamega County hospitals face uniform trends and common difficulties.

3.7.2 Validity

Validity refers to the capacity of an instrument to accurately measure the specific attribute or characteristic that it claims to measure. This concept pertains to the degree to which a measurement effectively captures different facets of the subject being studied. In general,

validity is considered to be a singular and unified idea. Validity pertains to the precision in the design of the questionnaire for this particular scenario (Neuman, 2015). The study employed validity by discussing the questionnaire with specialists, including the study supervisors (Neuman, 2015).

3.7.3 Reliability

Reliability, as defined by Mugenda and Mugenda (2013), refers to the extent to which a test is devoid of measurement mistakes. The presence of such errors tends to decrease the reliability of the test. Furthermore, reliability refers to the degree of consistency or reproducibility of a tool in measuring the same phenomenon over a period of time. It assesses the degree to which individuals obtain identical scores on a measurement administered at two distinct time intervals. Furthermore, a test is considered dependable when it is employed by numerous researchers in stable conditions and consistently produces consistent results that do not fluctuate.

The researcher employed Cronbach's Alpha as a metric to assess the reliability. A Cronbach alpha is a statistical metric used to assess the degree of internal consistency in a set of data. The alpha coefficient was created by Lee Cronbach in 1951 as a means of quantifying the internal consistency of a test or scale. It is represented as a numerical value ranging from 0 to 1. The minimum value of 0.7 was noted.

Table 3.1: Reliability test

Variable	Cronbach alpha
Customers orientation	0.781
Resource orientation	0.819
Technological orientation	0.728
Organization factors	0.861
Service delivery	0.782

Source: Researcher's survey, (2024)

The table displayed above, Table 3.2 and indicates that the variables being examined have attained a Cronbach's Alpha value of greater than 0.7, which is the suggested threshold. The internal integrity of data was crucial in this context (Mugenda & Mugenda, 2008). Reliability of data was significant as it led to main study.

3.8 Data Analysis and Presentation

The accuracy and completeness of the questionnaires collected from the participants in the data gathering phase were checked and double-checked. A version 23 of the Statistical Package for the Social Sciences (SPSS) was used to analyze the encoded questions. According to Babbie (2015), researchers are able to make sense of the massive amounts of data they acquire through data analysis.

Descriptive and inferential statistics were used to examine the data that was gathered for the study. Statistics that are used for descriptive purposes include metrics like standard deviation, mean, percentage and frequency. Executed regression and inferential Pearson

correlation. The data was analyzed using quantitative methods. All of the independent variables' impacts on the dependent variable are included in this analytical model. Use of SPSS, version 23, was employed for the entry and analysis of the quantitative data derived from the questionnaire. In order to answer the primary research questions, quantitative data is presented in graphical and tabular formats using SPSS version 23, which also performs descriptive statistics like calculating percentages and frequencies. One variable depending on three independent factors was utilized in a multiple regression model to assess the impact of strategic direction on service delivery.

Inferential statistics used included Pearson correlation, simple linear regression, multiple regression and hierarchical regression. The Pearson product-moment correlation coefficient (r) was used to calculate the bivariate correlation, which quantifies the relationship between two variables. Regression analysis helped in ascertaining the relationship among study variables. A hierarchical regression analysis was conducted to examine the impact of organizational features on the relationship between strategic orientation and service delivery. The data used to create the regression model is as follows:

$Y = \beta 0 + \beta_1 X_1 + e$ ……model (i)

$Y = \beta 0 + \beta_2 X_2 + e$ ……model (ii)

$Y = \beta 0 + \beta_3 X_3 + e$ ……model (iii)

$Y = \beta 0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_{3+} e$……model (iv)

$Y = \beta 0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_{3+} M_+ e$ ……model (v)

$Y = \beta 0 + \beta_1 X_1 M + \beta_2 X_2 M + \beta_3 X_3 M + e$ ……model (vi)

Where:

Y = predicted value of the dependent variable y (Service delivery)

$\beta 0$, β_1, β_2, β_3 are the sample estimates of the coefficients

X_1 = Customer orientation

X_2 = Resource orientation

X_3 = Technology orientation

M= Organization factors

e= error term

The study tested at 5% significance levels.

3.9 Diagnostic Estimations

Diagnostic estimations in this research encompassed range of tests related to assessing, evaluating, and predicting collected data for research processing, analysis, and interpretation. Discussed below are some of the tests that were undertaken in this study.

3.9.1 Normality Test

The process included evaluating the normality of the data using P-P plots whereby deviation from the line of fit on the P-P plot, was minimal. Since the data was considered

to follow a normal distribution, it was appropriate to use parametric statistical procedures such as correlation, regression, analysis of variance, and t-test.

3.9.2 Multicollinearity

Describes a situation in which two or more variables display a significant association. The VIF, or variation inflation factor, was put into place. The basis for multicollinearity is based on VIF value of 10 and below as tolerance value should be below 1 (Neuman, 2003).

3.9.3 Homoscedasticity Test

This assessment is designed to gauge the degree to which data exhibits dispersion. To determine how well the collected data matches up levene test was conducted. A p-value of less than 0.05 is deemed statistically significant according to the Levene statistics. The null hypothesis is rejected in these instances.

3.10 Ethical Considerations

Hall (2008) asserts that ethical considerations are a fundamental component of the planning phase for all social research endeavors. In order to comply with essential guiding principles and regulations, information sheets were given to participants prior to the actual research. This document gave a comprehensive summary of the study's main areas of concentration and informed the participants of their prerogative to withdraw from the study at any time, for any reason they deem appropriate.
In addition, in order for the study to accomplish its goal, it was necessary for the respondents to be totally cooperative during the data collection process. One of the ethical

concerns that helped gain the trust and support of respondents was confidentiality. This means that all the replies obtained from respondents were considered as confidential and were not shared with any third party (Mugenda & Mugenda, 2013).

Furthermore, transparency was ensured by informing the respondents about the usage of the research findings and providing them with sufficient information about the research objectives. The respondents confirmed that the obtained data were exclusively intended for research purposes and would not be utilized for any other purposes beyond fulfilling the study's objectives. Furthermore, the research authorization from NACOSTI was successfully processed. Finally, the information stayed confidential.

CHAPTER FOUR

DATA ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents findings from the study conducted on strategic orientation on service delivery among level four hospitals in Kakamega County. This includes demographic characteristics of the respondents, analysis, interpretation and discussion of findings of the study.

4.2 Response Rate

A response rate of 87.9% was achieved, as 152 of the one hundred and seventy-three (173) questionnaires that were distributed were completed and returned. A research is considered excellent if the response rate exceeds 70%, as per Mugenda and Mugenda (2013).

Table 4.2: Questionnaire Return Rate

		Frequency	Percent
Valid	Returned	152	87.9
	Not Returned	21	22.1
	Total	173	100.0

Source: Field Data, (2024)

4.3 Reliability Tests

A sample of 18 respondents from Sabatia district hospital in Vihiga County were given the questionnaires to ascertain whether the questionnaires were valid and reliable. Sabatia

district hospital in Vihiga County was chosen since it was a neighbouring County and was too grappling with the same challenges as those of level four hospitals in Kakamega County. The three independent variables (customers orientation, resource orientation and technological orientation) and the dependent variable (service delivery) were subjected to reliability test using SPSS and the results obtained were shown in Table 4.2.

Table 4.3: Reliability test

Variable	Cronbach alpha
Customers orientation	0.811
Resource orientation	0.881
Technological orientation	0.818
Organization factors	0.813
Service delivery	0.811

Source: Field Data, (2024)

Table 4.2 and indicates that the variables being examined have attained a Cronbach's Alpha value of greater than 0.7, which is the suggested threshold. The internal integrity of data was crucial in this context (Mugenda & Mugenda, 2008).

4.4 Demographic Characteristics of the Respondents

The study gathered comprehensive data on the educational attainment and tenure of hospital employees.

4.4.1 Distribution of the Respondents Level of Education

The study aimed to ascertain the educational credentials of the participants. The pie chart below presents a concise overview of the findings.

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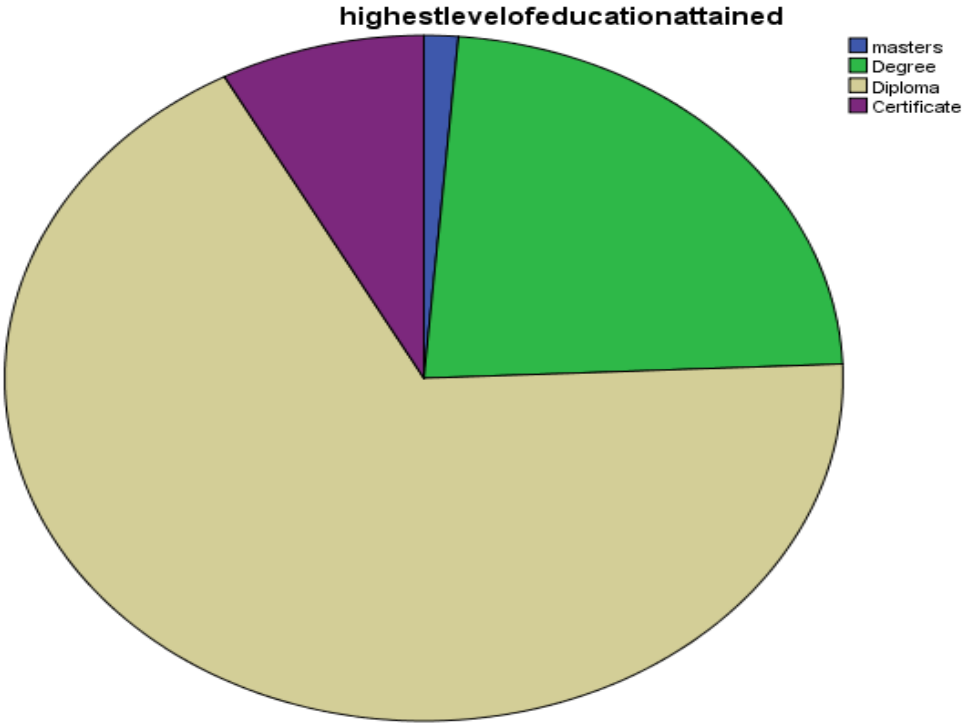

Figure 4.1: Level of education
Source: Field Data, (2024)

The results presented in figure 4.1 indicate that level four hospitals had a significant proportion of respondents with different educational levels. Specifically, 103 (67.8%) of the respondents had a diploma qualification, 35 (23%) had a degree qualification, 12 (7.9%) had a certificate, and 2 (1.3%) had a master's degree. The education attained by respondents was well positioned to ascertain matters of strategic orientation and service delivery.

4.4.2 Distribution of the Respondents Working Experience

The study determined the duration of service of the respondents in the Hospital, as indicated below:

Table 4.3: Respondents Working Experience

Experience	Frequency	Percent
Less than 1 year	9	5.9
1-5 years	12	7.9
More than 6 years	131	86.2
Total	**152**	**100.0**

Source: Field Data, (2024)

In Table 4.3, a significant number of respondents 131 (86.2%) had served for more than 6 years as 12(7.9%) had served for only 1-5 years whereas 9(5.9%) had served for less than 1 year. This showed that Kakamega County level four public hospitals understood strategic orientation and service delivery concepts at length based on long working experience.

4.5 Diagnostic Tests

Prior to conducting inferential statistics, the researcher performed diagnostic tests to ascertain whether the acquired data satisfied the assumption of the regression analysis. This examination was crucial as it determined the approach to be taken in data analysis, such as whether to utilize a parametric test or a non-parametric test for inferential analysis.

4.5.1. Normality test

According to Oztuna, Elhan, and Tuccar (2006), a statistical data with PP plots showing a normalcy range of 30 to 40 is considered normal and should not be a cause for concern.

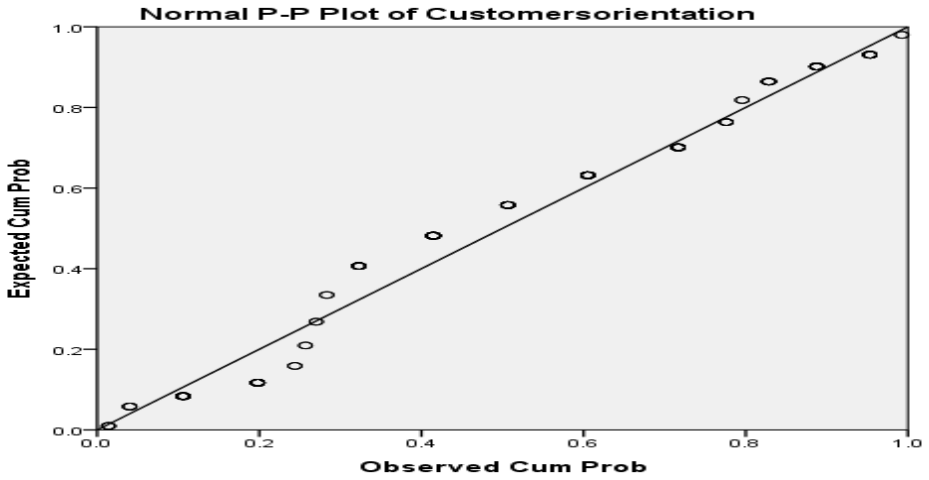

Figure 4.2: P-P Plot for customer orientations
Source: Field Data, (2024)

The P-P plot in Figure 4.2 displays the customer orientation data. The deviation from normality in the line of fit approximation on the P-P plot was minimal. Since the data may be assumed to follow a normal distribution, it is appropriate to use parametric procedures such as correlation, regression, analysis of variance, and t-test.

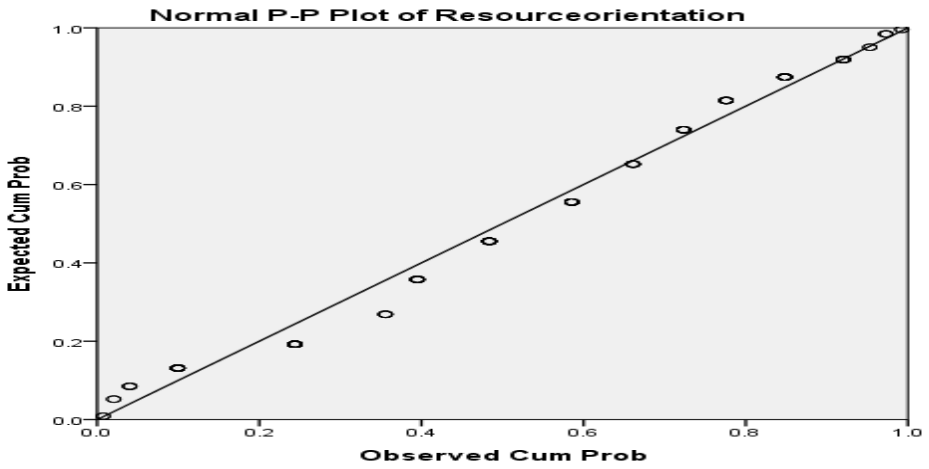

Figure 4.3: P-P Plot for resource orientation
Source: Field Data, (2024)

The resource orientation is illustrated in the P-P plot in Figure 4.3. The P-P plot exhibited a minimal deviation from normality in the line of fit approximation. The data can be analyzed using parametric statistical methods, including correlation, regression, analysis of variance, and t-test, as it is possible to presume that the data follows a normal distribution.

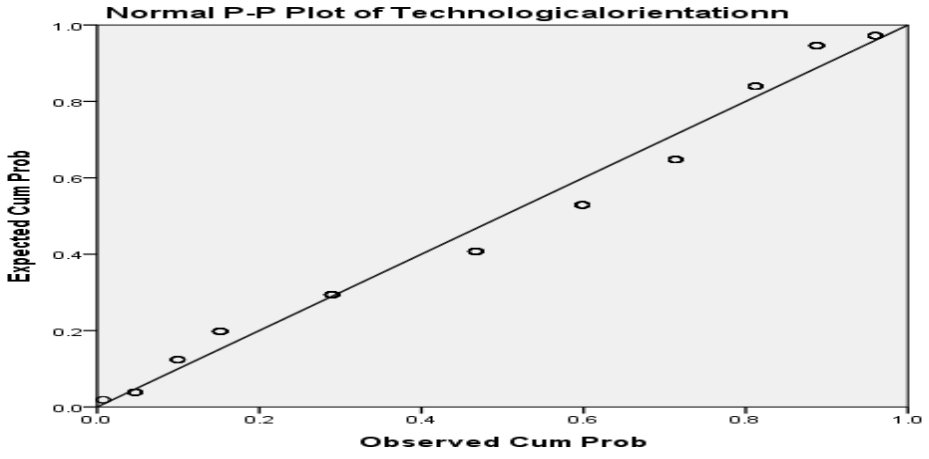

Figure 4.4: P-P Plot for technological orientation
Source: Field Data, (2024)

The P-P plot in Figure 4.4 displays the resource orientation. The departure from normalcy, as indicated by the deviation from the line of fit on the P-P plot, was minimal. Since the data may be considered to follow a normal distribution, it is appropriate to use parametric sttistical procedures such as correlation, regression, analysis of variance, and t-test.

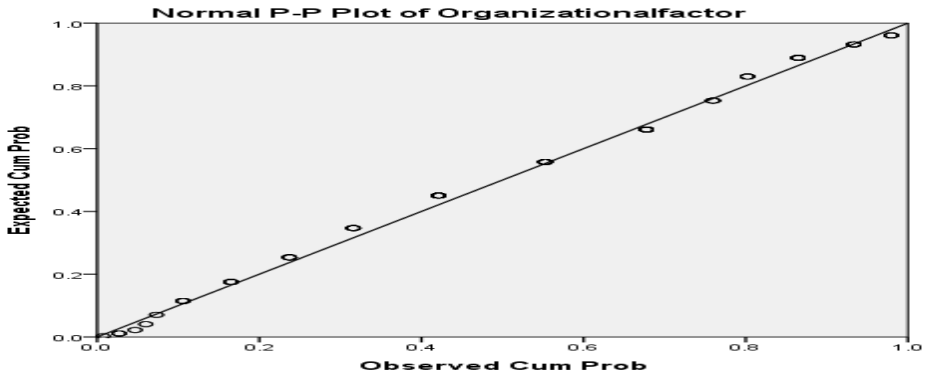

Figure 4.5: P-P Plot for Organization factors
Source: Field Data, (2024)

The P-P plot in Figure 4.5 displays the resource orientation. The divergence from normality in the line of fit approximation on the P-P plot was minimal. Given that the data is approximately normally distributed, it is appropriate to use parametric methods such as correlation, regression, analysis of variance, and t-test for data analysis.

4.5.2 Heteroscedasticity/ Homoscedasticity

Using the Levene statistic, the study tested the hypothesis that the dependent variable's variance was constant across all levels of confounding variables. The results were presented in Table 4.4.

Table 4.4: Test for Homogeneity

	Test of Homogeneity of Variances			
	Levene Statistic	df1	df2	Sig.
Customers orientation	2.208	1	151	.125
Resource orientation	2.128	1	151	.151
Technological orientation	1.889	1	151	.231
Organization factors	0.356	1	151	.204
Service delivery	0.847	1	151	.161

Source: Field Data, (2024)

A p-value of less than 0.05 is deemed statistically significant according to the Levene statistics. The null hypothesis is rejected in these instances. On the flip side, the null hypothesis is accepted when the p-value exceeds 0.05. Because of this, we can conclude that the dependent variable's variance is constant across all levels of the explanatory factors since all significance (p values) were more than 0.05.

4.5.3 Multicollinearity Test

The study aimed to examine the degree of correlation between the variables and determine if there was a strong association of perfect multi-collinearity among the predictors. It was vital to do this because as the level of multi-collinearity increased, the estimations of the coefficients in the regression model became unstable. Consequently, the standard errors for the coefficients could experience significant inflation. The tolerance and Variance Inflation Factor (VIF) values for each predictor were utilized as a means of verification.

The data underwent testing to verify these assumptions, and the resulting outcomes were provided in Table 4.5.

Table 4.5: Tests for Multicollinearity

Model		Collinearity Statistics	
		Tolerance	**VIF**
1	(Constant)	0.112	8.928
	Customers orientation	0.821	1.218
	Resource orientation	0.721	1.387
	Technological orientation	0.892	1.121
	Organization factors	0.789	1.267

a. Dependent variable: Service delivery

Source: Field Data, (2024)

The tolerance and VIF values for the Customers orientation, Resource orientation, Technological orientation, and Organization factors in the regression model that predicted strategic orientation and service delivery among level four hospitals in Kakamega County were all acceptable; the tolerance value was greater than.10 and the VIF value were more than 10. Consequently, this suggested that the assumption of multicollinearity was satisfied.

4.6 Descriptive Analysis

The perspectives of respondents were solicited regarding technological orientation, resource orientation and customer orientation, as illustrated below:

4.6.1 Customer Orientation

The study examined the respondent's level of agreement on statements about customer orientation in Kakamega County level four hospitals. The analysis of data utilized a Likert Scale with five levels, ranging from one (1) indicating the lowest positive reaction to five (5) representing the most positive answer. Specifically, the scale was defined as follows: 1=Strongly Disagree (SD), 2=Disagree (D), 3=Fairly agree (FA), 4=Agree (A), and 5=Strongly Agree (SA).The results of the Likert Scale were shown in Table.

Table 4.6: Descriptive Statistics Results on Customer orientation

Description	N	SD (%)	D (%)	FA (%)	A (%)	SA (%)	Mean	Std
The hospital has set standards to deal with customer needs.	152	18 (11.8)	28 (18.4)	0 (0)	55 (36.2)	51 (33.6)	4.42	1.50
The set standards are customer based making service delivery attainable	152	2 (1.3)	6 (3.9)	0 (0)	54 (35.5)	46 (30.3)	1.59	1.49
The hospital understands customer needs making service delivery effective	152	8 (5.3)	52 (34.2)	0 (0)	38 (25)	54 (35.5)	4.47	1.50
The customer needs are well handled	152	4 (2.6)	60 (39.5)	41 (27)	0 (0)	47 (30.9)	4.31	1.65
Hospital strive to exceed client expectations	152	2 (1.3)	24 (15.8)	56 (36.8)	42 (27.6)	28 (18.4)	3.49	1.50
Client concerns are given maximum priority in the hospital	152	10 (6.6)	52 (34.2)	54 (35.5)	0 (0)	36 (23.7)	1.47	1.30

We respond to customer grievances effectively	152	2 (1.3)	8 (5.3)	54 (35.5)	57 (37.5)	31 (20.4)	3.31	1.22
Customers are always treated with much respect	152	6 (3.9)	50 (32.9)	65 (42.8)	0 (0)	31 (20.4)	2.49	1.11
The hospital has ensured that waiting time before customer service are minimal	152	26 (17.1)	38 (25)	0 (0)	72 (47.4)	16 (10.5)	4.49	1.62

Source: Field Data, (2024)

From Table 4.6, the results showed that 55(36.2%) agreed as 51(33.6%) strongly agreed that the hospital had set standards to deal with customer needs. This statement had an average score of 4.42 and a significant standard deviation of 1.496 showing that hospital had set standards to deal with customer needs. On whether the set standards are customer based making service delivery attainable, 54(35.5%) agreed as 46(30.3%) strongly agreed average score of 1.59 and a significant standard deviation of 1.49 showing that set standards are customer based.

Regarding on whether the hospital understands customer needs making service delivery effective 38(25%) agreed as 54(35.5%) strongly agreed, whether the customer needs are well handled 47(30.9%) agreed, whether client concerns are given maximum priority in the hospital 36(23.7%) agreed, whether company respond to customer grievances effectively, 31(20.4%) strongly agreed, whether customers are always treated with much respect 31(20.4%) strongly agreed and whether the hospital has ensured that waiting time before customer service are minimal 72(47.4%) agreed, a significant standard deviation of above 1.0 were noted showing that customer orientation was agreed upon as of significant effect on service delivery in level four hospitals in Kakamega County.

This finding agrees with Aladag *et al*., (2020) who conducted a study on customer orientation in hospitality and tourism in Mombasa Kenya. The study found that customer orientation had a significant effect on service delivery.

4.6.2 Resource Orientation

The researcher sought to establish the respondent's level of agreement on statements on resource orientation. The analysis of data utilized a Likert Scale with five levels, ranging from one (1) indicating the lowest positive reaction to five (5) representing the most positive answer. Specifically, the scale was defined as follows: 1=Strongly Disagree (SD), 2=Disagree (D), 3=Fairly agree (FA), 4=Agree (A), and 5=Strongly Agree (SA). The results of the Likert Scale were shown in Table 4.7.

Table 4.7: Descriptive Statistics Results on Resource Orientation

Description	N	SD (%)	D (%)	FA (%)	A (%)	SA (%)	Mean	Std
The hospital management coordinates available resources effectively	152	8(5.3)	0(0)	0(0)	15(9.9)	56(36.8)	1.56	1.50
The hospitals resources are well executed to yield results	152	2(1.3)	24(15.8)	59(38.8)	41(27)	26(17.1)	1.32	1.47
The hospital management Partners with donors	152	47(30.9)	40(26.3)	0(0)	49(32.2)	16(10.5)	1.63	1.48
The hospital invests in research and development initiatives	152	4(2.6)	43(28.3)	0(0)	89(58.6)	16(10.5)	1.43	1.49
The management invest in training for knowledge attainability	152	24(15.8)	56(36.8)	48(31.6)	0(0)	24(15.8)	1.57	1.50
The hospital has always improved staff skills making knowledge resource attained	152	34(22.4)	48(31.6)	58(32.9)	0(0)	20(13.2)	1.50	1.50

The hospital management utilizes available resources by putting it in use	152	2(1.3)	41(27)	54(35.5)	31(20.4)	24(15.8)	1.58	1.50
The hospital management strives to ensure that required resources are adequate	152	2(1.3)	2(1.3)	30(19.7)	67(44.1)	51(33.6)	1.67	1.47

Source: Field Data, (2024)

The findings of the study in table 4.7 showed that 56(36.8%) of respondents agreed that the hospital management coordinates available resources effectively. This statement had an average score of 1.56 and a significant standard deviation of 1.50 showing that management coordinates available resources effectively.

Statement regarding whether the hospitals resources were well executed to yield results 41(27) agreed as 26(17.1%) strongly agreed, on whether the hospital management partners with donors 49(32.2%) agreed as 16(10.5%) strongly agreed, whether the hospital invests in research and development initiatives 89(58.6%) agreed as 16(10.5%) strongly agreed, whether the management invest in training for knowledge attainability 24(15.8%) strongly agreed, whether the hospital has always improved staff skills making knowledge resource attained 20(13.2%) strongly agreed, whether the hospital management utilizes available resources by putting it in use 24(15.8%) and whether the hospital management strives to ensure that required resources are adequate 51(33.6%) strongly agreed, a significant standard deviation of above 1.0 were noted showing that resource orientation was agreed upon as of significant effect on service delivery in level four hospitals in Kakamega County. This finding agrees with Izadi and Ahmadian, (2018) who studied on strategic orientation and firm competencies on export performance.

4.6.3 Technological Orientation

The researcher sought to establish the respondent's level of agreement on statements of technological orientation. The analysis of data utilized a Likert Scale with five levels, ranging from one (1) indicating the lowest positive reaction to five (5) representing the most positive answer. Specifically, the scale was defined as follows: 1=Strongly Disagree (SD), 2=Disagree (D), 3=Fairly agree (U), 4=Agree (A), and 5=Strongly Agree (SA).

Table 4.8: Descriptive Statistics Results on Technological Orientation

Description	N	SD (%)	D (%)	FA (%)	A (%)	SA (%)	Mean	Std
Employees in hospital have experience in use of technology	152	2 (1.3)	23 (15.1)	0 (0)	31 (20.4)	96 (63.2)	1.87	1.84
The employee experience on ICT has made hospital operations easy	152	4 (2.6)	54 (35.5)	0 (0)	76 (50)	18 (11.8)	2.03	1.82
Employees are trained on use of technology	152	4 (2.6)	54 (35.5)	0 (0)	75 (49.3)	19 (12.5)	2.01	1.81
Most employees at the hospital are fast learners on information technology making operations faster	152	62 (40.8)	75 (49.3)	0 (0)	0 (0)	15 (9.9)	1.98	1.88
Technology has made capturing of client data and management an easy process in the hospital	152	32 (21.1)	72 (47.4)	0 (0)	48 (31.6)	0 (0)	1.93	1.83
The hospital database system has simplified record keeping	152	37 (25.7)	53 (34.9)	0 (0)	60 (39.5)	0 (0)	2.09	1.14
The hospital has improvised laboratory operations	152	4 (2.6)	24 (15.8)	0 (0)	73 (48)	51 (33.6)	1.98	1.88

The hospital technology has enabled easy diagnosis of patient's sickness	152	2 (1.3)	41 (27)	54 (35.5)	31 (20.4)	24 (15.8)	1.93	1.83
The hospital has improvised the treatment and operations process	152	32 (21.1)	72 (47.4)	0 (0)	48 (31.6)	0 (0)	2.09	1.14

Source: Field Data, (2024)

The study findings in Table 4.8 showed that 96(63.2%) strongly agreed that employees in hospital have experience in use of technology. This statement had an average score of 1.87 and a significant standard deviation of 1.84 showing that management coordinates available resources effectively. On whether employee experience on ICT has made hospital operations easy 76 (50%) agreed as 18(11.8%) strongly agreed, whether employees are trained on use of technology 75(49.3) agreed as 19(12.5) strongly agreed, whether most employees at the hospital are fast learners on information technology making operations faster 15(9.9%) agreed as strongly agreed, whether technology has made capturing of client data and management an easy process in the hospital 48(31.6%) agreed, whether the hospital database system has simplified record keeping 60(39.5%) agreed, whether the hospital has improvised laboratory operations73(48%) agreed as 51(33.6%) as strongly agreed, whether the hospital technology has enabled easy diagnosis of patient's sickness 31(20.4%) agreed as 24(15.8%) as strongly agreed and whether the hospital has improvised the treatment and operations process 48(31.6%) agreed, a significant standard deviation of above 1.0 were noted showing that technological orientation was agreed upon as of significant effect on service delivery in level four hospitals in Kakamega County. This finding agrees with Urban and Heydenrych (2015) who examined the effect of strategic orientation and information communication technology orientation process on hospital operations.

4.6.4 Organization factors

The researcher sought to establish the respondents level of agreement on statements on Organization factors among level four hospitals in Kakamega County. The analysis of data utilized a Likert Scale with five levels, ranging from one (1) indicating the lowest positive reaction to five (5) representing the most positive answer. Specifically, the scale was defined as follows: 1=Strongly Disagree (SD), 2=Disagree (D), 3=Fairly agree (U), 4=Agree (A), and 5=Strongly Agree (SA). The results of the Likert were shown in Table 4.9.

Table 4.9: Descriptive Statistics Results for Organization factors

Description	N	SD (%)	D (%)	FA (%)	A (%)	SA (%)		
Supervisors provide clear guidelines and expectations to given work tasks	152	8(5.3)	0(0)	0(0)	15(9.9)	56(36.8)	2.01	1.814
High level of alignment exists on the way things done	152	2(1.3)	24(15.8)	59(38.8)	41(27)	26(17.1)	1.98	1.88
Supervisors inspire employees to achieve a common vision for the hospital	152	47(30.9)	40(26.3)	0(0)	49(32.2)	16(10.5)	1.93	1.83
Supervisors demonstrate confidence in employee abilities to handle challenges.	152	4(2.6)	43(28.3)	0(0)	89(58.6)	16(10.5)	2.09	1.14
Employees are rewarded based on performance	152	24(15.8)	56(36.8)	48(31.6)	0(0)	24(15.8)	1.98	1.88
Supervisors monitor performance and provide corrective feedback when necessary	152	34(22.4)	48(31.6)	58(32.9)	0(0)	20(13.2)	1.56	1.50
Employees are adequately informed about the health and safety procedures and protocols in this hospital	152	2(1.3)	23(15.1)	0(0)	31(20.4)	96(63.2)	1.32	1.50
Staff members have opportunities for internal mobility and career progression within the hospital.	152	4 (2.6)	54(35.5)	0(0)	76(50)	18(11.8)	1.63	1.48
Hospital has clear policy of responding to needs and complaints of customers	152	4(2.6)	54(35.5)	0(0)	75(49.3)	19(12.5)	1.43	1.49

Hospital management set policies that has engineered loyalty among clients	152	62(40.8)	75(49.3)	0(0)	0(0)	15(9.9)	2.09	1.14
Hospital polices facilitate good customer-staff relationship	152	2(1.3)	23(15.1)	0(0)	31(20.4)	96(63.2)	1.98	1.88

Source: Field Data, (2024)

Table 4.9 showed that 56(36.8%) agreed that supervisors provide clear guidelines and expectations to given work tasks. This statement had an average score of 2.01 and a significant standard deviation of 1.81 showing that supervisors provide clear guidelines and expectations to given work tasks.

On whether high level of alignment exists on the way things done 41(27%) agreed as 6(17.1%) strongly agreed, whether supervisors inspire employees to achieve a common vision for the hospital 49(32.2%) agreed as 16(10.5%) strongly agreed, whether supervisors demonstrate confidence in employee abilities to handle challenges 89(58.6%) agreed as 16(10.5%) strongly agreed, whether employees are rewarded based on performance 24(15.8%) strongly agreed, whether supervisors monitor performance and provide corrective feedback when necessary 20(13.2%) strongly agreed, whether employees are adequately informed about the health and safety procedures and protocols in this hospital 31(20.4%) agreed as 96(63.2%) strongly agreed, whether staff members have opportunities for internal mobility and career progression within the hospital 76(50%) agreed as 18(11.8%) strongly agreed, whether hospital has clear policy of responding to needs and complaints of customers75(49.3%) agreed as 19(12.5%) strongly agreed, whether hospital management set policies that has engineered loyalty among clients15(9.9%) strongly agreed and whether hospital polices facilitate good customer-staff relationship 31(20.4%) agreed as 96(63.2%) strongly agreed a significant standard deviation of above 1.0 were noted showing that Organization factors moderates the

relationship between strategic orientation and service delivery in level four hospitals in Kakamega County.

4.6.5 Service Delivery

The researcher sought to determine the respondent's level of agreement on statements on service delivery. The analysis of data utilized a Likert Scale with five levels, ranging from one (1) indicating the lowest positive reaction to five (5) representing the most positive answer. Specifically, the scale was defined as follows: 1=Strongly Disagree (SD), 2=Disagree (D), 3=Fairly agree (U), 4=Agree (A), and 5=Strongly Agree (SA). The results of the Likert were shown in Table 4.10.

Table 4.10: Descriptive Statistics Results on Service Delivery

Description	N	SD (%)	D (%)	FA (%)	A (%)	SA (%)	Mean	Std
Quality of service provided by the hospital is excellent	152	8(5.3)	0(0)	0(0)	15(9.9)	56(36.8)	1.63	1.48
The staffs adhere to efficiency slogan producing the best using limited resources available	152	2(1.3)	24(15.8)	59(38.8)	41(27)	26(17.1)	1.43	1.49
Customers are satisfied with services delivered at the hospital	152	47(30.9)	40(26.3)	0(0)	49(32.2)	16(10.5)	1.57	1.50
Our patients have always been satisfied and appreciation has always reached our desk	152	4(2.6)	43(28.3)	0(0)	89(58.6)	16(10.5)	1.50	1.50
Patients are always served upon arrival	152	24(15.8)	56(36.8)	48(31.6)	0(0)	24(15.8)	1.56	1.50
Employees at the hospital are satisfied with the direction the hospital is taking	152	34(22.4)	48(31.6)	58(32.9)	0(0)	20(13.2)	1.32	1.50

Source: Field Data, (2024)

Based on the study findings in Table 4.10, 56(36.8%) strongly agreed that the quality of service provided by the hospital is excellent. This statement had an average score of 1.63 and a significant standard deviation of 1.48 showing that quality of service provided by the hospital was excellent.

On whether the staffs adhere to efficiency slogan producing the best using limited resources available 41(27%) agreed as 26(17.1%) strongly agreed, whether customers are satisfied with services delivered at the hospital 49(32.2%) agreed as 16(10.5%) strongly agreed, whether our patients have always been satisfied and appreciation has always reached our desk 89(58.6%) agreed as 16(10.5%) strongly agreed, whether patients are always served upon arrival 24(15.8%) strongly agreed and whether employees at the hospital are satisfied with the direction the hospital is taking as 20(13.2%) strongly agreed a significant standard deviation of above 1.0 were noted showing that strategic orientation positively affected service delivery in level four hospitals in Kakamega County. This agrees with Kising'u, (2017) who examined the influence of strategic orientation on service delivery in hospitals in Machakos County.

4.7 Correlation analysis

The values of r range between -1 and 1, representing the extremes of no correlation and perfect correlation, respectively. This value indicates the degree to which a linear relationship exists between two variables. The correlation analysis findings are displayed in Table 4.11.

Table 4.11 Pearson Correlation Matrix of the study variables

		Customers orientation	Resource orientation	Technological orientation	Organizational factor	Service delivery
Customers orientation	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	152				
Resource orientation	Pearson Correlation	.513**	1			
	Sig. (2-tailed)	.000				
	N	152	152			
Technological orientation	Pearson Correlation	.708**	.700**	1		
	Sig. (2-tailed)	.000	.000			
	N	152	152	152		
Organizational factor	Pearson Correlation	.536**	.564**	.853**	1	
	Sig. (2-tailed)	.000	.000	.000		
	N	152	152	152	152	152
Service delivery	**Pearson Correlation**	**.522****	**.681****	**.664****	**.393****	**1**
	Sig. (2-tailed)	**.000**	**.000**	**.000**	**.000**	
	N	152	152	152	152	152

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

Source: Field Data, (2024)

Based on the data, it can be inferred that at a significance level of 0.05, there was a significant correlation between Customers orientation and service delivery. The correlation coefficient (r) between the two variables was 0.522, and the p-value was 0.000, indicating a statistically significant relationship as it is less than the threshold of 0.05. An

increase in customer focus leads to a proportional improvement in the service delivery of level four public hospitals. Nevertheless, there was a robust and statistically significant correlation between resource orientation and service delivery. The Pearson correlation coefficient was found to be r = 0.681, with a p-value of 0.000, which is below the significance level of 0.05. This is consistent with the results of a study conducted by Bruno *et al* (2017) on customer orientation and leadership in the health service industry. This implies that allocating more money results in an enhanced quality of treatment delivered by public hospitals categorized as level four. The study corroborates Abdille's (2021) results on the influence of strategic orientation on the operational effectiveness of hotels in Kenya.

The study by Abdille's (2021) indicates that resource orientation has the most significant impact on the performance of hotels in Mombasa County, whereas technical orientation has the least significant impact on hospital performance in the same area. The results further confirmed that, with a significance level of 0.05, technology orientation had a significant influence on service delivery. Increasing emphasis on technology leads to an expansion of service delivery. The study corroborates the findings of Bukirwa and Kising'u (2017), who examined the influence of technology orientation on the provision of services at hospitals in Machakos County.

Ultimately, the findings demonstrated that, with a significance level of 0.05, the organizational aspect had a statistically significant impact on service delivery (r = 0.393, p-value = 0.000, p-value < 0.05). This discovery is consistent with the investigation carried out by Arias *et al*. (2021), which analyzed the influence of strategic orientation in

the European health industry. The study revealed that customer, resource, and technological orientation exerted a substantial impact on service delivery.

4.8 Regression Analysis Results

The study aimed to determine the impact of strategic orientation on service delivery in level four public hospitals in Kakamega County. The researcher developed the subsequent hypothesis: -

H_{O1}: Customers orientation does not significantly affect service delivery among level four public hospitals in Kakamega County, H_{O2}: Resource orientation does not significantly affect service delivery among level four public hospitals in Kakamega County, H_{O3}: Technological orientation does not significantly affect service delivery among level four public hospitals in Kakamega County and H_{O4}: Organization factors do not significantly moderate the relationship between strategic orientation and service delivery among level four public hospitals in Kakamega County. The predicted impacts of strategic orientation on service delivery among level four public hospitals in Kakamega County were estimated using simple linear regression and multiple regression analysis.

4.8.1 Customers orientation and Service delivery of Level Four Public Hospitals

The study aimed to determine the impact of customer orientation on the quality of service provided by level four public hospitals in Kakamega County. In order to establish this, a simple linear regression test was employed. The study employed the subsequent null hypothesis, which was examined at a significance level of 0.05.

H_{O1}: Customers orientation does not significantly affect service delivery among level four public hospitals in Kakamega County. The findings of the hypothesis test were presented below: -

Table 4.12: Customers orientation and Service delivery of Level Four Public Hospitals

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	df2	Sig. F Change
1	.522[a]	.272	.267	.60945	.272	56.088	1	151	.000

a. Predictors: (Constant), Customers orientation

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	20.833	1	20.833	56.088	.000[b]
	Residual	55.714	151	.371		
	Total	76.547	152			

a. Dependent Variable: Service delivery

b. Predictors: (Constant), Customers orientation

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.937	.356		2.632	.009
	Customers orientation	.709	.095	.522	7.489	.000

a. Dependent Variable: Service delivery

Source: Field Data, (2024)

The data presented in Table 4.12 indicates that the R-square value was 0.272, suggesting that 27.2% of the difference in service delivery across level four hospital staff may be attributed to customer orientation. The ANOVA test, conducted at a significance level of 0.05, showed that customer orientation was a significant predictor of service delivery across level four hospitals in Kakamega County. This was indicated by a P value of 0.000, which is less than the 0.05 significance threshold ($p=0.000 < 0.05$). The study found that

customer orientation had a substantial impact on service delivery in level four hospitals in Kakamega County. This was supported by a t-statistic of 7.489 and a p-value of 0.000, which is less than the significance level of 0.05. The null hypothesis was rejected, and the alternative hypothesis - that customer orientation has a substantial impact on service delivery - was supported. The focus on customer satisfaction resulted in a 0.709 improvement in service delivery. The equation of the regression model $Y = \beta 0 + \beta_1 X_1 + e$, becomes $=Y = 0.937 + 0.709$ customer orientation.

The results were consistent with those of Yang and Zhang (2020) who found that customer orientation was significant on service delivery. Similarly it agrees with Zhu and Nakata (2007) who found customer orientation significant on business performance. This further agreed with Yang and Zhang (2020) who stated that customer orientation was significant on new product development performance. On the contrary a study by Utami and Nuvriasari, (2023) found that customer orientation did not have a significant effect on the marketing performance. However, the discrepancy can be due to the fact of examining marketing performance and not service delivery. Additionally, the study focused on management systems rather than strategic orientation.

4.8.2 Resource orientation and Service delivery of Level Four Public Hospitals

The study aimed to determine the impact of resource orientation on service delivery in level four hospitals in Kakamega County. A simple linear regression test was employed. The study employed the subsequent null hypothesis, which was assessed at a significance level of 0.05. H_{O2}: Resource orientation does not significantly affect service delivery

among level four hospitals in Kakamega County. The findings of the hypothesis test were presented here under: -

Table 4.13: Resource orientation and Service delivery of Level Four Public Hospitals

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	df2	Sig. F Change
1	.681[a]	.464	.461	.52278	.464	130.080	1	151	.000

a. Predictors: (Constant), Resource orientation

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	35.551	1	35.551	130.080	.000[b]
	Residual	40.995	151	.273		
	Total	76.547	152			

a. Dependent Variable: Service delivery

b. Predictors: (Constant), Resource orientation

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.268	.340		.789	.431
	Resource orientation	1.100	.096	.681	11.405	.000

a. Dependent Variable: Service delivery

Source: Field Data, (2024)

The findings in Table 4.13 indicate that the R-square value was 0.464, suggesting that 46.4% of the variation in service delivery among level four hospitals in Kakamega County can be attributed to resource orientation. The significance value of 0.000, which is less than the 0.05 level of significance ($p=0.000 < 0.05$), indicates that resource orientation played a crucial role in predicting service delivery across level four hospitals in Kakamega County. The study results indicated that the focus on resources had a notable impact on the provision of services in level four hospitals in Kakamega County (t-statistic=11.405, p-value=0.000< 0.05). The null hypothesis was rejected, and the alternative hypothesis - that resource direction has a substantial impact on service delivery - was supported.

Therefore, each additional unit of resource orientation in level four hospitals in Kakamega County resulted in a 1.100 improvement in service delivery. The equation of the regression model is: $Y = \beta 0 + \beta_2 X_2 + e$, becomes Y = 0.268 + 1.100 resource orientation

These findings are in line with those of Mwai Namada and Katuse (2018) and Mekolela, Deya and Kariuki (2024) who found that organizational resources had a significant effect on service delivery. Findings are also in agreement with Ongeti and Machuki (2014) who confirmed that organizational resources basically tangible, human and intangible were, they however they found organizational capabilities as being insignificant.

4.8.3 Technological orientation and Service delivery of Level Four Public Hospitals

The study aimed to determine the impact of technological orientation on service delivery in level four hospitals in Kakamega County. A simple linear regression test was employed. The study employed the subsequent null hypothesis, which was examined at a significance level of 0.05. H_{O3}: Technological orientation does not significantly affect service delivery among level four hospitals in Kakamega County. The findings of the hypothesis test were presented here under: -

Table 4.14 Technological orientation and Service delivery of Level Four Public Hospitals

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	df2	Sig. F Change
1	.664[a]	.441	.437	.53402	.441	118.421	1	151	.000

a. Predictors: (Constant), Technological orientation

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	33.771	1	33.771	118.421	.000[b]
	Residual	42.776	151	.285		
	Total	76.547	152			

a. Dependent Variable: Service delivery

b. Predictors: (Constant), Technological orientation

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.327	.453		-2.932	.004
	Technological orientation	1.307	.120	.664	10.882	.000

a. Dependent Variable: Service delivery

Source: Field Data, (2024)

The results in table 4.14 indicated that the R-square value was 0.441, which means that 44.1% of the variation in service performance among level four hospitals in Kakamega County can be attributed to technology orientation. The presence of a technological focus was a significant predictor of service delivery in level four hospitals in Kakamega County ($p=0.000 < 0.05$). The level four hospitals in Kakamega County were greatly impacted by their technological orientation, as evidenced by a statistically significant t-statistic of 10.882 and a p-value of $0.000< 0.05$. The null hypothesis was rejected, and the alternative hypothesis, which stated that technical orientation had a substantial influence on service delivery, was supported. Thus, we can infer that the technology orientation has an impact on the provision of services in level four hospitals in Kakamega County. Each additional

unit of technology orientation in level four hospitals in Kakamega County resulted in a 1.307 increase in service delivery. The equation of the regression model is: $Y = \beta 0 + \beta_2 X_2 + e$, therefore becomes Y = 1.327 + 1.307 technology orientation

The findings were consistent with Kormilitsyna's (2021) study, which examined the impact of technology orientation on performance in the education sector in South Africa. Findings are similar to those of Dionysus and Arifin (2021) who found that Technology orientation had a significant effect on performance of SMEs. Similarly Orlandi and Zardini (2023) indicated that technology had a s significant effect on organizational resilience. Also Nakabuye, Mayanja and Bimbona (2023) showed technology orientation has a positive and significant relationship with the performance of Ugandan SMEs Further agreed with Nadeem and Siddiqui (2017), who investigated the impact of technology orientation on the development of small and medium-sized enterprises (SMEs) in the food processing industry, they concluded that technology orientation had a significant effect on service delivery. However the study focused specifically on Small and Medium Enterprises (SMEs) and did not include level four hospitals.

4.9 Multiple Regression Analysis on Strategic orientation and Service delivery

Table 4.15: Multiple Regression Strategic orientation and Service delivery

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics			
					R Square Change	F Change	df1	df2	Sig. F Change
1	.733[a]	.537	.528	.48932	.537	57.233	3	148	.000

a. Predictors: (Constant), Technological orientation, Resource orientation, Customers orientation

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	41.111	3	13.704	57.233	.000[b]
	Residual	35.436	148	.239		
	Total	76.547	151			

a. Dependent Variable: Service delivery

b. Predictors: (Constant), Technological orientation, Resource orientation, Customers orientation

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.513	.417		-3.630	.000
	Customers orientation	.520	.108	.188	2.113	.027
	Resource orientation	.681	.126	.422	5.381	.000
	Technological orientation	.604	.187	.307	3.222	.002

a. Dependent Variable: Service delivery

Source: Field Data, (2024)

The study aimed to determine the cumulative impact of strategic orientation on service delivery in level four hospitals in Kakamega County. A multiple linear regression analysis was employed. The ANOVA test showed that the independent variables - Customers orientation, resource orientation, and technological orientation - were predictors of service delivery in level four hospitals in Kakamega County. The p-value was 0.000, which is less than 0.05. Based on the data presented in table 4.18, it can be concluded that at a significance level of 5%, there is a significant relationship between customer orientation and service delivery in level four hospitals in Kakamega County. The p-value of 0.027 is

less than the significance threshold of 0.05, indicating statistical significance. The resource orientation was found to be a strong predictor of service delivery among level four hospitals in Kakamega County, with a statistically significant result ($p=0.000 < 0.05$). The study found that a strong focus on technology was a reliable indicator of service delivery in level four hospitals in Kakamega County, with a statistically significant result ($p=0.002 < 0.05$).

By denoting service delivery as variable Y, customer orientation as variable X_1, resource orientation as variable X_2, and technological orientation as variable X_3, we can use the regression coefficients provided in Table 4.17 to calculate the equation $Y = \beta 0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \text{error}$. The equation is $Y = 1.513 + 0.520X_1 + 0.681X_2 + 0.604X_3$. The equation above shows that a one-unit increase in Customers orientation leads to a 0.520 increase in service delivery. Similarly, a one-unit increase in resource orientation results in a 0.681 increase in service delivery, and a one-unit increase in technological orientation leads to a 0.604 increase in service delivery among level four hospitals in Kakamega County. To achieve effective service delivery in level four hospitals in Kakamega County, it is essential to prioritize customer focus, resource orientation, and technological orientation. The results were consistent with the findings a of Arias., Ocampo and Cardona (2021) who found that strategic orientation significant on service delivery. Nadeem and Siddiqui (2017) who found strategic orientation significant on green supply chain practices and performance. Similarly Alobaidi and Kitapci (2019) found strategic orientation significant on business performance. Furthermore Abdille, Kirigia and Mwenda (2020) found strategic orientation significant on performance of selected hotels in Mombasa County.

4.10 Organizational factor moderation on the relationship between strategic orientation and service delivery

The study aimed to determine the influence of Organization factors on the relationship between strategic orientation practices and service delivery in level four hospitals in Kakamega County. The study employed the null hypothesis, which states that Organization factors have no moderating effect on the relationship between strategic orientation and service delivery of Public Level four Hospitals in Kakamega County, Kenya.

This was tested by employing a hierarchical regression analysis, where the moderating variable was the Organization factors.

To calculate the moderating effect the following equation was utilized:

Model 5. $Y=\beta_0+ \beta_1X_1 M + \beta_2X_2 M + \beta_3X_3 M + \varepsilon$

Where X = Independent variables (strategic orientation)

M = Moderating variable (Organization factors)

Y = service delivery

Ultimately, a regression analysis was conducted to evaluate the relevance, direction, and magnitude of the relationship between the betas. Throughout the process, the researcher monitored the fluctuations of the R-squared. Table 4.16 presents a concise overview of the relevant discoveries.

Table 4 16: Hierarchical Model

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.733[a]	.537	.528	.48932
2	.735[b]	.539	.529	.48930
3	.798[c]	.637	.625	.51837

ANOVA[a]

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	30.079	1	30.079	77.830	.000[b]
	Residual	34.396	150	.386		
	Total	64.475	151			
2	Regression	30.089	2	15.044	38.501	.000[c]
	Residual	34.386	149	.391		
	Total	64.475	151			
3	Regression	41.097	3	13.699	50.981	.000[d]
	Residual	23.378	148	.269		
	Total	64.475	151			

Coefficients

1	(Constant)	2.420	.557		4.345	.000
	Customers orientation	.020	.096	.016	.212	.033
	Resource orientation	.223	.127	.159	1.761	.002
	Technological orientation	.378	.124	.259	3.047	.003
2	(Constant)	1.911	.599		3.200	.002
	Customers orientation	.112	.122	.088	.917	.002
	Resource orientation	.191	.125	.137	1.510	.035
	Technological orientation	.452	.129	.309	3.478	.001
	Organization factors(OF)	.369	.209	.182	1.721	.009
3	(Constant)	1.967	.610		3.224	.002
	Customers orientation	.112	.120	.093	.917	.032
	Resource orientation	.191	.122	.139	1.510	.035
	Technological orientation	.452	.130	.441	3.478	.001
	Organization factors(OF)	.159	.173	.562	2.549	.000
	Customers orientation *OF	.369	.214	.251	1.721	.007
	Resource orientation *OF	.020	.096	.219	.212	.033
	Technological orientation *HF	.223	.127	.258	1.761	.002

1. Predictors: (Constant), Customers orientation, Resource orientation, Technological orientation
2. Predictors: (Constant), Customers orientation, Resource orientation, Technological orientation & Organization factors
3. Predictors: (Constant), Customers orientation*Organization factors, Resource orientation*organization, Technological orientation*Organization factors

Table 4.17 shows Hierarchical regression results to establish the moderating effect of Organization factors on the relationship between strategic orientation and service delivery. The (R^2) change model 1 to model 2 was 0.002. An increase (0.539-0.537) and that of model 2 to 3 was 0.98(0.637-0.539) an increase. Thus, in (1^{st}) first model strategic orientation account for 53.7% of variance in service delivery in the (2^{nd}) second model when Organization factors were added, strategic orientation and Organization factors accounted for 53.9% of variance in service delivery. While in the (3^{rd}) third model strategic orientation and interactions term accounted for 63.7% of variance in service delivery.

When organization aspects are taken into account, the regression coefficients and their statistical significance change. The findings also indicated that the inclusion of organizational elements in the regression model led to an increase in both the magnitude and significance of the regression coefficients for the service delivery characteristics.

The coefficient finding for the moderating influence of organization characteristics on the connection between strategic orientation and service delivery is positive. Model 2, after undergoing moderation, and the interaction term of model 3, demonstrated that all strategic orientation dimensions exhibited significant and substantial predictive ability ($P<0.05$) with T values equal to or more than 1.96. The provided equation accurately represented these findings.

The statement suggests that Organization factors have a substantial role in moderating the relationship between strategic orientation and service delivery. These findings are consistent with the research conducted by Waithaka (2016); Yegon, Gikera and Okibo

(2014) who conducted studies on the moderating effect of Organization factors on strategic orientation and organizational performance.

Table 4.18: Hypotheses Results

Hypothesis	Findings	Decision and basis
HO_1: Customer orientation has no significant effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya.	Customer orientation has a significant positive effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya.	Reject 0.000<0.05
HO_2: Resource orientation has no significant effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya.	Resource orientation has a significant positive effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya	Reject 0.000<0.05
HO_3: Technological orientation has no significant effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya.	Technological orientation has a significant positive effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya	Reject 0.000<0.05
HO_4: Organization factors have no moderating effect on the relationship between strategic orientation and service delivery of Public Level four Hospitals in Kakamega County, Kenya.	Organization factors have a significant positive moderating effect on the relationship between strategic orientation and service delivery of Public Level four Hospitals in Kakamega County, Kenya.	Reject 0.000<0.05

Source: Field Data (2024)

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter provided a concise overview of the study's findings, conclusion, recommendations, and suggestions for further research. This was guided by the study variables.

5.2 Summary of the Findings

This study aimed to determine the impact of strategic orientation on the provision of services in Public Level four Hospitals in Kakamega County, Kenya. In order to achieve this, the study identified four main objectives: to assess the impact of customer orientation, resource orientation, and technological orientation on the service delivery of Public Level four Hospitals in Kakamega County, Kenya. Additionally, the study aimed to determine the influence of Organization factors on the relationship between strategic orientation and service delivery.

The study findings indicate that in order to achieve service delivery, there needs to be an augmentation of strategic focus, customer orientation, resource orientation, and technical orientation. The results clearly showed that at a significance level of 5%, Customer orientation ($p=0.000 < 0.05$), Resource orientation ($p=0.000 < 0.05$), and Technological orientation ($p=0.000 < 0.05$) were significant predictors of service delivery in Public Level four Hospitals in Kakamega County, Kenya.

5.2.1 Customers Orientation and Service Delivery

Majority of respondents were in agreement with statements on customer orientation that the hospital has set standards to deal with customer needs, the set standards are customer based making service delivery attainable, the hospital understands customer needs making service delivery effective and that client concerns are given maximum priority in the hospital. The statement received a mean score of 4.424 and a notable standard deviation of 1.4957, indicating that the institution has established criteria to address client requirements. The study determined that Customer orientation has a substantial impact on service delivery in Public Level four Hospitals in Kakamega County, Kenya. This conclusion was based on the first objective, with statistical evidence showing a significant influence (t-statistic=7.489, r = 0.522, p-value =0.000 < 0.05).

5.2.2 Resource Orientation and Service Delivery

Majority of respondents were in agreement with statements on resource orientation that the hospital management coordinates available resources effectively, the hospitals resources are well executed to yield results, the hospital management partners with donors, the hospital invests in research and development initiatives and that the management invest in training for knowledge attainability. The study findings revealed that the resource orientation of authority had a substantial impact on service delivery in Public Level four Hospitals in Kakamega County, Kenya. This was supported by a significant t-statistic of 11.405, a correlation coefficient (r) of 0.664, and a p-value of 0.000, which is less than the significance level of 0.05.

5.2.3 Technological Orientation and Service Delivery

Majority of respondents were in agreement with statements on technological orientation that employees in hospital have experience in use of technology, the employee experience on ICT has made hospital operations easy, Employees are trained on use of technology, most employees at the hospital are fast learners on information technology making operations faster and that technology has made capturing of client data and management an easy process in the hospital. The study determined that technological orientation had a substantial impact on service delivery in Public Level four Hospitals in Kakamega County, Kenya. This conclusion was based on the third aim and supported by statistical evidence (t-statistic=10.882, r = 0.664, p-value =0.000 < 0.05).

5.2.4 Organization factors

The study's fourth objective findings indicated that there was a significant interplay of Organization factors that tempered the effect of strategic orientation on service delivery among Public Level four Hospitals in Kakamega County, Kenya. The t-statistic is 5.961, the correlation coefficient is 0.681, and the p-value is 0.000 which is less than 0.05. The discrepancies in the two instances of R2 for each model were below 0.627. The observed increase in these models' validity and stability for predicting Organization factors and strategic orientation on service delivery was 73.3% and 79.2% respectively.

5.3 Conclusion

According to the first objective, the orientation of customers was a strong indicator of service delivery. The customer's orientation provided valuable information to the hospital

management. Hence, the customer's orientation exerted a substantial impact on the provision of services in Public Level four Hospitals in Kakamega County, Kenya. In relation to the second objective, the focus on resources had a notable and beneficial impact on the provision of services in Public Level four Hospitals located in Kakamega County, Kenya. This led hospital administration to comprehend the resources required for service delivery.

The third objective of the study found that the level of technological orientation has a notable influence on service delivery provided by Public Level four Hospitals in Kakamega County, Kenya. Improvising technologies easily necessitated the supply of services.

Based on the results of the fourth objective, it was found that Organization factors played a significant role in regulating the relationship between strategic orientation and service delivery in Public Level four Hospitals in Kakamega County, Kenya.

5.4 Recommendations

Based on the aforementioned findings and conclusions, the study makes the following recommendations: - Given that customer orientation improves service delivery, it should be given priority. This will facilitate the development of a robust customer culture in which senior personnel will engage in customer relationship management. The hospital should establish and enforce criteria to address customer requirements. It should comprehend customer needs, handle customers proficiently, endeavor to surpass customer expectations, effectively address customer complaints, and minimize waiting time before serving customers.

In regard to resource orientation the study recommends that hospital administration should delegate authority to staff to safeguard available resources in order to expedite development. Hospital management should coordinate resources, partner with donors, invest in research and development initiatives, disburse resources on time and ensure required resources are adequate.

The hospital management should ensure the employees have experience in use of technology that the hospital has data base system and that the hospital has a proper record keeping system. This technology orientation would enhance service delivery.

Ultimately, the study suggests that hospital management should expand the range of firm supervisors provide clear guidelines regarding work tasks, supervisors inspiring employees, employees being rewarded on basis of performance. The hospital should set clear policies that facilitate good customer staff relationship.

5.5 Suggestion for Further Research

This study was carried out in the seven (7) Public Level four Hospitals in Kakamega County. Similar research can also be done in private hospitals, equally can be done in other hospital levels such as level three hospitals. In addition, strategic orientation practices are diverse, this study was limited to customers orientation, resource orientation and technological orientation. A similar study should be explored basing on other strategic orientation practices such as market, entrepreneurial and learning orientation that can enhance service delivery. Similar study can be done in other sectors such as banking, manufacturing as the current study focused on the health sector. Further study can use

other moderators such as external factors and innovation as the current study focused on Organization factors.

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APPENDICES

Appendix I: Introductory Letter

"Dear Sir/Madam,

RE: REQUEST FOR DATA COLLECTION

I am studying for an MBA degree at Masinde Muliro University of Science and Technology (MMUST) and in partial fulfillment of the course, I am required to concent a research entitled '***The Effect of strategic orientation on service delivery of Public Level four Hospitals in Kakamega County, Kenya'***.

You have been selected to participate in this research and I would kindly request for your assistance in filling the attached questionnaire.

The information provided is strictly for academic purpose and will be handled with strict confidence. Your assistance and co-operation will be highly appreciated.

A copy of the research report would be availed to you upon request.

Yours Sincerely,

GREGORY OMBITO

Appendix II: Questionnaire for Hospital Administrators, Nurses and Hospital Office staff

Instruction:

This questionnaire is intended to collect data on '**The Effect of strategic orientation on service delivery of Public Level four Hospitals in Kakamega County, Kenya**'.

SECTION A: GENERAL INFORMATION

1. Name of the Hospital (optional)…….…….

2. Please indicate the period you have worked in the hospital.

Less than 1 Year [ ] 1 -3 Years [ ] More than 6 years[ ].

3. Indicate your highest level of education

Certificate ( ) Diploma ( ) Degree ( ) Masters ( ) Other (specify)……..

SECTION B: Strategic Orientation

Part I: Customer Orientation

To what extent do you agree or disagree with the following statements on c**ustomer orientation**?

Where; **5= strongly agree, 4 =agree, 3= fairly agree, 2 =disagree, 1= strongly disagree.**

	Statements on customer orientation	**5**	**4**	**3**	**2**	**1**
1	The hospital has set standards to deal with customer needs.					
2	The set standards are customer based making service delivery attainable					
3	The hospital understands customer needs making service delivery effective					
4	The customer needs are well handled					
5	Hospital strive to exceed client expectations					
6	Client concerns are given maximum priority in the hospital					
7	We respond to customer grievances effectively					
8	Customers are always treated with much respect					
9	We take the shortest time attending to clients to ease congestion.					
10	The hospital has ensured that waiting time before customer service are minimal					

Part II: Resource orientation

To what extent do you agree or disagree with the following statements on r**esource orientation**?

Where; **5 =strongly agree, 4= agree, 3 =fairly agree, 2 =disagree, 1= strongly disagree.**

	Statements on resource orientation	5	4	3	2	1		
1	The hospital management coordinates available resources effectively							
2	The hospitals resources are well executed to yield results							
3	The hospital management Partners with donors							
4	The hospital invests in research and development initiatives							
5	The management invest in training for knowledge attainability							
6	The hospital has always improved staff skills making knowledge resource attained							
7	The hospital management disburses resources required on time							
8	The hospital management strives to ensure that required resources are adequate							

Part III: Technological orientation

To what extent do you agree or disagree with the following statements on **technological orientation**?

Where; **5= strongly agree, 4= agree, 3= fairly agree, 2 =disagree, 1 =strongly disagree.**

	Statements on technological orientation	5	4	3	2	1
1	Employees in hospital have experience in use of technology					
2	The employee experience on ICT has made hospital operations easy					
3	Employees are trained on use of technology					
4	Most employees at the hospital are fast learners on information technology making operations faster					
5	Technology has made capturing of client data and management an easy process in the hospital					
6	The hospital database system has simplified record keeping					
7	The hospital has improved laboratory operations					
8	The hospital technology has enabled easy diagnosis of patient's sickness					
9	The hospital has improved the treatment and operations process					

SECTION C: Organization factors

To what extent do you agree or disagree with the following statements on Organization factors **for strategic orientation**?

Where; **5 =strongly agree, 4= agree, 3 =fairly agree, 2 =disagree, 1= strongly disagree.**

	Statements on Organization factors	5	4	3	2	1
1	Supervisors provide clear guidelines and expectations to given work tasks					
2	High level of alignment exists on the way things done					
3	Supervisors inspire employees to achieve a common vision for the hospital					
4	Supervisors demonstrates confidence in employee abilities to handle challenges.					
5	Employees are rewarded based on performance					
6	Supervisors monitor performance and provide corrective feedback when necessary					
7	Employees are adequately informed about the health and safety procedures and protocols in this hospital					
8	Staff members have opportunities for internal mobility and career progression within the hospital.					
9	Hospital has clear policy of responding to needs and complaints of customers					
10	Hospital management set policies that has engineered loyalty among clients					

11	Hospital polices facilitate good customer-staff relationship					

Section D: Service Delivery

To what extent do you agree or disagree with the following statements on service delivery?

Where; **5 =strongly agree, 4 =agree, 3 =fairly agree, 2 =disagree, 1 =strongly disagree**.

	Statements on service delivery	5	4	3	2	1
1	Quality of service provided by the hospital is excellent					
2	The staffs adhere to efficiency slogan producing the best using limited resources available					
3	Customers are satisfied with services delivered at the hospital					
4	Our patients have always been satisfied and appreciation has always reached our desk					
5	Patients are always served upon arrival					
6	Employees at the hospital are satisfied with the direction the hospital is taking					

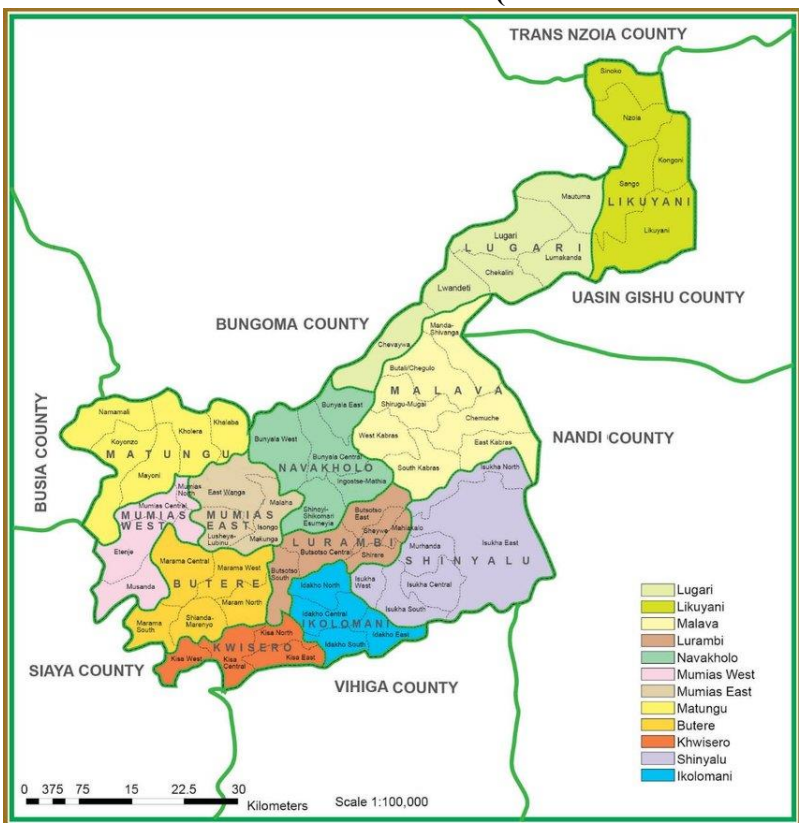
Thank you for participating!

APPENDIX III: List of Level Four Public Hospitals in Kakamega County

1. Butere Distric Hospital
2. Makunga Hospital
3. Likuyani sub county hospital
4. Lumakanda District hospital
5. Malava District hospital
6. Elwesero Sub County hospital
7. Iguhu sub county hospital"

Source: Ministry of Health Services Kakamega County government(2023)

Appendix IV:MAP OF THE STUDY AREA (KAKAMEGA COUNTY)



Appendix V: Approval of Proposal Directorate of Post Graduate Studies

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

4th April 2024

Gregory Ombito
MBA/G/01-70233/2022
P.O. Box 190-50100,
KAKAMEGA.

Dear Ms. Akinyi

RE: APPROVAL OF PROPOSAL

I am pleased to inform you that the Directorate of Postgraduate Studies has considered and approved your masters proposal entitled ***"Strategic Orientation and Service Delivery of Level Four Public Hospitals in Kakamega County, kenya"*** and appointed the following as supervisors:

1. Dr. Nanyama Rosemary Mumaraki - SOBE, MMUST
2. Dr. Jackline Odero - 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, Business Administration and Management Sciences Department. 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 masters 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,

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY DIRECTORATE OF POSTGRADUATE STUDIES P.O. Box 190-50100, KAKAMEGA (K)
Date:..... Sign:.....

Prof. S. Odebero, PhD, FIEP
DIRECTOR, DIRECTORATE OF POSTGRADUATE STUDIES

Appendix VI: Approval from Medical Department

KAKAMEGA COUNTY

Telephone: 056 31125
E-mail: pdmswestern@gmail.com
When replying please quote

MINISTRY OF HEALTH SERVICES
P O BOX 2309 - 50100
KAKAMEGA

Date: 08/11/2023.

COUNTY GOVERNMENT OF KAKAMEGA

RE: DATA COLLECTION IN LEVEL FOUR PUBLIC HOSPITALS

This is to affirm that Gregory Ombito of National identity number 1921553 has been authorized to carry out a research on "Strategic Orientation and Service Delivery of Level Four Public Hospitals in Kakamega County, Kenya".

Mr Ombito is a student at Masinde Muliro University undertaking this course in fulfillment of his post graduate studies (Masters) as confirmed by his institution letter and NACOSTI letter dated 6/05/2024.

Kindly accord him any support needed

Yours

Sincerely

H. ALILA

MINISTRY OF HEALTH SERVICES COUNTY GOVERNMENT OF KAKAMEGA

Appendix VII: NACOSTI

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: **253144**

Date of Issue: **06/May/2024**

RESEARCH LICENSE

This is to Certify that Mr.. Gregory Joseph Ombito of Masinde Muliro University of Science and Technology, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Kakamega on the topic: STRATEGIC ORIENTATION AND SERVICE DELIVERY OF LEVEL FOUR PUBLIC HOSPITALS IN KAKAMEGA COUNTY, KENYA for the period ending : 06/May/2025.

License No: **NACOSTI/P/24/35221**

253144

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Verification QR Code

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See overleaf for conditions