

**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.....

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CERTIFICATION

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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I wish to acknowledge individuals whose efforts in different forms have contributed to the current shape of this research. First and foremost, I want to thank the Almighty God for letting me reach this far through the gift of life, good health and wisdom throughout the reserach process. I particularly owe a lot of appreciation to my supervisors, Dr. Nanyama Rosemary and Jackline Odero for their invaluable guidance, unwavering commitment, and selfless determination to ensure that my studies become successful.

ABSTRACT

Public health institutions continue to fall short of expectations, despite substantial funding from the government for the health sector. A group in Kenya that represents doctors, pharmacists, and dentists has spoken out against the severe shortage of medical professionals. Claims of severe incompetence, carelessness, malpractice, or abuse of patients made public by members of the public in relation to health care providers constitute instances of subpar service. It is evident from these that the current state of Kenya's public health system does not adhere to the fundamental principles of high-quality healthcare, which include the following: confidentiality, respect, autonomy, safety, choice, and fulfillment. 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 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. The study applied stratified simple random sampling technique. Structured questionnaires aided in data collection. Closed ended questions were adopted. Pilot study was done at Sabatia District hospital in Vihiga County. Reliability was tested using Cronbach Alpha while the construct and content validity was through supervisor expert opinion. The study analyzed data using both descriptive and inferential statistics. Where descriptive statistics included mean, median, mode, standard deviation, and percentages. Inferential statistics entailed Pearson correlation and regression analysis which helped the researcher to draw future inferences from the study. Data was presented using tables and figures. The study was of importance to medical practitioners, government Authorities, and management of hospitals in managing strategic orientation plans for service delivery. The study found out that Customer orientation had a significant influence on service delivery (t-statistic=7.489, p-value=0.000< 0.05). Resource orientation had a significant influence on service delivery (t-statistic=11.405, p-value=0.000< 0.05). Technological orientation had a significant influence on service delivery (t-statistic=10.882, p-value=0.000< 0.05). Finally, organizational factors moderated the effect of strategic orientation on service delivery among Public Level four Hospitals in Kakamega County, Kenya. (T-statistic=5.961, p-value=0.000< 0.05). The study recommends that customers orientation should be prioritized since it enhances service delivery. Hospital management should entrust employees with powers to guard resources available so to fasten development. That hospital should adopt a leadership style that supports employee technology resource based programs. Training on available resources can be availed. 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.

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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
Organizational 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 (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). Rahman et al. (2018) conducted a study on consumer behavior in Bangladesh and concluded that strategic orientation improves service delivery.

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) looked 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 (Awino, 2015). Afolayan and Oniyinde (2019) found that 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 (Aladag, Köseoglu, King & Mehraliyev, 2020).

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. Abdille (2021) 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, claim Kumari and Sharma (2017). Companies with a strong focus on technology are more likely to embrace new, innovative solutions.

1.1.2 Organizational factors

Organizational factors are characteristics of the organization that facilitate the delivery of services. Consequently, organizational factors are determined by leadership and routine management activities (Brower & Rowe, 2017). Imran and Abbas (2020) discovered that organizational factors significantly influence firm outcomes. Giuri et al. (2019) found that strategic orientation among SMEs in Indonesia is positively influenced by organizational factors.

1.1.3 Service Delivery

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

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.

In 2022, the Kenyan medical community included 8682 doctors, 1045 dentists, 2202 pharmacists, 26841 enrolled nurses, 39780 RNs, and 13216 RCOS (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 (Mwari, 2013). 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 (Kihara, Bwisa, & Kihoro, 2016). 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. 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 (Alobaidi & Kitapci, 2019). 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 fulfillment—are not being met by the current state of Kenya's public health system.

1.2 Statement of the Problem

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). Although the government has made significant financial contributions to the health sector, public health institutions are still performing below the necessary standard (KNBS, 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. 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, according to the Kenya Medical Practitioners (2020). Kakamega County, the second most populous county in Kenya, with 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. 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 (Agina, 2017). 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.

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 (Aladag, et al., 2020). 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.

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 filed against medical officials. 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 (Aladag, 2020), Turkey (Alobaidi, 2019), universities (Giuri et al., 2019), and small and medium-sized enterprises (Pratono, 2016). Furthermore, previous studies have examined the direct relationship between strategic orientations, but the present study will include organizational variables as a moderating component. The study investigated the impact of strategic orientation on the provision 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 organizational factors on strategic orientation and service delivery of Public Level four Hospitals in Kakamega County, Kenya.

1.4 Research Hypothesis

The study was guided by the following research hypotheses.

H₀₁: Customer orientation has no significant effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya.

H₀₂: Resource orientation has no significant effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya.

H₀₃: Technological orientation has no significant effect on service delivery of Public Level four Hospitals in Kakamega County, Kenya.

H₀₄: Organizational 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 thus 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, organizational factors and service delivery. The study based on 7 level four hospitals in Kakamega County. This comprised of seven level four public hospitals thus Butere District Hospital, Makunga Hospital, Likuyani sub county hospital, Lumakanda District hospital, Malava District hospital, Elwesero Sub County hospital and Iguhu sub county hospital. Public hospitals adherence to strategic orientation is reportedly low. The respondents of this study included nurses, hospital

office staffs and hospital administrators. The study took place between April to June 2024.

1.7 Limitations of the Study

The study was challenged by respondents taking too long to return the questionnaires of which the researcher was followed up in person or make calls to engage them time to time. Some targeted respondents may also refuse to take part in the study. 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 based on level four hospitals in Kakamega County which may not be representative to the entire nation. The study suggested further research to articulate other regions.

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 goal setting theory, resource-based view theory and competitive advantage theory.

2.2.1 Resource Based View (RBV) theory

The resource-based view introduced by Barney in 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 Chahal et al. (2020), 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. However, this study specifically focuses on level 3 hospitals in Kakamega town, which are considered to be homogeneous. 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.

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. 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, 2020). 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 2020. Hospitals have goals that are focused on customer satisfaction, efficient use of resources, utilization of technology, and organizational 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. 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 organizational factors unique competitiveness on service delivery.

2.3 Conceptual Review

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 organizational 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).

2.3.1 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.

2.3.2 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 (Pratono, 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.

2.3.3 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.

2.3.4 Organizational Factors

Organizational 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. Organizational 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. Grimmer and Miles (2016) emphasized that the primary focus of organizational factors lies in business processes, which are characterized by the creation of exceptional customer value.

Hospitals have several organization factors leadership, policies and routine tasks executed (Boohene, 2018). According to empirical studies, organizational factors can affect specific organizational outcomes including service delivery (Giuri et al., 2019). Memon *et al.* (2019) highlighted the role of organizational 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, organizational factors was used as moderator and was indicated by leadership style, organizational culture, and organizational policies.

2.3.5 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. His 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. 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 organizational factors.

2.4.1 Customer orientation and Service delivery

Arias et al. (2021) examined the impact of strategic orientation and digitization on the healthcare industry in Europe. The study emphasized the role of customer, marketing, and technology in fostering innovation through external embeddedness. The researchers utilized a research design called structural equation modelling, which found a statistically significant positive association. Customer orientation is the practice of gathering information from customers, developing a strategy, and using it to meet their demands. Hospitals should carefully evaluate the importance of their customers. In order

to effectively address obstacles, employees should engage in the identification and analysis of crucial information, as well as the formulation of innovative solutions to specific problems. They should also prioritize feedback and job completion, demonstrate a sense of responsibility, improve tourist interaction, exhibit flexibility, and have a strong dedication to the organization. The study clearly indicates that the management needs to consistently and methodically adapt healthcare services to create unforgettable experiences.

Research conducted by Chegenye et al. (2015) looked into how different management systems affected the delivery of services at Kenya's Kakamega County General Hospital. The researchers in this study set out to learn how public hospitals in Kenya affected service delivery after they established performance targets. A descriptive case study design was employed by the researcher. Specifically targeted were 300 health workers with the hope of securing permanent roles for them. Using a random sampling technique, the population was divided into strata. One stratum included doctors and nurses, while the other stratum included clinical officers, laboratory technologists and technicians, dentists, and pharmacists. The participants were chosen using a combination of simple random selection and selective sampling procedures in the study. In order to gather information, a closed-ended questionnaire was used primarily. SPSS was employed to ascertain the instrument's reliability and validity, which were 0.97 and 0.82, respectively. The research identified client orientation as a critical factor in the delivery of services.

However, this study did not address additional variables such as technological orientation and organizational issues. Additionally, the quality-of-service delivery in the referral hospitals did not meet the expected standards. Choi and Yoon (2015) investigated the impact of training investment on organizational results. The study specifically examined the influence of strategic orientation on employee outcomes and the role of moderation in this relationship. The study found that employee dedication and competence played a role in influencing organizational results, namely by positively impacting the acceptance of innovation and efficiency. Furthermore, it was observed that entrepreneurial orientation had adverse effects on the efficacy of marketing and innovation in learning orientation. According to a study that investigated the influence of customer orientation and innovation on innovation orientation and organizational efficacy, market orientation is a critical factor in improving the delivery of firm services, including the success of innovation. The current study reexamined the leadership style, culture, and protocols, whereas the direction and focus of an institution can be influenced by customer and staff training, according to this study.

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 centered on performance.

Bruno et al. (2017) conducted research on customer orientation and leadership in the healthcare sector. The study centered 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.

Aladag et al. (2020) conducted a research investigation on client orientation within the hotel and tourism industry in Mombasa, Kenya. The study found that prioritizing customer orientation can have a limited effect on the success of a company in the short term. This is because companies that solely focus on producing products according to customer preferences may fail to discover new ways to create value for consumers. As a result, they may miss out on opportunities to build customer dependency and loyalty. The study did not clearly explain service delivery but focused on performance instead. In addition, the study specifically focused on hotels and did not include public hospitals, which were the subject of the current study. Boohene (2018) investigated the relationship between an entrepreneur's client

orientation and the success of enterprises in Ghana. The study discovered that entrepreneurs who have easy access to clients are able to enhance their business success. The study revealed that customer orientation has a favorable and substantial impact on service delivery. The study did not analyze hospitals, but instead focused on the expansion of small and medium-sized enterprises (SMEs). The present study addressed the research gap by investigating strategic orientations and service delivery in public hospitals.

2.4.2 Resource orientation and Service delivery

Izadi and Ahmadian (2018) conducted a study on the relationship between strategic direction, firm competencies, and export performance. The survey revealed that organizations exhibit adaptability towards established clients and provide their employees with the autonomy to be innovative and spearhead novel concepts. Employees in such firms are driven to acquire knowledge and are committed to doing so. The study did not investigate the health sector, but rather focused on analyzing the growth of entrepreneurs' businesses. The previous study focused on export performance, whereas the current study mostly examined service delivery. Abdille's (2021) study on the impact of strategic orientation on hospital performance in Kenya 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. In a study conducted by Pratono (2016), the impact of strategic orientation and information technology turbulence on small and medium-sized enterprises (SMEs) was examined. 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. Hospitals possess resources that encompass pharmaceuticals, bed availability, infrastructure, logistical equipment like ambulances, and the expertise of medical professionals and staff. The present study demonstrated that hospitals with greater resources have a competitive edge in delivering services.

2.4.3 Technological orientation and Service delivery

Kormilitsyna (2021) investigated the impact of technology orientation on performance within the education sector in South Africa. The study stated that in order to maintain a competitive edge, organizations must actively participate in ongoing research and development endeavors 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. Nadeem and Siddiqui (2017) investigated the impact of strategic orientation and technology orientation on the development of small and medium-sized enterprises (SMEs) in the food processing industry. They found that technological orientation was influenced by changes in market orientations. Technology turbulence refers to the dynamic shift in the technology employed to transform inputs into outputs, whether it be in terms of products, services, or processes. The study revealed a positive correlation between technology orientation and food processing. This study was undertaken in Pakistan, in contrast to the current study which was carried out in Kenya. Urban and Heydenrych (2015) conducted a study to investigate the impact of strategic orientation and information communication technology orientation on hospital operations. The study revealed that the process of orienting information communication technology (ICT) improved hospital operations by facilitating the delivery of services in several ways. This includes enhancing administrative practices, which ultimately leads to improved service delivery. Bukirwa and Kising'u (2017) investigated the impact of technology orientation on the provision of services in hospitals. The study discovered that a focus on technology leads to improved service in various areas, such as diagnostics, laboratory testing, drug manufacturing in pharmacies, and prescription administration. In order to ensure their survival in the market, companies must evaluate technologies in light of technological advancements. However, technology-oriented organizations can enhance their chances

of achieving sustained profit and performance by integrating customer-value innovation with technological innovation. The present study encompassed not only the investigation of technological procedures in the laboratory, but also the assessment of training effectiveness and the management and processing of data.

2.4.4 Moderating Effect of Organizational Factors on the relationship between strategic orientation and Service delivery

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. In a study conducted by Obeidat (2016), the impact of strategic orientation on organizational performance was investigated. The study utilized organizational characteristics as a mediator in the relationship. The study discovered that organizational characteristics have a favorable impact on the connection between strategic direction and the performance of organizations via generating value for consumers. Organizational variables 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. Organizational variables 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. Sahi et al. (2020) examined the correlation between strategic orientation and operational ambidexterity. Their study utilized organizational elements to moderate the relationship. The study discovered that organizational characteristics had no substantial impact on the link between strategic orientation and operational ambidexterity. Organizational aspects involve the process of integrating activities with a primary focus on attaining exceptional consumer value. Beliaeva et al. (2018) conducted a study to investigate the impact of strategic orientation, trade-offs, and resource availability on the performance of small and medium-sized enterprises (SMEs). The organizational elements were utilized as control variables to examine the association between strategic orientation and the configuration of small and medium-sized enterprises (SMEs). The study revealed that organizational characteristics had a moderate impact on the strategic direction and resource configuration of organizations.

2.5 Summary and Research Gaps

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

Table 2.1 Knowledge Gap

Author(s)	Study	Methodology	Results	Gap
Abdille (2021)	Examined the influence of strategic	Used experimental	They found that resource orientation had a	Limited to performance and not service

	orientation on performance of hospitals in Kenya, a survey of beach hospitals in Mombasa County	method Both descriptive and inferential statistics	significant effect on performance of hospitals in Kenya	delivery
Aladag <i>et al.</i> , (2020)	Conducted a study on customer orientation and tourism in Kenya.	The study was based on a meta-analytic review	Customer orientation had a significant effect on service delivery of hotels	Analyzed hotels and not the health sector
Arias <i>et al.</i> , (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 hospitals 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 w resource orientation significantly impacted on firm competencies	The study failed to study hospitals bust instead examined entrepreneur's business growth.
Pratono,	Studied the	Used	Resources had a	The study

(2016)	influence of strategic orientation and information technology in SMEs.	descriptive design, descriptive statistics,	positive significant effect on service delivery of hospitals	generalized hospitals the current study was on level four hospitals in Kakamega County
Beliaeva <i>et al.</i> , (2018)	Strategic orientation, trade off, and resource configuration.	Survey study design, Adopted descriptive and inferential statistics	The study found that organizational factors as control variable, moderately affected strategic orientation.	The study examined organizational factors distinctly as the key component rather than strategic orientation. Examined companies and not hospitals
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 organizational 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	Causal research	The study found that customer	The study failed to study hospitals

customer orientation and growth of firms in Ghana	design descriptive and inferential statistics	orientation had a positive and significant effect on service delivery	but instead examined entrepreneur's business growth.
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Source. Author, (2023)

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.

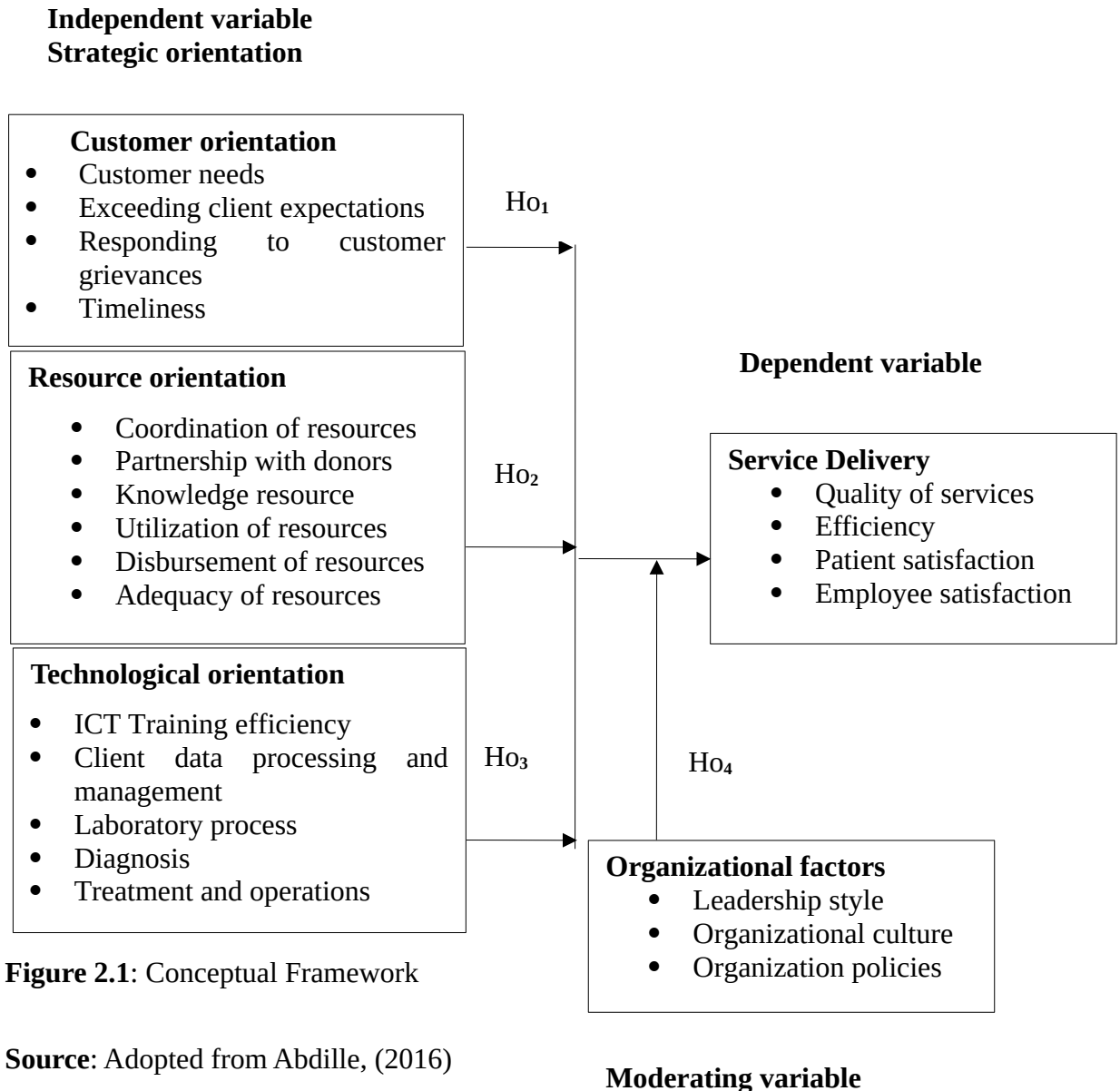


Figure 2.1: Conceptual Framework

Source: Adopted from Abdille, (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 approach that will be employed in the study. The study provides a description of the study's geographical area, study design, 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 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 km². It borders Vihiga to the South, Siaya on the West, Transzoia and Bungoma on the North and Nandi and Uasin Gishu to the West. 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.

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.

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. 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.

3.5 Samples Design and 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 sizes. This formula will be 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 717 participants from personnel in different departments and sections across the three chosen counties.

where: n = sample size

N = Population, e = Level of precision

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

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

$$\begin{aligned}
 n &= \frac{1 + N(e)^2}{304} \\
 &= \frac{1 + 304(0.05)^2}{1.76} = 172.7
 \end{aligned}$$

The total sample was 173.

Table 3.1 Sampling frame

Hospitals	Nurses	Hospital office staff	Hospital Admins	Total
Butere	20	20	1	41
Makunga	22	23	1	46
Likuyani	22	22	1	45
Lumakand	20	19	1	40
a				
Malava	20	18	1	39
Elwesero	23	17	1	41
Iguhu	14	16	1	31
Sub-totals	162	135	7	
Sample			4	173
Size				

Source: Author, (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 questionnaires. 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 future 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.

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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 18 questionnaires, which is equivalent to 10% of the total number of questionnaires proposed by Mugenda and Mugenda (2013), which is 184. 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 content and construct validity, specifically utilizing content 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 is praised.

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 21 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, which also performs descriptive statistics like calculating percentages and frequencies. Along with numerical data, narratives were created from the qualitative data gathered from open-

ended questions and organized into topics in accordance with the research objectives. One variable depending on three independent factors was utilized in a multiple regression model to assess the impact of strategic direction on service delivery. 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:

$$Y = \beta_0 + \beta_1 X_1 \dots \dots \text{model (i)}$$

$$Y = \beta_0 + \beta_2 X_2 \dots \dots \text{model (ii)}$$

$$Y = \beta_0 + \beta_3 X_3 \dots \dots \text{model (iii)}$$

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + e \dots \dots \text{model (iv)}$$

With moderator

$$Y = \beta_0 + \beta_1 X_1 M + \beta_2 X_2 M + \beta_3 X_3 M \dots \dots \text{model (v)}$$

Where:

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

$\beta_0 = b_3$ 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 95% confidence level and 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 the Kolmogorov-Smirnoff and Shapiro-Wilk tests. If the p-value of the Shapiro-Wilk Test is larger than 0.05, it indicates that the data follows a normal distribution. If the value is less than 0.05, the data exhibit a considerable departure from a normal distribution.

3.9.2 Multicollinearity

Described a situation in which two or more variables display a significant association. The VIF, or variation inflation factor, was put into place. Due to the absence of a variance inflation factor greater than 10, multicollinearity was not present.

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, statisticians utilize a P-P plot, which can be called a probability-probability plot, percent-percent plot, or P value plot. Two cumulative distribution functions plotted on the same graph can do this.

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 presented 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).

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Table 4.1: Questionnaire Return Rate

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

Source: (Researcher, 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 4.2: Reliability test

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

Source: Researcher's Pilot survey, (2024)

The table displayed above, Table 4.2, 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).

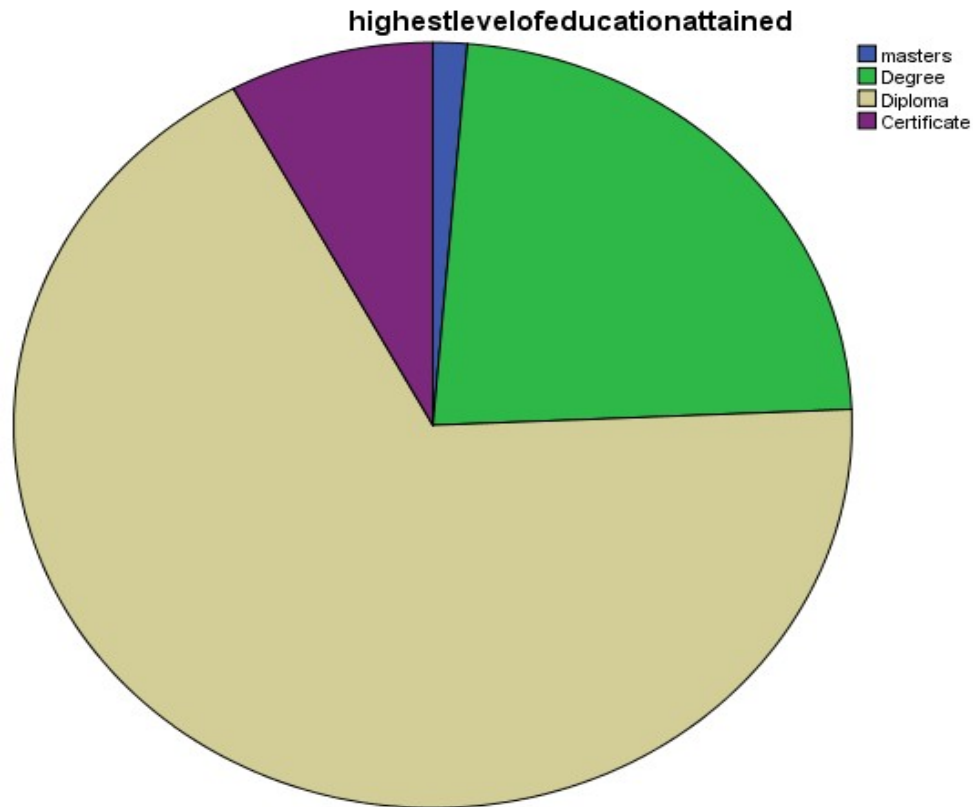
4.4 Demographic Characteristics of the Respondents

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

4.4.3 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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Source: Researcher, (2024)

Figure 4.1: Level of education

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.

4.4.5 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
1-3 years	12	7.9
More than 6 years	131	86.2
Total	152	100.0

Source: Researcher, (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 1-3 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.

4.6 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 exam 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.

4.6.1. Normality test

The Shapiro-Wilk and Kolmogorov-Smirnov tests were employed to assess the normality of the data, with a 95% confidence interval. The null hypothesis was rejected

if the p-values in the Sig. column were less than 0.05, which suggests that the data under test did not originate from a population with a normal distribution. The findings were summarized in Table 4.4.

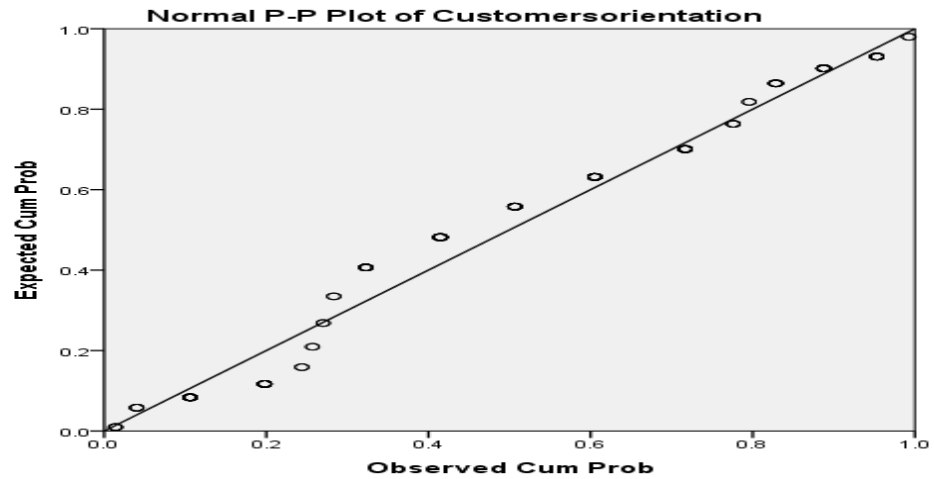
Table 4.4: Normality Test

	Shapiro-Wilk			
	Statistic	Sig.	Statistic	Sig.
Customers orientation	.162	.008	.952	.006
Resource orientation	.207	.004	.912	.018
Technological orientation	.171	.002	.951	.002
Organizational factors	.118	.010*	.959	.003
Service delivery	.117	.002	.939	.012

Source: Researcher, (2024)

The results from Table 4.4 indicated that the residuals were not normally distributed, as shown by the Kolmogorov-Smirnov (KS) and Shapiro-Wilk (SW) tests, with significance levels below 0.05. As a result, additional tests were conducted to assess normalcy. 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.

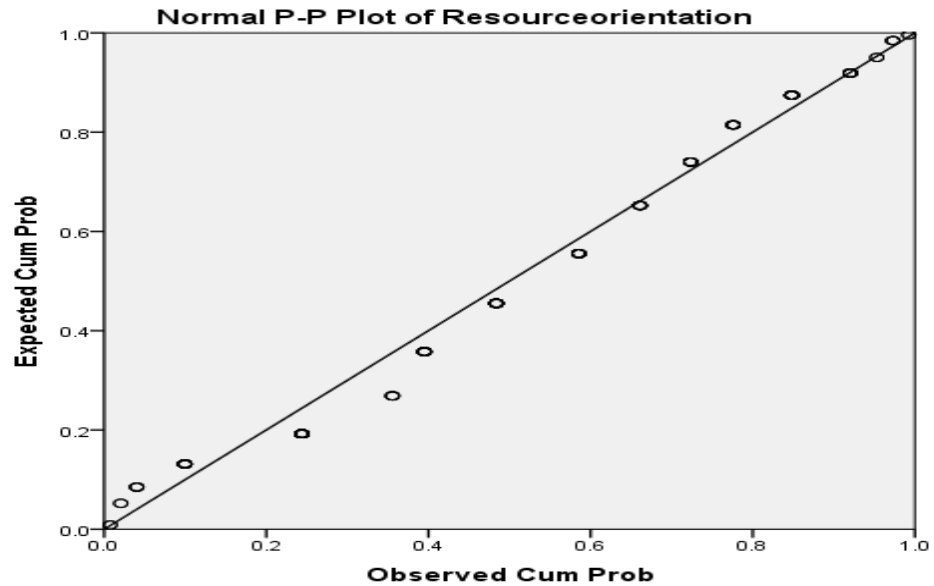
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Source: Researcher, (2024)

Figure 4.2: PP Plot for customer orientations

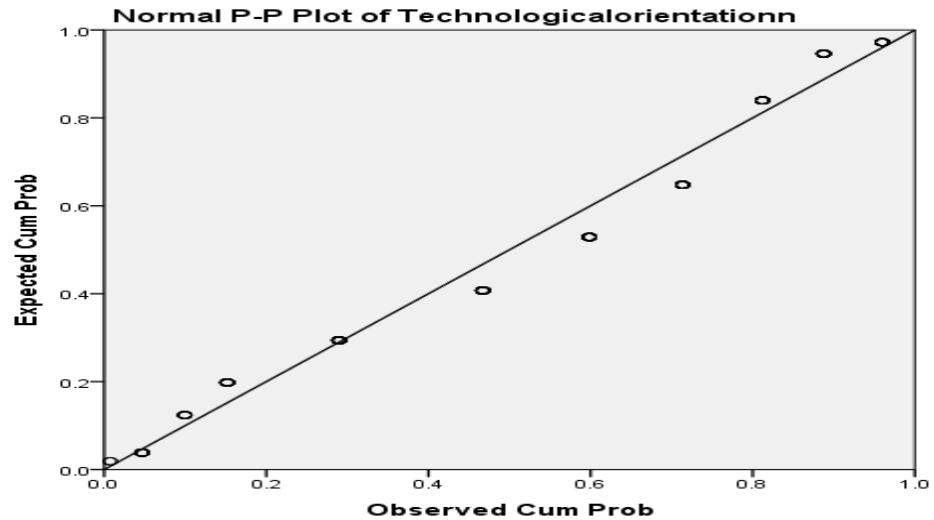
The P-P plot in Figure 4.2 displays the customer orientation data. The deviation from normality in the line of fit approximation on the P-P plot was minimal. Since the data may be assumed to follow a normal distribution, it is appropriate to use parametric procedures such as correlation, regression,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



Source: Researcher, (2024)

Figure 4.3: PP Plot for resource orientation

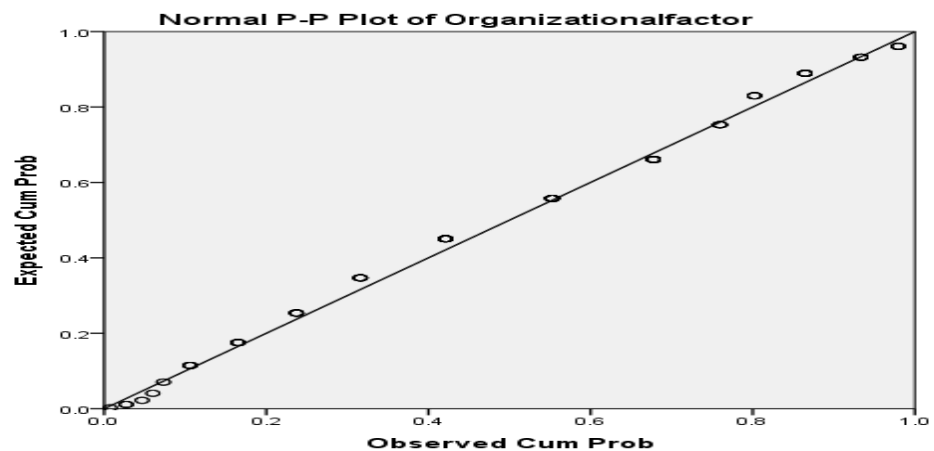
The resource orientation is illustrated in the P-P plot in Figure 4.3. The P-P plot exhibited a minimal deviation from normality in the line of fit approximation. The data can be analyzed using parametric statistical methods, including correlation, regression, analysis of variance, and t-test, as it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



Source: Researcher, (2024)

Figure 4.4: PP Plot for technological orientation

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 statistical procedures such as correlation, regression, analysis of variance, and t-test.



Source: Researcher, (2024)

Figure 4.5: PP Plot for Organizational factors

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.

4.6.2 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 4.5.

Table 4.5: 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
Organizational factors	0.356	1	151	.204
Service delivery	0.847	1	151	.161

Source: Researcher, (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. The results in Table 4.5, which demonstrate that the p-value is more than 0.05, should be emphasized. Because of this, we can conclude that the dependent variable's variance is constant across all levels of the explanatory factors, and therefore reject the null hypothesis. This proves that the variances are homogeneous.

4.6.3 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 4.6.

Table 4.6: Tests for Multicollinearity

Model		Collinearity Statistics	
		Tolerance	VIF
1	(Constant)	0.112	8.92
	Customers orientation	0.821	1.21
	Resource orientation	0.721	1.38
	Technological orientation	0.892	1.12
	Organizational factors	0.789	1.26

a. Dependent variable: Service delivery

Source: Researcher, (2024)

The tolerance and VIF values for the Customers orientation, Resource orientation, Technological orientation, and Organizational 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 was less than 10. Consequently, this suggested that the assumption of multicollinearity was satisfied.

4.5. Descriptive Analysis

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

4.5.1 Customer orientation and Service Delivery

What did the researcher want to find out about how customer orientation affected service performance 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=Undecided (U), 4=Agree (A), and 5=Strongly Agree (SA). The results of the Likert Scale were shown in table.

Table 4.7: Likert Scale on Customer orientation

Description	N	SD (%)	D (%)	U (%)	A (%)	SA (%)	Mea n	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 4	1.49 57
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)	1.58 9	1.49 37
The hospital understands customer needs making service delivery effective	152	8 (5.3)	52 (34.2)	0 (0)	38 (25)	54 (35.5)	4.46 8	1.50 01
The customer needs are well handled	152	4 (2.6)	60 (39.5)	41 (27)	0 (0)	47 (30.9)	4.31 0	1.64 74
Hospital strive to exceed client expectations	152	2 (1.3)	24 (15.8)	56 (36.8)	42 (27.6)	28 (18.4)	3.48 7	1.50 14
Client concerns are given maximum priority in the hospital	152	10 (6.6)	52 (34.2)	54 (35.5)	0 (0)	36 (23.7)	1.46 8	1.30 01
We respond to customer grievances effectively	152	2 (1.3)	8 (5.3)	54 (35.5)	57 (37.5)	31 (20.4)	3.31 0	1.21 74
Customers are always treated with much respect	152	6 (3.9)	50 (32.9)	65 (42.8)	0 (0)	31 (20.4)	2.48 7	1.11 4
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)	4.48 9	1.62 13

Source: Researcher, (2024)

From Table 4.7, 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 4.424 and a significant standard deviation of 1.4957 showing that hospital had set standards to deal with customer needs. On whether the set standards are customer based making service delivery attainable, average score of 1.589 and a significant standard deviation of 1.4937 showing that set standards are customer based. Regarding on whether the hospital understands customer needs making service delivery effective, whether the customer needs are well handled, whether client concerns are given maximum priority in the hospital, whether company respond to customer grievances effectively, whether customers are always treated with much respect and whether the hospital has ensured that waiting time before customer service are minimal, 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. It further agrees with Boohene, (2018) who examined the entrepreneur's customer orientation and growth of firms in Ghana. The study found that entrepreneurs' access customers oriented easily improving their business performance. The study found that customer orientation had a positive and significant effect on service delivery.

4.5.2 Delegation of Resource Orientation on Service Delivery

The researcher sought to establish the effect of resource orientation on service delivery 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=Undecided (U), 4=Agree (A), and 5=Strongly Agree (SA). The results of the Likert Scale were shown in Table 4.8.

Table 4.8: Likert Scale on Resource Orientation

Description	N	SD (%)	D (%)	U (%)	A (%)	SA (%)	Mean	Std
The hospital management coordinates available resources effectively	15 2	8 (5.3)	0 (0)	0 (0)	15 (9.9)	56 (36.8)	1.557	1.498 3
The hospitals resources are well executed to yield results	15 2	2 (1.3)	24 (15.8)	59 (38.8)	41 (27)	26 (17.1)	1.323	1.469 0
The hospital management Partners with donors	15 2	47 (30.9)	40 (26.3)	0 (0)	49 (32.2)	16 (10.5)	1.633	1.483 6
The hospital invests in research and development initiatives	15 2	4 (2.6)	43 (28.3)	0 (0)	89 (58.6)	16 (10.5)	1.430	1.487 2
The management invest in training for knowledge attainability	15 2	24 (15.8)	56 (36.8)	48 (31.6)	0 (0)	24 (15.8)	1.569	1.496 7
The hospital has always improved staff skills making knowledge resource attained	15 2	34 (22.4)	48 (31.6)	58 (32.9)	0 (0)	20 (13.2)	1.500	1.501 6
The hospital management utilizes available resources by putting it in use	15 2	2 (1.3)	41 (27)	54 (35.5)	31 (20.4)	24 (15.8)	1.576	1.495 8
The hospital	15	2	2	30	67	51	1.665	1.473

management strives to ensure that required resources are adequate	2	(1.3)	(1.3)	(19.7)	(44.1)	(33.6)	7
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Source: Researcher, (2024)

The findings of the study in table 4.8 showed that 56(36.8%) of respondents agreed that the hospital management coordinates available resources effectively. This statement had an average score of 1.557 and a significant standard deviation of 1.4983 showing that management coordinates available resources effectively.

Statement regarding whether the hospitals resources were well executed to yield results, on whether the hospital management partners with donors, whether the hospital invests in research and development initiatives, whether the management invest in training for knowledge attainability, whether the hospital has always improved staff skills making knowledge resource attained, whether the hospital management utilizes available resources by putting it in use and whether the hospital management strives to ensure that required resources are adequate, 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 findings agrees with Izadi and Ahmadian, (2018) who studied on strategic orientation and firm competencies on export performance.

4.5.3 Technological Orientation on Service Delivery

The researcher sought to establish the effect of technological orientation on service delivery 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=Undecided (U), 4=Agree (A), and 5=Strongly Agree (SA).

Table 4.9: Likert Scale on Technological Orientation

Description	N	SD (%)	D (%)	U (%)	A (%)	SA (%)	Mea n	Std
Employees in hospital have experience in use of technology	15 2	2 (1.3)	23 (15.1)	0 (0)	31 (20.4)	96 (63.2)	1.867	1.837 8
The employee experience on ICT has made hospital operations easy	15 2	4 (2.6)	54 (35.5)	0 (0)	76 (50)	18 (11.8)	2.032	1.824 9
Employees are trained on use of technology	15 2	4 (2.6)	54 (35.5)	0 (0)	75 (49.3)	19 (12.5)	2.013	1.813 8
Most employees at the hospital are fast learners on information technology making operations faster	15 2	62 (40.8)	75 (49.3)	0 (0)	0 (0)	15 (9.9)	1.975	1.881 2
Technology has made capturing of client data and management an easy process in the hospital	15 2	32 (21.1)	72 (47.4)	0 (0)	48 (31.6)	0 (0)	1.930	1.830 4
The hospital database system has simplified record keeping	15 2	37 (25.7)	53 (34.9)	0 (0)	60 (39.5)	0 (0)	2.089	1.136 4
The hospital has improvised laboratory operations	15 2	4 (2.6)	24 (15.8)	0 (0)	73 (48)	51 (33.6)	1.975	1.881 2
The hospital technology has enabled easy diagnosis of patient's sickness	15 2	2 (1.3)	41 (27)	54 (35.5)	31 (20.4)	24 (15.8)	1.930	1.830 4
The hospital has improvised the treatment and operations process	15 2	32 (21.1)	72 (47.4)	0 (0)	48 (31.6)	0 (0)	2.089	1.136 4

Source: Researcher, (2024)

The study findings in Table 4.9 showed that 96(63.2%) strongly agreed that employees in hospital have experience in use of technology. This statement had an average score of 1.867 and a significant standard deviation of 1.8378 showing that management coordinates available resources effectively. On whether employee experience on ICT has made hospital operations easy, whether employees are trained on use of technology, whether most employees at the hospital are fast learners on information technology making operations faster, whether technology has made capturing of client data and management an easy process in the hospital, whether the hospital database system has simplified record keeping, whether the hospital has improvised laboratory operations, whether the hospital technology has enabled easy diagnosis of patient's sickness and whether the hospital has improvised the treatment and operations process, 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.

4.5.4 Organizational Factors, Strategic orientation and Service Delivery

The researcher sought to find out if organizational factors affected Strategic orientation and Service Delivery 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=Undecided (U), 4=Agree (A), and 5=Strongly Agree (SA). The results of the Likert were shown in table 4.10.

Table 4.30: Descriptive Statistics for Organizational Factors

Description	N	SD (%)	D (%)	U (%)	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 3	1.8138
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)	1.97 5	1.8812
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 0	1.8304
Supervisors demonstrate confidence in employee abilities to handle challenges.	152	4 (2.6)	43 (28.3)	0 (0)	89 (58.6)	16 (10.5)	2.08 9	1.1364
Employees are rewarded based on performance	152	24 (15.8)	56 (36.8)	48 (31.6)	0 (0)	24 (15.8)	1.97 5	1.8812
Supervisors monitor performance and provide corrective feedback when necessary	152	34 (22.4)	48 (31.6)	58 (32.9)	0 (0)	20 (13.2)	1.55 7	1.4983
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 3	1.4690
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 3	1.4836
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 0	1.4872
Hospital management set policies that has engineered	152	62 (40.8)	75 (49.3)	0 (0)	0 (0)	15 (9.9)	2.08 9	1.1364

loyalty among clients								
Hospital polices facilitate good customer-staff relationship	152	2 (1.3)	23 (15.1)	0 (0)	31 (20.4)	96 (63.2)	1.97 5	1.8812

Source: Researcher, (2024)

Table 4.11 showed that 56(36.8%) agreed that supervisors provide clear guidelines and expectations to given work tasks. This statement had an average score of 2.013 and a significant standard deviation of 1.8138 showing that supervisors provide clear guidelines and expectations to given work tasks.

On whether high level of alignment exists on the way things done, whether supervisors inspire employees to achieve a common vision for the hospital, whether supervisors demonstrate confidence in employee abilities to handle challenges, whether employees are rewarded based on performance, whether supervisors monitor performance and provide corrective feedback when necessary, whether employees are adequately informed about the health and safety procedures and protocols in this hospital, whether staff members have opportunities for internal mobility and career progression within the hospital, whether hospital has clear policy of responding to needs and complaints of customers, whether hospital management set policies that has engineered loyalty among clients and whether hospital polices facilitate good customer-staff relationship, a significant standard deviation of above 1.0 were noted showing that organizational factors moderates the relationship between strategic orientation and service delivery in level four hospitals in Kakamega County. This finding agrees with Sahi *et al.*, (2020) who conducted a study on the moderating effect of organizational factors on the relationship between strategic orientation and service delivery.

4.5.4 Strategic Orientation and Service Delivery

The researcher sought to determine the effect of strategic orientation and service delivery 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=Undecided (U), 4=Agree (A), and 5=Strongly Agree (SA). The results of the Likert were shown in Table 4.12.

Table 4. 41: Likert Scale on Service Delivery

Description	N	SD (%)	D (%)	U (%)	A (%)	SA (%)	Mean	Std
Quality of service provided by the hospital is excellent	15	8	0	0	15	56	1.633	1.483
	2	(5.3)	(0)	(0)	(9.9)	(36.8)		6
The staffs adhere to efficiency slogan producing the best using limited resources available	15	2	24	59	41	26	1.430	1.487
	2	(1.3)	(15.8)	(38.8)	(27)	(17.1)		2
Customers are satisfied with services delivered at the hospital	15	47	40	0	49	16	1.569	1.496
	2	(30.9)	(26.3)	(0)	(32.2)	(10.5)		7
Our patients have always been satisfied and appreciation has always reached our desk	15	4	43	0	89	16	1.500	1.501
	2	(2.6)	(28.3)	(0)	(58.6)	(10.5)		6
Patients are always served upon arrival	15	24	56	48	0	24	1.557	1.498
	2	(15.8)	(36.8)	(31.6)	(0)	(15.8)		3
Employees at the hospital are satisfied with the direction the hospital is taking	15	34	48	58	0	20	1.323	1.469
	2	(22.4)	(31.6)	(32.9)	(0)	(13.2)		0

Source: Researcher, (2024)

Based on the study findings in Table 4.12, 56(36.8%) strongly agreed that the quality of service provided by the hospital is excellent. This statement had an average score of 1.633 and a significant standard deviation of 1.4836 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, whether customers are satisfied with services delivered at the hospital, whether our patients have always been satisfied and appreciation has always reached our desk, whether patients are always served upon arrival and whether employees at the hospital are satisfied with the direction the hospital is taking, 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.

4.6.4 Correlation analysis

The Pearson product-moment correlation coefficient (r) was used to calculate the bivariate correlation, which quantifies the relationship between two variables. 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 4.13.

Table 4.12 Pearson Correlation Matrix of the study variables

		Customers orientation	Resource orientation n	Technologi cal orientation	Organizatio nal factor	Service delivery
Customers orientation	Pearson Correlation	1	.513**	.708**	.536**	.522**
	Sig. (2- tailed)		.000	.000	.000	.000
	N	152	152	152	152	152
Resource orientation	Pearson Correlation	.513**	1	.700**	.564**	.681**
	Sig. (2- tailed)	.000		.000	.000	.000
	N	152	152	152	152	152
Technological orientation	Pearson Correlation	.708**	.700**	1	.853**	.664**
	Sig. (2- tailed)	.000	.000		.000	.000
	N	152	152	152	152	152
Organizational factor	Pearson Correlation	.536**	.564**	.853**	1	.393**
	Sig. (2- tailed)	.000	.000	.000		.000
	N	152	152	152	152	152
Service delivery	Pearson Correlatio n	.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: (Researcher, 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 hospitals in Kenya. The study indicates that resource orientation has the most significant impact on the performance of beach hospitals in Mombasa area, 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. The correlation coefficient (r) was 0.664, and the p-value was 0.000, indicating a strong positive correlation. The p-value is less than the significance threshold of 0.05, suggesting that the correlation is statistically significant. 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.

4.7 Inferential Analysis

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: -

H₀₁: Customers orientation does not significantly affect service delivery among level four public hospitals in Kakamega County, H₀₂: Resource orientation does not significantly affect service delivery among level four public hospitals in Kakamega County, H₀₃: Technological orientation does not significantly affect service delivery among level four public hospitals in Kakamega County and H₀₄: Organizational 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.

4.7.1 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.

H₀₁: 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 4.13: Customers orientation and Service delivery of Level Four Public Hospitals

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Change	F Change	df1	df2	Sig. F Change
1	.522 ^a	.272	.267	.60945	.272	56.088	1	150	.000
a. Predictors: (Constant), Customers orientation									
ANOVA ^a									
Model	Sum of Squares			df	Mean Square		F	Sig.	
	Regression			20.833	1	20.833	56.088	.000 ^b	
1	Residual			55.714	150	.371			
	Total			76.547	151				
a. Dependent Variable: Service delivery									
b. Predictors: (Constant), Customers orientation									
Coefficients ^a									
Model	Unstandardized Coefficients			Standardized Coefficients		t	Sig.		
	B	Std. Error		Beta					
	(Constant)	.937	.356			2.632	.009		
1	Customers orientation	.709	.095	.522	7.489	.000			
a. Dependent Variable: Service delivery									

Source: Researcher, (2024)

The data presented in Table 4.14 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 significance 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 performance 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 refuted, 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 is $Y = 0.937 + 0.709 \times \text{Customer orientation}$. The results were consistent with This finding is consistent with the research conducted by Arias et al. (2021), which examined the impact of strategic orientation in the European health sector. The study found that customer, resource, and technology orientation had an effect on service delivery. However, the results of this study were not consistent with the findings of Chegenye et al. (2015), who examined the impact of management systems on the delivery of services at Kakamega County General Hospital in Kenya. However, the discrepancy can be due to the fact that Kakamega County General Hospital is not classified as a level four hospital. Additionally, the study focused on management systems rather than strategic orientation.

4.7.2 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_{02} : 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 4.14: Resource orientation and Service delivery of Level Four Public Hospitals

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	Change Statistics F Change	df1	df2	Sig. F Change
1	.681 ^a	.464	.461	.52278	.464	130.080	1	150	.000
a. Predictors: (Constant), Resource orientation									
ANOVA ^a									
Model	Sum of Squares			df	Mean Square		F	Sig.	
	Regression			35.551	1	35.551	130.080	.000 ^b	
1	Residual			40.995	150	.273			
	Total			76.547	151				
a. Dependent Variable: Service delivery									
b. Predictors: (Constant), Resource orientation									
Coefficients ^a									
Model	Unstandardized Coefficients			Standardized Coefficients		t	Sig.		
	B	Std. Error	Beta						
	(Constant)	.268	.340	.789 .431					
1	Resource orientation	1.100	.096	.681	11.405	.000			

The findings in Table 4.15 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 ($t\text{-statistic}=11.405$, $p\text{-value}=0.000 < 0.05$). The null hypothesis was refuted, 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: $Y = 0.268 + 1.100 \text{ Resource orientations}$

The study supports the findings of Abdille (2021) regarding the impact of strategic orientation on the performance of hospitals in Kenya. It reveals that resource orientation has the greatest influence on the performance of beach hospitals in Mombasa County, while technological orientation has the least influence on the performance of hospitals in the same county. It contradicts the findings of Pratono, (2016) who conducted a study on the impact of strategic orientation and information technology turbulence on small and medium-sized enterprises (SMEs). This study focused on Small and Medium-sized Enterprises (SMEs) and did not explore the potential for level four hospitals, which led to conflicting conclusions.

4.7.3 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.

H₀₃: 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 4.16 Technological orientation and Service delivery of Level Four Public Hospitals

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.664 ^a	.441	.437	.53402	.441	118.421	1	150	.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		150	.285				

Total		76.547	151		
a. Dependent Variable: Service delivery					
b. Predictors: (Constant), Technological orientation					
Coefficients ^a					
Model		Unstandardized Coefficients	Standardized Coefficients	t	Sig.
		B	Std. Error	Beta	
	(Constant)	1.327	.453		-2.932
1	Technological orientation	1.307	.120	.664	10.882
a. Dependent Variable: Service delivery					
Source: Researcher, (2024)					

The results in table 4.16 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 refuted, 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: $Y = 1.327 + 1.307 \text{ multiplied by the technical orientation}$. 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.

Contrary to the findings of 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 no significant effect on service delivery. The study focused specifically on Small and Medium Enterprises (SMEs) and did not include level four hospitals, which accounts for the observed discrepancy.

4.7.4 Multiple Regression Strategic orientation and Service delivery

Table 4.17: Multiple Regression Strategic orientation and Service delivery

Model Summary		
Model	R	Change Statistics

	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.733 ^a	.537	.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	
1 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
1 Customers orientation	.520	.108	.188	2.113	.027
1 Resource orientation	.681	.126	.422	5.381	.000
1 Technological orientation	.604	.187	.307	3.222	.002

a. Dependent Variable: Service delivery

Source: Researcher, (2024)

The study aimed to determine the cumulative impact of strategic orientation on service delivery in level four hospitals in Kakamega County. A simple linear regression test was employed. The results of the hypothesis test were presented. At a significance level of 0.05, 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 of authority 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 X1, resource orientation as variable X2, and technological orientation as variable X3, we can use the regression coefficients provided in Table 4.17 to calculate the equation $Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \text{error}$. 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 of this study align with the research conducted by Kormilitsyna (2021) on the impact of strategy orientation on performance in the education sector in South Africa. Kormilitsyna's study concluded that strategic orientation has a substantial effect.

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

The study aimed to determine the impact of organizational determinants on strategic orientation practices and service delivery in level four hospitals in Kakamega County. The study employed the subsequent null hypothesis, which was examined at a significance level of 0.05. The study found that organizational characteristics do not have a significant moderating effect on the link between strategic orientation and service delivery in level four hospitals in Kakamega County. This study employed the moderating influence of organizational characteristics. The study examines the impact of organizational characteristics on the relationship between strategic direction and service delivery. This outcome was achieved by employing a hierarchical regression analysis, where the moderating variable was the organization factors constructs.

To calculate the moderating effect, scientists utilized the following equation:

$$\text{Model 5. } Y = \beta_0 + \beta_1 X_1 M + \beta_2 X_2 M + \beta_3 X_3 M + \varepsilon$$

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, F-value, and p-value. Table 4.22 presents a concise overview of the relevant discoveries.

Table 4 18: Model Summary for Moderating Variable of Organization Factors

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.821 ^a	.674	.658	.49466
2	.683 ^b	.467	.455	.62510
3	.798 ^c	.637	.625	.51837

Source: Field Data (2024)

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

2. Predictors: (Constant), Technological orientation, Resource orientation, Customers orientation * organization factors

3. Predictors: (Constant), Technological orientation*organization, Resource orientation*organization, Customers orientation*organization

Table 4.15 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 0.27 a decrease (0.674-0.467) and that of model 2 to 3 was 0.170(0.467-0.637) an increase. Thus, in (1st) first model strategic orientation account for 67.4% of variance in strategic orientation in the (2nd) second model when organization factors were added, strategic orientation and organization factors accounted for 46.7% of variance in service delivery. While in the (3rd) third model strategic orientation and interactions term accounted for 63.7% of variance in service delivery.

Table 4.19: ANOVA Table for Hierarchical Regression

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	89	.386		
	Total	64.475	90			
2	Regression	30.089	2	15.044	38.501	.000 ^c
	Residual	34.386	88	.391		
	Total	64.475	90			
3	Regression	41.097	3	13.699	50.981	.000 ^d
	Residual	23.378	87	.269		
	Total	64.475	90			

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

2. Predictors: (Constant), Technological orientation, Resource orientation, Customers orientation * organization factors

3. Predictors: (Constant), Technological orientation*organization, Resource orientation*organization, Customers orientation*organization factors

Source: Field Data (2024)

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 significance level for all three modes was less than 0.05 ($0.000 < 0.05$). These findings indicate that organizational characteristics played a substantial role in influencing the connection between strategic orientation and service delivery. The

findings confirmed that organizational characteristics played a substantial role in moderating the connection between strategic orientation and service delivery.

Table 4.20: Regression Coefficients for Moderating Variable of Organization Factors

Model	Coefficients				Sig.
	Unstandardized Coefficients		Standardized Coefficients	T	
	B	Std. Error	Beta		
Constant	.769	.174		4.422	.000
1. Strategic orientation	1.152	.180	.515	6.401	.000
2. Strategic orientation * Organization factors	1.051	.477	.039	2.203	.006
3. Technological orientation * Organization factors	1.486	.471	.371	3.155	.003
Resource orientation * Organization factors	1.382	.187	.617	7.383	.000
Customers orientation * Organization factors	.551	.271	.371	2.032	.005

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

2. Predictors: (Constant), Technological orientation, Resource orientation, Customers orientation * organization factors

3. Predictors: (Constant), Technological orientation*organization, Resource orientation*organization, Customers orientation*organization

Source: Field Data (2024)

The coefficient finding for the moderating influence of organization characteristics on the connection between strategic orientation and service delivery in table 4.24 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.

$$\text{Service delivery} = 0.769 + 1.486X_1M + 1.382X_2M + 0.551X_3M$$

Where Service delivery (**Dependent Variable**)

X_1 is the Technological orientation (**Independent Variable**)

X_2 is the Resource orientation (**Independent Variable**)

X_3 is the Customers orientation (**Independent Variable**)

M is the Organization factors (**Moderating Variable**)

The statement suggests that school factors have a substantial role in modulating the relationship between strategic orientation and service delivery. These findings are consistent with the research conducted by Obeidat (2016), which investigated the impact of strategic orientation on organizational performance. The study utilized organizational characteristics as a mediator in the relationship. The study discovered that organizational

characteristics had a favorable impact on the correlation between strategic orientation and the performance of organizations via generating value for consumers.

Table 4.19: Hypothesis Results

Hypothesis	Findings	Decision and basis
HO₁: 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
HO₂: 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
HO₃: 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
HO₄: Organizational factors have no moderating effect on the relationship	Organizational factors have a significant positive moderating effect	Reject

between strategic orientation and service delivery of Public Level four Hospitals in Kakamega County, Kenya.	on the relationship between strategic orientation and service delivery of Public Level four Hospitals in Kakamega County, Kenya.	0.000<0.05
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Source: Field Data (2024)

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter provided a concise overview of the study's findings, conclusions, recommendations, and suggestions for further research.

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 organizational 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

The study revealed that 55 individuals, accounting for 36.2% of the participants, agreed, while 51 individuals, representing 33.6% of the participants, strongly agreed that the hospital had established criteria to address consumer needs. 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 ($t\text{-statistic}=7.489$, $r = 0.522$, $p\text{-value} = 0.000 < 0.05$).

5.2.2 Resource orientation

The study revealed that 56 respondents, accounting for 36.8% of the total, expressed agreement about the hospital management's efficient coordination of available resources. The statement had a mean score of 1.557, with a notable standard deviation of 1.4983, indicating that management efficiently coordinates the resources at its disposal. 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

The study revealed that 96 individuals, accounting for 63.2% of the total, strongly agreed that hospital workers possess expertise in utilizing technology. The statement had a mean score of 1.867 and a notable standard deviation of 1.8378, indicating that management efficiently organizes the resources at their disposal. 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 Organizational factors

The study's fourth objective findings indicated that there was a significant interplay of organizational elements 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 organizational characteristics 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 impact on the quality of service 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 organizational characteristics 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. Hospital administration should delegate authority to staff to safeguard available resources in order to expedite development. Implementing this will enhance staff motivation, instill confidence, foster teamwork, and streamline resource management. The hospital should implement a leadership style that promotes employee technology resource-based activities. Training can be obtained using the materials that are currently available.

Ultimately, the study suggests that hospital management should expand the range of firm variables, such as culture and structure, in order to optimize strategic orientation and enhance service delivery.

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.

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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 conduct 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 **customer 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 **resource 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 utilizes available resources by putting it in use							

8	The hospital management disburses resources required on time						
9	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 improvised laboratory operations					
8	The hospital technology has enabled easy diagnosis of patient's sickness					
9	The hospital has improvised the treatment and operations process					

SECTION C: Organizational Factors

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

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

	Statements on organizational 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; Author, (2024)

Appendix IV: NACOSTI

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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.	
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