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Strategic Management Practices and Service Delivery at Public Hospitals in Kenya: A Case of Kenyatta National Hospital

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Abstract

The aim of this research was to investigate influence of strategic management practices and service delivery at public hospitals in Kenya: a case of Kenyatta National Hospital. Specifically, the study aimed to investigate the effect of communication and capacity building on service delivery in KNH. The Sustainable Development Goals were adopted by the United Nations General Assembly in 2015 as a call to action to end poverty and protect the environment. The third goal of the Sustainable Development Goals is to promote health and well-being among people of all ages. The aim was to reduce maternal mortality to less than 70 per 100,000 live births by 2030. Kenya is, however one of the countries where the target of sustainable development has not been achieved. Among other variables, this was due to service delivery in health facilities. As the largest referral hospital, KNH is also facing service quality problems. The challenges lead to sluggish patient diagnosis and care, unduly long appointments leading to insufficient treatment adherence, and high population expectations for outstretched services. This research used a descriptive style. The Krejcie and Morgan formula was used to generate a sample size of 346 people from a target population of 3,006. To determine the sample size, stratified proportionate sampling was used. A pilot research was conducted to ensure that the instruments were valid. Descriptive and inferential method were used to analyze the results. Students, scholars, and KNH decision-makers should all learn from this research. The study established that there was a statistically significant influence of communication on service delivery at public hospitals in Kenya. The study also revealed that there was a statistically significant effect of capacity building on service delivery at public hospitals in Kenya.

Keywords: *Capacity building, Communication, Strategic management practices*

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1.0 Introduction

Strategic management practices are top management activities that comprise of decisions making that work in tandem with the organization mission, vision, philosophies, objectives, core values, strategies and policies. This involves development and implementation of long term plans for proficient organization performance. This positions the organization strategically for maximize on her strengths and to take advantage of environmental opportunities, in addition, mitigate the threats and weaknesses (Palladan & Muhammad, 2018). This will enhance the organizations robustness in the competitive environment. Strategic management practices combine decisions and actions; planning, directing, organizing and controlling of firm's strategies to enhance the organization's competitiveness. In addition, technology, communication, access to finance, capacity building and leadership are crucial factors in the strategic management practices (Palladan & Muhammad, 2018).

To improve service delivery, it is critical to establish and adopt an ICT strategy; it enables efficient access to and transmission of information (Pollyn, 2016). Inadequate, organized, trustworthy and timely information results in poor management of patients' health, money, and time; also, the absence of an adequate system for managing and disseminating information impairs the sector's efficiency. Communication is critical in the service sector (Robertson, Newby & Walkom, 2016). The more effectively a company communicates through mechanisms such as service delivery charters, the more efficiently they can perform their duties and the better decisions everyone else can make. Thus, an organization's efficiency is determined by its responsiveness to planned initiatives, complaints, and requests. Strategic management is critical to the success of any firm. Firms strive to capitalize on existing opportunities in the business environment through strategic management strategies. However, successfully implementing excellent methods will cost time and money (Mosadeghrad, 2014). Pollyn (2016) continued by stating that properly applying strategic management methods will ensure that resources are used efficiently and money is not wasted. According to Lodorfos and Kostopoulos (2015) the health sector requires strategic management techniques to facilitate and create capacity in order to deliver accessible, comprehensive, and high-quality health care to all.

Service enhancements reduce costs, increase the availability of productive operations, improve service quality and encourage a positive customer experience. Facilities, equipment, infrastructure, job design, skills, and processes make up the foundation of a service delivery system. The efficacy of a service delivery system is determined by its objectives; it should deliver the results it was planned and implemented to achieve (Lodorfos & Kostopoulos, 2015).

Communication creates meaning to information. Communication change existing behavior. Therefore, with effective communication and strategies health educator can transform the behavioral change globally. Health campaigns, newsletters, magazines, billboards, radio, television, and social/internet networking will all be used to communicate. Increased community knowledge and understanding of health-related problems should be part of the engagement strategy. Communication is essential in disease prevention. In turn disease prevention promotes health (Nkanunye & Obiechina, 2017). Communication should be adopted as a primary tool in healthcare. This is appreciating that some complex diseases such as cancer and diabetes are lifestyle diseases.

Capacity building is the process of improving and upgrading the skills, abilities, processes, and tools that organizations and societies need to survive, adapt, and succeed in a rapidly changing world (Bromiley & Rau, 2016). Spiridonov (2017) characterized capacity building as a person's, institution's, or organization's ability to perform a given task effectively, efficiently, and on a consistent basis while relying less on external resources. Capacity building is described by Hassan (2018) as activities that enhance individuals' expertise, abilities, skills, and actions while also improving internal structures and processes so that the organization can efficiently achieve its mission and goals in a sustainable manner.

Kenya has adopted a public private partnership approach to implement an elaborate strategic management healthcare system. The approach is recognized as Managed Equipment Service (MES). MES was adopted to promote transition from old and obsolete manual radiology equipment to radiological digital system (Ranschaert, 2016). The MES program included modernization of Kenyatta National Hospital and. Moi. Teaching and Referral Hospital This increased renal transplants from 15 in the financial year 2012/13 to 25 in financial year 2013/14. The increase in renal transplants translates to 67.0 percent. The improvement in the patients' throughput is as a result of the refurbished theatres. Increase in invasive surgeries increased from 786 in 2012/2013 financial year to 1,087 in 2014/2015 financial year (Kassachoon, 2015). The implementation of MES at Kenyatta National Hospital has enhanced diagnosis and management of patients. The strategic management practice has promoted efficiency in patients' management at the hospital.

The Kenya Health Sector strategic plan is guided by the Vision 2030. The objective of the strategic plan was to build capacity of the health sector and decentralize health services to ensure every citizen can access healthcare. This was designed to be achieved through: capacity building in decision making and resource allocation, review and realign health package and community based services, strengthen referral system, and promote strategic management practices (GOK, 2013).

1.1 Statement of the Problem

The burden of disease in developed countries is 70.0 percent of the global burden (Schaferhoff, Suzuki, Angelides, & Hoffman, 2015). This is due to a shortage of well-equipped medical services. The marginalized populations and refugees bear the brunt of lack of health care (Schaferhoff, Suzuki, Angelides & Hoffman, 2015). Therefore, the healthcare related goals are far from being achieved. Muhindi (2012) argues that mission hospitals should implement strategic planning approaches to boost organizational effectiveness. Irungu and Mutie (2014) reported that despite this acceptance, only 25% of all strategic management practices are implemented and that organizational performance diminishes as a result of this adoption.

Meyer Pascucci and Murphy (2012 (2012) believe that strategic assessment is infrequently performed in organizations, while Bromiley and Rau, (2016) recognized strategic management practices a significant vulnerability in the health care sector, necessitating action by hospital administration. There is a dearth of understanding about strategic management practices and their impact on organizational performance in Kenyan hospitals (Issack & Muathe, 2017). According to Ginter, Duncan, and Swayne (2018), the strategic management model concept is a critical tool in many businesses and can be an excellent tool for attaining the organization's objectives. Additionally, Dudeck, Blobel, Lordieck, and Burkle (1997) emphasize the importance of strategic

management practices as a vital point of differentiation and success in the health business, since the future of every organization is contingent on leaders' integrated thinking.

Service delivery at KNH has had a myriad of challenges. The challenges are elicited by insufficient equipment, and existence of obsolete equipment and poor working conditions. In addition, lack of medical staff, and demotivation of existing medical staff. The challenges lead to slow diagnosis and treatment of patients, unduly long appointments leading to lack of adherence to treatment and high population requiring the outstretched services. The lowly paid and demotivated staff serving under poor working conditions often results to civil action. This often paralyses the already outstretched institution (KNH, 2018).

1.2 Research Objectives

- i. To assess the effects of communication on service delivery in KHN.
- ii. To investigate how capacity building influences service delivery in KNH.

1.3 Conceptual Framework

The study sought to establish how communication and capacity building influence service delivery in public hospitals. The figure below presents the diagrammatic relationship between the dependent and the independent variables.

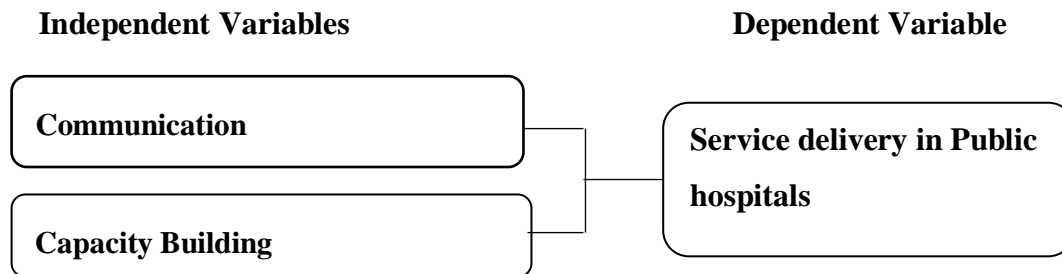


Figure 1: Conceptual Framework

2.1 Theoretical Review

2.1.1 Resource Based View Theory

The origin of the resource-based view theory rolls back to 1930s in the work of Coase (1952). Resource Based View analyzes resources of the institution to develop understanding of how organizations could achieve sustainable competitive advantage. The institutions resources determine the institution performance. However, the resources remain dormant pending the firm to position its capabilities. They then contribute to a long-term competitive advantage. According to the Resource Based View, a firm's sustainable competitive advantage is built on unique, valuable, impossible to imitate, and difficult to replace capital (Bromiley & Rau, 2016).

The theory suggests that businesses are diverse and based on their customers' economic preferences. Furthermore, when contrasting effective and failed companies, rentals are known as vital tools. The importance of human capital in the development of competitive advantage is emphasized in the theory. However, accountants had problems with overall company and

intangible asset valuation as a result of this. According to the critique, theory of value needs to boost transparency (Mweru & Muya, 2016).

However, the theory has been criticized by scholar due to its shortcoming. The resource-based view describes how managers must create and procure strategic resources that meet the requirements of merit, rarity, non-imitation, and non-substitution, as well as how to construct an effective organization. On the other hand, the resource-based perspective fails to understand how managers can do this. According to Priem and Butler (2001) the resource-based view means infinite regress. Firms that have a skill that they can best put into practice may be surpassed by a firm that can develop that capability faster than the best in practice firm. Three criticisms of the resource-based view's applicability are presented in Kraaijenbrink et al. (2010). The resource-based view does not apply to small businesses. This is because they cannot maintain a competitive advantage based on their fixed capital, so they're beyond the reach of the resource-based view.

2.1.2 Theory on Diffusion of Innovation

Rogers' Diffusion of Innovation Theory (1995) states that innovation diffusion is a process. The theory explains how and why new ideas spread, as well as how quickly they spread. In the method, such networks are used. Novelty is communicated by members of a social structure over time (Rogers, 2003). As a result, the approach spreads creativity from the point of discovery or creation to the end user of the technology. As a collective mechanism, the process happens in culture. The method of distribution involves four elements: creativity, communication networks, time, and a social structure.

The theory's importance will continue because new revolutionary technologies arise on a regular basis and must be disseminated in order for people to embrace technology. Following a study of several experiments and observational evidence, the theory was adopted. The theory, on the other hand, is linear and views the contact mechanism from the eyes of the elite. Furthermore, the theory undervalues the influence of the media. They primarily serve to raise awareness of new technologies. The theory overlooks the fact that media can be used as a starting point for community discussions (Dearing & Cox, 2018).

Rogers divides innovation diffusion criticisms into four categories: pro-innovation bias, individual-blame bias, recall concern and equality concerns. The pro-innovation bias, for example, implies that all innovation is positive and should be introduced. Rogers concentrated on the theory's application to businesses and the implications for those interested in learning more about how innovation spreads inside and through organizations. Those in fields including human resource development, organization development, public health and health care, education, and information technology whose work involves organizational change but whose theoretical foundation has not historically included diffusion of innovation theory.

2.2 Literature Review

2.2.1 Communication and Service Delivery

Agarwal (2020) did a study on role of communication and coordination in the service delivery process the study targeted respondent from 5 government ministries in UK. Data was collected using questionnaire where qualitative data was collected and analyzed using SPSS. The study established that efficient internal and external communication leads to positive growth of the business. For organized service delivery, the practices of human relations must be maintained. The

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study also revealed that open communication, either in the form of oral or written, clearly explains roles and responsibilities to workers and encourages them to ask for help if required. By developing a robust positive environment at work, the productivity of the service delivery process is enhanced.

The impact of information communication technology in Nigeria the health care system was poorly documented. As a result, Ahmadu Bello University (2018) conducted a study to determine the effect of information and communication technology on Nigerian health care delivery. Questionnaires were administered to 39 doctors and 10 administrators. The study highlighted that little had been done by countries in sub-Saharan Africa to invest in information communication technology in health care. This has failed to bring patient closers to health care technology and expertise, mostly in remote places using technology.

2.2.2 Capacity Building and Service Delivery

A case study by WHO (2018) established that investing in the workforce in terms of training and development is a prerequisite to quality health service delivery. A requirement should be strategic management practices that clearly define the priority of universal health care, access, coverage, and financial security. This necessitates workforce investment, accountability, client orientation, monitoring and assessment, and data generation. Efficient knowledge governance is critical for public hospitals and clinics to provide services. However, the health-care sector's information systems are also lacking. As a result, there is a pressing need to increase the capacity of health-care workers to make the transition from paper-based to electronic health records. This will make it easier to keep track of how well health-care programs are doing. It is important to have a trained, motivated, and well-supported health workforce. However, the processes and conditions in which they operate make it impossible for them to do their jobs. Nurses, allied and community health professionals, and administrators all perform important roles in public hospital service delivery. This could be accomplished by providing them with training. Continuous quality management, staff preparation and socialization, performance measures, performance feedback, shared learning, and financial rewards are all critical components of capacity building. Governments, policymakers, clinical leaders, health system administrators, and civil society must engage in a consistent leadership style (WHO, 2018).

WHO (2018) found that community health workers can supplement the shortage of skilled doctors, nurses, and other health care service professionals needed for service delivery. Community health workers assist in the removal of cultural and linguistic barriers to health care and the expansion of access to services. Public health workers manage children's illnesses in a healthy and efficient way, minimize the spread of communicable and non-communicable diseases, improve wellness, and include family planning services (WHO, 2018). With the availability of unskilled health care personnel, however, there is a lack of capacity to make accurate diagnoses or prescribe ineffective medication (Andrabi, Das & Khwaja, 2015). Rural clinicians in southern China spent on average 1.6 minutes consulting with patients. They asked 18.0 percent of essential questions. This led to 25.0 percent of correct diagnosis delivery in the consultations.

3.0 Research Methodology

This study adopted descriptive research design. Descriptive design helps in addressing the who, what, where, where, and how questions associated with a specific research issue. Though the design does not address why, it does clarify the relationship between the variables the target

population for this study involves 3,006 employees at the hospital, including 200 physicians, 25 dentists, 14 pharmacists, 1,718 nurses, 463 administrative workers, and 586 paramedics and other personnel. This results in a target population of 3,006 people (KNH, 2018). According to the Krejcie and Morgan (1970) table of determining a sample size, 346 respondents in a population of 3,006 is sufficient and should be used as representative for that population 23 doctors, 3 dentists, 2 pharmacists, 198 nurses, 53 administrative personnel and 67 paramedics and other staff made up the sample size.

Questionnaires were used to gather data for the study. A pilot study is carried out before a final study is carried out. A sample of 10% of the total sample size were engaged in pilot test study. The raw data for this analysis was obtained using questionnaires and double-checked for accuracy and completeness. The data was then coded and reviewed in SPSS, version 23) for coding errors and omissions. The study findings were presented in form of frequency tables and figures. The frequency and percentages of responses to the goals were used to reflect them.

The proposed study relies on the regression models:

$$Y = \beta_0 + Z(\beta_1 X_1 + \beta_2 X_2) + E$$

Where: Y = Service delivery (dependent variable)
 β_0 = Constant
 Z = Coefficients of moderating variables
 X_1 = Communication
 X_2 = Capacity Building

4.1 Findings and Discussion

A total of 346 employees from KNH were invited to take part in the report. However, 284 of the 364 questionnaires distributed were completed and returned, representing an 82 percent response rate. According to Mugenda and Mugenda (2003), a response rate of 50 percent is sufficient for data analysis and reporting, 60 percent is good, and 70 percent and higher is outstanding.

4.2 Regression Analysis

Model Summary for Communication

The study looked into the effect of communication on service delivery in Kenyan public hospitals. According to the report, contact plays a role in 44 percent of service delivery in Kenyan public hospitals. As shown in table 4.11, $R = 0.661$ indicates a strong positive correlation where $R^2 = 0.437$ means that the communication parameters used in this study contributed 43.7% to service delivery. Thus, other parameters not used in the model account for 56% of service delivery variations. Additionally, the model summary had an adjusted R-squared of 0.423, indicating that 42.3% of variation in service delivery can be accounted for by changes in the construct of communication.

Table 4: Model summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.661	0.437	0.423	0.084422

ANOVA for Communication

In this study, the research tested the linearity between communication and service delivery at public hospitals in Kenya. Using F-Test Tables a critical value of 2.46 was obtained. To test for significance, F-Test obtained must be greater than the critical value. The F statistic indicated in the study findings (22.100) is greater than the critical value (2.46), thus the model is significant to predict service delivery. Based on the output, communication had a value Sig. of 0.002 which is less than 0.05. Thus, we can conclude that there was linear relationship between communication and service delivery at public hospitals in Kenya. Based on the output, communication can be used to explain service delivery in public hospitals.

Table 5: ANOVA for Communication

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	0.221	1	0.221	22.100	0.00187
	Residual	0.281	282	0.0010		
	Total	0.502	283			

Coefficients Correlation for communication

Considering the coefficients of the variables, regression equation can be drawn as shown as:

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

$$Y = 0.452 + 0.473 X_1 + \epsilon$$

Table 6: Coefficients Correlation for Communication

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Constant	0.452	0.147		3.065	0.004
Communication	0.473	0.186	0.391	2.548	0.015

Going by the equation if all factors (parameters for communication) are zero the service will be equivalent to 0.452. The T-Test was used to determine the significance of the individual coefficients. The T tables yielded a T-Test critical value of 1.646. It was a two-tailed test with a significance level of 5%. Communication has a major impact on service quality at the 95 percent confidence interval, as shown by t-statistic values of 2.548, which are greater than 1.646 (critical value). Furthermore, the was statistically significant (Standardized Coefficients = 0.391, t=2.548, p 0.05). Since there was a statistically significant impact of communication on service delivery at public hospitals in Kenya, the hypothesis that communication influences service delivery at public hospitals in Kenya was verified.

Aspects of Capacity building on service Delivery

Table 4.7 illustrates the finding of the study on the respondent level of agreement on the aspects relating to aspects of capacity building on service delivery. From the findings, most of the respondents agreed that the hospital collaborates with other institutions and research agencies in capacity building as depicted by mean score of 3.99. Respondents also agreed there are competent trained staff at the hospital and the hospital infrastructure is functional and well maintained as illustrated by mean score of 3.90 and 3.81 respectively. Respondent agreed that the hospital infrastructure is modern as depicted by mean score of 3.78 respectively.

Table 7: Aspects of Capacity building on service Delivery

	Mean	STDev
There are competent trained staff at the hospital	3.90	1.012
The hospital infrastructure is functional and well maintained	3.81	1.120
The hospital infrastructure is modern	3.73	1.233
The hospital collaborates with other institutions and research agencies in capacity building	3.99	0.933

Equipped Hospital with Modern Equipment's

The study further aimed to investigate whether hospital is well equipped with modern equipment's operated by competent staff. Majority (75%) of the respondent indicated that there is no modern equipment in the hospital and that the once available are not operated by the competent staff while 25% indicated that the hospital is well equipped with modern equipment's operated by competent staff.

Table 8: Equipped Hospital with Modern Equipment's

	Frequency	Percent
No	213	75
Yes	71	25
Total	284	100

Model summary for Capacity building

The research looked into the impact of capacity building on service delivery. The study found that the metrics used to assess the contribution of capacity building to service delivery in Kenya's public hospitals contribute 44 percent to service delivery. This is shown in table 4.20 by R.0.661, which indicates a clear positive correlation, where R^2 (0.437) means that the capacity building parameters used in this study contributed 43.7% to service delivery. Thus, other parameters not used in the model account for 56% of service delivery variations. Additionally, the model summary had an adjusted R-squared of 0.423, indicating that 42.3% of variation in service delivery can be accounted for by changes in the construct of capacity development.

Table 9: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.661	0.437	0.423	0.084422

ANOVA for Capacity Building

The study explored the relationship between capacity building and service delivery at a Kenyan public hospital. Using F-Test Tables, a critical value of 2.46 was found. To test for importance, the F-Test must be greater than the critical value. The study's F statistic (22.100) is higher than the critical value (2.46), indicating that the model can be used to predict service delivery. Capacity building, on the other hand, had a Sig. value of 0.002, which is less than 0.05. As a result, we can infer that capacity building and service delivery at a Kenyan public hospital were linearly linked. Capacity building can thus be used to describe service delivery in public hospitals based on the performance.

Table 10: ANOVA for Capacity Building

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	0.221	1	0.221	22.100	0.00187
	Residual	0.281	282	0.0010		
	Total	0.502	283			

Coefficients for Capacity Building

Considering the coefficients of the variables, regression equation can be drawn as shown as:

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

$$Y = 0.28 + 0.673 X_1$$

Table 11: Coefficients for Capacity Building

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
Constant	0.28	0.099		2.834	0.000
Capacity Building	0.673	0.121	0.661	5.571	0.017

Going by the equation if all factors (parameters for access to capacity building) are zero the service will be equivalent to 0.28. The T-Test was used to determine the significance of the individual coefficients. The T tables yielded a T-Test critical value of 1.646. It was a two-tailed test with a significance level of 5%. Capacity building has a major impact on service delivery at the 95 percent confidence interval, as demonstrated by t-statistic values of 2.834, which is greater than 1.646 (critical value). =0.673, t=5.571, p 0.05) was also statistically important. Since there was a statistically significant impact of capacity building on service delivery at public hospitals in Kenya, the hypothesis that capacity building influences service delivery at public hospitals in Kenya was verified.

4.2 Service Delivery

Aspects of Service Delivery at KNH

The respondents were asked to rate their degree of agreement on various aspects of service delivery at Kenyatta National Hospital. Based on the study results, the majority of respondents strongly agreed that the hospital's patient treatment is right, as shown by a mean score of 4.20. As shown by the mean score of 4.03, the hospital has a low waiting time at various service delivery points. With a mean score of 3.92, respondents concluded that the hospital's employees are satisfied with their working conditions. Employees at the hospital are satisfied with their working conditions, according to respondents, as shown by a mean score of 3.70.

Table 12: Aspects of Service Delivery at KNH

	Mean	STDev
There is minimal waiting time at various service delivery points at the hospital.	4.03	0.890
There is accuracy in administering treatment to patients at the hospital.	4.20	0.542
The staffs at the hospital are satisfied with the working conditions	3.70	0.852
Customer turnover is satisfactory	3.92	0.827

Level of Satisfaction by Service Delivery at the Hospital

Table 13 shows the level of satisfaction on service delivery at the hospital. Majority (68%) of the respondents indicated that they are satisfied beyond expectations, 18% indicated that they were not satisfied, 8% indicated that they are satisfied while 7% indicated that they are disappointed with the service offered in the hospital.

Table 13: Level of Satisfaction by Service Delivery at the Hospital

	Frequency	Percentage
Disappointed	20	7
Not satisfied	51	18
Satisfied	23	8
Satisfied beyond expectations	193	68
Total	284	100

Strategic Management Practices and Service Delivery

The study's main goal was to look at strategic management strategies and service delivery at public hospitals, using KNH as a case study. The statistical significance of the independent variable (strategic management practices) on the dependent variable (service delivery) at public hospitals was tested using a simple regression model.

Model Fitness for Strategic Management Practices

The coefficient of determination R Square for strategic management activities variables is 0.604, as shown in Table 14 suggesting that they account for 60.4 percent of the variance in service delivery. Other variables not included in the model account for 39.6% of the difference in service delivery. Additionally, the model summary had an adjusted R-squared of 0.591, indicating that 59.1% of variation in service delivery can be accounted for by changes in the construct of strategic

management practices. This means that strategic management strategies and service delivery have a significant relationship.

Table 14: Model Fitness for Model Fitness for Strategic Management Practices

R	R Square	Adjusted R Square	Std. Error of the Estimate
.777a	0.604	0.591	0.25687

5.0 Conclusion

The analysis also wanted to see how communication affects service delivery in KHN. The study deduced that public is aware of the services being offered at the hospital and that patients are reminded of their appointment through short message system. There is smooth flow of information from one point of service to the next. that the hospital management encourage feedback and that the hospital management request clients to give feedback on their level of satisfaction at the service. There is well coordinated communication between staff and the patients. The study concludes that that there was linear relationship between communication and service delivery at public hospitals in Kenya.

To investigate how capacity building influences service delivery in KNH. The study concludes that the hospital collaborates with other institutions and research agencies in capacity building. There are competent trained staff at the hospital and the hospital infrastructure is functional and well maintained. The hospital receives referrals from other hospitals and that the hospital infrastructure is modern. There is no modern equipment in the hospital and that the once available are not operated by the competent staff. The study concludes that capacity building and service delivery at a Kenyan public hospital were linearly linked. Capacity building can thus be used to describe service delivery in public hospitals based on the performance.

6.0 Recommendation

Implementing and adopting ICT strategy is a must for better service delivery because it allows for efficient access and distribution of information. The absence of adequate, coordinated, reliable, and timely information contributes to mismanagement of patient health, money, and time, as well as the absence of an adequate system to handle and disseminate information, which reduces the sector's productivity.

Given the study's findings, which confirmed that capacity building influences service delivery, the study recommends that the government and public hospital management staff should use capacity building mechanisms to build management systems and programs, hold seminars and workshops, broaden public participation, which allows for progress of implemented programs and increases competence and effectiveness among staff in public hospitals.

Based on the findings of this study, future researchers should consider the following issues and areas for further study. The analysis looked at KNH's strategic management strategies and how they affect service delivery. The research took place in a referral hospital. Future research could be undertaken in other referral hospitals within Kenya, and compare the findings.

The study can also be replicated in a different context. It can be undertaken in other sectors in, for example, adoption of strategic management practices and their influence on service delivery in education department. It can be undertaken in county in the country for comparison of findings. The focus of the study was on qualitative aspects in terms of influence on service delivery. A similar study can be undertaken, with quantitative measurements.

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