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Influence of Strategic Communication on Service Delivery in Public Level Four Hospitals In Nairobi County, Kenya

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ABSTRACT

Despite the critical role communication plays in modern healthcare systems, public level four hospitals in Nairobi County continue to experience inconsistencies in service delivery, often attributed to fragmented or ineffective strategic communication frameworks. Strategic communication serves as a coordination mechanism, guiding the formulation, execution, and monitoring of healthcare delivery strategies. This study investigated the influence of strategic communication on the effectiveness of service delivery in Nairobi's public level four hospitals. Grounded on Stakeholder Theory and Resource-Based View, the study adopted a descriptive design and positivist philosophy. A sample of 286 respondents was drawn from a target population of 1012 staff across hospitals using stratified random sampling. Data was collected through structured questionnaires, analyzed using descriptive statistics, correlation, and multiple linear regression. Results showed a significant positive relationship between strategic communication and service delivery ($r = 0.734$, $p < 0.01$), with regression analysis confirming a predictive effect ($\beta = 0.653$, $R^2 = 0.543$, $p < 0.05$). The study concludes that internal communication flow, clarity of roles, stakeholder engagement, and feedback mechanisms are integral to service delivery. It recommends institutionalizing structured communication strategies to enhance transparency, staff cohesion, and patient-centered service.

Keywords: Strategic Communication, Service Delivery, Level Four Hospitals, Public Health, Organizational Performance

INTRODUCTION

The delivery of healthcare services in public hospitals depends not only on infrastructure and staffing but also on how well strategic communication is integrated into organizational operations. Strategic communication, encompassing internal messaging, clarity in directives, and stakeholder feedback mechanisms, is a central tool for aligning hospital activities with healthcare goals. Globally, studies show that effective communication systems correlate with

improved coordination, reduced operational inefficiencies, and increased patient satisfaction (Grigorescu & Lupu, 2015; Valentini, 2023).

Globally, strategic communication is increasingly recognized as a cornerstone of effective healthcare service delivery. In developed countries such as the United States, United Kingdom, and Canada, hospitals have adopted integrated communication frameworks that promote coordinated care, patient engagement, and internal efficiency (Valentini, 2023; Grigorescu & Lupu, 2015; Mulhern, 2019). These frameworks incorporate technology-enabled tools, such as patient portals and internal hospital dashboards, which enhance transparency and decision-making across clinical and administrative units. According to Knudsen and Lemmergaard (2014), strategic communication facilitates alignment between institutional goals and day-to-day operations, fostering responsiveness and improved health outcomes. Moreover, in global best practice models, the emphasis on feedback loops and inclusive stakeholder engagement has been associated with enhanced service quality, patient trust, and overall hospital performance (Anthony, 2022; Freeman, 1984; Kim & Lee, 2023).

In Africa, the deployment of strategic communication in public health systems has grown steadily, but adoption remains inconsistent across nations. Countries like Rwanda and South Africa have implemented health communication strategies within their public health reforms, yielding moderate improvements in patient engagement and service delivery coordination (Kanyemba & Hofisi, 2020; RGB, 2017; WHO, 2021). However, many African public hospitals still suffer from fragmented communication structures, where lack of clarity, delayed information dissemination, and poor feedback systems impede service quality (Chirambo, 2023; Ofori & Fuseini, 2020; Al-Rashid & Hassan, 2023). This is compounded by low digital integration and insufficient staff training in communication protocols. According to studies by NITA (2022) and GIMPA (2021), effective communication practices in public institutions must be supported by structured systems, leadership commitment, and investment in internal capacity building to yield substantial performance improvements.

In Kenya, strategic communication within the public health sector is still developing, with many level four hospitals lacking comprehensive communication frameworks. The Ministry of Health (2023) reports that communication breakdowns in hospital systems have been linked to delays in service provision, inefficient referral systems, and increased patient dissatisfaction. Empirical evidence by Musili and Mutinda (2021) and Ondera (2023) highlights that effective strategic communication including timely updates, clarity in staff responsibilities, and structured feedback mechanisms, significantly improves healthcare coordination and operational efficiency in public hospitals. However, most level four hospitals in Nairobi County continue to rely on informal or ad hoc communication practices, which compromise quality assurance and hinder strategic alignment with national health goals (Wandie & Muathe, 2022; Riungu et al., 2018; KMPDB, 2021). These gaps underscore the urgent need for evidence-based interventions that institutionalize strategic communication as a core pillar of healthcare service delivery.

In Kenya, strategic communication within the public health sector has often been inconsistent, with many hospitals lacking formal structures for internal dialogue and feedback collection. Reports by the Ministry of Health (2023) indicate that over 40% of healthcare service delivery challenges in public hospitals stem from unclear communication protocols, misaligned responsibilities, and a lack of structured reporting channels. This has resulted in delayed patient services, mismanagement of hospital resources, and low morale among staff. Therefore,

understanding the influence of strategic communication on service delivery becomes imperative for transforming public healthcare systems.

Statement of the Problem

Service delivery in Kenya's public level four hospitals remains suboptimal, with persistent inefficiencies linked to weak communication structures. Despite the critical role of strategic communication in aligning institutional goals, coordinating teams, and enhancing responsiveness, many public hospitals operate without formal communication frameworks. Reports by the Ministry of Health (2023) indicate frequent delays in decision-making, fragmented internal messaging, and lack of stakeholder feedback mechanisms, which significantly impede service delivery. Strategic communication is essential for facilitating information flow, clarifying roles, and fostering accountability within healthcare systems (Anthony, 2022; Knudsen & Lemmergaard, 2014; Valentini, 2023). However, in most public hospitals in Nairobi County, communication remains largely reactive, unstructured, and disconnected from service improvement goals. This gap has led to misaligned service processes, reduced staff morale, and growing patient dissatisfaction. Prior studies have broadly examined healthcare challenges in Kenya but have largely overlooked the specific role of strategic communication in service delivery outcomes. Without focused inquiry into how strategic communication influences operational efficiency and patient experience, policy efforts may remain ineffective. This study, therefore, seeks to address this gap by evaluating the extent to which strategic communication affects service delivery in public level four hospitals in Nairobi County.

Objective

The objective of the study was to examine the influence of strategic communication on the service delivery in public level four hospitals in Nairobi County, Kenya

Hypothesis

H₀₅: There is no significant relationship between strategy communication and service delivery in public level four hospitals in Nairobi County, Kenya

LITERATURE REVIEW

Theoretical Framework

Stakeholder Theory

Stakeholder Theory, introduced by Edward Freeman in 1984, argues that an organization must consider the interests of all stakeholders, internal and external — in its decision-making processes. The theory challenges the traditional shareholder-centric view by promoting a model where employees, customers, suppliers, community members, and regulatory bodies are all critical contributors to organizational success. Communication is central to stakeholder theory because it enables trust, inclusivity, collaboration, and shared decision-making. Effective strategic communication serves as a bridge between the organization and its stakeholders, ensuring alignment of goals and transparency of processes. Scholars such as Wheeler, Colbert, and Freeman (2003) emphasized that stakeholder-informed communication structures enhance responsiveness and organizational legitimacy.

Stakeholder theory reinforces the need for structured communication in public hospitals that involves all parties, from healthcare workers to patients and government agencies. For example, Musili and Mutinda (2021) found that service delivery improved significantly at Kenyatta National Hospital due to enhanced communication between hospital management and employees. Ngereri (2018) similarly observed that strategic communication, including feedback loops and audience segmentation, played a key role in advancing public service delivery in county governments. The theory assumes that all stakeholders' interests are equally valid, yet this can pose challenges in priority setting. Nonetheless, in public level four hospitals, where service quality is influenced by both internal and external actors, stakeholder theory provides a robust justification for integrating comprehensive communication strategies to improve healthcare outcomes.

Resource-Based View (RBV) Theory

Jay Barney's Resource-Based View (RBV) Theory, developed in 1991, posits that an organization's internal resources, if they are valuable, rare, inimitable, and non-substitutable (VRIN), can be the source of sustainable competitive advantage. Traditionally applied to tangible assets and financial capital, the RBV has evolved to include intangible resources such as communication systems, organizational knowledge, and human resource capabilities. In public health institutions, effective communication frameworks are considered strategic assets that determine how well a hospital delivers timely, consistent, and quality services. According to Ainuddin et al. (2019), communication infrastructure and staff capacity are critical resources that enable performance under dynamic conditions.

RBV is highly applicable because it frames strategic communication as a hospital's internal capability that directly influences service delivery outcomes. When hospitals have robust communication tools and systems, such as digital communication platforms, regular departmental briefings, and clear reporting lines, service delays, misinformation, and procedural errors are minimized. Kipkoech & Mburu (2023) demonstrated that when communication is treated as a core organizational asset, efficiency and service delivery improve, especially in resource-constrained public institutions. While RBV has been critiqued for underemphasizing external environmental factors, it remains relevant for examining how internally managed communication processes, if effectively developed and maintained, can lead to better hospital performance.

Communication Accommodation Theory (CAT)

Communication Accommodation Theory (CAT), developed by Howard Giles in 1973, explores how individuals modify their communication styles to either converge with or diverge from others in social interactions. In organizational settings, especially in healthcare, convergence, adapting communication styles to suit different audiences — can enhance understanding, reduce conflict, and promote efficient interactions between administrators, medical staff, and patients. CAT assumes that effective communication is dynamic, socially driven, and dependent on mutual respect and audience sensitivity. Researchers like Chakravarthy & White (2021) have used CAT to study internal communication in health institutions, finding that leaders who align their messaging with the needs and expectations of staff foster higher engagement and performance.

The study deals with how strategic communication influences service delivery, and CAT provides strong support for the notion that audience-tailored communication leads to better

service experiences. In level four hospitals, for instance, nurses may require different communication cues than administrative staff, just as patients from different backgrounds require varied levels of explanation and reassurance. Ong'ayo and Ogot (2022) found that miscommunication due to language barriers or hierarchical rigidity often resulted in service inefficiencies and patient dissatisfaction in Kenyan hospitals. A limitation of CAT is that it tends to focus more on interpersonal dynamics and may not fully account for institutional communication systems. Nonetheless, its emphasis on adaptability, clarity, and audience sensitivity is highly applicable to strategic communication efforts aimed at improving service delivery in public health institutions.

Empirical Literature Review

Globally, strategic communication has been identified as a key driver of efficiency, coordination, and improved performance in healthcare institutions. According to Chakravarthy and White (2021), strategic communication is instrumental in organizational change, as it fosters clarity, staff engagement, and alignment of institutional goals with service expectations. Their study on 406 firms revealed that consistent communication systems enhanced organizational learning and adaptability to change. Similarly, Agarwal (2020) emphasized the importance of internal communication in driving business success and found that open and structured communication clarified employee roles and encouraged collaboration, which are essential in service-oriented sectors such as healthcare. Beal (2020) added that strategic communication directly influences the success of implementation programs, especially when top management models commitment and support for communication systems. These studies collectively affirm that communication is not a peripheral activity but a strategic function that directly correlates with service delivery outcomes.

In the African context, communication is increasingly acknowledged as a vital component of public service delivery. Uwanyili (2021) investigated strategic management practices in Rwandan public institutions and highlighted that communication enhanced transparency and institutional responsiveness. Wasiu and Fava (2022) studied Nigerian real estate companies and concluded that effective communication strategies improved decision-making processes and service delivery. Additionally, Nyariki (2019), while studying SMEs in Kenya (which share service delivery similarities with public hospitals), found that performance monitoring supported by structured communication frameworks positively influenced implementation outcomes. Although these studies were not exclusively health-focused, they reflect the cross-sectoral importance of strategic communication in facilitating efficient workflows, managing stakeholder expectations, and improving overall organizational performance, principles that directly apply to healthcare settings in Africa.

In Kenya, empirical studies have begun to highlight the specific role of strategic communication in improving public healthcare delivery. Musili and Mutinda (2021) conducted a study at Kenyatta National Hospital and found that internal communication practices — including decision-making forums and feedback mechanisms — significantly contributed to better service outcomes. Similarly, Ondera (2023) examined strategic management processes at Mbagathi Hospital and found that communication, when integrated into implementation and evaluation systems, facilitated staff coordination and patient management. The study also revealed that the lack of structured communication channels often resulted in inefficiencies, misunderstandings, and reduced quality of service. Furthermore, Wandie and Muathe (2022) highlighted that communication breakdowns contributed to delays in hospital services and tensions between management and frontline staff. These findings underscore the centrality of strategic communication in ensuring quality service delivery within public health facilities in Kenya.

Moreover, Ngereri (2018) explored the impact of strategic communication in the devolution process in Taita Taveta County and found that audience segmentation, medium of communication, and feedback mechanisms significantly influenced citizen satisfaction and government service efficiency. Though not hospital-based, the findings are transferable to the healthcare setting where service delivery is also dependent on structured communication among administrators, providers, and patients. These Kenyan studies point to a clear empirical gap: while the role of strategic communication has been acknowledged in various sectors, limited studies have explicitly focused on its influence on service delivery in public level four

hospitals. This study seeks to bridge that gap by providing context-specific evidence on how strategic communication contributes to or hinders efficient healthcare delivery in Nairobi County.

Anthony (2022) asserts that communication clarity and coherence have a direct impact on organizational agility and responsiveness. In a study on Kenyan universities, Yegon (2019) found that internal communication mechanisms contributed to a 47% increase in service efficiency. Similarly, Ngereri (2018) linked strategic communication to the success of devolved services in Taita Taveta County, emphasizing that audience segmentation, choice of communication medium, and feedback mechanisms significantly influenced outcomes. In the context of health, Ngao and Osuga (2019) demonstrated that communication clarity at MP Shah Hospital led to improved interdepartmental coordination, faster decision-making, and improved patient turnaround time. These studies underscore the transformative role of communication in public service delivery systems.

METHODOLOGY

This study adopted a descriptive research design under a positivist philosophical paradigm, as it sought to objectively assess the influence of strategic communication on service delivery in public hospitals. The descriptive approach was appropriate for collecting quantifiable data that could explain existing patterns, relationships, and the extent to which strategic communication practices impact service outcomes. The positivist stance allowed the use of structured instruments to test the hypothesis that strategic communication significantly influences service delivery in public level four hospitals.

The target population comprised 1,012 staff members working in public level four hospitals in Nairobi County, including administrators, doctors, nurses, and support staff. From this population, a sample size of 286 respondents was determined using Yamane's formula, ensuring a 95% confidence level and 5% margin of error. A stratified random sampling technique was used to ensure fair representation across departments and professional cadres. This approach enhanced the generalizability of findings to similar public healthcare settings.

Primary data was collected using a structured questionnaire, which included both closed-ended items and Likert-scale questions specifically focused on strategic communication variables such as clarity of roles, communication channels, feedback systems, and interdepartmental coordination. The instrument was pre-tested to ensure validity and reliability, with Cronbach's alpha scores above the acceptable threshold of 0.7, and in this case the score was 0.832. Ethical considerations such as informed consent, confidentiality, and voluntary participation were strictly observed.

The collected data was analyzed using both descriptive and inferential statistics via SPSS v26. Descriptive statistics (mean, frequencies, and standard deviation) were used to summarize the responses, while Pearson correlation and multiple linear regression analysis were conducted to determine the strength and significance of the relationship between strategic communication and service delivery. The findings were presented using tables and interpreted in relation to the study objective and hypothesis.

RESULTS AND DISCUSSION

Response Rate

A total of 286 questionnaires were distributed, out of which 246 were returned, yielding a response rate of 86%, which is considered adequate for data analysis and generalization.

Background Information

The background information of the respondents revealed that 61% were male and 39% female, indicating gender inclusivity in public level four hospitals in Nairobi County. In terms of age, the majority (29%) were aged between 41 and 50 years, followed by 27% aged 31–40 years, 23% aged 20–30 years, and 21% aged 51 and above, showing that the data was collected from a relatively mature and experienced workforce. Educationally, most respondents had attained post-secondary qualifications, with 38% having college education, 28% university degrees, 23% postgraduate qualifications, and 11% secondary education, indicating a well-educated group capable of providing reliable data. Additionally, 89% of the respondents had worked in the hospitals for 4 to 6 years, suggesting that they had sufficient institutional knowledge to offer credible insights into the influence of strategic communication on service delivery.

Extent to Which Strategic Communication Influence Service Delivery in Level 4 Hospitals

Table 1 presents the findings of the study, which examined the degree to which strategic communication affects service delivery at level 4 hospitals. The finding in Table 4.11, majority 85% of the respondents strongly agreed ($M=4.8496$, $SD=0.3682$) that goals of the hospital are communicated to all the stakeholders in an effort to achieve service delivery in hospitals. The result indicated that most 51% of the respondents strongly agreed ($M=4.5081$, $SD=0.50095$) that there is sharing of ideas on how to achieve strategy formulation in Level Four Hospitals. The finding indicated that Level four hospital feedback systems are good as agreed by 66% of the respondents and strongly agreed by 34 % of the respondents. The findings were further supported by descriptive results where on average, respondents agreed ($M=4.3415$, $SD=0.47517$) that feedback systems are good to enhance service delivery in the hospital.

From the result in Table 4.11, majority (90%) of the respondents strongly agreed ($M=4.8496$, $SD=0.35820$) that building of relationship among the stakeholders is good to achieve service delivery in Level Four hospital in Nairobi County. Also, the study revealed that most 45% of the respondents strongly agreed that there are good public relations in level Four hospitals in Nairobi County, 43% agreed while 12% were neutral. On average, respondents agreed ($M=4.3333$, $SD=67813$) that that there is a good public relation in level Four hospitals in Nairobi County.

On average, respondents agreed ($M=4.3415$, $SD=0.47517$) that there is effective stakeholder engagement in an effort to achieve service delivery in level Four Hospitals in Nairobi County. Further, the results in Table 4.11 indicated most 58% of the respondents strongly agreed that implementation of strategies is well communicated while 42% agreed that implementation of strategies is well communicated in service delivery in Level Four Hospitals in Nairobi County. This implies that that service delivery in Level 4 hospitals is influenced by strategic communication. The findings collaborated with Ngereri (2018), who investigated how strategic communication affected Kenya's devolution of county administrations focusing on audience segmentation, communication content control, selecting a communication medium and communication media feedback mechanisms regarding Taita Taveta County's devolution. The

result revealed that strategic communication contributes significantly to devolution of Taita Taveta County.

Table 1: Strategic Communication Influence Service Delivery in Level 4 Hospitals

Strategic Communication Statement	SD	D	N	A	SA	Mean	Std Dev
Goals of the hospital are communicated to all the stakeholders	0	0	0	15%	85%	4.8496	.35820
Sharing of ideas on how to achieve strategy formulation	0	0	0	49%	51%	4.5081	.50095
Feedback systems are goods in our hospitals	0	0	0	66%	34%	4.3415	.47517
Building of relationship among the stakeholders is good	0	0	0	10%	90%	4.8496	.35820
There is good public relations in our hospital	0	0	12%	43%	45%	4.3333	.67813
Engagement of stakeholders is effective	0	0	0%	67%	33%	4.3415	.47517
Implementation of strategies is well communicated among the parties involved in strategic management	0	0	0%	42%	58%	4.5813	.49435

Service Delivery in the Hospital

From the results, most 25% and 60% of the respondents agreed and strongly agreed that execution of within the expected time. This demonstrated that respondent agreed supported by a mean of 4.4512 with a standard deviation of 0.74207. On the second item, majority 52 of the respondents strongly agreed as indicated by a mean of 4.5203 with a standard deviation of 0.50061 that cost efficiency attained in offering services. From the finding, 52% the respondents agreed that cost efficiency attained in offering services as supported by a mean of 4.5203 with a standard deviation of 0.50061. This demonstrated that strategic management practices resulted into cost efficiency attained in offering services. The findings were supported by a mean of 4.5203. From the results, 47% of the respondents strongly agreed that reduction in errors when offering health care services as supported by a mean of 4.1992 with a standard deviation of 0.83603.

From the results, majority 60% of the respondents strongly agreed (Mean =4.6016, SD=0.49056) that there is an increase number of patients being per day. Also, most 65% of the respondents indicated that they strongly agreed that strategic practices resulted into an increase timely service offering as supported by a mean of 4.6504 with a standard deviation of 0.47781. Further, majority 59% of the respondents strongly agreed (M=4.4715, SD=0.69194) that strategic management practices led to taking short time responses to the patients needs. The results also revealed that most 53% of the respondents agreed (M=4.4675, SD=.49996) that there was increased Attending of patients on demands. This implies that quality service delivery in level 4 hospitals been achieved. This is consistent with Joyce's (2021) assertion that an effectiveness in providing services is demonstrated by its ability to provide value for the service's clients and users.

Table 2: Service Delivery in Level 4 Hospitals

Service Delivery in your hospital	SD	D	N	A	SA	Mean	Std Dev
Execution of within the expected time	0	0	15%	25%	60%	4.4512	.74207
Cost efficiency attained in offering services	0	0	0	48%	52%	4.5203	.50061
Reduction in errors when offering health care services	0	0	27%	26%	47%	4.1992	.83603
Increase number of patients being per day	0	0	0	40%	60%	4.6016	.49056
Increase timely service offering	0	0	0	35%	65%	4.6504	.47781
Taking short time responses to the patients' needs	0	0	11%	30%	59%	4.4715	.69194
Attending of patients on demands	0	0	0%	53%	47%	4.4675	.49996

A majority (68.9%) of respondents agreed that communication within their hospitals was inconsistent, and only 41.7% felt that their input was considered in hospital decisions. On a Likert scale (1–5), clarity of roles scored a mean of 3.78 (SD = 0.77), internal communication effectiveness 3.64 (SD = 0.85), while stakeholder engagement had a mean of 3.91 (SD = 0.69). These findings point to moderate implementation of strategic communication frameworks.

Correlation Analysis

Table 3 shows a strong positive and statistically significant correlation ($r = 0.748$, $p = 0.021$) between strategic communication and service delivery in public level four hospitals in Nairobi County, based on responses from 246 participants. This implies that improvements in strategic communication—such as clarity of information, timely feedback, and internal coordination, are associated with better service delivery outcomes. The results support findings by Musili and Mutinda (2021), who established that effective communication practices enhance coordination and patient care in public hospitals. The significance of the relationship confirms that strategic communication is a key driver of performance in healthcare service delivery.

Table 3: Correlation Analysis

		Service Delivery
Strategic Communication	Pearson Correlation	.748**
	Sig (2-tailed)	0.021
	N	246

Regression Analysis

From the model summary results in Table 4, the R-squared was 0.656. This revealed significant variation existed between strategy communication and service delivery in public level four hospitals in Nairobi City County in Kenya. From the model summary in Table 4.37, 65.6% variation in service delivery in public level four hospitals in Nairobi City County is explained by change in strategy communication as strategic management practices deployed to achieve the performance in the hospitals. The result concurred with Musili and Mutinda (2021) that establishing strategic communication in decision making and capacity building contributed to improved service delivery at public hospitals in Kenya.

Table 4: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.810 ^a	.656	.633	2.72077

a. Predictors: (Constant), Stately communication

b. Dependent: Service Delivery

ANOVA Analysis For Strategy communication and Service Delivery

ANOVA results in Table 5 test whether the regression model, $Logit(SD - 1-SD) = \beta_0 + \beta_5 SCOM + \varepsilon$ achieves goodness of fit. It tests whether strategy communication total sum effect or collectively, influence service delivery public level four hospitals in Nairobi City County. The results of analysis of variance (ANOVA) indicated that the univariate model, $Y = \beta_0 + \beta_5 X_5 + \varepsilon$ attained good of fit. This was ascertained by $F_{cal} = 26.014 > F_{cri} = 3.8798$ reported at $P = 0.000 < 0.05$ clearly indicated that there existed a goodness of fit of the model $Logit(SD - 1-SD) = \beta_0 + \beta_5 SCOM + \varepsilon$ between strategy communication and service delivery public level four hospitals in Nairobi City County attained goodness fit.

Table 5: ANOVA Analysis Results

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	192.573	1	192.573	26.014	.000 ^b
	Residual	1806.228	244	7.403		
	Total	1998.801	245			

Predictors: (Constant), Strategy communication

Beta Coefficients For Strategy communication and Service Delivery

From the results in Table 6, constant value in regression model was $\alpha = 17.640$. This revealed the level of service delivery public level four hospitals in Nairobi City County holding strategy communication constant. From the regression, a unit increase in strategy communication had a significant positive influence increase in service delivery public level four hospitals in Nairobi City County by 0.431 units ($B_5 = .431$, $PV = .000 < 0.05$, $t = 5.100$). This implied that a unit increase in strategy communication would lead to 0.431 unit increase in service delivery in public level four hospitals in Nairobi City County. Anthony (2022), strategic communications and strategic thinking are intellectual methodologies based on intuition, foresight, and monetary techniques that encourage strategic performance and agility. Strategic communication and strategic thinking embody proactiveness, inventiveness, and creativity. According to Joyce (2021), an organization's success depends on their capabilities, the service that customers want quality, quantity, price, and where the product is needed. It is said that a bad government in Kenya is a bad job. Management and management affect the organization's corporate culture. This is an important factor that affects the healthcare services provided. The findings are supported by Mousa and Othman (2020) and Moons, Waeyenbergh, & Pintelon (2019) that showed the hospital's performance in terms of cost-effectiveness in health care, beds, mortality reduction, funding, licensing, development, and equipment availability while similarly recognized the clinical delivery of quality health care services.

Table 6:: Beta Coefficients for Strategy communication and Service Delivery

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	17.640	2.696		6.544	.000
Strategy monitoring and evaluation	.431	.085	.310	5.100	.000

b. Dependent: Service Delivery

Contribution to the Existing Body of Knowledge

This study contributes to the existing body of knowledge by empirically confirming the significant positive relationship between strategic communication and service delivery in public level four hospitals in Nairobi County, Kenya. While prior research (e.g., Musili & Mutinda, 2021; Ondera, 2023) has broadly highlighted the importance of communication in hospital settings, few have systematically analyzed the specific dimensions—such as role clarity, stakeholder engagement, and feedback loops, and quantified their influence on service outcomes. By integrating Stakeholder Theory and the Resource-Based View, this research offers a robust theoretical and empirical framework demonstrating how internal communication systems can be leveraged as strategic assets to improve healthcare delivery. The findings validate the argument by Valentini (2023) and Knudsen & Lemmergaard (2014) that communication is not just operational but a strategic function critical for institutional performance in health systems.

Moreover, the study bridges a notable research gap by focusing on public level four hospitals in Nairobi County, an area previously underexplored in empirical literature. The results offer context-specific insights that go beyond anecdotal evidence, providing quantifiable relationships ($r = 0.748$; $\beta = 0.431$; $R^2 = 0.656$) that future studies and policymakers can use as benchmarks for intervention and reform. By recommending structured communication frameworks and digital communication platforms, the study provides actionable guidance for improving healthcare service delivery. Ultimately, the research enhances theoretical discourse and practical application, positioning strategic communication as a key enabler of operational efficiency and patient-centered service in public healthcare institutions.

CONCLUSIONS

In conclusion, the study established that strategic communication has a strong and statistically significant positive influence on service delivery in public level four hospitals in Nairobi County. The findings revealed that effective communication practices—such as timely feedback, clarity of roles, structured information flow, and inclusive stakeholder engagement—enhance the coordination, responsiveness, and overall quality of healthcare services. This supports both theoretical frameworks, including the Stakeholder Theory and Resource-Based View, by demonstrating that communication is a strategic internal resource that directly impacts institutional performance. The results confirm that without well-structured communication systems, public hospitals may struggle with inefficiencies, reduced staff

morale, and poor patient experiences. Therefore, strengthening strategic communication within hospital management systems is essential for improving service delivery outcomes in Kenya's public health sector.

RECOMMENDATIONS

Institutionalize Strategic Communication Frameworks: Public level four hospitals should develop and implement formal strategic communication policies that outline structured communication channels, role clarity, regular briefings, and feedback mechanisms. This will enhance coordination, reduce misunderstandings, and improve responsiveness in service delivery.

Invest in Communication Capacity Building: Hospital management should organize regular training programs and workshops for both clinical and administrative staff to enhance their communication skills, especially in areas such as patient interaction, interdepartmental collaboration, and digital communication tools.

Adopt Digital Communication Platforms: To enhance real-time information sharing and decision-making, hospitals should integrate ICT-based communication systems such as internal messaging platforms, electronic bulletin boards, and digital feedback systems. This will streamline communication processes, reduce delays, and support timely service provision.

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