

**EFFECT OF STRATEGIC MANAGEMENT PROCESSES ON
SERVICE DELIVERY IN PUBLIC LEVEL FOUR HOSPITALS IN
NAIROBI COUNTY, KENYA**

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the Conferment of a Degree in Business Administration (Strategic Management) of
Kenya Methodist University**

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DECLARATION

I confirm that this thesis is my original work and has not been presented in any other university.

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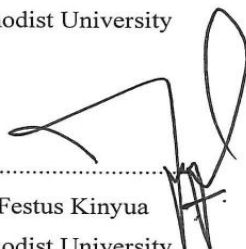
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ABSTRACT

The Nairobi County hospitals at the public level four have remained inefficient in offering healthcare services even with the strategic management frameworks put in place. Poor resource distribution, ineffective coordination and ineffective implementation mechanisms have led to poor patient care and demoralising staff. The chronic nature of these deficiencies resulted in the need to review the impact of strategic management processes on the service delivery within the public health sector. The aim of the research was to study the impacts of the strategic management processes on service delivery in the public level four hospitals in Nairobi County in Kenya. It had particular objectives to evaluate the impact of environmental scanning, strategy formulation, strategy implementation, strategy control, and strategy communication process on service delivery. The research was based on the Contingency Theory, Resource-Based View Theory, and Stakeholder Theory. The study adopted a descriptive research study and a sample population of 1,012 employees selected in the Nairobi County at the level four of the public hospital. A representative sample of 286 respondents was selected by the stratified and simple random sampling method. The collected data were done by means of structured questionnaires and analysed by means of descriptive as well as inferential statistical methods using SPSS. Descriptive results revealed that environmental scanning, strategy formulation, strategy implementation, strategy control, and strategic communication were practiced to varying extents. Correlation analysis show that environmental scanning ($r=0.739$; $p=0.001$), strategy formulation ($r=0.851$; $p=0.002$), strategy implementation ($r=-0.707$; $p=0.009$), strategy control ($r=0.893$; $p=0.011$), and strategy communication ($r=0.748$; $p=0.021$) had significant relationships with service delivery. Regression analysis indicated that environmental scanning ($\beta=0.793$; $p<0.05$), strategy formulation ($\beta=0.874$; $p<0.05$), strategy implementation ($\beta=-0.715$; $p<0.05$), strategy control ($\beta=0.872$; $p<0.05$), and strategy communication ($\beta=0.529$; $p<0.05$) significantly influenced service delivery. The study recommended enhanced environmental scanning to anticipate healthcare needs, systematic strategy formulation to align objectives with patient outcomes, better coordination in implementation, robust control systems for monitoring performance, and strengthened communication processes to improve healthcare service delivery in public hospitals.

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ABBREVIATION AND ACRONMYS

ANOVA	Analysis of Variance
CEO	Chief Executive Officer
CHAK	Christian Health Association of Kenya
DGH	District General Hospital
GH	General Hospital
HR	Human Resource
ICT	Information and Communication Technology
KEMRI	Kenya Medical Research Institute
KEPH	Kenya Essential Package for Health
KMPDB	Kenya Medical Practitioners and Dentists Board
MOH	Ministry of Health
NACOSTI	National Commission for Science, Technology and Innovation
NGO	Non-Governmental Organization
RBV	Resource-Based View Theory
SD	Service Delivery
SMP	Strategic Management Processes
SPSS	Statistical Package for the Social Sciences
SWOT	Strengths, Weaknesses, Opportunities and Threats
VIF	Variance Inflation Factor
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

Chapter One serves as the introductory section of the study, establishing the groundwork upon which the research is developed. It begins by presenting the background, which explores global, regional, and local perspectives on the connection between strategic management processes and service delivery within public level four hospitals in Nairobi County, Kenya. The chapter then outlines the research problem that necessitated the study, followed by the overall and specific objectives, research hypotheses, and the relevance of the study to various stakeholders. In addition, it delineates the scope and limitations that set the boundaries of the investigation and explains the assumptions on which the study is based. To enhance clarity and ensure consistent interpretation, the chapter concludes by defining key operational terms applied throughout the research.

1.1 Background of the Study

Effective service delivery in healthcare institutions is increasingly dependent on sound strategic management processes that align organizational goals with operational efficiency and patient needs. Strategic management involves the formulation and execution of strategies that guide institutions in achieving long-term objectives through environmental scanning, strategy formulation, implementation, control, and communication. In the healthcare context, these processes enable hospitals to allocate resources efficiently, enhance coordination, and respond effectively to changing patient demands and environmental dynamics (Pavalaşcu & Gabor, 2020; Runge et al., 2020). As healthcare systems face growing complexity and competition, strategic management has become an essential tool for improving organizational performance and service outcomes.

Service delivery entails providing services efficiently and promptly to meet recipients' needs, a key indicator of organizational excellence (Hosono, 2020). In healthcare, strategic

management processes—comprising environmental scanning, planning, implementation, and evaluation—enable institutions to create value, enhance performance, and respond effectively to dynamic environments (Pavalaşcu & Gabor, 2020; Runge et al., 2020). By aligning short- and long-term goals, strategic management guides decision-making and improves the quality of healthcare services (Onyekwelu, 2020). It provides organizations with direction, adaptability, and coordination in responding to environmental pressures (Jovanović, Dražić-Lutitsky & Vašiček, 2019; Wasiu & Fava, 2022). Effective service delivery ultimately promotes client satisfaction through improved quality, timeliness, and organizational efficiency (Hassink et al., 2019).

Globally, healthcare organizations have adopted strategic management processes to enhance efficiency and quality in service delivery. For example, in the United States and the United Kingdom, the use of strategic planning, performance monitoring, and environmental assessment has improved operational efficiency and patient satisfaction (Demir, 2018; Gallo et al., 2019). Similarly, studies in European countries such as Slovenia and Croatia have demonstrated that strategic management tools like benchmarking, quality assurance, and total quality management significantly influence service quality in public health institutions (Jovanović et al., 2019). These findings underscore the global recognition of strategic management as a driver of organizational success in healthcare systems.

Regionally, African countries have increasingly adopted strategic management approaches to improve public sector performance. In Rwanda, strategic management processes such as planning, monitoring, and evaluation have enhanced efficiency in public institutions, including health agencies (Uwanyiligira, 2021). In Nigeria, organizations applying strategic planning and environmental scanning reported improved productivity and service delivery due to better alignment of internal processes with environmental dynamics (Wasiu & Fava,

2022). These regional trends affirm that adopting systematic strategic management practices can significantly improve service delivery in public health systems across Africa.

Locally, Kenya's public hospitals have implemented strategic management frameworks in response to the need for efficient healthcare services. Studies show that strategic formulation, implementation, and communication processes enhance accessibility, affordability, and timeliness of healthcare services (Musili & Mutinda, 2021; Mitei, 2019). Riungu et al. (2018) further found that environmental scanning and strategic formulation positively influenced organizational performance in educational institutions, indicating their applicability across sectors. Despite these efforts, many public hospitals continue to experience inefficiencies in planning, resource utilization, and coordination, which undermine healthcare quality and patient satisfaction (Tumate & Njoroge, 2023). These gaps highlight the need for empirical evaluation of how strategic management processes influence service delivery in public level four hospitals in Nairobi County, Kenya.

Effective service delivery is strongly linked to client satisfaction, loyalty, accountability, and overall growth within the healthcare sector (Uwanyiligira, 2021). However, poor customer service in some public hospitals in Kenya has resulted in high staff turnover and inadequate coverage, leading patients to seek alternative healthcare providers and damaging institutional reputation (Demir, 2018). These challenges have prompted healthcare institutions to adopt strategic management practices aimed at improving service quality. Strategic management encompasses environmental scanning, strategy formulation, implementation, evaluation, and control—processes that help organizations respond to external forces and optimize internal capabilities (Anbumozhi & Kimura, 2020). Through continuous evaluation and monitoring, healthcare organizations can align operations with desired outcomes, enhancing efficiency and value creation in service delivery.

1.1.1 Global Perspectives

Globally, organizations have embraced strategic management processes to enhance efficiency and improve service delivery across various sectors, including healthcare. In developed economies such as the United States and the United Kingdom, strategic techniques like environmental assessment, strategic planning, and continuous monitoring have been instrumental in improving organizational performance and healthcare outcomes, with notable growth in service efficiency and quality (Demir, 2018). Similarly, countries such as Germany, Italy, and Spain have recorded enhanced effectiveness in health sector operations through structured strategic management practices. In Malaysia, public health institutions have adopted continuous management processes to promote affordable and preventive healthcare (Gallo et al., 2019). Jovanović et al. (2019) further observed that in Slovenia and Croatia, tools such as auditing, benchmarking, knowledge management, and total quality management significantly strengthened monitoring and evaluation frameworks, thereby improving service delivery in health organizations.

1.1.2 Regional Perspective

According to Uwanyiligira (2021) improving service delivery and achieving a good level of service delivery can be done through a strategic management process in the public sector that takes into account complexity and uncertainty in the hands of the social environment organization. Uwanyiligira (2021) investigated the impact of strategic management processes in Rwandan Government Agencies and National Land Center on service delivery. The study revealed efficiency and effectiveness in service delivery was achieved due to deployment of strategy implementation and strategy monitoring in National Land Centre. According to Wasiu and Fava (2022), organizational management practices are related to the performance of real estate companies in Nigeria. In Nigeria, demand for real estate has increased

significantly in recent years, due to the use of strategic planning, Lagos and Abuja have increased their Return on Investment (ROI).

1.1.3 Local Perspective

Strategic management processes have been deployed within institutions in Kenya in an effort to achieve performance. Riungu et al (2018) focused on establishing strategic management processes adopted in secondary schools and the extent of strategic management processes influence achieving of competitive academic performance in schools in Meru, Embu, Tharaka Nithi, Kitui and Machakos. The study revealed that environmental scanning and strategic formulation contributed to achieve competitive academic performance in schools. Secondary schools in Eastern region of Kenya adopted strategy formulation and positioning processes aiming at achieving competitive academic performance. According to Riungu et al (2018), schools in Eastern region of Kenya including Meru, Embu, Tharaka Nithi, Kitui and Machakos counties adopted strategy formulation practices for example analysis of adequacy of staff members, resource analysis, external environment analysis for instance Ministry of Education policy, community based organizations, Non-governmental Organizations, Constituency Development Fund and community support and analysis of leadership skills and abilities contributed to achieving competitive academic performance.

In Kenya, health institutions have increasingly adopted strategic management processes to enhance service delivery in public hospitals. Musili and Mutinda (2021) found that effective communication in decision-making and capacity building significantly improved healthcare service delivery at Kenyatta National Hospital. Similarly, Mitei (2019) established that strategy formulation, implementation, and evaluation enhanced accessibility, affordability, and timeliness of services at the National Museums of Kenya. Strategic management has thus emerged as a vital organizational practice for sustaining competitiveness and improving institutional performance. Tumate and Njoroge (2023) observed that strategic management

processes positively influenced the performance of government hospitals in Nairobi, while Maina (2019) emphasized that strategic planning, governance, human resource capacity, and financial stability were key drivers of organizational performance among NGOs in Kenya.

1.1.4 Strategic Management Processes

Management processes are a series of interconnected activities that include planning, organizing, staffing, leading (or directing), and controlling; that managers undertake to coordinate resources and activities effectively and efficiently to achieve an organization's goals.

The central objective is to determine the strategies organizations adopt to remain competitive in the marketplace and the manner in which they structure and coordinate their internal activities. As noted by Demir (2018), the idea of a strategic management process has become increasingly embedded in organizational practice. Nonetheless, strategic thinking continues to evolve as an area of research, encompassing multiple perspectives and methodological approaches. A common thread across these perspectives is the recognition that strategic thinking helps institutions prepare for the future through structured planning, research techniques, and decision-making models. The growing prevalence of this practice is largely attributed to intensifying competition within industries (Arbelo et al., 2021).

The role of the strategic management process is to sustain a dynamic equilibrium between organizations—such as public health institutions and their external environment, while also equipping policymakers to navigate uncertain future conditions (Chou et al., 2018). Although planning theories differ, most scholars concur that planning fundamentally involves systematic organization and coordination. This process is often categorized into four main components: assessing the environment, formulating strategies, executing strategies, and evaluating outcomes (Demir, 2018). When properly aligned with the specific context of an institution, strategic management processes provide substantial value by enhancing

organizational performance and adaptability. According to Jimenez and Jacob (2020). value leads to defining clear goals, giving good guidance to the whole organization and the important point of "what we are trying to do", that is, by in the opinion of, the organization of the leaders and members are more. Be aware of new opportunities and risky developments. It helps to overcome risk and uncertainty, thus contributing to the success of the organization. A business model that produces consistent, profitable business (Uwanyiligira , 2021).

1.1.6 Service Delivery

In a service industry such as health care, experience of patient plays an important role in assessing and evaluating service quality. Mousa and Othman (2020) showed the hospital's performance in terms of cost-effectiveness in health care, beds, mortality reduction, funding, licensing, development, and equipment availability. Moons et al. (2019) similarly recognized the clinical delivery of health care services and effective management, reliability and health care services in public hospitals.

In ensuring health care services, the global demand focuses on Universal Health Coverage which explains the critical role of quality in the delivery of health care services. As countries strive towards achieving Universal Health Coverage by the year 2030, they are increasingly realizing that the best health care to be achieved is through the coordination of infrastructure, and health providers. Improved health care services require a careful focus on effective care, safety, people-centeredness, timeliness, equity, coordination, and quality care.

1.1.7 Levels Four Hospitals in Nairobi County, Kenya

Level four and level five healthcare institutions provide services for all the surrounding areas and are an important part of the regional health care system, they work as hospitals that manage hospitals in the region, as centers in regional center and national hospital, and can work as a hospital, local hospital & center. Public level four hospitals include specialized care such as emergency care and life support as well as specialist medical advice, laboratory

services, maternity theatre & general theatre. Public level four hospitals consist of health professionals such as specialist nurses and midwives, general practitioners and at least four resident specialists: surgeon, obstetric/gynaecology, paediatrician and physician. Level four hospitals in Nairobi County offers a mix of primary and specialized care, including general outpatient services, specialized antenatal care for high-risk pregnancies, and treatment for conditions like tuberculosis. The hospitals are located in populated county where the ration of doctor and patient is high.

Hospitals are registered by national agencies; Christian Health Association of Kenya (CHAK), the Supreme Council of Islam (SUPKEM) and the Kenya Medical Practitioners and Dentists Council. Some of the Level four hospitals are owned by professional groups, families and individuals. According to KMPDB Act, Cap 253 Laws of Kenya, public level four hospitals must meet the following criteria; At least one theatre, inpatient and outpatients, four different wards, at least 50 beds, At least X-ray service, District Health Officer (Mwinuka et al., 2023).

1.2 Statement of the Problem

Service delivery in Kenya's public healthcare sector remains a critical challenge despite the existence of well-defined strategic management frameworks and institutional reforms aimed at improving performance. Public level four hospitals in Nairobi County, in particular, continue to experience inefficiencies manifested through long patient waiting times, inadequate staff capacity, low resource utilization, and weak coordination of administrative processes. These challenges have constrained the ability of hospitals to provide timely, accessible, and quality healthcare services, thus undermining the realization of the universal health coverage (UHC) agenda. According to Tumate and Njoroge (2023), the poor alignment between strategic management processes and hospital operations has led to persistent inefficiencies and declining public trust in healthcare systems.

While global and regional studies have established that strategic management processes—such as environmental scanning, strategy formulation, implementation, evaluation, and communication—enhance organizational performance (Demir, 2018; Jovanović et al., 2019; Gallo et al., 2019), limited empirical research has examined their specific influence on service delivery outcomes within Kenya’s public hospitals. Most existing studies in Kenya have focused on strategic management in corporate, educational, or non-governmental sectors (Maina, 2019; Riungu et al., 2018), leaving a contextual gap regarding how these processes operate within the public healthcare setting. Furthermore, while studies such as Musili and Mutinda (2021) have explored communication and capacity-building practices at Kenyatta National Hospital, they did not comprehensively assess how the full cycle of strategic management processes influences service delivery efficiency, patient satisfaction, and operational sustainability in county-level hospitals.

The persistent decline in healthcare quality and patient satisfaction within Nairobi County’s public hospitals suggests a weak linkage between strategic management processes and service delivery mechanisms. Previous studies have not adequately investigated how specific elements of strategic management—environmental scanning, strategy formulation, implementation, control, and communication—collectively or individually shape hospital performance outcomes. Additionally, limited attention has been given to the moderating factors, such as governance structures, leadership accountability, and communication frameworks, that may influence the effectiveness of these strategic processes in improving service delivery. This study, therefore, seeks to bridge this knowledge gap by examining the influence of strategic management processes on service delivery in public level four hospitals in Nairobi County, Kenya. The findings will provide empirical evidence to guide policymakers and healthcare administrators in designing and implementing strategic

management frameworks that enhance quality, efficiency, and responsiveness in public healthcare institutions.

1.3 Objective of the Study

1.3.1 General Objective

To establish the effects of strategic management processes on service delivery in public level four hospitals in Nairobi County, Kenya.

1.3.2 Specific Objectives

The study aimed to attain the following specific objectives:

- i. To assess the effects of environmental scanning on service delivery in public Level Four hospitals in Nairobi County, Kenya.
- ii. To establish the effects of strategy formulation on service delivery in public Level Four hospitals in Nairobi County, Kenya.
- iii. To evaluate the effects of strategy implementation on service delivery in public Level Four hospitals in Nairobi County, Kenya.
- iv. To determine the effects of strategy control on service delivery in public Level Four hospitals in Nairobi County, Kenya
- v. To assess the effects of strategy communication process on service delivery in public level four hospitals in Nairobi County, Kenya

1.4 Research Hypotheses

The following hypothesis was tested: -

H₀₁: Environmental scanning has no significant effect on service delivery in public Level Four hospitals in Nairobi County, Kenya.

H₀₂: Strategy formulation has no significant effect on service delivery in public Level Four hospitals in Nairobi County, Kenya.

H₀₃: Strategy implementation has no significant effect on service delivery in public Level Four hospitals in Nairobi County, Kenya.

H₀₄: Strategy control has no significant effect on service delivery in public Level Four hospitals in Nairobi County, Kenya.

H₀₅: Strategy communication process has no significant effect on service delivery in public Level Four hospitals in Nairobi County, Kenya.

1.5 Significance of the study

The study provided decision-makers at public level four hospitals and the current management system to improve the quality of medical reimbursement. This study was an important source of information for donors and community members who fund and receive hospital services. The findings of the study will help the government and donors decide if they will increase the money for the fourth hospital, while the communities can decide if the money has been used as intended.

The study will provide the control of the process of processing that is done in the hospital. It will also help identify areas of the hospital where assistance may be needed in order for the hospital to fulfill its mission, which is to provide healthcare for patients. It will be a useful place for management to try to improve the current practices by identifying some areas that prevent effective health delivery to patients.

The results of the study help to improve the current knowledge of process control and especially process control. The results will help scholars and researchers who may need to analyze the process control system and provide other research areas.

1.6 Limitations of the Study

This research had some problems that prevented it to be more comprehensive. Other institutions were stale in availing data or all the data. The researcher however assured them that the study was done on academic reasons only by producing a letter by the University. Participants took a long time to fill in and submit the questionnaires. The researcher contacted the respondents via phone call, email and in person.

1.7 Scope of the Study

The research concentrates on the Nairobi County, Kenya and the public level four hospitals to determine the influence of strategic management processes on the service delivery. Nevertheless, despite the large number of strategic management processes that influence the service delivery of hospitals in the public level four in Nairobi County Kenya, this study restricted itself to five of them namely, the environmental scanning, strategy formulation, strategy implementation, strategy control and strategy communication process. The participants in the study were restricted to the staff of a random sample of 14 Kenyan level four hospitals in the Nairobi county. The cutoff of the timeframe of the study was set to be in 2024-2025. The study was conducted in the period of November 2024-March 2025.

1.8 Assumptions of the Study

The study was conducted on the public level four hospitals in Nairobi County in Kenya. This study is on the assumption that the data obtained that represents the population that is under study, that the data obtained was accurate and reliable and that the data obtained can be used to answer the research questions. The research is based on the premise that the researcher would have access to resources to complete the study and reach out to the respondents in a timely fashion. The respondents believed that providing information to the government would put their jobs at risk as they would lose their jobs.

1.9 Definition of Significant Terms

Environmental Scanning	A continuous process where hospitals collect and interpret internal and external information to guide proactive decision-making and align strategies with changing healthcare environments (IERE, 2023).
Service Delivery	The provision of healthcare measured by timeliness, accessibility, quality, and responsiveness, aiming to enhance efficiency, patient satisfaction, and system performance (WHO, 2021).
Strategy	A deliberate long-term action plan aligning resources, strengths, and opportunities with organizational goals to address competitive challenges and ensure sustainable growth (Emerald, 2023).
Strategy Communication Process	The structured dissemination of strategic objectives throughout organizational levels, ensuring clarity, stakeholder engagement, alignment, and coordinated action to achieve institutional goals (Stratford Journal, 2023).
Strategy Control	A systematic process of monitoring outcomes against strategic targets, enabling corrective actions and adaptability to ensure alignment with environmental shifts (Sage Publishers, 2022).
Strategy Formulation	The systematic process of analyzing internal capacities, external opportunities, and organizational goals to design strategies that foster sustainable performance (Gulf University Journal, 2023).
Strategy	The practical phase of translating strategies into actions through

Implementation	resource allocation, task assignment, and coordinated execution to achieve objectives (Springer, 2024).
Strategic Management	A continuous organizational process involving goal-setting, environmental assessment, implementation, monitoring, and adaptation to maintain competitiveness and effectiveness (Gulf University Journal, 2023).

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The chapter provided review of works that relate to effects of strategic management processes on service delivery using previous studies. Review works done on the relationship between strategic management processes and healthcare service delivery is then presented concluding with the knowledge gaps identified.

2.2 Theoretical Review

Theoretical frameworks refer to the combination of several theoretical aspects within a single framework to solve a given problem in research. The paper was based on contingency theory, resource-based view theory and stakeholder theory. These theories were selected by the researcher due to their practical applicability to the study under consideration. This research paper was based on three theories, Contingency Theory, Stakeholder Theory, and the Resource-Based View (RBV) to describe the connexion between strategic management processes and service delivery in the public level four hospitals within the Nairobi County in Kenya. The Contingency Theory is built on the fact that there is no single way to manage a business and that the efficiency of an organisation rests with the ability to match strategies with current environmental factors. This is consistent with the objective of the study to determine the adaptation of strategies by hospitals to the dynamic environment on health requirements and policy.

2.2.1 Contingency Theory

In 1964, Fred Fiedler developed the Contingency theory. Child, (1975) and Hambrick (1981) further developed the theory. The theory assumed that performance of organizations is linked

to suitable contingent conditions the firm is operating in inclusive of technology level, strategy, nature of the environment and the structure (Jovanović et al, 2019).

The contingency theory is considered a behavioral theory which states that there is no single best way to achieve success and that what leads to success in one situation may not lead to the same thing in another situation (Biloslava & Lynn, 2019). Therefore, he says that the decision or action that leads to success depends on the different types inside and outside of the organization. The main idea of the unexpected idea is that there is no universal management system or the best group, the organization of the meeting and its process will make it necessary for the environment, organizations that work good work will have a proper place and ensure that. Subsystems are also compatible, the structure and control of the appropriate structure of the appropriate system for both the work to be done and the nature of the same work.

While contingency theory supports strategic management processes by informing managers to act swiftly and correct any deviations for success strategic management, it fails to support the flexibility of managers in decision making. It also fails to explain how leaders should act and be effective in every situation for successful implementation of strategic management processes

Effective environmental analysis and effective management of internal and external forces are closely related to organizational performance. Parastatals are created only to serve the public or the sector and, being the governing body, ignore local problems. When planning, it is important to find out how half the state integrates environmental assessment with stakeholders in the management of the planning process. The theory is relevant to the study of public level four hospitals to ever changing environments informing the need for strategy formulation, strategy control to achieve delivery of healthcare services.

2.2.2 Resource-Based View Theory

In 1986, Jay Barney developed the Resource Based View Theory. It assumes the firm's ability to performance goals is linked to adequacy of internal resources. The theory assumes that specific types of resources that a firm processes and control have power and ability to produce competitive advantage and finally culminating to superior performance of the firm (Barney, 1991). Therefore, their opinion about the resources in the organization is an important place in the organization. Inheritability means that competitors cannot duplicate a company's unique service or product. The theory implies institutions achieve superior performance through the effective utilization and management of internal resources, such as human capital, technology, and organizational culture. Collectively, these theories provide a comprehensive lens for examining how strategic management processes influence hospital performance outcomes.

There are conceptual errors and logical problems in the resource system considering valuable strategic resources that can be a source of competitive advantage and performance. This theory does not provide sufficient support for identifying useful strategic resources (Kiniti et al., 2023). This theory also plays an important role in explaining how to define unique and perceptual capabilities and when they become effective methods for achieving sustainable competitive advantage in organizations. Basically, the point between RBV as a valuable, intangible, intangible and integrated structure is a source of sustainable competitive advantage, it is not guaranteed that the organization facing a difficult environment that needs urgent help a process to maintain a strong work ethic (Karman & Savanevičienė, 2021)

The theory of resources is suitable to study the ability of public hospitals in prioritizing and organizing rare resources that provide the organization a competitive advantage. Resource-based thinking in this context refers to the resources that a company controls and how it uses

them to provide healthcare services. The resource-based approach assumes that providing quality services is one of the unique resources necessary for a hospital to function effectively.

2.2.3 Stakeholder Theory

Edward Freeman developed the stakeholder's theory in the 1970s. This concept was created as a reference for management processes, which Freeman gradually developed and accepted in 1984 through the contribution of the company to different people (Freeman, 1984). According to Wheeler et al. (2003), the ideas that act come from the combination of the social sector and the organization. This theory takes a more unified and nuanced approach than an extended research tradition that include philosophy, psychology, ethics, economics, political theory, law and organizational science. Stakeholder Theory posits that organizational success depends on effectively managing relationships with internal and external stakeholders such as patients, healthcare providers, and government agencies. This supports the study's emphasis on the participatory role of staff and management in implementing strategies that improve service delivery.

According to Mahajan et al (2023) the concept of the theory is based on the decisions of management in which all stakeholders are valued and no one interest is superior to another. From this perspective, the management of the organization need to have a communication network that serves employees, vendors, suppliers, shareholders and all other business partners. He maintains that these stakeholders are important towards the service delivery in institutions.

Among the three theories, the Resource-Based View (RBV) serves as the anchor theory for this study. The RBV emphasizes that sustainable organizational performance arises from leveraging unique, valuable, and inimitable internal resources to gain a competitive advantage. In the context of public level four hospitals, this theory is particularly relevant as it explains how internal capabilities, such as skilled personnel, communication systems, and

managerial expertise, can be strategically developed and deployed to enhance service delivery. The RBV supports the research design by linking strategic management processes (environmental scanning, strategy formulation, implementation, control, and communication) to the effective use of internal resources that determine service efficiency and patient satisfaction. Therefore, this study anchors on the RBV to understand how hospitals can optimize their internal strategic processes to achieve improved healthcare outcomes within a resource-constrained public service environment.

2.3 Empirical Review

The practice of strategic planning is to apply a systematic and well-researched approach to the planning, implementation and management of plans and policies to guide future-focused directions. Social organizations involved in strategic planning include many processes that reflect the current state of the organization, including information, vision, performance standards, needs, goals, activities and initiatives. approach, work plan and strategic monitoring.

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2.3.1 Environmental Scanning and Service Delivery

Dubey et al. (2019) describe environmental scanning as a powerful force that shapes a company's strategic changes and influences the implementation of competitive strategies to enhance customer service, revenue, and organizational performance. Kornelius et al. (2021) further noted that organizational strength—comprising customer orientation, branding, and

resource efficiency—is a critical attribute that allows firms to respond effectively to customer needs, thereby improving satisfaction and overall performance. According to Salih and Alnaji (2014), business success is directly linked to organizational strength, which is characterized by responsiveness, quality, adaptability, and coherent leadership structures. In the context of this study, public hospitals in Nairobi County operate in dynamic environments where policy shifts, funding challenges, and patient demands constantly evolve, yet limited evidence exists on how these institutions systematically scan and adapt to such environmental changes to enhance service delivery.

Resilience, as defined by Garrido-Moreno et al. (2024), refers to an organization's ability to adapt to unforeseen changes through continuous strategic adjustments in response to external pressures. This involves anticipating market or environmental shifts, responding to emerging opportunities, and aligning operations, human resources, and technological innovations to meet new demands. Onyekwelu (2020) emphasized that environmental analysis—through tools such as SWOT—helps organizations identify their competitive position, capitalize on strengths, and mitigate threats. However, in many public healthcare institutions, environmental scanning is either reactive or inconsistently applied, limiting proactive decision-making and the ability to respond swiftly to changing health needs. This gap highlights the necessity for an empirical evaluation of how environmental scanning influences service delivery within public hospitals in Nairobi County.

Organizations may choose to conduct environmental analyses internally or contract external experts to interpret market and policy dynamics. Such assessments enable institutions to understand competitive forces and regulatory challenges that affect performance. Macharia (2016) observed that the strategic planning framework of the Teachers Service Commission enhanced service delivery through systematic environmental evaluation. Similarly, Musili

and Mutinda (2021) argued that strategic planning should guide organizations in aligning internal processes with external environmental conditions. Despite this evidence, there remains a paucity of studies examining how structured environmental scanning practices are applied within Kenya's public healthcare system to improve service efficiency. Therefore, this study seeks to fill this gap by assessing the influence of environmental scanning on service delivery in public level four hospitals in Nairobi County, Kenya.

2.3.2 Strategy Formulation and Service Delivery

Kornelius et al. (2021) examined the relationship between strategic planning and corporate performance within Indonesia's oil and gas sector using both quantitative and qualitative research approaches. Out of 337 companies sampled from the supplier database, 70 provided valid responses. Their findings demonstrated that strategic planning and strategic management had a positive and significant relationship with company performance. The study revealed that the operability of planning enhanced organizational strength, flexibility, and feedback mechanisms, leading to improvements in financial, customer, and process performance. These findings underscore the critical role of effective strategic formulation in enhancing overall institutional outcomes. However, while these insights are drawn from the private sector, their applicability to public healthcare institutions, where bureaucratic constraints and policy influences are predominant, remains insufficiently explored.

Similarly, Mithei (2019) investigated the influence of strategic management processes on service delivery at the National Museums of Kenya. The study established that applying strategic management principles, particularly in planning, implementation, and evaluation, significantly improved institutional performance and operational efficiency. Strategic management, as both an art and a science, enables organizations to formulate, execute, and assess decisions that advance their long-term objectives. It equips organizations to assess

their strategic position, anticipate risks, and exploit emerging opportunities to improve service effectiveness. In this regard, strategic planning forms the cornerstone of the broader strategic management process, ensuring that institutions anticipate environmental shifts, minimize uncertainties, and maintain sustainable performance.

Despite the evidence demonstrating that effective strategy formulation enhances performance in both public and private sectors, limited empirical attention has been directed toward how public hospitals in Kenya conceptualize and apply strategic formulation practices to enhance service delivery. Most existing studies have focused on corporate or cultural institutions, overlooking the healthcare context where strategic decision-making is vital for patient care, resource allocation, and operational efficiency. Consequently, a knowledge gap exists regarding how strategic formulation influences service delivery outcomes in public level four hospitals in Nairobi County. This study therefore seeks to bridge this gap by investigating the extent to which strategy formulation contributes to effective service delivery within Kenya's public healthcare system.

2.3.3 Strategy Implementation and Service Delivery

Strategy implementation encompasses all managerial functions required to translate strategic plans into actionable results, including motivation, resource allocation, compensation, control, and evaluation (). It involves establishing appropriate organizational structures, designing effective management and decision-making systems, and aligning human resource practices such as performance evaluation and incentive schemes with strategic goals. Gandrita (2023) emphasized that implementation is not a linear process but an interconnected set of decisions executed concurrently across different levels of management. Effective implementation ensures that institutional objectives are operationalized through systematic coordination of activities, resource utilization, and continuous monitoring of performance outcomes.

Saka-Helmhout et al. (2024) observed that in dynamic and globalized environments, no single organization possesses all the resources or capabilities necessary to meet the diverse needs of stakeholders. Consequently, successful strategy implementation depends on collaboration, information sharing, and adaptability. George and Massey (2020) argued that managerial motivation, employee engagement, and effective communication are critical determinants of successful implementation. They noted that without active participation and ownership by staff, even well-formulated strategies are unlikely to yield tangible results. Similarly, Figueroa-Flores et al (2020) found that many organizations fail at the implementation stage due to weak communication frameworks, poor leadership alignment, and inadequate resource support, making execution one of the most persistent managerial challenges in both public and private institutions.

Although extensive literature highlights the significance of strategy implementation in organizational success, empirical evidence on its effectiveness within Kenya's public healthcare sector remains limited. Most prior studies have focused on strategy formulation and evaluation, with minimal emphasis on how hospitals execute these strategies through structures, leadership, and staff motivation. In public level four hospitals in Nairobi County, weak implementation mechanisms—manifested in delayed decision-making, resource constraints, and low employee engagement—continue to hinder efficient service delivery. This study therefore seeks to fill this gap by evaluating how strategy implementation practices influence service delivery outcomes in public level four hospitals in Nairobi County, Kenya.

2.3.4 Strategy Control and Service Delivery

Strategic control involves the continuous monitoring and evaluation of organizational activities to ensure that strategic objectives are achieved effectively and efficiently. The World Health Organization (WHO, 2018) emphasized that investment in staff training and

development is essential to improving health service delivery. Strategic management processes must, therefore, prioritize financial sustainability, universal health coverage, and efficient data systems that enhance accountability and evaluation. However, WHO (2018) noted that the health information systems in many public hospitals remain underdeveloped, limiting real-time monitoring and data-driven decision-making. Strengthening the capacity of healthcare workers to transition from paper-based to electronic health records is vital for improving the monitoring and evaluation of service delivery. This requires well-trained, motivated, and empowered staff, as well as supportive leadership and adequate resources.

Achira and Mutua (2024) examined the role of communication and coordination in service delivery and found that effective internal and external communication significantly improves organizational performance. The study, which utilized SPSS for data analysis, revealed that clear communication of roles and responsibilities enhances employee collaboration and efficiency. Similarly, Lekisima et al. (2022) emphasized the importance of comprehensive communication strategies in promoting successful implementation and control of strategic plans in public institutions. Kyendo and Sigei (2025) argued that middle managers are pivotal in this process, serving as communication bridges between senior management and operational staff, while Beal (2020) stressed that top management commitment is essential for motivating employees and ensuring strategy execution. These findings collectively highlight the significance of leadership engagement, performance monitoring, and communication control mechanisms in achieving strategic goals.

Ngao (2016) investigated the impact of communication, employee participation, and capacity building on the performance of MP Shah Hospital. Their study revealed that these strategic control elements significantly influenced institutional performance by improving coordination and accountability. Similarly, Chakravarthy et al. (2021) found that organizational learning, innovation, and employee development are critical to maintaining

performance control and adapting to changing operational environments. These studies underscore that continuous monitoring, training, and leadership commitment are essential components of effective strategic control systems.

Despite these insights, limited empirical research has examined how strategic control mechanisms, such as performance monitoring, staff evaluation, communication frameworks, and feedback systems, affect service delivery in Kenya's public hospitals. Existing studies have primarily focused on private health institutions or corporate organizations, overlooking how government-funded hospitals apply control systems to sustain efficiency and quality care. In the context of this study, public level four hospitals in Nairobi County face persistent challenges in maintaining performance monitoring systems, evaluating service outcomes, and enforcing accountability among staff. This study therefore seeks to fill this knowledge gap by determining the influence of strategic control on service delivery in public level four hospitals in Nairobi County, Kenya.

2.3.5 Strategy Communication Process and Service Delivery

The strategy communication process encompasses all communication efforts essential for the growth, sustainability, and performance of an organization. It involves communicating goals, policies, and regulations through structured information-sharing mechanisms that align all stakeholders toward achieving organizational objectives (Yego, 2019). Public sector organizations employ strategic communication to guide formulation, revision, execution, and monitoring of performance strategies. Effective communication enables managers to translate institutional objectives into actionable strategies, fostering accountability and performance. However, despite its importance, public hospitals in Nairobi County have not adequately institutionalized structured communication processes to ensure that strategic goals are clearly transmitted and implemented across departments. This study seeks to address this gap by examining how

the strategic communication process influences service delivery in public level four hospitals in Nairobi County, Kenya.

According to Anthony (2022), strategic communication and strategic thinking are interlinked intellectual functions rooted in foresight, intuition, and creativity, which enhance strategic agility and organizational adaptability. Effective communication builds cohesion, stimulates innovation, and ensures that all employees understand the organization's direction and priorities. Knudsen and Lemmergaard (2014) further defined strategic communication as the establishment of rules and systems for the systematic exchange of information within and across organizational structures. However, in many public healthcare institutions, communication structures are often hierarchical and fragmented, limiting timely feedback and shared understanding among healthcare providers. In the context of this study, the absence of integrated communication channels within public level four hospitals undermines coordination, reduces efficiency, and impedes service delivery—highlighting the need to investigate how communication processes can be optimized for improved healthcare outcomes.

Gandrita (2023) described the strategy communication process as a methodically planned set of efforts extending from formulation to implementation stages, ensuring that organizational information supports strategic foresight and long-term goals. Similarly, Santos et al. (2023) viewed it as a combination of internal and external communication efforts that align institutional functions and strengthen coordination. When communication systems are well managed, they foster shared understanding and collaboration among departments. However, in public hospitals, communication breakdowns between management and frontline staff often lead to inefficiencies and delays in healthcare delivery. In the context of this study, this gap underscores the need

to evaluate whether structured strategic communication processes could enhance alignment and service delivery efficiency in Nairobi's public hospitals.

Anthony (2022) observed that disconnects between strategic communication, managerial competencies, and strategic thinking result in poor organizational performance. Likewise, Yegon (2019) noted that although strategic communication is vital to corporate success, empirical evidence of its impact on performance remains limited. Organizations lacking effective communication strategies often experience misaligned priorities, weak accountability, and poor service outcomes. In Kenya's public health context, inadequate managerial communication leads to delays in decision-making and inconsistent execution of strategic plans. Thus, this study seeks to bridge the knowledge gap by assessing how the strategic communication process contributes to effective service delivery in public level four hospitals in Nairobi County.

Empirical evidence from Kenya supports the role of communication in organizational success. Ngereri (2018) found that strategic communication significantly influenced the success of devolution in Taita Taveta County through mechanisms such as audience segmentation, communication feedback, and medium selection. Similarly, Yegon (2019) established that the strategic communication process positively impacted institutional growth among private universities in Kenya. However, while these studies demonstrate the benefits of communication in education and county governance sectors, limited research has explored its application within public healthcare institutions, where coordination and timely information flow are critical to saving lives. In the context of this study, public level four hospitals in Nairobi County face persistent communication gaps between management and operational staff, affecting the quality and timeliness of healthcare services. This study, therefore, seeks to fill this gap by examining how strategic communication processes influence service delivery within these hospitals.

2.4 Conceptual Framework

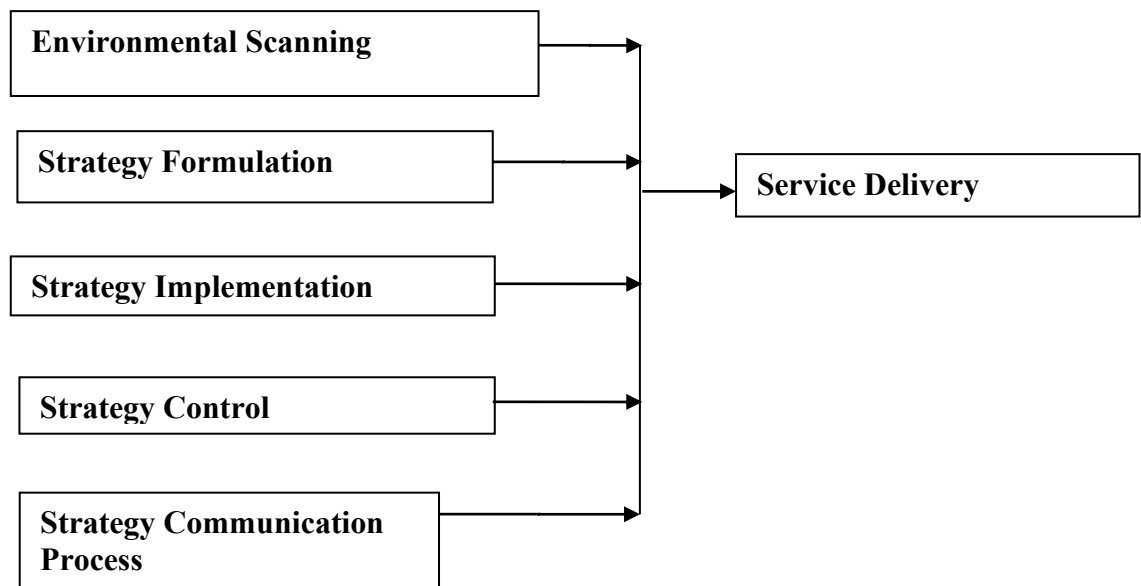
Theories are set of ideas and principles from relevant research area that are used to develop subsequent strategies. Such a process helps researchers define concepts, map research areas or conceptual boundaries, organize relationships between concepts, and identify gaps in the literature Sileyew (2019) Figure 2.1 below illustrates service delivery is the dependent variable while independent variables are environmental scanning, strategy formulation, strategy implementation, strategy control and strategy communication process.

Figure 2. 1:

Conceptual Framework

Independent Variables

Dependent Variable

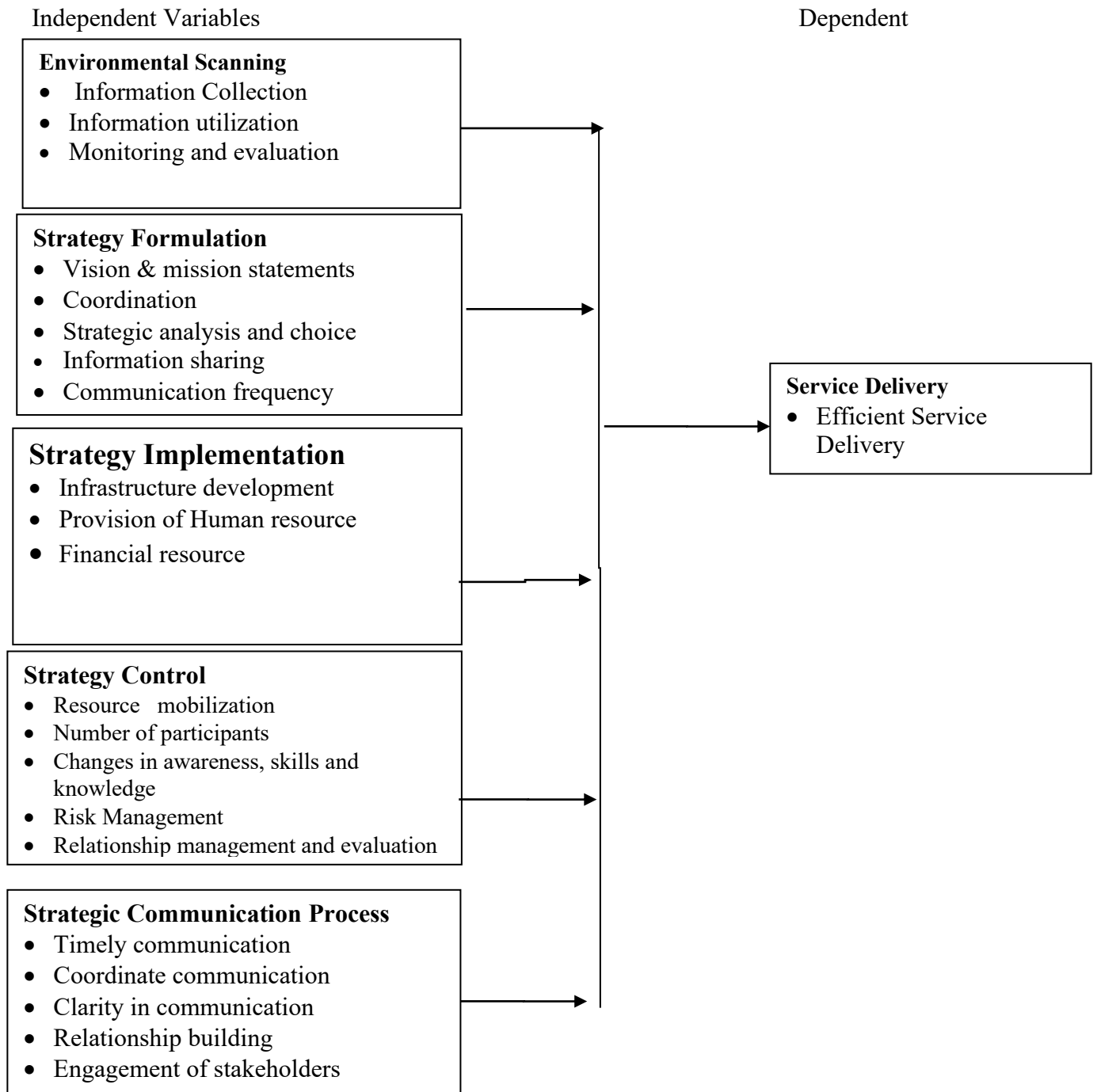


Source: Author (2025)

2.5 Operationalization of Variables

Figure 2. 2:

Operationalization of Variables



Source Author, 2025

Strategic Management Processes includes environmental analysis, strategy planning, execution planning, analysis and control (Wheelen et al., 2018). The practice of environmental analysis supports the definition of the organization of events in the environment based on the understanding of the external forces that affect the work of the organization. Environmental research involves examining past changes and making connections with information. The organization can analyze internal information, such as management reports from previous years, to identify months of low sales that can help managers decide when to announce or implement improvements. To improve health care and health institutions to identify organizational structures that promote organizational structure. This is achieved by analyzing broadcast tapes, images and radio footage that may provide clues or suggestions for future actions (Charlton et al., 2021). A hospital's mission statement is the purpose or reason for existence of a healthcare facility and describes what the hospital provides to customers. The implementation of this plan supports the expected service delivery level. Control through establishment of an audit system to regularly monitor, evaluate and provide feedback on the plans implemented to determine whether quality health care has been achieved (Hill et al., 2014). Evaluation is based on the rapid exchange of information and organizational structure at three important levels, including the company level, the company level and the project level. Health care teams work in a critical environment, and the planning process of care practices and quality health care is a rich research topic that motivates the implementation of this study.

Medical services and public health facilities were distributed among the researchers. Mousa and Othman (2020) present the clinical delivery of health services in terms of cost, bed occupancy, mortality, funding, licensing, development and resource availability. This study recognizes that these processes are collective. Moons et al. (2019) appreciate that running a hospital is not the same as managing a company as public hospitals have weaker practices

than private hospitals. In public hospitals, managers make decisions for creating best prospects for patient care to achieve financial results that can be measured by other traditional measures such as profit and demographics. Important decisions made by the hospital director have significant results as clinics were also recognized for their preparation organization and participation. In fact, it raises the question of cooperation (Duque-Urbe et al., 2019). The performance of public health institutions in developed and undeveloped countries is a cause of concern for health care providers and health care users. Most studies address the general welfare sector in establishing the link between strategic management practices and quality health care provision is the focus of the study.

2.6 Research Gap of the study

2.6.1 Environmental Scanning

Environmental scanning enables organizations to monitor external forces and adapt strategies to changing environments. Studies by YahiaMarzouk and Jin (2022) revealed that organizations that continuously scan their environments improve decision-making and performance through better anticipation of threats and opportunities. Similarly, Macharia (2016) found that environmental analysis in public agencies strengthened institutional responsiveness and service delivery. However, most of these studies focused on private or corporate organizations in developed countries, with limited attention to public healthcare institutions in developing contexts. In Kenya, few studies, such as Musili and Mutinda (2021), have examined environmental scanning within hospitals but failed to quantify its direct effect on service delivery outcomes. The current study addresses this contextual and methodological gap by employing quantitative analysis to measure the relationship between environmental scanning practices and service delivery in public level four hospitals in Nairobi County. It integrates empirical data and statistical modeling to provide evidence-

based insights, thereby strengthening the contextual relevance of environmental scanning within Kenya's healthcare sector.

2.6.2 Strategy Formulation

Effective strategy formulation aligns organizational goals with environmental realities to improve performance. Kornelius et al. (2021) established that strategic planning enhances organizational performance in Indonesia's oil and gas sector, while Jovanović et al. (2019) confirmed its positive impact on public sector efficiency in Slovenia and Croatia. Mitei (2019) reported similar findings at the National Museums of Kenya, and Riungu et al. (2018) demonstrated that strategy formulation significantly improved institutional performance in educational organizations. Despite these insights, most prior studies were limited to corporate or cultural sectors, neglecting public healthcare institutions that operate under unique regulatory and resource constraints. Moreover, earlier research often used qualitative or case-based designs without quantifying causal relationships. This study fills the contextual gap by focusing on public level four hospitals in Nairobi County and the methodological gap by using descriptive and inferential statistical analysis to empirically test the relationship between strategy formulation and healthcare service delivery.

2.6.3 Strategy Implementation

Implementation transforms formulated strategies into operational results, but research on this phase in the public healthcare context remains inadequate. Erede et al. (2024) found that employee motivation and leadership commitment influence implementation success, while Kimirri (2015) emphasized the challenges organizations face in translating strategies into performance outcomes. Ondera (2023) examined the strategic management process at Mbagathi Hospital, identifying inclusive participation and process evaluation as critical for effective implementation, whereas Cherono and Njeru (2024) explored similar dynamics within corporate and SME sectors, emphasizing monitoring and leadership capabilities as key

drivers of success. Nonetheless, these studies were limited in scope, either focusing on non-health sectors or lacking robust statistical validation. This study contributes uniquely by examining the effect of implementation practices—including staff motivation, communication, and leadership commitment—on service delivery in Nairobi County’s public hospitals using a quantitative correlational design, thus addressing both contextual and methodological limitations in previous research.

2.6.4 Strategy Control

Strategic control ensures that performance aligns with established goals through monitoring, evaluation, and feedback systems. The WHO (2018) stressed the importance of staff training and continuous quality control in improving healthcare outcomes, while Chakravarthy and White (2021) highlighted how training and innovation policies enhance organizational adaptability. Similarly, Achira and Mutua (2024) and Andalya (2023) underscored the role of effective communication and control systems in sustaining institutional performance. However, most of these studies focused on global or private institutions with advanced monitoring systems, leaving a gap in understanding how public hospitals, especially in developing nations, apply strategic control mechanisms to improve service efficiency. In Kenya, limited research, such as Ngao and Osuga (2019), has been conducted in private health facilities, with minimal focus on public hospitals. The present study fills this gap by investigating how strategic control—through performance evaluation, monitoring, and feedback—affects service delivery in public level four hospitals in Nairobi County. Methodologically, it employs regression analysis to quantify this relationship, thereby enhancing empirical rigor compared to previous descriptive studies.

2.6.5 Strategic Communication Process

Strategic communication facilitates coordination and alignment of organizational goals. Studies by Yego (2019), Anthony (2022), and Knudsen and Lemmergaard (2014)

emphasized that strategic communication fosters organizational coherence, innovation, and employee engagement. Similarly, Ngereri (2018) found that communication feedback mechanisms significantly influenced devolution outcomes in Taita Taveta County, while Yegon (2019) demonstrated that strategic communication positively impacted institutional growth in Kenyan universities. Despite these contributions, empirical studies on how strategic communication affects service delivery in public hospitals remain scarce. Most prior work focused on educational or county government settings and relied heavily on qualitative or descriptive methods. The current study fills this contextual and methodological gap by quantitatively assessing how strategic communication enhances coordination, decision-making, and performance within public level four hospitals in Nairobi County. By applying inferential analysis, this study provides robust, evidence-based insights that strengthen understanding of communication's role in service delivery improvement within Kenya's public healthcare system.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research methodologies that were employed in order to answer study questions. The chapter specifically describes the research design, the study targets population, and the sampling technique. The chapter also present data gathering instrument, collection, validity, reliability, data computation and processing.

3.2 Research Design

A research design serves as a structured plan or framework that guides the collection, analysis, and interpretation of data within a study. It provides the logical basis upon which the validity of research findings is established. Sreejesh et al. (2014) identify three primary research approaches that a scholar may adopt: exploratory, descriptive, and causal. This study employed a descriptive research design, which was appropriate for examining and explaining phenomena as they exist. Glesne (2016) emphasizes that descriptive designs enable the integration of diverse data sources, thereby offering a more holistic understanding of a research problem than relying on a single source. Similarly, Sileyew (2019) notes that descriptive research design is methodologically rigorous and allows researchers to efficiently collect information from large populations.

3.3. Target Population

A population, commonly referred to as the "universe," is all objects in any subject of study. Sileyew (2019) stated that a target population represents a group of cases or sampling units that the researcher is particularly interested in. Therefore, it is the total of all that complies with a set of requirements. All the employees at public level four hospitals in Nairobi County Kenya made up the study's population. For this study, target population comprised of all the 1012 staff from public level four hospitals in Nairobi County Kenya.

Table 3. 1:*Target Population*

Management Level	Number of Employees
Chief Executive Officer	115
Administration officers	100
Human resource officers	150
ICT Officers	110
Supervisors	125
Operation officers	188
Management in lower level	224
Total	1012

Source: Nairobi County, Ministry of Health (2023)

3.4 Sampling Frame

Glesne (2016) states that a sample size of 1% to 3% is sufficient for sub setting. The 1012 employees of public level four hospitals in Nairobi County, Kenya made up the sampling frame.

Table 3. 2*Sampling Frame*

Management	Number of Employees	Percent
Chief Executive Officer	115	11
Administration officers	100	10
Human resource officers	150	15
ICT Officers	110	11
Supervisors	125	12
Operation officers	188	18
Management in lower level	224	22
Total	1012	100

3.5 Sampling Technique Sample Size

3.5.1 Sampling Technique

Sampling technique is the process of choosing a representative group from a larger population to enable the study of its overall characteristics. For this research, both stratified sampling and simple random sampling approaches were applied to select the participants.

3.5.2 Sample Size

Yamane formula 1967 was used to determine the sample study

$$n = \frac{N}{1 + N(0.05)^2} \cdot n = \frac{1012}{1 + 1012(0.05)^2} = 286.$$

Table 3. 3:
Sample Size

Management	Number of Employees	Sample Size
Chief Executive Officer	115	32
Administration officers	100	26
Human resource officers	150	42
ICT Officers	110	31
Supervisors	125	35
Operation officers	188	56
Management in lower level	224	63
Total	1012	286

3.6 Data Collection Instruments

The research employed a questionnaire as the method of collecting primary data. It was developed with the purpose of obtaining the necessary data. This study used the drop and pick later method of data collection. It was an ingenious approach especially in gathering of primary data. As Plano and Ivankova (2016) argue, drop and pick later method is more effective and cost-effective in data gathering of primary information. This was a suitable strategy as the respondents were allowed to take their own time to fill in the questions. Moreover, this was a cheaper and faster procedure. The scholar used primary sources of data. According to Leedy and Ormrod (2019), primary data refer to those gathered directly by the

respondents. The questionnaire was used to collect the main data. The questionnaire was considered appropriate since it was simpler to administer, cheap and did not need any prior planning before posting. It also contributed to avoiding the embarrassment of the respondents, who feel free to cogitate on their responses, particularly with the pre-coded ones. Moreover, they ensured that the respondent may be anonymous and remove the bias of the interviewer. The research design of the study defined the format of the questionnaire. The questionnaire sub-section of the study variable was different. The questionnaire had both closed and open-ended questions, and the quantitative part of the instrument was conducted in the ordinal scale form. The ordinal format was selected due to the fact that it yields data of equal intervals and this allows the application of enhanced statistical instruments to analyse the variables under research (Cooper and Schindler, 2019). Questions in the questionnaire were developed in a multi-item measuring scale and a five-point likert scale was used with Strongly agreed (5), Agreed (4), Neutral (3), Disagree (2) and Strongly Disagree (1) as the answers. The questionnaire included open-ended requests to get qualitative data to be used in the study to get a detailed understanding of how the strategic management processes affect service delivery in public level four hospitals in Nairobi county, Kenya.

3.7 Data Collection Procedures

The methods of data collection are critical as they enhance validity of the study procedure. The questionnaire package also contained an introduction letter of Kenya Methodist University of Kenya that stated the objective of the study and provided help in acquiring data at the public level 4 hospital. It was shared with the potential respondents. NACOSTI was approached to request a permit to do the research. The researcher arranged a meeting with the hospital management at the level four of the Nairobi City County to get permission to collect data and get the needed assistance.

The questionnaires contained a letter of transmittal, which indicated the sole purpose of the data collection and how the information would be used. The researcher used the instrument in some cases and used the drop and pick method in other cases. Other attempts to enhance the response rate were done by following up respondents and establishing a support network to the respondents.

3.7.1 Pilot Study

The pilot study was carried out to test questions. A pilot study was carried out on the target population. The pilot study was carried out at Kiambu Level Four Hospital since real data would not be collected using the pilot. This study involved 27 subjects representing a tenth of the sample size as used by the researcher.

The research instruments are reliable.

Reliability refers to the disposition to compute simultaneously, such that various measures of the same concept or the same measure produce the same results, repeated. The most important indicator of internal consistency to be assigned to the average correlation of all variables irrespective of their order is Index Alpha. The questionnaire was adequate to collect data and the best threshold was 0.7.

3.7.3 Research Instruments are valid.

Consent is the most significant need of a researcher. Validity describes integrity of the conclusions made through the analysis. The degree to which a tool measures what it is meant to measure is known as validity. It quantifies the extent to which the study data represent a specific variable of the study. When constructing the questionnaire a test is conducted to make sure that the instrument measures what it is expected to measure and functions as planned (Dawadi, et al. 2021). Content and construct validity are part of validation testing.

Moreover, approval of the material was also established through professional opinion of the supervisors and experts. The researcher requests the professional opinion regarding the creation of devices and, primarily, monitors. The researcher posed the questions to prevent one or two errors in this research.

3.8 Data Analysis and Presentation.

The data obtained by the questionnaire was coded to be complete and was put into SPSS 24 to be worked upon. The Statistical Social Science Package (SPSS version 24) was used to enter data and process the data further. The analysis of data was performed based on descriptive and inferential analyses. The data were simplified using frequencies and percentages to reduce the numbers and describe data in a structured process of comparison involving 100 comparisons.

The SPSS used latent variables to represent the numbers with multiple variables. Owing to the open ended questions, data collected was analysed in notes, which were based on the variables of the study. The checklist was divided into overarching research areas to work together, analyse and interpret data and interpreted with the help of content analysis. Content analysis is a technical process through which oral or written communication is analysed and quality changes checked. The test conducted on the effect of strategic management practises on service delivery conducted in the public level four hospitals in Nairobi County, Kenya was tested using linear regression model due to the background of the study..

Linear regression analysis to test H₁

$$Y = \beta_0 + \beta_1 ES + \varepsilon \dots\dots\dots (i)$$

$$Y = \beta_0 + \beta_2 SF + \varepsilon \dots\dots\dots (ii)$$

$$Y = \beta_0 + \beta_3 SI + \varepsilon \dots\dots\dots iii)$$

$$Y = \beta_0 + \beta_4 SC + \varepsilon \dots\dots\dots (iv)$$

$$Y = \beta_0 + \beta_5 SCOM + \varepsilon \dots\dots\dots (v)$$

Multiple linear regression model that was used in this study is presented below:

$$Y = \beta_0 + \beta_1 ES + \beta_2 SF + \beta_3 SI + \beta_4 SC + \beta_5 SCOMP + \varepsilon \dots\dots\dots(vi)$$

Where;

SD= Service Delivery

ES= Environmental scanning

SF= Strategy Formulation

SI= Strategy Implementation

SC= Strategy Control

SCOMP= Strategic Communication Process

β_0 = Constant

$\beta_1, \beta_2, \beta_3$ and β_4 = Beta coefficient and

ε = Error term

The results of the study were presented using a combination of tables, figures, and narrative summaries to ensure clarity, accuracy, and ease of interpretation. Descriptive statistics, including means, standard deviations, and frequencies, were displayed in tables to illustrate the general trends and characteristics of the study variables. Figures and charts were used to provide visual representations of relationships and patterns among variables, enhancing understanding of the quantitative findings. Inferential statistics, such as correlation and regression results, were also summarized in tables to show the strength and significance of relationships between strategic management processes and service delivery.

3.9 Diagnostic Tests

Ordinary Least Squares (OLS) regression produces reliable and unbiased estimates provided that the assumptions of the linear regression model are fulfilled (Long & Ervin, 2018). Before running the regression, diagnostic tests were performed to check whether the independent variables met the key assumptions of normality, linearity, multicollinearity, and homoscedasticity. If these assumptions are not satisfied, the estimated coefficients, significance tests, and confidence intervals may become distorted, biased, or inefficient.

Violations of these assumptions also limit the ability to generalize the findings beyond the study data.

3.9.1 Normality Test

The study applied the Shapiro-Wilk test, which is widely regarded for its superior sensitivity in detecting departures from normal distribution (Asenahabi, 2019). The test statistic (W) ranges between 0 and 1, where values approaching 1 indicate normality, while values further away suggest deviations (Bryman & Cramer, 2018). This standard approach was used to assess the normality of variables in this research.

3.9.2 Linearity Test

A fundamental assumption in regression is that predictor variables and the outcome variable maintain a linear relationship. Such a relationship is evident when data points for the independent variable (X) and dependent variable (Y) align along a straight line with either a positive or negative slope (Asenahabi, 2019). To verify this, correlation analysis and scatter plots are commonly applied. In this study, Pearson's Product-Moment Correlation Coefficient (r) was used to confirm linearity between predictors and the dependent variable in line with OLS requirements.

3.9.3 Multicollinearity Test

To detect multicollinearity, the Variance Inflation Factor (VIF) was used. VIF assesses the degree to which predictor variables are correlated, inflating the variance of regression coefficients, and is calculated as $VIF = 1/(1-R^2)$. According to Shrestha (2020), values greater than 10 indicate problematic multicollinearity. When present, multicollinearity reduces statistical power, produces unstable estimates, and undermines the interpretability of results. Remedies may include adding more data, dropping redundant predictors, or merging correlated variables. The primary drawback of multicollinearity is that it results in inflated variances, large standard errors, and ultimately unreliable estimates (Allen et al., 2023).

3.9.4 Homoscedasticity and Heteroskedasticity Test

Homoscedasticity assumes that the variance of error terms is consistent across all observations, while heteroskedasticity occurs when error variances differ (Jochmans, 2020). The Breusch-Pagan and Koenker tests were applied to test this assumption, with significance levels below 0.05 indicating heteroskedasticity and leading to the rejection of the null hypothesis of constant variance.

This research assumed compliance with regression requirements, including normality, linearity, absence of multicollinearity, and constant error variance. However, contingency measures were put in place to safeguard the reliability of results if violations occurred. Data transformation methods, such as logarithmic or square-root transformations, were planned to address non-normality, while robust regression techniques were considered to handle heteroskedasticity and outliers. For multicollinearity, VIF diagnostics were employed to guide the elimination or consolidation of highly correlated variables. In addition, bootstrapping was proposed to generate more accurate confidence intervals where assumptions were not met. These corrective actions were intended to uphold the validity, credibility, and robustness of the study's regression results.

3.10 Ethical Consideration

This study adhered to established ethical standards to ensure the dignity, rights, and safety of all participants were protected throughout the research process. Prior to data collection, formal authorization was sought and granted by the National Commission for Science, Technology and Innovation (NACOSTI) and the relevant management of public level four hospitals in Nairobi County. Informed consent was obtained from all respondents after they were clearly briefed on the purpose, procedures, and expected outcomes of the research.

To safeguard confidentiality, no identifying information such as names, contact details, or employment numbers was recorded. The data collected was used strictly for academic

purposes and was presented in aggregated form to prevent the possibility of tracing responses back to individual participants. Respondents were also informed that participation was voluntary, and they retained the right to withdraw from the study at any point without any negative consequences. By upholding these ethical principles, the study ensured honesty, trust, and credibility in both the process and the findings.

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CHAPTER FOUR

DATA FINDINGS AND PRESENTATIONS

4.1 Introduction

This chapter details deductions obtained from analysis of collected data. In addition, it identifies the components of the participants as well as their views in relation to the effects of strategic management processes on service delivery in public level four hospitals in Nairobi County, Kenya. The results, data analysis, interpretations and discussion are presented in this chapter.

4.2 Response Rate

Table 4. 1

Questionnaire Return Rate

Respondents Category	Frequency	Percent
Questionnaires returned	246	86,
Questionnaires not returned	40	14
Questionnaires administered	286	100

Respondents to the study were given questionnaires, which were collected and analyzed after two weeks. The findings are revealed in Table 4.1 above. The response rate, which measures how much of the final information or data set includes the complete sample subject, is a crucial factor in determining the validity test for the study. It is calculated as the percentage of respondents who answered the questionnaire and returned it over the whole sample size (Fowler, 2014). A total of 286 questionnaires were distributed, 246 were dully filled in, returned and determined to be sufficiently completed. This amounted to an 86% return rate that was suitable for making deductions about the study's goals. Kothari (2014), stated that 30 units of a population should be regarded as acceptable for data processing, supports this return rate.

4.3 Results of the Pilot Test

A pilot test was conducted to 28 respondents from the sample prior to final data collection. This represented 10% (28) of the study sample size. The pilot test carried out was to ensure that the data collection instrument is suitable for collection of data. The test ensured that the data collected by the final instruments is usable. Further, validity and reliability of research instrument were tested. Out of the 28 piloted questionnaires, 28 of them were returned forming a response rate of 100%.

4.3.1 Reliability of the Instruments

According to Cooper and Schindler (2016) indicates that reliability is the ability of a research instrument to produce the same results after repeated tests. A result of 0.7 or above is seen as suggestive of adequate reliability for the scales, and Cronbach's alpha was employed in assessing the questionnaire's reliability. Items with Cronbach Alpha below 0.7 were redesigned or removed. He noted that acceptance value for Cronbach Alpha coefficient was between 0.7 to 0.9. An alpha coefficient of 0.5 or higher is deemed sufficient to verify internal consistency, according Cooper and Schindler (2016).

The outcomes in Table 4.2 indicated that strategic management processes and service delivery in public level four hospitals in Nairobi County, Kenya have a Cronbach Alpha of above 0.70. This shows measures are reliable and no modification was required. The reliability criteria of $\alpha > 0.70$ was met. All variables are considered to have reliable measures.

Table 4. 2:*Reliability Test Results*

	Cronbach's Alpha	Number of items	Comment
Environmental scanning	0.821	7	Reliable
Strategy Formulation	0.805	5	Reliable
Strategy Implementation	0.829	8	Reliable
Strategy Control	0.924	9	Reliable
Strategic Communication Process	0.705	7	Reliable
Service Delivery	0.762	7	Reliable

4.3.2 Content Validity of the Instruments

The degree to which an instrument accurately measures the target variable is known as validity, according to Dawadi et al. (2021). The researcher should ensure both face validity and content validity are crucial while collecting data. Scrutinizing how closely the test items match the variables under study is known as content validity.

The test's main objective was to confirm if the research tools used by the researcher accurately assessed how strategic management pprocesses affected the provision of services in public level four hospitals in Nairobi County, Kenya. expert reviewers were consulted to assess the questionnaires and offer guidelines, which were subsequently implemented in improving the instruments in order to guarantee validity.

Experts in this case were the two supervisors and two strategic management lecturers. The experts checked if the questionnaire addressed the objective and if its format and language was appropriate. The content validity index (CVI) was calculated by dividing the number of items rated and clear by the total number of items. The experts reviewed questionnaire for content validity and found an average CVI of above 0.5, meeting the acceptable level of 0.83. The questionnaire was deemed to have achieved satisfactory content validity.

Table 4. 3:*Content Validity Test (CVI)*

Variables	No. of Items	Experts/super.	Comments
Environmental Scanning	7	0.578	Reliable
Strategy Formulation	5	0.600	Reliable
Strategy Implementation	8	0.511	Reliable
Strategy Control	9	0.578	Reliable
Strategic Communication Process	7	0.591	Reliable
Service Delivery	7	0.586	Reliable

To determine if the responders fully comprehended the questions, a pilot test was done whereby participants were asked to provide feedback on the questions' appropriateness, with clarity, and design in order to make sure they understood the items.

From the data collected, face validity was met since they were all of the opinion that they understood the questions in the questionnaire. Face validity according to Schindler (2020) observed that a test regarding data collection instruments serve the purpose at hand. It is based on the subjective judgment of experts who review the measure. To measure face validity, the researcher gathered feedback from experts in the field about the perceived relevance and appropriateness of the questions and the overall format of the questionnaire. Based on their subjective judgment, the experts concluded that the questionnaire met the standards for face validity.

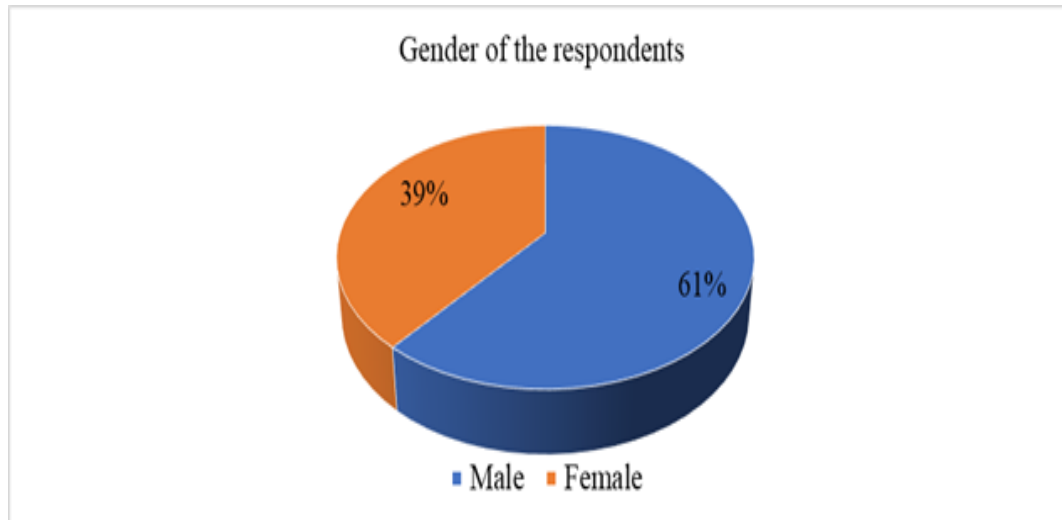
4.4 Background Information of the Respondents

4.4.1 Respondents Distribution on Gender

Figure 4.1 shows gender distribution of respondents

Figure 4. 1

Respondents Distribution on Gender



The study required respondents to identify their gender. From the findings, there was an indication that (151) 61% are male while (95) 39% are female. This demonstrated that public level four hospitals in Nairobi County, Kenya employs both men and women as workforce to achieve service delivery.

4.4.2 Respondents Distribution by Age

Table 4.4 show the response result on the respondents age bracket.

Table 4. 4:
Respondents Age Bracket

Age bracket	Frequency	Percent
20-30 Years	57	23
31-40 Years	66	27
41-50 Years	71	29
51 and above	52	21
Total	136	100

The results indicated that (57) 23% respondent were between 20 and 30 years of age, (66) 27% of the respondents were in 31 to 40 years, (71) 29% were aged between 41 to 50 years

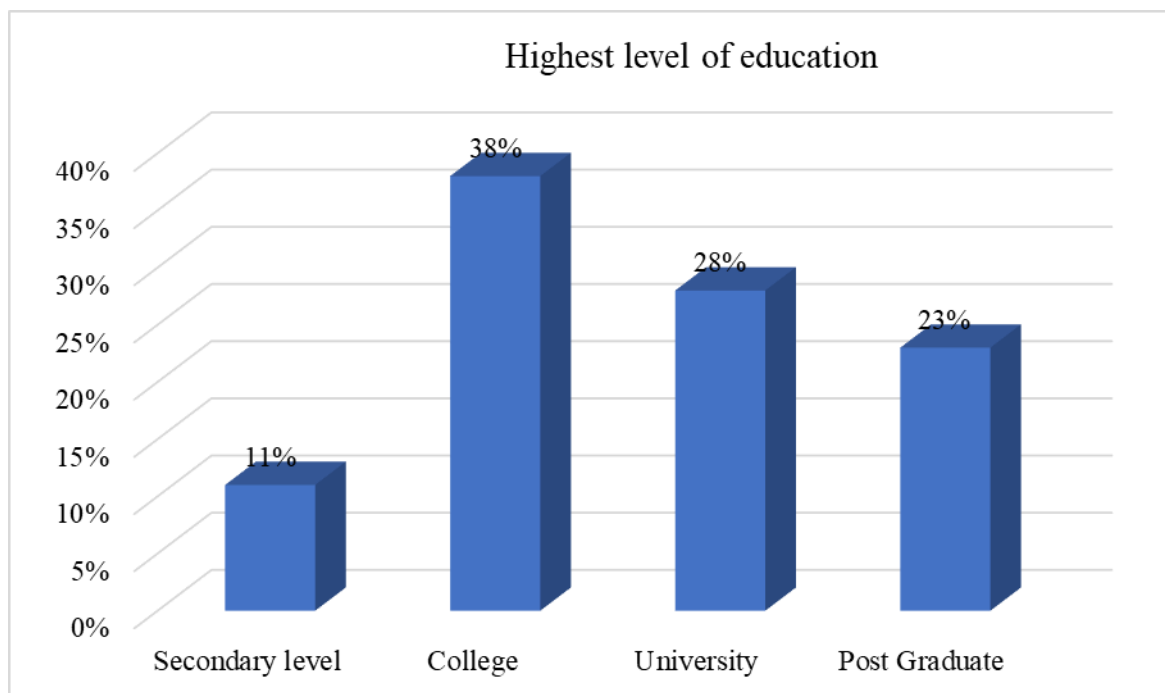
while (52) 21% having 51 and above years. This clearly demonstrated that data were gathered from experienced workers who could provide reliable information for the study's conclusions.

4.4.3 Highest Level of Education

Figure 4.2 displays results of the respondent's highest level of education

Figure 4. 2:

Highest Level of Education



The results on the respondents' highest level of education indicated that (26) 11% was a secondary level, (94) 38% said that their highest level was a college, (68) 28% said that their highest level was a university while (58) 23% of the respondents said their highest level of education was post graduate. This made it abundantly evident that the employees from whom the data was gathered were well educated, as a result, the data provided for the study was accurate and trustworthy.

4.4.4 Period involved in working in organization

The study sought to determine the period that participants had been employed in the company. The findings are displayed in Table 4.5 below: -

Table 4. 5:*Period Involved in Working in Organization*

Period of working	Frequency	Percent
1 to 3 years	26	11
4 to 6 years	220	89
Total	246	100

Based on the findings, (26) 11% of the participants had worked at public level 4 hospitals in Nairobi County for 1 to 3years while (220) 89% had been employed public level 4 hospitals in Nairobi County, Kenya for 4–6 years. This made it extremely evident that the respondents had knowledge of how the public level four hospitals in Nairobi County, Kenya, implemented strategic management processes that affected the provision of service delivery.

4.5 Descriptive Analysis

The descriptive analysis is a statistical method used to make the main features of a dataset stand out and be summarized. It is usually done prior to the use of sophisticated statistical methods. In this research, it was performed using frequency distributions and percentage responses of each survey item.

4.5.1 Environmental Scanning

The research examined the extent to which respondents agreed with the supplied statement regarding environmental scanning on service delivery in public level 4 hospitals in Nairobi County. Table 4.4 displayed the results.

Table 4. 6:*Extent to Agree with the Statement Concerning Environmental Scanning on Service Delivery*

Statement on environmental scanning	SD	D	N	A	SA	Mean	Std Dev
Benchmarking of staff and patients introduce best practices	0	0	33%	37%	30%	3.9715	0.79488
Our hospital undertakes bench marking regularly in order to improve flexibility in service delivery	0	0	9%	39%	52%	4.4350	0.64668
Technological changes have some influence on reliable delivery of healthcare service	0	0	24%	37%	39%	4.1545	0.77757
Our hospital undertakes research on market needs on the requirements of patients	0	0	0	38%	62%	4.6220	0.48589
Our hospital has a tool/framework for assessing the needs of delivery of healthcare	0	0	10%	40%	50%	4.0135	0.89724
Out top leadership at the hospital assess the environmental to determine the best strategy to deploy	0	0	0	47%	53%	4.4621	0.6891

The findings in Table 4.6, indicated that 37% agreed, 33% neutral while 30% strongly agreed that benchmarking of staff and patients introduced best practices in public level four hospitals. On average, a mean score of 3.9715, standard deviation of 79488, agreed that benchmarking of staff and patients introduced best practices in public level four hospitals in an effort to delivery better services to patients. The outcome revealed 52% of the respondents strongly agreed, 39% agreed while 9% were neutral that public level four hospitals undertakes bench marking regularly to improve flexibility in service delivery. The

demonstrate that scanning of the hospital's environment is done to sought way of delivery quality services.

The results also revealed 52% of the respondent strongly agreed that technological changes have some influence on reliable delivery of healthcare service, 39% agreed while 24% were indifferent. On average, a Mean score 4.1545 and Standard Deviation of 0.77757 indicated that scanning of environment through assessing technological changes had some influence on service delivery in public level four hospitals in Nairobi County, Kenya. Also, the results established majority 62% of the respondents strongly agreed ($M=4.6220$, $SD=0.48589$), 38% agreed that their hospital undertakes research on market needs on the requirements of patients. This demonstrated that environmental scanning through research on market needs foster service delivery of services in public level four hospitals in Nairobi County, Kenya.

Further, the findings indicated that 50% strongly agreed, 40% agreed and 20% were neutral that their hospital had a tool/framework for assessing service delivery. On average, respondents agreed ($M=4.0135$, $SD=0.89724$) that their public level four hospitals have a tool/framework for assessing the needs of delivery of quality healthcare. The study revealed that 53% strongly agreed while 47% top leadership at hospital assess the environmental to determine the best strategy to deploy. On average= 4.4621 , $SD=0.6891$, respondents agreed that top hospital leadership at the hospital assess the environmental to determine the best strategy to deploy. The study revealed that environmental scanning influence quality service delivery. The capacity of an organization to adapt to unforeseen changes by continuously realigning its strategic direction in reaction to rapid external shifts influence service delivery. This is according to Kemboi Misango (2021) who asserts that the business environment is becoming increasingly volatile, which makes strategic planning more challenging therefore strategies must be creative and adaptable to adapt quickly. According to Dubey et al. (2019), dynamic capability influences a firm's competitive strategy implementation and strategic

flexibility, which in turn enhances performance connected to customers, finances and the market.

4.5.2 Strategic Formulation

The study sought to establish the extent to which strategy formulation on service delivery in public level four hospitals. The results are as shown in Table 4.7

Table 4. 7:

Strategic Formulation Influence on Service Delivery in Hospital

Strategic Formulation	SD	D	N	A	SA	Mean	Std Dev
Plan for strategy is done	0	0	0	21%	79%	4.6585	0.47517
Type of available resource	0	0	26%	21%	53%	4.2764	0.84564
Strategic analysis	0	0	0	46%	54%	4.5407	0.49936
Human resource analysis	0	0	0	48%	52%	4.5244	0.50042
Performance analysis	0	0	0	24%	76%	4.7642	0.42535

The results in Table 4.7 indicated that 79% strongly agreed that there were plans for strategy done in an effort to deliver expected services in the hospitals. On average, respondents strongly agreed that there was undertaking of plan for strategy is done. Respondents on item two, most 53% of the respondents agreed ($M=4.2764$, $SD=.84564$) that there was assessing of type of available resource in strategy formulation to achieve delivery of the service in the public level hospitals in Nairobi County. The results in Table 4.7, indicated that 54% strongly agreed while 48% agreed strategic analysis was evaluated for effective strategy formulation with focus of delivering better services in the hospitals in Nairobi County. Results in Table 4.7, indicated that 52% strongly agreed ($M=4.5244$, $SD=0.50042$) while 48% agreed that human resource analysis was executed in formulation of strategies to achieve service delivery in public level four hospitals in Nairobi County.

The results showed 76% strongly agreed and 28% of the respondents agreed that performance analysis was executed to achieve service delivery in public level four hospitals. On average, $M=4.7642$, $SD=0.42535$, respondents strongly agreed that strategy formulation was being executed through performance analysis was executed in an effort to achieve service delivery in public level four hospitals in Nairobi County. This implies that strategy formulation is the development of long-term strategies for service delivery of health care services in public level four hospitals in Nairobi County. This is in line with Wheelen et al. (2018) assertion, strategy formulation entails creating long-term plans for efficiently managing environmental opportunities and challenges while taking business strengths and limitations into consideration.

4.5.3 Strategy Implementation

The study established the extent to which strategy implementation has influence on service delivery in public level four hospitals in Nairobi County. The results are presented in Table 4.8.

Table 4. 8:*Strategy Implementation has Influenced the Service Delivery in Hospitals*

Strategy Implementation	SD	D	N	A	SA	Mean	Std Dev
The developed an organization structure, training needs assessment	0	0	%	36%	64%	4.6382	0.48150
Increase in centralization of database for health care services	0	0	9%	51%	40%	4.3211	0.62476
Reduction in treating time and reduction in processing time taken at reduced	0	0	0	35%	65%	4.6463	0.47908
Have clear coordination of patient welfare	0	0	13%	14%	73%	4.6626	0.69104
Provide necessary quality drugs to patients	0	0	0	38%	62%	4.6179	0.48689
Offering healthcare as expected by patients	0	0	22%	45%	33%	4.0370	0.43761
Provide information in the best language for patients to understand	0	0	%	37%	63%	4.6463	0.47908
Utilize resources for offering quality healthcare in the hospital	0	0	15%	28%	57%	4.4187	.73921

Table 4.8, indicated 64% strongly agreed that the developed level Four Hospital structure, training needs assessment influence service delivery. On average a mean of 4.6382 and standard deviation of 0.48150 indicated that respondents strongly agreed that that the developed level 4 Hospital structure, training needs assessment influence service delivery.

The results indicates that 40% of respondent strongly agreed that there was increase in centralization of database for health care services, 51% agreed while 9% were neutral. On average, respondents agreed ($M=4.3211$, $SD=0.62476$) that there was an increase in centralization of database for health care services delivery in public level four hospitals in Nairobi County, Kenya.

From the results, 65% respondents strongly agreed while 35 agreed that reduction in treating time and reduction in processing time taken is achieved in public level 4 hospitals in Nairobi County. On average ($M=4.6463$, $SD=.47908$), respondents strongly agreed that reduction in treating time and reduction in processing time taken was achieved in public level four hospitals in Nairobi County, Kenya.

Findings in table 4.8 showed that 62% strongly agreed while 38% of respondents agreed provision of necessary quality drugs to patients is achieved in public level four hospitals in Nairobi County, Kenya. On average, majority of the respondents strongly agreed that provision of necessary quality drugs to patients is achieved in Public Level Four Hospitals in Nairobi County.

From the results, 45% of the respondents agreed while 33% strongly agreed and 22% remaining indifference that there is offering of healthcare as expected by patients in public level four hospitals in Nairobi County, Kenya. A mean score 4.0370 with a standard deviation of 0.43761 clearly demonstrated that there was offering healthcare as expected by patients.

The results in Table 4.8 showed that 63% of the respondents strongly agreed ($M=4.6463$, $SD=0.4790$) while 37% agreed that there was provision of information in the best language for patients to understand. This demonstrated that strategy implementation was carried well through provision of information in the best language for patients to understand. Further

results indicated that 57% of respondents agreed, 28% agreed while 15% of respondents were indifference that there were utilization resources for offering quality healthcare in the public level four hospitals in Nairobi County, Kenya. On average, $M=4.4187$ and $SD=0.73921$ respondents agreed that there are utilization resources for offering quality healthcare demonstrating effective strategic management processes on service delivery in public level four hospitals in Nairobi Country, Kenya.

This show that strategy implementation is an activity that includes all the steps required to put a plan into action while providing patients with the quality service. This is consistent with Gandrita (2023) findings, which state that decisions on each implementation activity are typically made concurrently and that they are in fact intimately related to one another. Additionally, Carbone & Stone (2005) assert that the maritime cluster business is international in scope and that no single firm possesses all the necessary resources and competencies to meet the demands of its clientele.

4.5.4 Strategy Control

The results indicated the extent under to which strategy control had been adopted in the hospital is presented in Table 4.7.

Table 4. 9:

Extent Strategy Control been adopted in Hospitals

Period of working	Frequency	Percent
Very great Extent	69	28
Great Extent	121	49
Moderate Extent	35	14
Less Extent	1	9
No Extent	0	0
Total	246	100

Results in Table 4.9 showed 49% (121) indicated strategy control are executed to a great extent, 28% (69) indicated that strategy control been adopted in the hospital to a very great

extent 14% (35) indicated that strategy control been adopted in the hospital to a moderately extent while 1% (9) indicated that strategy control been adopted in the hospital to a less extent. This was clear that strategy monitoring and evaluation been adopted in your hospital are presented.

4.5.1 Extent to which Strategy Control influence Service Delivery in public level four hospitals in Nairobi Country, Kenya

The study aimed to evaluate how strategy control affects service delivery in level 4 hospitals.

The results are as indicate in Table 4.10

Table 4. 10:

Strategy Control Influence Service Delivery

Strategy Control	SD	D	N	A	SA	Mean	Std Dev
The organizational form and structure	0	0	0	32%	68%	4.6829	.46628
The interest and abilities demonstrated by top management	0	0	0	45%	55%	4.5488	.49863
The standard operating procedures	0	0	16%	23%	61%	4.4675	.74297
The control system	0	0	0	47%	53%	4.5325	.49996
The technical abilities of employees	0	0	0	44%	56%	4.5691	.49621
Knowledge of clients' needs	0	0	0	26%	74%	4.7642	.42535
Information on market share	0	0	0	29%	71%	4.7114	.45404
Services provided to clients	0	0	11%	31%	58%	4.4133	.00000
Growth tendencies	0	0	0	53%	47%	4.4675	.49996

The results in Table 4.10 indicated 68% strongly agreed that Public Level Four Hospitals form and structure as well developed to deliver services well while 32% agreed. On average (M=4.6829, SD=0.46628), majority of the respondents strongly agreed that public level four

hospitals form and structure as well developed to deliver services well. Table 4.10 indicated 55% strongly agreed that the interest and abilities demonstrated by top management foster service delivery in public level four hospitals in Nairobi County, Kenya while 45% of the respondents agreed. On average ($M=4.5488$, $SD=0.49863$), respondents strongly agreed that strongly agreed that the interest and abilities demonstrated by top management contributed to service delivery in public level four hospitals in Nairobi County, Kenya. The findings on strategy control indicated that 61% agreed ($M=4.4675$, $SD=0.74297$) that there are standard operating procedures to achieve service delivery in public level four hospitals in Nairobi County, Kenya.

The results in Table 4.10 indicates that 53% respondents strongly agreed ($M=4.5325$, $SD=.49996$) that there is control system in place, and 56% of the respondents strongly agreed ($M=4.5691$, $SD=.49621$) that there were technical abilities of employees in an effort to achieve service delivery in Public Level Four Hospitals in Nairobi County. On average, 74% of the respondents strongly agreed ($M=4.7642$, $SD=0.42535$) that knowledge of clients' needs is key in-service delivery in public level four hospitals in Nairobi County, Kenya. Also, results revealed information on market share was sought in an effort to deliver services to clients as strongly agreed by 71% of the respondents. On average, 58% of the respondents agreed that services provided to clients are controlled. This implies that strategy control has an impact on service delivery in public level four hospitals. This is in line with Issack & Muathe (2019) who conducted research on the implementation of strategic management principles in public health hospitals in Mandela County, Kenya. From the findings, the Mandera County ecological survey, method definition, process execution, system assessment, and public health facility implementation are all obviously and completely pertinent.

4.6.1: Extent to which Strategy Communication Process influence Service Delivery in Public Level four hospitals

Table 4.11 presents the findings of the study, which examined the degree to which strategy communication process affects service delivery at public level four hospitals.

Table 4. 11:

Strategy Communication Process Influence Service Delivery in Public Level Four Hospitals

Strategic Communication	SD	D	N	A	SA	Mean	Std Dev
Hospital Goals 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 are 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 strategy management process	0	0	0%	42%	58%	4.5813	.49435

The findings in Table 4.11, majority 85% 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 51% strongly agreed with a Mean Score 4.5081 and Standard Deviation 0.50095); there was sharing of ideas on how to achieve strategy formulation in Public Level Four Hospitals. The finding indicated that public level four hospitals feedback systems are good as agreed by 66% of the respondents and strongly agreed by 34 % of the respondents. The findings were 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, 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 public level four hospitals in Nairobi County, Kenya. The study also revealed that 45% of the respondents strongly agreed that there are good public relations in public level four hospitals in Nairobi County Kenya, 43% agreed while 12% were neutral. On average, respondents agreed ($M=4.3333$, $SD=0.67813$) that there is a good public relation in public level four hospitals in Nairobi County, Kenya.

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

4.6.6 Service Delivery in the Hospital

Table 4.12 show results on the extent to which service delivery in public level 4 hospitals been achieved.

Table 4. 12:*Service Delivery in Public Level Four Hospitals in Nairobi County, Kenya*

Service Delivery in your hospital	SD	D	N	A	SA	Mean	Std Dev
Execution within 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

From the results, 25% and 60% agreed and strongly agreed that execution of within the expected time. This demonstrated that respondents agreed supported by a mean score 4.4512 with a standard deviation 0.74207. The results shows that 52% 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 score 4.5203 with a standard deviation 0.50061. It 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 score 4.1992 with a standard deviation 0.83603.

From the results, 60% strongly agreed (Mean =4.6016, SD=0.49056) that there is an increase number of patients being per day. The 65% of the respondents indicated that they strongly agreed that strategic practices resulted into an increase timely service offering as supported by a mean 4.6504 with a standard deviation 0.47781. Further, 59% strongly agreed

($M=4.4715$, $SD=0.69194$) that strategic management practices led to taking short time responses to the patient's needs. The results also revealed that 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 public level four 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.

4.6 Diagnostic Tests

The diagnostic tests to evaluate regression assumptions are described in this section. The test of assumptions was aimed at ensuring that data was adequate for regression analysis to avoid spurious regression results. The tests conducted included normality, linearity, multicollinearity, homoscedasticity and heteroscedasticity.

4.7.1 Normality Test

According to Sileyew (2019) the variables are normally distributed, especially if the results are to be generalized beyond the sample. Kolmogorov- Simonov & Shapiro test was used to determine if the data is natural. The alternative hypothesis (H_a) that the data depart from normality was evaluated against the null hypothesis (H_0) this showed that the data have a normal distribution. This was done using the Shapiro-Wilk test. The null hypotheses were not disproved since the p-values for every variable were higher than the 0.05 significance level. These findings show that the data met the normalcy assumption, making them appropriate for linear regression analysis.

Table 4. 13:*Normality Test*

Variable	Kolmogorov- Smirnov			Shapiro Wilk		
	Statistics	Df	Sig	Statistic	Df	Sig
Environmental scanning	0.875	246	0.120	0.982	246	0.453
Strategy Formulation	0.941	246	0.098	0.988	246	0.528
Strategy Implementation	0.971	246	0.067	0.986	246	0.632
Strategy Control	0.831	246	0.077	0.984	246	0.196
Strategic Communication	0.904	246	0.109	0.985	246	0.378

4.7.2 Test for Linearity

Some tests were applied in table 4.14 because the Goodness of Fit test summarised the difference between the observed and expected values using a statistical model. ANOVA table can also be generated to assess linear and nonlinear relationship between two variables. The non-linearity was significant in case the F significance value of the nonlinear element was less than the critical value (ex., <.05) (Bhattacharjee, 2018). Because the F-value of Table 4.14 was less than 0.05, the study was reasoned that the variable met the conditions of linearity that resulted in the null hypothesis of significant nonlinearity being rejected.

Table 4. 14:*Table of Linearity Test*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1815.832	5	363.166	476.364	.000 ^b
	Residual	182.969	240	.762		
	Total	1998.801	245			

a. Dependent Variable: Service Delivery

b. Predictors: (Constant), Environmental scanning, Strategy Formulation, Strategy Implementation, Strategy Control and Strategic Communication Process

4.7.3: Multicollinearity

When predictor variables exhibit perfect or very perfect correlation, multicollinearity occurs, making it challenging to derive accurate estimates of their coefficients (Shrestha, 2020). A strong correlation that could cause issues and necessitate eliminating highly correlated predictors from the model is indicated by a Variance Inflation Factor (VIF) more than 10.

The study adopted VIF to test for multicollinearity.

The findings in Table 4.32 revealed material management had a VIF of 5.214, outbound logistics had VIF of 8.399, and operations management had a VIF of 3.361. In contrast, inbound logistics had a VIF of 3.566. The VIF values for all variables were below the threshold of 10, indicating the absence of significant multicollinearity. Therefore, all independent variables were retained for inclusion in the linear regression analysis. Youns Mohyaldeen and Alhassawy (2022) observe that when multicollinearity exists among independent variables, their individual regression coefficients cannot be reliably estimated. The uncertainty in determining these variables' coefficients increases with the strength of the correlation between them. The occurrence of high standard errors generally reveals the imprecision in the estimate of the regression coefficients.

Table 4. 15:

Multicollinearity Test

Variable	Collinearity Statistics	
	Tolerance	VIF
Environmental scanning	0.192	5.214
Strategy Formulation	0.119	8.399
Strategy Implementation	0.298	3.361
Strategy Control	0.280	3.566
Strategy Communication Process	0.272	6.003

a. Dependent: Service Delivery

4.7.4 Test for Homoscedasticity

When the homoscedasticity assumption is violated, confidence intervals of too narrow or too broad are frequently obtained and this may compromise the correct evaluation of forecast errors and standard deviations. Such distortions may jeopardise the strength of regression estimates and the soundness of statistical conclusions.

The homoscedasticity was tested with the Breusch-Pagan test in this study. The null hypothesis of this test was that the error variances are equal, and are a multiplicative function of the independent variables. When the chi-square value is greater than 0.05, this is a confirmation that the homoscedasticity is valid. The level of significance was 0.05, as shown in Table 4.16, and the chi-square value of 0.3274 was greater. This means that, homoscedasticity of the regression model existed.

Table 4. 16:

Homoscedasticity Test

Ho: Constant variance	
Variables: Performance of food and beverage manufacturing firms	
Chi2 (1)	0.96
Prob>chi2	0.3274

4.7.5 Test for Heteroscedasticity

Occurrence of variance of errors that varies across observations in a study would indicate the existence of heteroscedasticity. Breusch-Pagan tested the null hypothesis which indicated that a fault of variance was all equal relative to alternatives and that the error variance was a multiplicative model of one or more variables. The Breusch-Pagan test the null hypothesis that heteroscedasticity is not present which would imply that Homoscedasticity exists. The threshold for acceptance was if the P-value was less than 0.05, the null hypothesis was rejected. A considerable Chi-Square value of greater than 9.22 would indicate the presence of heteroscedasticity (Kothari, 2018). From the results in Table 4.31, the Chi-Square values

resulting from each regression where every independent variable was considered singly were 5.86914, 6.62149, 7.10325, and 8.18759, revealing that heteroscedasticity did not exist. The null hypothesis tested whether the variance is constant, while the alternative hypothesis posited that the variance is not constant for material management, outbound Logistics, Operations Management, and inbound Logistics. In summary, the Chi-Square value of 6.01597 resulting from overall regression exhibits that heteroscedasticity did not exist; hence, the variance of errors was constant.

Table 4. 17:

Breusch-Pagan Test for Heteroscedasticity

H₀	Variable	Chis2(1)	Prov>Chi2
Constant Variance	Environmental scanning	5.86914	0.00165
Constant Variance	Strategy Formulation	6.62149	0.12047
Constant Variance	Strategy Implementation	7.10325	0.01826
Constant Variance	Strategy Control	8.18759	0.31735
Constant Variance	Strategy Communication Process	6.08941	0.29573

Breusch-Pagan for Heteroscedasticity

H₀	Variable	Chis2(1)	Prov>Chi2
Constant Variable	Environmental scanning	6.01597	0.001594
	Strategy Formulation		
	Strategy Implementation		
	Strategy Control		
	Strategy Communication Process		

4.7.6 Autocorrelation Test

Durbin-Watson test was used to test the autocorrelation. In the case of the Durbin-Watson (d) test, the null hypothesis is that the autocorrelation between residuals is linear. The d value of the test, d, takes values between 0 and 4 with values below 2 or equal to it meaning there is no autocorrelation. When the d values are $1.5 < d < 2.5$ it depicted the non-autocorrelation of the data. Direct neighbours were the effects of first order analysed using Durbin-Watson test to depict linear autocorrelation. Results in Table 4.18 indicated that the d-value was 1.990 because the value falls within $1.5 < d < 2.5$, therefore, it was concluded that there was no autocorrelation in the data, which was an indication that the conditions had been met to do the regression analysis.

Table 4. 18:
Durbin-Watson Autocorrelation Test

Model	Std. Error of the Estimate	Durbin-Watson
1	1.29748	1.990

4.7 Correlation Analysis for Variables

Correlation analysis results were used in the study for detecting the intensity and orientation of the relationship among variables. Table 4.19 presents the correlation results examining the relationship between various strategic management practices and service delivery in public Level Four hospitals in Nairobi County, Kenya. The analysis sought to determine how environmental scanning, strategy formulation, strategy implementation, strategy control, and strategy communication process relate to the overall effectiveness of healthcare service delivery.

Table 4. 19:
Correlation Analysis

		Service Delivery
Environmental Scanning	Pearson Correlation	.748**
	Sig (2-tailed)	.000
	N	246
Strategy Formulation	Pearson Correlation	.858**
	Sig (2-tailed)	.000
	N	246
Strategy Implementation	Pearson Correlation	.693**
	Sig (2-tailed)	.000
	N	246
Strategy Control	Pearson Correlation	.894**
	Sig (2-tailed)	.000
	N	246
Strategy Communication Process	Pearson Correlation	.741**
	Sig (2-tailed)	.000
	N	246

*Correlation is significant at the 0.05 (2 tailed)

The Pearson correlation coefficients (r) and significance levels (p-values) were computed to measure the strength and direction of the associations. All variables exhibited positive and statistically significant correlations with service delivery at the 0.05 level, implying that strategic management practices are critical determinants of hospital performance. These findings provide empirical support for the theoretical assertion that effective strategic management processes enhance organizational efficiency and responsiveness in public health institutions.

The correlation results revealed that environmental scanning had a strong positive and significant relationship with service delivery ($r = 0.748$, $p = 0.000$). This implies that hospitals that regularly monitor their internal and external environments are better positioned to anticipate challenges and exploit emerging opportunities, thereby improving service delivery. The strong relationship suggests that effective environmental scanning enhances decision-making and resource allocation, leading to more responsive and efficient healthcare services. This finding aligns with Dubey et al. (2019), who emphasized that environmental scanning enables organizations to adapt to changing conditions, leading to improved

customer satisfaction and operational performance. In the context of this study, the results indicate that environmental scanning remains an essential strategic management tool for improving service delivery outcomes in public hospitals.

The findings also indicate a very strong positive correlation between strategy formulation and service delivery ($r = 0.858$, $p = 0.000$), suggesting that well-structured and inclusive strategic planning processes significantly enhance the quality and efficiency of healthcare services. This implies that when hospitals engage in comprehensive strategy formulation involving clear objectives, stakeholder participation, and evidence-based decision-making, their service delivery performance improves. The results corroborate the findings of Kornelius et al. (2021), who established a strong link between strategic planning and organizational performance in the oil and gas sector, emphasizing that effective planning enhances operational efficiency. Similarly, Mithei (2019) found that strategic formulation in the National Museums of Kenya improved accessibility and timeliness of services. Therefore, in this study, strategic formulation emerges as a vital determinant of hospital service effectiveness.

The correlation between strategy implementation and service delivery ($r = 0.693$, $p = 0.000$) was also statistically significant, indicating a moderately strong positive relationship. This means that hospitals that effectively translate formulated strategies into action achieve better service outcomes. Proper implementation ensures that strategic objectives are realized through coordinated efforts, adequate resource allocation, and active staff involvement. The results align with Indimuli (2014) who observed that effective implementation processes at Mbagathi Hospital led to improved operational performance and patient care outcomes. This finding implies that despite having well-formulated strategies, hospitals must strengthen their implementation capacity to bridge the gap between planning and execution, which remains a key challenge in Kenya's public healthcare institutions.

A very strong positive correlation was observed between strategy control and service delivery ($r = 0.894$, $p = 0.000$), signifying that monitoring, evaluation, and feedback mechanisms are crucial for maintaining high service quality. This indicates that hospitals that regularly assess their performance and apply corrective measures tend to deliver more efficient and responsive healthcare services. The result supports WHO (2018), which highlighted that continuous quality control, staff training, and performance measurement are essential for effective healthcare service delivery. In the context of this study, the strong relationship underscores the importance of establishing robust control systems to track progress and ensure accountability in public hospitals.

Lastly, the results show a significant and strong positive correlation between strategy communication process and service delivery ($r = 0.741$, $p = 0.000$). This implies that open, consistent, and strategic communication enhances coordination, staff motivation, and alignment of organizational goals, ultimately improving service delivery. Effective communication ensures that employees understand strategic priorities and their roles in achieving them. This finding is consistent with Yego (2019), who emphasized that strategic communication fosters better collaboration and performance in public organizations. In the context of this study, the result confirms that communication is not merely a supportive function but a strategic enabler of improved healthcare service delivery in public Level Four hospitals in Nairobi County.

4.8 Bivariate Regression Analyses

Relationship between Environmental Scanning on Service Delivery in Public Level Four Hospitals in Nairobi County.

The research conducted univariate regression analysis between Environmental Scanning and service delivery in public level four hospitals in Nairobi County, Kenya. The results were shown in Table 4.20.

Table 4.20:*Model Summary for Environmental Scanning and Service Delivery*

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.748a	.560	.558	.39667

Predictors: (Constant), Environmental Scanning

b. Dependent : Service Delivery

From the model summary results, the R-squared was 0.560. This revealed significant variation existed between environmental scanning and service delivery in public level four hospitals in Nairobi County, Kenya. From the model summary in Table 4.19, 56.0% variation in service delivery in public level four hospitals in Nairobi County, Kenya was explained by change in environmental scanning as a strategic management process deployed to achieve the performance in the hospitals.

ANOVA Analysis

In Table 4.20, total variance (1998.801) was change into the variance which can be explained by the environmental scanning (Model) and the variance Error.

Table 4.20:*ANOVA*

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	48.811	1	48.811	310.215	.000b
	Residual	38.393	244	.157		
	Total	1998.801	245			

Predictors: (Constant), Environmental Scanning

Table 4.20 presents the results of the Analysis of Variance (ANOVA) used to test the overall significance of the regression model examining the influence of environmental scanning on service delivery in public Level Four hospitals in Nairobi County, Kenya. The F-statistic provides an indication of whether the regression model significantly explains variations in the dependent variable, service delivery, based on the independent variable, environmental scanning. The model yielded an F-value of 310.215 with a corresponding p-value of 0.000, which is less than the 0.05 ($p < 0.05$) significance level. This result indicates that the regression model was statistically significant, implying that environmental scanning explains a significant proportion of the variance in service delivery among the sampled hospitals.

Table 4. 21:

Beta Coefficients for Environmental Scanning and Service Delivery

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	.652	.114		5.707	.000
Environmental Scanning	.655	.037	.748	17.613	.000

b. Dependent: Service Delivery

$$Y = 19.925 + 0.377X_1 + \varepsilon$$

Table 4.21 presents the regression coefficients illustrating the effect of environmental scanning on service delivery in public Level Four hospitals in Nairobi County, Kenya. The findings reveal that environmental scanning had a positive and statistically significant effect on service delivery, as indicated by the unstandardized coefficient ($B = 0.655$), standardized coefficient ($\beta = 0.748$), and a t-value of 17.613 with a p-value of 0.000, which is below the 0.05 significance level. This implies that a one-unit increase in environmental scanning leads to an approximate 0.655-unit improvement in service delivery, holding other variables constant. The positive β value demonstrates a strong direct relationship between environmental scanning and service delivery, indicating that hospitals that actively engage in

environmental analysis and monitoring are more likely to achieve higher quality and efficiency in healthcare services. These results underscore the importance of environmental scanning as a critical strategic management component that enables healthcare institutions to anticipate external changes, adapt to evolving policy and market dynamics, and align internal processes with emerging opportunities to improve service outcomes..

These findings suggest that environmental scanning is a crucial strategic management component that enables healthcare institutions to anticipate and respond to environmental changes, adapt to policy dynamics, and align internal processes with emerging opportunities. These results were supported by Riungu et al (2018) who revealed that environmental scanning in schools in Eastern region of Kenya including Meru, Embu, Tharaka Nithi, Kitui and Machakos counties contributed to achieving competitive academic performance.

4.8.3 Relationship between Strategy Formulation and Service Delivery in Public Level Four Hospitals in Nairobi County, Kenya

This study conducted univariate regression analysis between strategy formulation and service delivery in public level four hospitals in Nairobi County, Kenya. The results were presented in Table 4.23.

Table 4.22:

Model Summary for Strategy Formulation and Service Delivery

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.858a	.737	.736	.30666

a. Predictors: (Constant), Strategy Formulation

b. Dependent: Service Delivery

From the model summary results in Table 4.23, the R-squared was 0.737. This revealed significant variation existed between strategy formulation and service delivery in public level four hospitals in Nairobi County, Kenya. The model summary in Table 4.37, 73.7% variation

in service delivery in public level four hospitals in Nairobi County, Kenya is explained by change in strategy formulation as a strategic management process deployed to achieve the performance in the hospitals. Mitei (2019) opined that strategy formulation, implementation, and evaluation contributed to accessibility of services, affordability, timely offering of services and led to improve service delivery of service at National Museums of Kenya.

ANOVA Analysis

In Table 4.23, total variance (1998.801) was the difference into the variance which was explained by the strategy formulation (Model) and the variance Error.

Table 4. 23:

ANOVA Results for the Relationship between Environmental Scanning and Service Delivery

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	348.859	1	348.859	51.591	.000 ^b
Residual	1649.942	244	6.762		
Total	1998.801	245			

a. Predictors: (Constant), Strategy Formulation

b. Dependent: Service Delivery

Table 4.23 presents the Analysis of Variance (ANOVA) results assessing the relationship between environmental scanning and service delivery in public Level Four hospitals in Nairobi County, Kenya. The ANOVA test was used to determine whether the regression model significantly explains the variation in service delivery as influenced by environmental scanning. The findings reveal that the regression model is statistically significant, with an F-statistic of 51.591 and a p-value of 0.000, which is less than the 0.05 threshold. This indicates that environmental scanning contributes meaningfully to variations in service delivery within the hospitals. The substantial F-value suggests that the independent variable, environmental scanning, has a strong explanatory power in predicting service delivery outcomes. These results imply that hospitals that effectively engage in systematic environmental scanning are

more likely to enhance their operational performance and service quality through timely adaptation to environmental and policy changes.

Table 4. 24:

Beta Coefficients for Strategy Formulation and Service Delivery

Model	Unstandardized Coefficients (B)	Std. Error	Standardized Coefficients (β)	t	Sig.
(Constant)	43.730	1.730	—	25.278	.000
Strategy Formulation	0.453	0.063	0.418	7.183	.000

b. Dependent: Service Delivery

Table 4.23 presents the regression coefficients showing the influence of strategy formulation on service delivery in public Level Four hospitals in Nairobi County, Kenya. The results indicate that strategy formulation has a positive and statistically significant effect on service delivery, as reflected by the unstandardized coefficient ($B = 0.453$), standardized coefficient ($\beta = 0.418$), a t-value of 7.183, and a p-value of 0.000, which is below the 0.05 significance level. This implies that a one-unit improvement in strategy formulation leads to an approximate 0.453-unit increase in service delivery, holding other factors constant. The positive β value demonstrates that well-structured and participatory strategy formulation processes enhance efficiency, responsiveness, and overall service quality within hospitals. These findings suggest that hospitals that involve staff in developing clear strategic plans, aligning objectives with patient needs, and anticipating environmental dynamics tend to achieve better service outcomes. Therefore, effective strategy formulation is a key driver of improved organizational performance and service delivery in the public health sector.

4.8.4 Relationship between Strategy Implementation and Service Delivery in Public Level Four Hospitals in Nairobi County, Kenya

The research conducted univariate regression analysis between strategy implementation and delivery in public level four hospitals in Nairobi County, Kenya. The results were shown in Table 4.25.

Table 4. 25:

Model Summary for Strategy Implementation and Service Delivery

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.693a	.480	.478	.43124

Predictors: (Constant), Strategy Implementation

b. Dependent : Service Delivery

From the model summary results, the R-squared was 0.480. This revealed significant variation existed between strategy implementation and service delivery in public level four hospitals in Nairobi County, Kenya. The model summary in Table 4.20 indicated 48.9% variation in service delivery in public level four hospitals in Nairobi County, Kenya explained by change in strategy implementation as a strategic management practice deployed to achieve the performance in the hospitals.

ANOVA Analysis

In Table 4.26, the Total variance (1998.801) was the difference into the variance explained by the strategy implementation (Model) and the variance Error.

Table 4.26:

ANOVA for Strategy Implementation and Service Delivery

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	41.827	1	41.827	224.916	.000 ^b
Residual	45.376	244	0.186		
Total	87.204	245			

a. Dependent Variable: Service Delivery

b. Predictors: (Constant), Strategy Implementation

Table 4.25 presents the Analysis of Variance (ANOVA) results evaluating the effect of strategy implementation on service delivery in public Level Four hospitals in Nairobi County, Kenya. The findings show that the regression model is statistically significant, with an F-value of 224.916 and a p-value of 0.000, which is less than the 0.05 threshold. This indicates that strategy implementation significantly explains the variance in service delivery among the hospitals. The high F-statistic demonstrates that the implementation of well-structured strategies contributes substantially to enhancing healthcare efficiency and service quality. This outcome suggests that hospitals with effective execution mechanisms—such as clear communication of plans, allocation of resources, and monitoring of activities—achieve better service outcomes. Therefore, the results imply that successful strategy implementation is a critical determinant of improved performance and patient satisfaction in public healthcare institutions.

Table 4. 27:

Beta Coefficients for Strategy Implementation and Service Delivery

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	.910	.117		7.780	.000
Strategy implementation	.580	.039	.693	14.997	.000

b. Dependent: Service Delivery

$$Y = 42.247 + 295X_1 + \varepsilon$$

Table 4.26 presents the regression coefficients showing the effect of strategy implementation on service delivery in public Level Four hospitals in Nairobi County, Kenya. The findings indicate that strategy implementation had a positive and statistically significant influence on service delivery, as shown by the unstandardized coefficient ($B = 0.580$), standardized coefficient ($\beta = 0.693$), t-value of 14.997, and p-value of 0.000, which is below the 0.05 level of significance. This implies that a one-unit increase in strategy implementation results in an approximate 0.580-unit improvement in service delivery, holding other factors constant. The

positive β value confirms a strong and direct relationship between effective implementation practices and enhanced healthcare service outcomes. These results suggest that when hospitals execute their strategic plans efficiently, through clear communication, adequate resource allocation, and consistent monitoring, service quality, responsiveness, and overall institutional performance improve markedly. Therefore, the regression equation can be expressed as $Y = 0.910 + 0.580X_1 + \epsilon$, indicating that strategy implementation significantly predicts better service delivery outcomes in public hospitals.

4.8.5 Relationship between Strategy Control and Service Delivery in Public Level Four Hospitals in Nairobi County, Kenya

The study conducted univariate regression analysis between strategy Control and Service Delivery in public level four hospitals in Nairobi County, Kenya. The results were presented in Table 4.28.

Table 4.28:

Model Summary for Strategy Control and Service Delivery

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.894 ^a	.799	.798	.26788

a. Predictors: (Constant), Strategy Control

b. Dependent: Service Delivery

From the model summary results in Table 4.28, the R-squared was 0.799; revealed a significant variation existed between strategy control and service delivery in public level four hospitals in Nairobi City County in Kenya. The model summary in Table 4.37, 79.9% variation in service delivery in public level four hospitals in Nairobi County, Kenya was explained by change in strategy control as a strategic management process deployed to achieve service delivery in public level four hospitals in Nairobi County, Kenya.

ANOVA for Strategy Control and Service Delivery

In Table 4.29, total variance (1998.801) was the difference into variance explained by the strategy control (Model) and the variance Error.

Table 4. 29: A

NOVA for Strategy Control and Service Delivery

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	69.695	1	69.695	971.227	.000 ^b
	Residual	17.509	244	.072		
	Total	87.204	245			
a.	Predictors: (Constant), Strategy Control					
b.	Dependent: Service Delivery					

Table 4.28 presents the Analysis of Variance (ANOVA) results showing the influence of strategy control on service delivery in public Level Four hospitals in Nairobi County, Kenya. The findings indicate that the regression model was statistically significant, as evidenced by an F-value of 971.227 and a p-value of 0.000, which is below the 0.05 threshold. This signifies that strategy control significantly explains variations in service delivery within the hospitals. The results suggest that effective monitoring, evaluation, and feedback mechanisms play a crucial role in ensuring that strategic plans are implemented as intended and that performance targets are met. The high F-statistic demonstrates that strategy control is a key predictor of improved operational outcomes and service efficiency. Consequently, the results imply that hospitals with robust control systems are better positioned to enhance accountability, quality assurance, and overall healthcare service delivery.

Table 4. 30:*Beta Coefficients for Strategy control and Service Delivery*

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
1 (Constant)	.368	.074		4.974	.000
Strategy Control	.837	.027	.894	31.165	.000

b. Dependent : Service Delivery

$$Y = 13.167 + 436X_4 + \varepsilon$$

Table 4.30 presents the regression coefficients demonstrating the effect of strategy control on service delivery in public Level Four hospitals in Nairobi County, Kenya. The results reveal that strategy control had a positive and statistically significant influence on service delivery, as shown by the unstandardized coefficient ($B = 0.837$), standardized coefficient ($\beta = 0.894$), t-value of 31.165, and a p-value of 0.000, which is well below the 0.05 significance threshold. This implies that a one-unit increase in strategy control leads to an approximate 0.837-unit improvement in service delivery, holding other variables constant. The high β value indicates a very strong relationship between strategy control and service delivery, suggesting that consistent monitoring, performance evaluation, and corrective actions greatly enhance service quality and institutional effectiveness. These findings emphasize that hospitals with well-established control mechanisms, such as periodic reviews, supervision, and reporting systems, are more likely to achieve superior healthcare outcomes and operational efficiency. Hence, the regression equation can be expressed as $Y = 0.368 + 0.837X_4 + \varepsilon$, confirming that strategy control is a major determinant of effective service delivery in public hospitals.

4.8.6 Relationship between Strategy Communication Process and Service Delivery in Public Level Four Hospitals in Nairobi County, Kenya

The study conducted univariate regression analysis between strategy communication process and service delivery in public level four hospitals in Nairobi County, Kenya. The results were presented in Table 4.31.

Table 4.31:

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.741 ^a	.549	.547	.40133

a. Predictors: (Constant), Stately Communication Process

b. Dependent: Service Delivery

The results in Table 4.31 indicated the R-squared was 0.549. This revealed significant variation existed between strategy communication process and service delivery in public level four hospitals in Nairobi County, Kenya. The model summary in Table 4.31, indicated 54.9% variation in service delivery in public level four hospitals in Nairobi County, Kenya was explained by change in strategy communication as a strategic management practice deployed to achieve the performance in the hospitals. The outcome concurred with Musili and Mutinda (2021) that establishing strategic communication process in decision making and capacity building contributed to improved service delivery in public level four hospitals in Nairobi County, Kenya.

ANOVA Analysis for Strategy Communication Process and Service Delivery

In Table 4.32, total variance (1998.801) reflected the variation of the variance that can be elucidated by the strategy communication process (Model) and the variance Error.

Table 4.32:*ANOVA for Strategy Communication*

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	47.904	1	47.904	297.425	.000 ^b
	Residual	39.300	244	.161		
	Total	87.204	245			

a. Dependent Variable: Service Delivery

b. Predictors: (Constant), Strategy Communication

Table 4.32 presents the Analysis of Variance (ANOVA) results examining the effect of the strategy communication process on service delivery in public Level Four hospitals in Nairobi County, Kenya. The results show that the regression model is statistically significant, with an F-value of 26.014 and a p-value of 0.000, which is below the 0.05 level of significance. This finding indicates that the strategy communication process significantly explains variations in service delivery among the hospitals. The results suggest that effective communication of strategic objectives, roles, and responsibilities enhances coordination and alignment across hospital departments, leading to improved service outcomes. The high F-statistic confirms that the communication process is an important predictor of service quality and operational performance. Therefore, the findings imply that hospitals with robust communication frameworks that facilitate timely information sharing and feedback are more likely to deliver efficient and patient-centered healthcare services.

Table 4. 33:*Beta Coefficients For Strategy Communication Process and Service Delivery*

Model		Unstandardized		Standardized	t	Sig.
		Coefficients		Coefficients		
		B	Std. Error	Beta		
1	(Constant)	.831	.107		7.797	.000
	Strategy Communication	.664	.039	.741	17.246	.000

a. Dependent Variable: Service Delivery

$$Y = 17.640 + .431X_5 + \varepsilon$$

Table 4.33 presents the regression coefficients showing the influence of the strategy communication process on service delivery in public Level Four hospitals in Nairobi County, Kenya. The results reveal that the strategy communication process had a positive and statistically significant effect on service delivery, as indicated by the unstandardized coefficient ($B = 0.664$), standardized coefficient ($\beta = 0.741$), t-value of 17.246, and a p-value of 0.000, which is below the 0.05 level of significance. This implies that a one-unit improvement in the strategy communication process leads to an approximate 0.664-unit increase in service delivery, holding other factors constant. The high β value denotes a strong positive relationship, suggesting that effective communication enhances coordination, accountability, and performance within hospitals. These findings indicate that institutions that prioritize clear and timely communication of strategic goals, feedback mechanisms, and staff involvement experience improved service quality and operational efficiency. Consequently, the regression equation can be expressed as $Y = 0.831 + 0.664X_5 + \varepsilon$, confirming that an efficient strategy communication process is a vital driver of enhanced service delivery in public healthcare institutions. According to Anthony (2022), strategy communication is intellectual methodologies based on intuition, foresight, and monetary techniques that encourage strategic performance and agility. Strategy communication embodies proactiveness, inventiveness and creativity. According to Kemboi and Misango (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 et al. (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.

4.10 Hypothesis Testing

This section presents the results of hypothesis testing based on the bivariate regression analyses conducted to determine the effects of strategic management practices on service delivery in public Level Four hospitals in Nairobi County, Kenya. Each hypothesis was tested at a 0.05 level of significance using the standardized beta (β) coefficients and corresponding p-values as summarized in the regression tables presented in Chapter Four.

Hypothesis One

Hypothesis One (H_{01}): Environmental scanning has no significant effect on service delivery in public Level Four hospitals in Nairobi County, Kenya.

The results in Table 4.21 revealed that environmental scanning had a positive and statistically significant effect on service delivery, with an unstandardized coefficient ($B = 0.655$), standardized coefficient ($\beta = 0.748$), $t = 17.613$, and $p = 0.000$, which is below the 0.05 significance threshold. Therefore, the null hypothesis (H_{01}) was rejected, indicating that environmental scanning significantly influences service delivery in public hospitals. This implies that hospitals engaging in continuous environmental analysis are better positioned to respond to policy shifts, allocate resources efficiently, and improve service quality. These

findings are consistent with YahiaMarzouk and Jin (2022) who established that proactive environmental scanning enhances institutional adaptability and performance, and Kalavani, et al. (2024), who noted that environmental analysis strengthens decision-making in healthcare systems.

Hypothesis Two

Hypothesis Two (H_{02}): Strategy formulation has no significant effect on service delivery in public Level Four hospitals in Nairobi County, Kenya.

As presented in Table 4.23, the regression results indicated that strategy formulation positively and significantly affects service delivery, with $B = 0.453$, $\beta = 0.418$, $t = 7.183$, and $p = 0.000$. Since the p-value is less than 0.05, the null hypothesis (H_{02}) was rejected, confirming that strategy formulation has a significant effect on service delivery. This suggests that hospitals that develop well-structured strategies aligned with institutional goals and patient needs achieve better efficiency and service quality. These findings concur with Kemboi and Misangoc(2021) who observed that clear and inclusive strategic planning enhances organizational performance, and Wongsin (2025), who reported that structured strategic formulation processes improve public health delivery outcomes.

Hypothesis Three

Hypothesis Three (H_{03}): Strategy implementation has no significant effect on service delivery in public Level Four hospitals in Nairobi County, Kenya.

According to Table 4.26, strategy implementation had a positive and statistically significant influence on service delivery, with $B = 0.580$, $\beta = 0.693$, $t = 14.997$, and $p = 0.000$. The null hypothesis (H_{03}) was therefore rejected, indicating that effective implementation of strategies contributes significantly to improved healthcare performance. This finding implies that

hospitals that communicate plans effectively, allocate resources efficiently, and involve staff in implementation processes achieve better outcomes. These results are supported by Charlton et al. (2021) who noted that successful implementation is critical to translating strategic plans into performance, and Ngao (2016) who found that active monitoring and evaluation during implementation enhance hospital efficiency.

Hypothesis Four

Hypothesis Four (H_{04}): *Strategy control has no significant effect on service delivery in public Level Four hospitals in Nairobi County, Kenya.*

The regression results in Table 4.30 revealed that strategy control had a very strong and statistically significant effect on service delivery, with $B = 0.837$, $\beta = 0.894$, $t = 31.165$, and $p = 0.000$. Given that $p < 0.05$, the null hypothesis (H_{04}) was rejected, confirming that strategy control substantially influences service delivery. This suggests that hospitals with effective monitoring, evaluation, and corrective mechanisms consistently achieve better service outcomes. These findings align with Nderitu (2019), who emphasized that strategic control fosters accountability and consistency in public institutions, and Waweru (2021), who found that continuous feedback mechanisms improve decision-making and service efficiency in healthcare organizations.

Hypothesis Five

Hypothesis Five (H_{05}): *Strategy communication process has no significant effect on service delivery in public Level Four hospitals in Nairobi County, Kenya.*

As indicated in Table 4.33, the strategy communication process was found to have a positive and statistically significant effect on service delivery, with $B = 0.664$, $\beta = 0.741$, $t = 17.246$, and $p = 0.000$. Since $p < 0.05$, the null hypothesis (H_{05}) was rejected, implying that an

effective communication process significantly enhances service delivery. This underscores the importance of timely, transparent, and participatory communication in aligning staff with organizational goals. These findings concur with Sharkiya (2023) who observed that effective communication fosters teamwork and efficiency in hospitals, and Shah et al. (2025), who highlighted that strategic communication strengthens coordination and accountability in public healthcare service delivery.

4.11 Multivariate Regression Analysis

As the study incorporated several independent variables, multivariate regression analysis was conducted. The multivariate model considers all the variable strategic management practices and service delivery in public level four hospitals in Nairobi County, Kenya as presented in Table 4.34

Table 4. 34:

Model Summary for Strategic Management Processes and Service Delivery

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.953 ^a	.908	.907	.87314

a. Predictors: (Constant), Environmental Scanning, Strategy Formulation, Strategy Implementation, Strategy Control and Strategy Communication Process

b. Dependent: Service Delivery

The results of R-Squared revealed that there existed a significant variation between Strategic Management Processes; Environmental Scanning, formulation, implementation, control and Strategy Communication Process on Service Delivery in Public Level Four Hospitals in Nairobi County, Kenya as correlation factor $r=0.908$ at significant level at 0.05. Adjusted R^2 is called the coefficient of determination and indicates variation in factors of service delivery Four Public Hospitals in Nairobi County as correlation. From the model summary Table 4.35,

the value of adjusted R^2 is 0.907. This implied that, there was a significant variation of 90.7% of service delivery in public level four hospitals in Nairobi County, Kenya due to change in strategic management processes.

Table 4.35:

ANOVA for Strategic Management Processes and Service Delivery

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	1815.832	5	363.166	476.364	.000 ^b
	Residual	182.969	240	.762		
	Total	1998.801	245			

Predictors: (Constant), Environmental Scanning, Strategy Formulation, Strategy Implementation, Strategy Control and Strategy Communication Process

b. Dependent: Service Delivery

ANOVA results test goodness of fit of the study model. The F-calculated 476.364 reported at $0.000 < 0.05$ indicated that there existed a goodness of fit between environmental scanning, strategy formulation, strategy implementation, strategy control and strategy communication process on service delivery in public level four hospitals in Nairobi County, Kenya. The result confirm that independent variables were good predictors of service delivery in public level four hospitals in Nairobi County, Kenya.

Table 4.36:

Beta Coefficients for Strategic Management Processes and Service Delivery

Coefficients a					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
1 (Constant)	12.666	1.882		6.730	.000
Environmental scanning	.793	.029	.802	27.084	.000
Strategy Formulation	.874	.045	.684	19.360	.000
Strategy Implementation	.751	.051	.508	-14.633	.000
Strategy Control	.872	.070	.508	12.366	.000
Strategy Communication Process	.529	.046	.381	11.526	.000

Predictors: (Constant), Environmental Scanning, Strategy Formulation, Strategy Implementation, Strategy Control and Strategy Communication Process

b. Dependent: Service Delivery

This study utilized a multivariate regression model, which is presented in the following multiple linear regression specification:

$$\text{Logit (SD - 1-SD)} = \beta_0 + \beta_1\text{ES} + \beta_2\text{SF} + \beta_3\text{SI} + \beta_4\text{SC} + \beta_5\text{SCOMP} + \varepsilon \dots\dots\dots(\text{vi})$$

Where;

SD= Service Delivery

ES= Environmental scanning

SF= Strategy Formulation

SI= Strategy Implementation

SC= Strategy Control

SCOMP= Strategy Communication Process

β_0 = Constant

$\beta_1, \beta_2, \beta_3$ and β_4 = Beta coefficients and

ε = Error term

The regression model results, incorporating the estimated beta coefficients, are presented as follows:

$$\text{Service Delivery} = 12.666 + 0.793 \text{ ES} + 0.874 \text{ SF} + 0.751 \text{ SI} + 0.872 \text{ SC} + 0.529 \text{ SCOMP} + 0.$$

According to Table 4.36, the fixed value in regression model was = 12.666. This implied that the standard of service provision in the public level four hospitals in Nairobi County, Kenya holding the power of strategic management process constant.

The regression analysis revealed that Environmental scanning positively affected service delivery in the public level four hospitals in Nairobi County, Kenya significantly ($B_1 = 0.793$, $PV = .000 < 0.05$, $t = 27.084$). The results meant that a one unit change in environmental scanning would result in a considerable change in service delivery in the public level four hospitals in Nairobi County, Kenya by regression factor $B_1 = 0.793$.

The interpretation of the regression data indicated that, strategy formulation had a significant positive influence on service delivery in the public level four hospitals in the Nairobi County, Kenya ($B_2 = 0.874$, $PV = .000 < 0.05$, $t = 19.360$). The findings suggested that regression factor

$B_2 = 0.874$ would imply that the service delivery would increase significantly in case of a unit increase strategy formulation in the public level four hospitals in Nairobi County, Kenya.

The results of the regression suggested that the implementation of the strategies negatively and significantly affected service delivery in the Nairobi County public level four hospitals in Kenya ($B_3 = -0.751$, $PV = .000 < 0.05$, $t = -14.633$). The result suggested that the regression factor $B_3 = -0.715$ of the misalignment of strategy implementation in order of increase would result in a large decline in service delivery in government level four hospitals within Nairobi County, Kenya.

The results of regression showed that control of strategy plays a positive and significant role in delivering services in the public level four hospitals in Nairobi County, Kenya ($B_4 = 0.872$, $PV = .000 < 0.05$, $t = 12.366$). The result indicated that one unit increase strategy control induced an increase with significant regression factor $B_4 = 0.872$ to service delivery in the hospitals of the fourth level of the public in Nairobi county Kenya.

The regression findings indicated that strategic communication process had statistically significant positive effect influence on service delivery in publicly operated level four hospitals in Nairobi County in Kenya ($B_5 = 0.529$, $PV = .000 < 0.05$, $t = 11.526$). The result indicated that a unit change in a unit change strategic communication process would result in significant increment in service provision in the public level four hospitals in Nairobi County, Kenya through regression factor $B_5 = 0.529$.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter summarized the findings as well as the study's recommendations and conclusions based on the study's aims and objectives. Finding out how the effects of strategic management processes on service delivery in public level four hospitals in Nairobi County, Kenya, was the main aim of this study.

5.2 Summary of findings

This part comprises of the summary of the findings of the study variables: environmental scanning, strategy formulation, strategy implementation, strategy control and strategy communication process.

5.2.1 Environmental Scanning

Descriptive statistics revealed that respondents generally agreed that environmental scanning practices were moderately applied in public Level Four hospitals in Nairobi County. Most respondents indicated that their hospitals engaged in monitoring both internal and external factors such as policy changes, technological trends, and patient needs to inform decision-making. The results suggested that environmental scanning helped hospitals anticipate potential challenges and adapt operations accordingly. Respondents further noted that scanning activities were crucial in identifying service gaps and aligning hospital strategies with the changing healthcare environment. Overall, environmental scanning was viewed as essential in improving preparedness and efficiency in service delivery.

The findings revealed a strong positive correlation ($r = 0.748$, $p = 0.000$) between environmental scanning and service delivery. Regression analysis further indicated that environmental scanning had a significant positive effect on service delivery ($\beta = 0.748$, $p = 0.000$). This implies that hospitals that actively monitor their internal and external

environments are better positioned to anticipate challenges, adapt to policy or market changes, and improve their operational efficiency and healthcare outcomes.

5.2.2 Strategy Formulation

Descriptive results showed that most respondents agreed that their hospitals engaged in strategy formulation processes involving key stakeholders. Staff participation in goal setting, policy design, and priority identification was viewed as essential for aligning institutional objectives with patient and community needs. The findings indicated that strategic plans were developed to guide service delivery improvements and resource allocation. Nonetheless, some respondents observed that limited involvement of lower-level staff occasionally hindered the effectiveness of formulated strategies. In general, the results suggested that structured strategy formulation enhanced organizational focus, teamwork, and goal attainment in the hospitals.

The results showed a moderate positive correlation ($r = 0.418$, $p = 0.000$) between strategy formulation and service delivery. The regression analysis confirmed that strategy formulation had a significant positive effect on service delivery ($\beta = 0.418$, $p = 0.000$). This suggests that hospitals with well-defined strategic plans that align with their goals and stakeholder needs are more likely to achieve higher levels of efficiency, employee motivation, and service quality.

5.2.3 Strategy Implementation

The descriptive statistics indicated that strategy implementation was generally well executed, with respondents reporting clear communication of roles, allocation of responsibilities, and follow-up on action plans. Most participants agreed that the implementation of strategies was supported by adequate leadership commitment and coordination mechanisms. However, there were concerns about resource constraints and occasional delays in executing planned activities. The findings suggested that where implementation frameworks were clear and

supported by active supervision, hospitals experienced improved efficiency, accountability, and service outcomes. Thus, effective implementation emerged as a major contributor to the realization of strategic goals.

The study established a strong positive relationship ($r = 0.693$, $p = 0.000$) between strategy implementation and service delivery. Regression results indicated a significant positive influence of strategy implementation on service delivery ($\beta = 0.693$, $p = 0.000$). This finding implies that effective execution of strategic plans through proper communication, adequate resource allocation, and staff involvement enhances coordination, accountability, and overall hospital performance.

5.2.4 Strategy Control

Descriptive findings revealed that strategy control mechanisms were in place across most hospitals. Respondents agreed that performance monitoring, evaluation, and reporting systems were regularly applied to track progress toward strategic goals. The results indicated that hospitals used feedback from performance reviews to make necessary adjustments in operations and service delivery. Nevertheless, some respondents noted that control mechanisms were not always applied consistently, especially in resource-limited departments. Overall, the results implied that strategy control was essential in enhancing accountability, transparency, and the continuous improvement of healthcare services.

The findings demonstrated a very strong positive relationship ($r = 0.894$, $p = 0.000$) between strategy control and service delivery. Regression results showed that strategy control had a significant positive effect on service delivery ($\beta = 0.894$, $p = 0.000$). This indicates that hospitals with effective monitoring, evaluation, and feedback mechanisms achieve better service outcomes by ensuring that strategic objectives are met and performance deviations are corrected promptly.

5.2.5 Strategy Communication Process

The descriptive statistics showed that respondents strongly agreed that communication of strategic objectives and policies was critical to effective service delivery. The findings revealed that information sharing between management and staff facilitated understanding of institutional goals and encouraged collaboration. Most respondents indicated that timely communication of strategies improved coordination, motivation, and teamwork among healthcare personnel. However, a few participants highlighted gaps in upward communication and feedback loops, which occasionally limited staff engagement. Overall, the results suggested that an effective communication process enhanced organizational cohesion, operational efficiency, and service quality within public hospitals.

The study found a strong positive correlation ($r = 0.741$, $p = 0.000$) between the strategy communication process and service delivery. Regression results confirmed that the strategy communication process had a significant positive effect on service delivery ($\beta = 0.741$, $p = 0.000$). This demonstrates that hospitals that communicate strategic objectives clearly, provide timely feedback, and involve staff in decision-making foster greater coordination and service efficiency, resulting in improved patient satisfaction and institutional performance.

5.3 Conclusion

The study concludes that environmental scanning significantly improved the way that Public Level Four Hospitals in Nairobi County, Kenya provided services. Staff and patient benchmarking led to the adoption of best practices in an effort to give patients better care. Reliable healthcare service delivery is impacted by technological improvements. It is evidence that hospitals using environmental scanning and market research to assess how technological changes and performing research on patient requirements influence provision of reliable healthcare services. The study conclude that environmental scanning has an impact

on the provision of high-quality services where there is access to instrument for assessing the prerequisites for delivering high-quality treatment and top management at the hospital are able to assess the situation to determine the best course of action.

The study concludes that developing strategies had a good and significant impact on the provision of services in Public Level Four Hospitals in Nairobi County, Kenya. Carrying out strategic analysis to develop effective strategies improve hospital service delivery in Nairobi County. The study further concludes that designing and finishing the strategies as well as carrying out assessment of the various resource kinds enable achieving service delivery at the Public Level Four Hospitals in Nairobi County, Kenya.

The study concludes that designing plans with human resource analysis in mind to provide quality healthcare delivery, doing performance analysis to establish the strategy that would enable service delivery and developing long-term plans to efficiently provide top-notch medical care influence service delivery in Public Level Four Hospitals in Nairobi County, Kenya. Formulating plans for the future to strike a balance between the advantages and disadvantages of the enterprise and the effectively handling environmental issues and possibilities is important in efforts to enhance service delivery.

The study concluded that Public Level Four Hospitals' service delivery had been adversely affected by the implementation of the strategy. The mismatch of strategy implementation leads to a significant decline in the quality of care offered at Public Level Four Public Hospitals in Nairobi County. The study concludes that evaluation of training needs and the organizational structure of established level four hospitals have an impact on the provision of services. The health services database being housed in a more convenient location, increase in the centralization of databases that are utilized to provide healthcare services, shortening patient wait times as well as treatment periods and availing high-quality medications to patients in Nairobi County's public level four hospitals when needed are required Level Four

Public Hospitals in order to improve on service delivery. In addition to receiving information in the language they could understand best; patients received the quality of care they were entitled to. The study concludes that by giving patients information in the language they could understand the best and utilizing resources to deliver high-quality healthcare, the strategy was implemented successfully in Public Level Four Hospitals in Nairobi County, Kenya.

The study further concluded that service delivery in Public Level Four Hospitals in Nairobi County, Kenya was significantly and favorably impacted by strategy control. Organizational structure enables delivering high-quality healthcare services and the senior management's aptitude and motivation support service delivery. Additionally, the ability to deliver superior services attributed to the senior management's talents and passion as well as their adherence to established operational protocols influence quality service delivery at the Public Level Four Hospitals in Nairobi County, Kenya. Also having a thorough awareness of the needs of the patients and providing market share information to clients improves service delivery.

The study concluded that strategic communication process significantly and positively influences service delivery in Public Level Four Hospitals in Nairobi County, Kenya. Effective feedback systems, sharing suggestions about how to formulate strategies and conveying hospital goals to all stakeholders are all efforts to accomplish service delivery. It is beneficial to foster relationships among stakeholders and having positive public relations. Also effectively involving stakeholders in conveying strategy implementation influence service delivery of Public Level Four Hospitals in Nairobi County, Kenya.

5.4 Recommendations

The study established that environmental scanning had a strong and statistically significant effect on service delivery ($\beta = 0.748$, $p = 0.000$). Hospitals that actively monitored internal and external environments were more effective in adapting to change and improving service

quality. Based on this finding, it is recommended that the Ministry of Health (MoH) and hospital management boards institutionalize structured environmental scanning frameworks. Such frameworks should include regular analysis of policy trends, technological changes, and community health needs. Integrating environmental scanning into strategic planning would enable hospitals to anticipate risks, identify opportunities, and make informed decisions that strengthen service delivery.

The study further revealed that strategy formulation had a positive and significant influence on service delivery ($\beta = 0.418$, $p = 0.000$). Hospitals with inclusive and well-structured strategic plans achieved better coordination, efficiency, and service outcomes. Therefore, it is recommended that County Health Management Teams (CHMTs) and hospital administrators adopt participatory strategy formulation approaches that involve employees at all levels. Engaging staff in defining institutional goals and priorities will promote ownership, commitment, and alignment with hospital objectives. Additionally, the Kenya School of Government should support capacity-building initiatives aimed at enhancing skills in participatory strategic planning across public healthcare institutions.

The findings also indicated that strategy implementation had a strong and significant relationship with service delivery ($\beta = 0.693$, $p = 0.000$). Effective execution of strategic plans improved coordination, accountability, and overall hospital performance. Consequently, it is recommended that hospital management teams strengthen implementation frameworks by ensuring that adequate resources, clear timelines, and defined roles are in place. The Ministry of Health should also allocate sufficient funding and provide technical support to facilitate the smooth execution of strategic initiatives. Regular progress monitoring and performance reviews should be institutionalized to ensure that strategic plans are effectively translated into improved healthcare outcomes.

The study revealed that strategy control had a very strong and significant effect on service delivery ($\beta = 0.894$, $p = 0.000$). Hospitals with effective monitoring and evaluation systems demonstrated higher service quality and operational efficiency. Based on this finding, it is recommended that the hospital boards and the County Department of Health strengthen monitoring and evaluation (M&E) systems by establishing clear performance indicators aligned with strategic goals. Regular audits, feedback sessions, and quarterly reviews should be conducted to assess progress and identify areas for improvement. Furthermore, the Public Service Commission (PSC) should enhance accountability frameworks to ensure that strategy control mechanisms drive continuous improvement in public hospital performance.

Lastly, the study found that the strategy communication process had a significant positive influence on service delivery ($\beta = 0.741$, $p = 0.000$). Hospitals that maintained open, transparent, and participatory communication channels experienced improved teamwork, coordination, and staff engagement. It is therefore recommended that hospital management and departmental heads strengthen internal communication systems to ensure clarity in conveying strategic objectives, expectations, and feedback. Regular staff meetings, internal newsletters, and digital platforms should be utilized to enhance inclusiveness and transparency. In addition, the Ministry of Health should develop communication policy guidelines to standardize information flow and ensure consistent dissemination of strategic directives across all public hospitals.

5.5 Recommendation for Further Study

The study focused on establishing the influence of strategic management practices on service delivery in public level four hospitals in Nairobi County, Kenya. A further study to be carried out to determine the impact of strategic management practices on service delivery in private hospitals in Nairobi County, Kenya. A comparative study could be carried on strategic

management practices on service delivery in public and private hospitals in Nairobi County,
Kenya

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APPENDICES

Appendix I: Introductory Letter

Rose Cheryl Nafula Wafukho
P. O. Box 44839-00100
Nairobi
Email: cherowafukho@yahoo.com

TO WHOM IT MAY CONCERN

Dear Respondent,

RE: COLLECTION OF DATA

I am a master's student in the Business Administration at the Kenya Methodist University. As part of the requirement for the award of the degree, I am expected to undertake a research study on **“THE EFFECT OF STRATEGIC MANAGEMENT PROCESSES ON SERVICE DELIVERY IN PUBLIC LEVEL FOUR HOSPITALS IN NAIROBI COUNTY, KENYA.**

I am therefore seeking your assistance to fill the questionnaires attached. The attached questionnaire will take about ten minutes to complete.

Your co-operation will be appreciated.

Yours faithfully,

ROSE C. N. WAFUKHO
STUDENT

Appendix II: Questionnaire

Section A:

GENERAL INFORMATION

1. Please indicate your gender

Female []

Male []

2. Kindly Indicate your age bracket

20-30 yrs []

31-40 yrs []

41-50 yrs []

51 and above []

3. Kindly indicate the highest level of education attained.

Primary level []

Secondary level []

College []

University []

Postgraduate []

4. For how long have you been involved in working in your organization?

Less than 1 years []

1 to 3 years []

4 to 6 years []

Above 6 years []

Section B:**STRATEGIC MANAGEMENT PROCESSES IN PUBLIC LEVEL FOUR HOSPITALS IN NAIROBI COUNTY, KENYA****Part I: Environmental Scanning**

5. To what extent do you agree with the following statement concerning environmental scanning and quality service delivery in your hospital (1= Strongly Disagree, 2= Disagree, 3 = does not Affect 4= Agree, 5 = Strongly Agree.)

Statement on environmental scanning	1	2	3	4	5
Benchmarking of staff and patients introduce best practices					
Our hospital undertakes bench marking regularly in order to improve flexibility in service delivery					
Technological changes have some influence on reliable delivery of healthcare service					
Continuous training of the staff influence the academic performance our school					
Our hospital undertakes research on market needs on the requirements of patients					
Our hospital has a tool/framework for assessing the needs of delivery of quality healthcare					
Out top leadership at the hospital assess the environmental to determine the best strategy to deploy					

Part II: Strategy Formulation

7. To what extent do strategic formulation influence quality service delivery in your hospital? (Where 1-Strongly disagree, 2- Disagree, 3-Neutral, 4 – Agree and 5 - Strongly Agree).

Strategic formulation	1	2	3	4	5
Plan for strategy is done					
Type of available resource					
Strategic analysis					
Human resource analysis					
Performance analysis					

Part III; Strategy Implementation

8. Indicate the extent to which strategy implementation has influenced the service delivery in your hospital? (Where 1-Strongly disagree, 2- Disagree, 3-Neutral, 4 – Agree and 5 - Strongly Agree).

Strategy implementation Indicators	1	2	3	4	5
The developed an organization structure, training needs assessment					
Increase in centralization of database for health care services					
Reduction in treating time and reduction in processing time taken at reduced					
Have clear coordination of patient welfare					
Provide necessary quality drugs to patients					
Offering healthcare as expected by patients					
Provide information in the best language for patients to understand					
Utilize resources for offering quality healthcare in the hospital					

Part IV: Strategy Control

10. To what extent does the strategy control been adopted in your hospital?

Very great Extent []
Great Extent []
Moderate Extent []
Less Extent []
No Extent []

11. To what extent do strategy control influence service delivery in your hospital? Where (Where 1-Strongly disagree, 2- Disagree, 3-Neutral, 4 – Agree and 5 - Strongly Agree).

Strategy monitoring and evaluation Statement	1	2	3	4	5
The organizational form and structure					
The interest and abilities demonstrated by top management					
The standard operating procedures					
The control system					
The technical abilities of employees					
Knowledge of clients' needs					
Information on market share					
Services provided to clients					
Growth tendencies					

Part V: Strategy Communication process

12. To what extent does strategy communication process influence service delivery in your hospital? Where (Where 1-Strongly disagree, 2- Disagree, 3-Neutral, 4 – Agree and 5 - Strongly Agree).

Strategic Communication Statement	1	2	3	4	5
Goals of the hospital are communicated to all the stakeholders					
Sharing of ideas on how to achieve strategy formulation					
Feedback systems are goods in our hospitals					
Building of relationship among the stakeholders is good					
There are good public relations in our hospital					
Engagement of stakeholders is effective					
Implementation of strategies is well communicated among the parties involved in strategic management					

Part VI: Service Delivery in your Hospital

13. To what extent have the following quality service delivery in your hospital been achieved? Where (Where 1-Strongly disagree, 2- Disagree, 3-Neutral, 4 – Agree and 5 - Strongly Agree).

Service Delivery in your hospital	1	2	3	4	5
Increase of satisfied number of served in the health facility					
Cost efficiency attained in offering services					
Reduction in errors when offering health care services					
Increase number of patients being per day					
Increase timely service offering					
Taking short time responses to the patients needs					
Attending of patients on demands					

Appendix V: List of Public Level Four Hospitals in Nairobi County

1. Njenga Hospital
2. Kianda 42 Hospital
3. Westlands Hospital
4. Dagoretti Sub-County Hospital Mutuini
5. Tassia Kwa Ndege Hospital
6. Makadara Hospital
7. Kayole Ii Sub-County Hospital
8. Lang'ata Level 4 Hospital
9. Langata Sub-County Hospital
10. Defence Forces Memorial Hospital
11. Mathare North Hospital
12. Nairobi Regional Hospital-Kahawa Garrison
13. Njiru Hospital
14. Bahati Hospital

Appendix VI Introduction Letter



KENYA METHODIST UNIVERSITY

P. O. Box 267 Meru - 60200, Kenya
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DIRECTORATE OF POSTGRADUATE STUDIES

Our Ref: KeMU/NACOSTI/BUS/30/2024

July 12, 2024

Commission Secretary
National Commission for Science, Technology and Innovations
P.O. Box 30623-00100
NAIROBI

Dear Sir/Madam,

RE: ROSE CHERLY NAFULA WAFUKHO (REG. NO. BUS-3-1592-1/2022)

This is to confirm that the above named is a bona fide student of Kenya Methodist University, in the Department of Business Administration, undertaking a Master's Degree in Business Administration. She is conducting research on; "Influence of Strategic Management Practices on Service Delivery in Level 4 Hospitals in Nairobi County, Kenya".

We confirm that her research proposal has been defended and approved by the University.

In this regard, we are requesting your office to issue a research license to enable her collect data.

Any assistance accorded to her will be highly appreciated.

Yours sincerely,


Dr. John M. Muchiri (PhD)
Dean, Postgraduate Studies

Cc: Dean, KeBS
CoD, Business Administration
Postgraduate Coordinator - BA
Supervisors

Appendix VII: Research Permit from NACOSTI

 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION Ref No: 252217 RESEARCH LICENSE		 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION Date of Issue: 28/April/2025	
			
This is to Certify that Ms. Rose Cheryl Nafula Wafukho of Kenya Methodist University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: INFLUENCE OF STRATEGIC MANAGEMENT PRACTICES ON SERVICE DELIVERY IN LEVEL 4 HOSPITALS IN NAIROBI COUNTY, KENYA for the period ending : 28/April/2026.			
Applicant Identification Number 252217		License No: NACOSTI/P/25/4173067	
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THE SCIENCE, TECHNOLOGY AND INNOVATION ACT, 2013 (Rev. 2014)
Legal Notice No. 108: The Science, Technology and Innovation (Research Licensing) Regulations, 2014

The National Commission for Science, Technology and Innovation, hereafter referred to as the Commission, was established under the Science, Technology and Innovation Act 2013 (Revised 2014) herein after referred to as the Act. The objective of the Commission shall be to regulate and assure quality in the science, technology and innovation sector and advise the Government in matters related thereto.

CONDITIONS OF THE RESEARCH LICENSE

1. The License is granted subject to provisions of the Constitution of Kenya, the Science, Technology and Innovation Act, and other relevant laws, policies and regulations. Accordingly, the licensee shall adhere to such procedures, standards, code of ethics and guidelines as may be prescribed by regulations made under the Act, or prescribed by provisions of International treaties of which Kenya is a signatory to.
2. The research and its related activities as well as outcomes shall be beneficial to the country and shall not in any way;
 - i. Endanger national security
 - ii. Adversely affect the lives of Kenyans
 - iii. Be in contravention of Kenya's international obligations including Biological Weapons Convention (BWC), Comprehensive Nuclear-Test-Ban Treaty Organization (CTBTO), Chemical, Biological, Radiological and Nuclear (CBRN).
 - iv. Result in exploitation of intellectual property rights of communities in Kenya
 - v. Adversely affect the environment
 - vi. Adversely affect the rights of communities
 - vii. Endanger public safety and national cohesion
 - viii. Plagiarize someone else's work
3. The License is valid for the proposed research, location and specified period.
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6. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research.
7. Excavation, filming, movement, and collection of specimens are subject to further necessary clearance from relevant Government Agencies.
8. The License does not give authority to transfer research materials.
9. The Commission may monitor and evaluate the licensed research project for the purpose of assessing and evaluating compliance with the conditions of the License.
10. The Licensee shall submit one hard copy, and upload a soft copy of their final report (thesis) onto a platform designated by the Commission within one year of completion of the research.
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12. Research, findings and information regarding research systems shall be stored or disseminated, utilized or applied in such a manner as may be prescribed by the Commission from time to time.
13. The Licensee shall disclose to the Commission, the relevant Institutional Scientific and Ethical Review Committee, and the relevant national agencies any inventions and discoveries that are of National strategic importance.
14. The Commission shall have powers to acquire from any person the right in, or to, any scientific innovation, invention or patent of strategic importance to the country.
15. Relevant Institutional Scientific and Ethical Review Committee shall monitor and evaluate the research periodically, and make a report of its findings to the Commission for necessary action.

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