

**FACTORS AFFECTING STRATEGY IMPLEMENTATION AT  
ST. MONICA HOSPITAL, KENYA**

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# DECLARATION

## Declaration by the Candidate

This MBA research project report is my original work and has not been presented for examination at the University of Nairobi or any other university for the award of a degree or diploma. No part of this report will be published without prior knowledge of the author or The University of Nairobi.

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**D61/72130/2008**

## Declaration by the Supervisor

This MBA research project report has been written and submitted for examination with our approval as the university's appointed supervisors.

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# **DEDICATION**

To my family

## **ACKNOWLEDGEMENT**

The completion of this project research and the entire MBA degree program was possible due to the invaluable inspiration and unreserved support I have drawn from my family and friends. They offered me the support at different times in different forms and measures. My acknowledgments to all who, in one way or another, supported the noble exercise, but more, especially, to my academic supervisor whose contribution was invaluable. Thank you so much indeed Mr. Alex Jaleha and the MBA moderating team of the University of Nairobi led by Dr. Vincent Machuki.

## **ABBREVIATIONS AND ACRONYMS**

<b>B.O.T</b>	: Board of Trustees
<b>C.E.O</b>	: Chief Executive Officer
<b>HRM</b>	: Human Resources Management
<b>MCH</b>	: Maternal-Child Health
<b>OPD</b>	: Out-patient Division

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## ABSTRACT

Effective strategy realization is essential in achieving strategic success. Most organizations know their businesses and the strategies required for success. However, many corporations struggle to translate the theory into action plans that will enable the strategy to be successfully implemented and sustained. The theoretical framework of this study is based on the systems, contingency and institutional theories of the organization. This was a case study of strategy implementation at St. Monica hospital, a church run unit with unique benefits, ownership, leadership, culture and structure. This study sought to establish the existence and strength of certain factors that affect strategy implementation at St. Monica's Mission Hospital, in Kisumu County, Kenya. The research question guiding the study was: What are the factors that affect strategy implementation at St. Monica's Mission Hospital, in Kisumu County, Kenya? Data was collected from 14 respondents drawn from 4 substantive departmental heads or their assistants and 10 functional heads of sections. This was a qualitative study where data was collected through interviews from the respondents. Interview guides were used. Content analysis was used to analyze the data which was categorized into themes after initial and pattern coding and comparisons for similarities and differences drawn. Results indicate that there was widespread lack of comprehension of strategy. Further, the major factors isolated to impact strategy implementation were two: Human relations factors and organizational leadership. Specifically, the study found out that structure, leadership, top-level commitment, and administrative systems were critical in strategy implementation at St. Monica. Core to human relations was poor communication of the strategy and poor strategy formulation process. Top-leadership commitment was not also clearly discernible. These study findings will benefit the managers of organizations in relation to planning and strategy implementation. Policy makers in the health sector will benefit from the application of ideas generated through research. Academics in mission hospital strategy will find additional knowledge of how to help in theory development of strategy implementation. There is need to carryout awareness campaigns to sensitize all stakeholders on the importance of setting long-term direction of an organization through the implementation of a coherent strategy. All stakeholders need to be fully involved in the strategy process, documentation and audits. Further research can hypothesize on the impact of isolated factors critical in the strategy implementation process at the mission hospitals, possibly, widening the units of study to cover a wider variety of mission hospital and a larger sample size.

# CHAPTER ONE: INTRODUCTION

## 1.1 Background of the Study

The universal acceptance for good strategy implementation stems from the fact that firms operate in turbulent environments, and that firm managers feel the process of undertaking the development and review of their strategies and direction is of substantial benefit in evaluating performance (Falshaw, Gleister and Tatoglu, 2006). Effective strategy realization is key for achieving strategic success (Allio, 2005; Nobble, 1999). Strategy implementation is mainly an administrative task involving all those operational decisions related to executing the strategic plans, in short, away of managing forces during the action requiring coordination among many individuals (Kotter & Best, 2006). Most organizations know their businesses and the strategies required for success. However many corporations struggle to translate the theory into action plans that will enable the strategy to be successfully implemented and sustained. However, good strategy implementation can be hostage to many inhibitory factors ranging from human behaviour to structural set ups of the organizations (Nobble, 1999).

The theoretical framework of this study is based on the systems, contingency and institutional theories respectively. From the systems theory, every organisation that produces output is a system of some sort. Organisations are not closed systems, but operate in open environments with constant exchange of materials and information (Porter, 2003). The contingency theory holds that there is no one best way to manage an organisation and that any way of organizing is not equally effective unless the design of an effective organization and its subsystems fit with the environment and between its subsystems (Galbraith and

Nathanson, 1973). Institutional thinking emphasizes the dependence of modern organizations on their environments (Lehner, 2004).

Despite differences in organisation types stemming from their ownership, leadership structure, and industry, general organization characteristics are similar. This study is in the context of a mission hospital. St. Monica, as a mission hospital, and the management perspective it adopts, basically remains concerned with relationships, structures and interdependence, rather than unchanging attributes like ownership, in its strategy objectives.

Strategy implementation success is influenced by factors that have, generally, been classified as soft and hard (Pettigrew, 2005). The degree of influence, resulting from the factors, however, may be more critical in some than others. Soft factors or the people-oriented factors include the people or executors of the strategy; the communication activities, including content and style issues, as well as the closely related implementation tactics; and the consensus about and commitment to the strategy.

Strategic plans may fail to produce the desired results as noted by (Noble, 1999) who said that organizations may have formulated the best strategies but the strategies may fail to produce the desired results if they are not implemented in the right way. Smith and Kofron (1996) believed that the senior management played a major role not only in the formulation, but in the implementation of the strategy while Nutt (1986) suggested that the tactics used in leadership styles may play important roles in overcoming obstructions from the lower levels that sometimes may appear in the implementation strategies.

People working in an organization sometimes resist change proposals and make strategy difficult to implement (Lynch, 2000). The staffs are complacent where they are and will resist any strategic changes being introduced by the organization with the potential of creating unknown changes. The hard or institutional factors include the organizational structure, which are the administrative systems. Herbiniak and Snow (1982) findings which indicated that, the participation and the interventions among the highest level of management in an organization promotes greater commitment levels in the implementation of a firm's vision and strategies which in turn promotes success in the implementation of a firm's selected strategy. Nutt (1987) noted that strategic decisions formulated by the top-managers of a firm may be administratively imposed on lower-level managers and non-managers while inadequately considering the resulting functional level perceptions.

In a recent study Dutka (2013), found out the centrality of the balanced scorecard in the strategy implementation. Alexander (1985) observed that communication was among the most frequently mentioned item which was behind the promotion of successful implementation of a strategy. Therefore effective communication should explain clearly the new responsibilities, duties and tasks which are to be done by the targeted employees. Rapert, Velliquette and Garretson (2002) observed that shared communication and understanding among human resources is an important aspect in strategy implementation process. Communication relies on the organization structure for a smooth transmission. Pettigrew (2005) grouped implementation variables into a larger number of categories including strategic content, context; consisting of organizational context: organizational structure, organizational culture; and environmental context: uncertainty in the general and

uncertainty in the task environment; process consisting of operational planning, resources, people, communication, control and feedback; and strategic outcome. Okumus (2001) also adopts the above implementation framework, but adds three new variables involving strategic decision, multiple project implementation; context including internal context of organizational structure, organizational culture, organizational learning; and external context of environmental uncertainty in the general and task environment; process involving operational planning, resources allocation, people, communication, monitoring and feedback, external partners; and, finally outcome that may involve tangible and intangible outcomes of the project.

### **1.1.1 The Health Sector in Kenya**

In Kenya, the public hospitals have been the mainstay of the provision of healthcare in the country catering for more than 80% of the population (GOK, 2014). Regulations structure Kenya's health care system in a step-wise manner with complicated cases referred to a higher level regulated by the Ministry of Health. The structure consists of dispensaries and private clinics, health-centers, Sub-district hospitals and nursing homes, District hospital and private hospitals; Provincial hospital and National hospital. Gaps in the system are filled by private and church run units. The provision of healthcare in Kenya faces numerous challenges top of which are lack of universal access and improper healthcare financing (WHO, 2010), exacerbated by a number of health challenges for Kenya with persistent high burden of infectious disease, including malaria, HIV/AIDS, and tuberculosis. The burden of disease, the cost of treatment and access to treatment is a call to all healthcare providers to implement programs that necessarily make it possible to enhance service quality. This task faces

challenges of for formulating correct strategies and their implementation. As institutions, mission hospitals face difficulties in their strategy implementation occasioned by numerous factors. Private category hospitals are an alternative to the dwindling service quality at the public hospitals.

Complementary to the public and private hospitals are the hybrid mission hospitals, generally, characterized by a low-cost private care approach with moderate charges and improved care quality. Many of them rely on the compassionate support from donors, under the auspices of the church, to help relatively poor patients. St. Monica is uniquely chosen for this study for its significant place and role in supplementary healthcare provision. Gaps in the system are filled by private and church run units. St. Monica is a mission hospital and church run unit within the deanery of the catholic making it an entity with unique benefits, ownership and management requiring more understanding.

### **1.1.2 St. Monica Mission Hospital**

St. Monica is a faith-based mission hospital, sponsored by the Catholic Church, and located within Kisumu County of Kenya. The Catholic Church is a significant player in the health sector in Kenya, with 54 hospitals, 83 health centers, 311 dispensaries, and 17 medical training institutions offering preventive and curative services (KCCB, 2014). St. Monica's hospital facility has specialties in antenatal clinics, antiretroviral therapy, expanded programme for immunization, home based care, T.B treatment and general medicine and surgery; with an inpatient section of 58 beds. The hospital's mission is to provide affordable, accessible, sustainable and quality preventive and curative healthcare services in addition to

its vision to be a provincial-level referral centre of excellence offering quality, affordable healthcare training and research to all, according to the catholic faith.

As a non-public hospital there is the likelihood of convergence of several factors in the operations of the hospital. First there is the generalized lethargy and disinterest in the public hospitals by the patients claiming poor service. As a result, many patients may opt for the mission led hospitals because of a belief in good service compared to the public. Patients, in other cases even expect free treatment from the hospital. St. Monica serves people through outreach, networking, creation of linkages and partnerships; and professional training, observing the catholic faith, for socio-economic development. These and many other factors in the hospital might, however, evolve in constraints in resources stemming from its reliance on donor funding from the faith-based networks. The emergence is an organization operating in a complex environment. The implementation of its strategy, therefore, is a step in providing the long-term direction of its healthcare objectives. Consequently, like any other organisation, St. Monica has to implement its strategy to support the achievement of its mission and vision, with its key benchmarks issues of service excellence and quality in the context of a mission hospital.

## **1.2 Research Problem**

Strategy implementation is imperative for the success of an organization. Making a strategy work or implementing it throughout the organization is, however, not an obvious process. Essentially, a good strategy is necessary to help in good execution efforts (Hrebiniak, 2006). A number of factors have been studied in the implementation of strategy without an

agreement on a particular factor or set of factors affecting the implementation process (Buluma *et al*, 2013; Beer & Eisenstat, 2000; and Allio, 2005). Implementation studies highlight the importance of individual factors for strategy implementation and those that emphasize the big picture of how such factors interrelate and form a strategic implementation environment. Relevant organizational structure, adaptive culture, strategic leadership and enough resource allocation are core factors in strategy implementation (Hrebiniak and Joyce, 2006). Majority of factors affecting strategy implementation span soft and hard dimensions of people, people interactions, structures, culture, communications and leadership style (Ngarika, 2012; Musyoka, 2011; Oyaro, 2010; Kinyuru, 2010; Lutta, 2010; Kerring 2009, Musyoka 2009 and Nyauchama, 2009). Understanding how specific factors can potentially affect the process by which strategies are turned into organizational actions is instrumental in the success of organizations.

Mission hospitals are church-led and, therefore, work according to the sponsoring faith. Often the faith and regulations can be in conflict. Besides the hospitals are not entirely profit oriented. St. Monica, a mission hospital, operates in a strategy environment influenced by a decentralized Catholic Church leadership, as opposed to organizations whose plans implementations are cascaded, within a centralized leadership construct with the objectives of growth, profitability and survival. This can pose a significant challenge of relationships, structures and decisions with considerable impact on strategy.

Individual factors for strategy implementation have been studied with researchers classifying the factors as soft, hard and mixed (Thompson & Strickland, 2006 and Pettigrew, 2005). The soft factors or people-oriented factors include the people or executors of the strategy, the communication activities, including content and style issues; as well as the closely related

implementation tactics, the consensus about and commitment to the strategy (Forman & Argenti, 2005; Allio, 2005, Mester et al., 2003). On the other hand, hard or institutional factors, include the organizational structure, which are the administrative systems (Pearce & Robinson, 2007). The way in which the strategy is developed and articulated, that is, strategy formulation, contains hard and soft factors alike and is thus considered a mixed factor (Irwin, 2005). Relationships among different units/departments and different strategy levels also is treated as a mixed factor (Gupta, 1987). Significantly, studies have identified strategy formulation, relationships among different units/departments and different strategy levels, executors, communication, implementation tactics, training, consensus, commitment, organizational structure, culture and administrative systems (Pearce & Robinson, 2007; Kotter & Best, 2006; Pettigrew, 2005; Machuki, 2005; Lehner, 2004; Aosa, 2002; Rapert, Velliquette & Garretson, 2002; Ansoff & McDonnell, 2000; and Nutt, 1987). No study, however, focused on factors affecting strategy implementation in a healthcare provider.

This study sought to establish the factors that affect strategy implementation at St. Monica's Mission Hospital, Kenya, by seeking answers to the question: What are the factors that affect strategy implementation at St. Monica's Mission Hospital, Kenya?

### **1.3 Research Objective**

The main objective of this study was to identify the factors affecting strategy implementation at St. Monica hospital, Kisumu County, Kenya.

## **1.4 Value of the Study**

Healthcare provision plays a major role in ensuring a healthy nation by offering preventive, curative, promotive and rehabilitative health services, classified as clinical medicine, nursing, public health, pharmaceutical, laboratory technology, medical records and administration. St. Monica's hospital aims to provide affordable, accessible, sustainable and quality preventive and curative healthcare services.

The study is significant to both internal managers at St. Monica and external practitioners like county governments' managers, strategy executors. Suppliers will benefit from this study by knowing the vision, mission and policies of the company. This will help them in improving the mutual beneficial relationship. Suppliers will also benefit by assessing the opportunities and threats posed by the company's strategies.

It is also expected the findings of this study, on strategy implementation on a mission hospital, will help the government agencies and funding partners effectively contributing to the government's policy. The government will rely on the study to formulate policies to guide hospitals' management systems in Kenya. The government will also grow insights in identifying challenges faced by the sector and strategies employed by companies to coping with them. In return, the government will develop mechanisms to support the sector. Strategic management literature will benefit through academicians and researchers having useful findings for theory building and knowledge addition of strategy implementation.

## **CHAPTER TWO: LITERATURE REVIEW**

### **2.1 Introduction**

This chapter discusses the literature related to strategy implementation. The review is conceptualized under the objective of the study of assessing the factors affecting strategy implementation. The chapter flows from the theoretical foundations of the study, through strategy implementation and factors affecting strategy implementation.

### **2.2 Theoretical Foundation of the Study**

Strategic management researchers have advocated increased integration of theories within the strategy field as a response to complaints of fragmented methodology and theories. Hrebiniak and Joyce (2006), emphasize on integration rather than differentiation of views. This study was anchored on the Systems, Contingency and Institutional theories of the organisation. The systems perspective was introduced by Ludwig von Bertalanffy (1956, 1968), who proposed that all systems, physical, biological, or social, have predictable tendencies or behaviors. Scott (1973) observes that, in contingency theory, the best way to organize depends on the nature of the environment to which the organization relates. Institutional thinking, however, emphasizes the dependence of modern organizations on their environments (Lehner, 2004).

#### **2.2.1 Systems Theory**

Organisations are not closed systems, but operate in open environments with constant exchange of materials and information (Porter, 2003). As systems, organizations make choices, for example, to expand or hold steady. St. Monica hospital, communicates with its

environment in an open exchange with attention and responsiveness to information about the system that is internal or external to the hospital. This open exchange can be high or low depending on the degree of openness. In addition, to participate in maintaining system stability parts of the system adjust their communications and other behaviors to achieve or retain equilibrium. Finally, the whole system must equal more and be greater than the sum of its parts.

Overall, in the context of congruence and fit during implementation, openness and search for relevance are of great essence (Hrebiniak and Joyce, 2006). Although more studied, an additional and very important organizational activity on openness and change is the active search for information to help understand their own and others' behavior. Other views emphasize the role of developing specific capabilities for purposes of differentiation, as an effective adaptation mechanism with the environment (Porter, 2003). This is also to help identify potential threats and opportunities stemming from interactions with the environment.

### **2.2.2 Contingency Theory**

The contingency theory holds that there is no one best way to manage an organisation and that any way of organizing is not equally effective unless the design of an effective organization and its subsystems fit with the environment and between its subsystems (Galbraith and Nathanson, 1973). Contingency theory is guided by the general orienting hypothesis that organizations whose internal features best match the demands of their environments will achieve the best adaptation. The needs of an organization are better

satisfied when it is properly designed and the management style is appropriate both to the tasks undertaken and the nature of the work group.

Often implementation activity is seen as miscellaneous, interdisciplinary and integration of management disciplines, and as a practice, implementation focuses on the performance of organizations (Bourgeois and Brodwin, 2004). Therefore, for a comprehensive inference of the total or final effects, a manager requires an integrative vision of the events in the function and structure of the organization if each event is implemented and takes place. Implementation process, therefore, should be conceptually broad and not narrowed to specific events. The multiplicity of the factors that can be operating in a mission hospital, although not entirely unique, from many other organizations allow St. Monica to pursue adoptability in the way it implements its strategy unique to itself.

### **2.2.3 Institutional Theory**

Strategy is fundamentally about choices. It reflects a preference for a future state or condition and determines how best to get there. In doing so, strategy confronts adversaries, allies, and other actors; and it addresses resource and organizational issues. Even then, some factors simply will remain beyond the control of the organization or maybe unforeseen as plan implementation progresses. Institutionalising thinking, therefore, makes organizations and their activities to evolve and adapt to confront emerging changes. Although a mission hospital may be anchored on the principles of pre-set leadership and cultures, it is important to adopt to changing circumstances and using appropriate and positions.

### **2.3 Strategy Implementation**

The path an organization takes to realize its strategy, generally a bridge to its goals, constitutes the strategy implementation process. This path leads an organization to its desired future. Johnson and Scholes (2002), as quoted by Musyoka, (2011), define strategy as the direction and scope of an organization over the long-term, which achieves advantage for the organization. This happens through its configuration of resources within a challenging environment, to meet the needs of markets and to fulfill stakeholder expectations. Strategy implementation is ensuring that the elements of organization plans are actualized, by the authorized execution officers, within set timelines and with expected outcomes. Strategy implementation is a process or path that an organization takes in order to be or reach where it sees itself in the future.

Pearce and Robinson (2007) view implementing strategy as the process through which a set of agreed work philosophies is translated into functional and operational targets. Kotter and Best (2006) support this position when they state that implementation addresses the who, where, when and how, and it is thus the tactic that drives the strategy of the company. Musyoka (2011) observes that strategy implementation is largely an internal administrative activity that entails working through others, organizing, motivating, and creating a culture of strong links between strategy and how the organization operates.

Issues involved in strategy implementation include resource mobilization, structuring; and changes in culture, technology, process, policy and leadership. The changes can be adaptive, calling for installation of known practices; innovative, introducing practices that are new to

adopting organizations or radically innovative, introducing practices new to all organizations in the same business or industry (Beer and Eisenstat (2000). Strategic implementation requires long-term controls, responsibility for implementation action plans need to be assigned for purposes of accountability for accomplishing the chosen plans' goals and a reward system modified to align manager's actions with the organisation's strategic objectives, possibly, focusing less on short-term financial results (Pearson and Robinson, 2007).

## **2.4 Factors Affecting Strategy Implementation**

Various situational factors, related to the organizational environment, size, type and complexity determine the organizational strategy implementation methodology. Factors related to the organizational structure are significant to the implementation process (Heide & Gronhaug; Johannessen, 2002). As the competitive environment changes, adjustments follow in the organizational structure. Slow adjustment in realignment, makes a firm exhibit poor performance and be at a serious competitive disadvantage. Gupta (2007), opine that structures that are more decentralized produce higher levels of business unit effectiveness, regardless of the strategic context. Schaap (2006) agrees that organizational structure should be adjusted to the strategy to effectively ensure successful strategy implementation, although this may be different for different strategy types. Business unit performance does not depend on the fit between business unit strategy and the internal organization (White, 2006), although this is related to business.

Leadership, as indicated by Mester, *et al.*, (2003), plays a central role in strategy implementation and if not properly managed poses challenges. Since organizations need people to bring about the necessary changes strategic plan implementation therefore requires the assembling of a capable team with the right skills. Pearce and Robinson (2007), notes that the chief executive together with key managers must have skills, personalities, education and experience to execute the strategy. This may mean utilizing current executives or hire new personnel from outside for implementing strategy. While this sound theoretically easy, in practise it poses really challenges. More often organizations realize that due to internal power structure and organization politics, selection of competent staff is compromised. Bringing in outsiders has its own challenges that may even lead to resistance and exit of critical staff required for the implementation process.

Pearce and Robinson (2007) highlight motivating and controlling senior personnel in strategic plan execution are accomplished through a firm's reward system. While there has been more focus on supervisory employees, current trends indicate that the reward system should be an all inclusive approach so that the whole organization is motivated towards the strategy execution. The reward can be in the form of bonuses, promotions, incentives, recognition or any other perks based on the firm cultural setting. Lack of a well thought out and properly managed reward and compensation systems in an organisation can result in demotivated staff, subdued strategic thinking and even exit of unhappy employees from the organization (Lehner, 2004).

An organisation's cultural setting can either facilitate or hinder successful strategy implementation. Burnes (2004) in his studies on culture, power, politics and change notes that when an organization environment is changing rapidly situations will arise when its culture is out of step with the changes taking place. Cultural change poses major challenges as strategy managers have to manage the power politics that arise as a result of attempting to change the status quo within the organization. Aosa (2002) notes that lack of compatibility of strategy and culture can lead to resistance to change and frustrate strategic plan implementation efforts.

Ansoff and McDonnell (2000) noted the common tendency by organizations to plan and attempt to implement change without creating the internal capacity to handle the same. Many organizations develop the strategy followed by changes in the systems and finally follow this up by behaviour changes. Ansoff and McDonnell (2000) observe that this results in the highest level resistance to strategy implementation and content that a motivating sequence is one where organizations start with behaviour change followed by systems and finally strategy.

Pearce and Robins (2007) indicates that successful strategy implementation depends, in large part, on the firm's primary organizational structure. Chandler (2002) in his research findings found that the choice of a new strategy results in new administrative problems leading to a decline in performance. Other observations on implementation challenges are from Aosa (2002) who noted that organizations faced challenges that included uncontrollable factors in the external environment, implementation took too long, unforeseen obstacles that surfaced

at implementation time, competing activities, key implementation tasks were not well defined, resources made available were not adequate, and coordination was not effective.

Machuki (2005) observed that implementation challenges arose from inadequate communication and training, non involvement of strategy implementers in the formulation process, structure, culture, processes & procedures and reward systems that were not aligned to strategy. Forman and Argenti (2005) note that, although an entire discipline is devoted to the study of organizational strategy, including strategy implementation; little attention has been given to the links between communication and strategy. At least, numerous researchers have already emphasized the importance of communication for the process of strategy implementation (Heide & Grønhaug & Johannessen, 2002; Forman & Argenti, 2005 and Schaap, 2006).

A mixed range of factors including strategy formulation and relationships among organisational departments can be extracted from the broad theme of factors. This review can therefore further categorize the implementation studies into those highlighting the importance of individual factors for strategy implementation and those that emphasize the big picture of how such factors interrelate and form a strategic implementation environment.

This review has identified nine recurring, individual factors that influence strategy implementation and two broader structural concepts. The nine recurring factors are: the strategy formulation process, the strategy executors (managers, employees), the organizational structure, the communication activities, the level of commitment for the strategy, the consensus regarding the strategy, the relationships among different units/departments and different strategy levels, the employed implementation tactics, and the

administrative system in place. The second stream of research analyzes multiple factors together within a single, arguably comprehensive, framework or a model (Yang, Guohui, and Eppler, 2008). Implementation efforts on a poor or vague strategy can be really limiting. As Allio notes, good implementation naturally starts with good strategic input (Allio, 2005).

Studies treat institutional relationships among different units/departments and different strategy levels as a significant factor that affects the outcome of strategy implementation (Gupta, 1987). Factors relating to the organizational structure are the second most important implementation barrier according to Heide & Grønhaug & Johannessen's (2002) study. The context of organizational levels and the considered organizational types are important factors in strategy implementation. Organizational types, as stated earlier, refer to the characteristics of organizations: if they are private or state-owned, local or multinational (Yang, Guohui, and Eppler, 2008). As far as ownership forms are concerned, strategy implementation studies discuss both, state-owned and privately held companies (Noble, 1999). Whether a strategy itself is consistent and fitting or not is a key question for successful strategy implementation, but even a consistent strategy cannot be all things to all people.

## **2.5 Research Gaps**

From all indications strategy implementation will continue to attract attention because it plays a central role in the overall success of organizations. Strategy implementation is an interdisciplinary approach of strategic management, organizational theory, and organization development. The best-formulated strategies may fail to produce superior performance for the

firm if they are not successfully implemented Noble (1999). A more comprehensive investigation to find a universal model concerning reality and ideal-thinking in implementation is, therefore very necessary. Few researchers focus on the implementation of corporate level strategies (Wernham, 1985; and Schmidt & Brauer 2006). Yang L., *et al* (2008) have advised that strategy implementation research should pay attention to explicitly indicate the level of analysis. Although much has been studied on strategy implementation and a number of critical factors impacting the implementation process isolated in many industries, there is no information on what critically constitutes impediments or enhancers to strategy implementation in the specific situation of a mission hospital in Kenya assessed at the level of management. Besides, majority of studies are located in the traditional research settings of the US and UK as opposed to perceived small, developing contexts (Rapert, Velliquette and Garretson 2002). Organizational types studied were classified as private or state-owned, local or multinational. In addition, many studies on implementation factors adopted survey designs. Therefore, critical factors and how they influence implementation of strategies is worth investigating in Kenya. This case study is an attempt to dig into the factors affecting strategy implementation in a mission hospital in Kenya.

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

This chapter presents a detailed description of the research methodology including a description of the research design, instrumentation as well as data analysis techniques. The purpose of this study was to establish the factors affecting strategy implementation at St. Monica hospital, Kenya.

### **3.2 Research Design**

This study was conducted through a case study design. A case study is a research design where the researcher, because of interest in in-depth analysis, looks for intensive, descriptive and holistic analysis of a single entity (Oso & Onen, 2005). The study design is ideally suitable where smaller samples can be used to describe and explain rather than predict a phenomenon. A case study is one which investigates real life case to answer specific research questions and which seeks for a different kind of evidence according to Gillham (2000).

Case study research is used to seek answers to questions of ‘what’, ‘how’ and ‘why’ according to Ghauri (2004) and Yin (2009). Yin (2009) states that ‘how’ and ‘why’ questions are explanatory in nature and likely to lead to the use of case studies, histories, and experiments as the preferred research method. Nyauchama (2009) used a case study to examine strategy implementation at GlaxoSmithKline pharmaceutical manufacturer.

### **3.3 Data Collection**

The study aimed at collecting qualitative primary data. Data was collected from the organization's management team using interview guide. The selection of this tool was guided by the nature of the data, research time available and the study objectives. The overall aim of this study was to determine the factors affecting strategy implementation. The researcher was mainly concerned with collection of information that could not be directly observed and or difficult to put down in writing. Further interest was to capture the meanings beyond the words by obtaining historical information through gaining control over the line of questioning, as the technique involved person-person verbal communication. The respondents were also largely literate and could adequately respond to verbal logical exchanges. Such information is best collected by interview techniques (Bell, 1993; Touliatos & Compton, 1988).

Interviewees constituted 4 substantive Heads of Departments or their assistants and the section heads. Where a departmental head had granted an interview, his or her assistant was not to be interviewed. The substantive departmental heads were the Senior Medical Officer from the medical department, Hospital Matron, Patient Support Centre Co-ordinator and the Human Resource Manager. Other 10 section heads included in the study were heads of Physiotherapy, Laboratory, Health Records, Radiography, Maternity, Theatre, MCH, OPD, Ward and Grounds. The choice of departmental and section heads was a good platform to capture the core of strategy implementation in terms of structure, leadership, and resources application.

Secondary data constituted the contents of the strategic plan and strategy control systems including monitoring, measurements and written performance outcomes.

### **3.4 Data Analysis**

The research used Content Analysis to analyze the data. Interviews, field notes and various types of unobtrusive data are often not amenable to analysis until the information they convey has been condensed and made systematically comparable. Content analysis allows for an objective coding scheme to be applied to the notes or data from the interview. The technique thus helps to make inferences by systematically and objectively identifying special characteristics of messages (Holsti, 1968).

The person interviews were transcribed into an MS-word computer format to isolate relevant themes from categories at the completion of the interviews. As suggested by Baskarada (2014), a text analysis tool, in this case ‘Find’ was used to conduct a first cycle in vivo coding of the data by determining keywords and phrases that were common amongst interviewees. Keywords and phrases appeared as word clouds, which were analyzed and encoded with suitable category labels. Throughout each coding method, commonalities developed. The analysis then recorded memos of item patterns and themes occurring in the data for later reference. Once codes were categorized, they were compared to one another.

In the second cycle, pattern coding method was used next to recognize similarly coded data and further summarize them into sub-categories. Using Microsoft (2012) thesaurus was helpful in refining coded words. Finally, a third level of coding, the axial coding method was

used to further analyze results from the first two stages of in vivo coding and cycle pattern coding. This helped discover how the new categories and sub-categories interrelated with one another. The research findings and recorded memos of understandings were again reviewed. Finally, findings were narrated as they relate to the implications of the study.

## **CHAPTER FOUR: DATA ANALYSIS, FINDINGS AND DISCUSSION**

### **4.1 Introduction**

This chapter presents data, its analysis, interpretation, and discussions. The purpose of this study was to establish the factors affecting strategy implementation at St. Monica hospital, Kenya.

#### **4.1.1 Research Summary**

This was in light of the question: What are the factors that affect strategy implementation at St. Monica's Mission Hospital, in Kisumu County, Kenya? The results of the 14 interviews, 4 with substantive departmental heads and 10 with sectional heads are outlined. The data collected was analysed using content analysis. In the analyses of the responses, categorisation and identification of themes and items for each interview were applied to achieve a general understanding of factors affecting strategy implementation. The objective of the study was to assess factors affecting strategy implementation at St. Monica hospital, Kisumu County, Kenya. Some of the responses are compared with evidences in the literature. Qualitative analysis transforms data into findings. However, no formula exists for that transformation with the final destination remaining unique for each inquirer, and perhaps, only known when, and if arrived at (Patton, 2002).

### **4.2 Strategy Implementation at St. Monica Hospital**

To achieve this objective the interviewees were asked to react to several statements. The respondents were interviewed to establish their understanding of the basic concepts of

strategy including the definition of strategy, formulation, implementation and controls. The interviews were along the dimensions of strategy definition, objectives, action plans and resources allocation. In addition, the interviews sought to know the individual and organization responsibility, the strategy's relevance and its perception among implementers. There was no sources available for secondary data. Secondary level coding was used to analyze the relationships between the themes resulting from the primary level coding. The second-level coding phase of the data analysis process, pattern coding, therefore, resulted in the two categories or themes ascribed to the nine initial labels derived from the raw data of factors involved in strategy implementation. The sections below present significant findings attributed to these interview dimensions as sources of primary data.

These implicit aspects of strategy implementation, at St. Monica mission hospital alluded to the dimensions of resource application and utilization including time, human resources and financial resources. A participant quipped jokingly. '... I am the resource...forget about the money..' This thread of argument was shared by 9 more respondents who felt that they had to do their job once they were employed. According to them the hospital's management had no other special time or financial allocation for the implementation of the strategy except those embedded in the daily operations and routines.

The two first-level coding labels are included in the hard and soft categories because they are very much defined, accepted and/or rejected by the interviewees. Based on the analysis on the data factors affecting strategy implementation, the researcher concluded that strategy implementers at St. Monica have embraced some parts of their implementation role and have

even transformed this implementation role to be more progressive and acceptable. Rather than allowing the implementation role to define the workers as solely strategy employees, they have taken it into their own hands to accept the material aspects of their assignments while maintaining their independence and strength as professional and competitive healthcare providers.

The primary and secondary coding were compared to the interview notes, which helped to establish fit and appropriateness. Corroboration of earlier separate data was therefore possible. The researcher coded and recoded initial raw data and examined how new labels might affect the data analysis. In the first-level coding, if additional labels were to arise that do not fit-in with the existing labels, they were left as independent labels until the second-level coding. In the second cycle, the new labels were to fit within one of the two meta-codes categories derived in terms of organizational leadership and human relations. The researcher did not find it so necessary to follow the script of literature classing some factors as soft and others as hard. Accordingly, the researcher grouped the factors loosely as soft and hard according to perception of the interviewees. The classification may thus identify the factors but fail to conform to conventional classes of hard and soft factors identified in empirical literature (Yang, *et. al.* (2008). The factors below, therefore, were identified as impacting strategy implementation at St. Monica's hospital in Kisumu.

#### **4.2.1 Strategy Formulation**

Clearly strategy formulation process lacked one core and essential element: Lack of involvement of all staff. Indeed a number of staff was completely unsure of the existing

strategy at the hospital. ‘Nobody consulted us on the strategy...you are employed to do your professional work...and you do it’, came from an interviewee. ‘..I have been here for over three years, and we never discussed it any day, added the respondent’.

A more confounding and significant finding was in the range of answers to the question: What does the word strategy mean to you? All the 14 respondents, at some point, in the rumbling definitions, included the word ‘*tactic*’. Indeed a clearer thread of the words ‘...*the tactic to implement our objectives...*’ was a running sequence in 13 respondents’ definitions of strategy.

The analyzed data revealed that strategy is a common terminology to the workforce of St. Monica Hospital. Adopting a strategy is a relevant aspect of service delivery at the hospital. Strategy had a significant impact on the development of their overall authentic leadership and service culture projection, notwithstanding, the relatively non-conforming standard of the true meaning of strategy. A respondent from the MCH quipped...*we have to make our clients happy...*a possible reference to how client service is at the core of their practice strategy.

In response to the question: Would you agree that the current strategy is good and relevant? One goal was clear in the minds of the respondents. This was the goal of customer service. ‘Our goal is to serve our clients...’ were verbatim words from across majority of respondents, who however, quickly appeared mixed on the meaning of *goal* with strategy. ‘...We are to be champions of customer care...’ one interviewee animatedly pointed out.

There were no timelines and the long-term concept of strategy was not discernible. ‘...we continuously seek to improve..’, summarized an interviewee.

### **4.2.2 Structure**

A number of staff did not understand their role within the complex matrix-like structure where many believed, as trained professionals that they only had, to foremost, perform their primary goals as technocrats. Often there was little reference to the impact of inter-departmental relationships.

Nobody, in particular, was understood by all interviewees to be the persons responsible for the strategy implementation. This evolved in attempts in answering the question: Who is responsible for the current strategy development and implementation at St. Monica Hospital? Is it a team or individual? (*Use titles*).

### **4.2.3 Administrative Systems**

The spans of control were certain times confusing with many not viewing the hospital as a complete unit with linear authority but as a matrix of departments to serve special purposes when needed. Written protocols and policies were often unobserved. People abided by their routines.

Participants who shared similar experiences on the need for strategy implementation, all noted that they were expected to care for the patients as customers. This level of responsibility and expected leadership helped increase these participants’ level of

understanding of each others' opinions and step into a leadership role that felt natural and collaborative towards working for the patients.

Data was analyzed on whether the workers were a team in the implementation of strategy. The concept of strategy and its implementation indicated significance in that it was discussed as the foundation for how workers at St. Monica mission hospital build their relationship between themselves and with others. One participant noted that her loyalty to her current workplace means relationships and trust with colleagues. The head of Patient Support Centre (PSC), said that she expects others to care for the patients with love and no stigma. She acknowledged her natural tendency to play a role in her leadership orientation to enjoy a culture of care and identity. She loved to treat people equally as human beings, and that is what she wanted to see in St. Monica hospital. All respondents also agreed the implementation of the current strategy at the hospital is good. None however qualified this.

#### **4.2.4 Top-Level Commitment**

In analyzing data related to top-level commitment to strategy, the workers and strategy implementers at St. Monica were not very particular about the managerial background, personality variables, functional background, industry familiarity, and locus of control of managers. However, they were concerned about the problem-solving style at the hospital. Two sub-themes could be discernible, as isolated factors, closely related to top-level managers' actions. These are Communication and Leadership Style. According to one participant; '...in case of trouble we are counseled', observed this participant amid mirth of

laughter. Another respondent captured it even more graphically: ‘...you make mistakes here, you are prayed for’.

The participants also appeared to focus on the financial dimension of resourcing strategy implementation at St. Monica. An absolute majority 14 (100%), in different words made it clear that resources were inadequate. On further probing, the standard answer went like: ‘...they do not allocate enough resources...we lack money for this...’ ‘They’ was understood to mean top-leadership responsible for strategy development.

### **4.3 Discussion**

In the discussion chapter, this study briefly employs synthesis and evaluation to develop connections between what is known and what emerges from the research project to create new understandings or new knowledge. The objective of this study was to assess the factors affecting strategy implementation at St. Monica hospital, Kisumu County, Kenya. The study attempted to answer the question: what are the factors that affect strategy implementation at St. Monica Mission Hospital, in Kisumu County, Kenya?

The findings on the impact of structure as a factor in strategy implementation, is consistent with extensive literature findings (Pearce and Robins, 2007; Gupta, 2007; Pettigrew, 2005; Machuki, 2005; Heide & Gronhaug, 2002; Johanessen, 2002; and Okumus, 2001). On the other hand, while one may argue that Administrative systems and Top-level commitment may not entirely be debilitating in the process of strategy implementation, a closer look points to top-level management shaping the communication ‘fever’ across the organization.

Nutt (1987) noted that strategic decisions formulated by the top-managers of a firm may be administratively imposed on lower-level managers and non-managers while inadequately considering the resulting functional level perceptions. It is the unwritten reminder of the way things should be done and that they must be done. Top-level decisions include those actions related to administrative policies, training, rewards and controls. Much of this is consistent with Machuki (2005) findings of processes & procedures and reward systems as factors in the strategy implementation process. Pettigrew (2005) also talks of an environmental context envisioning uncertainties, operational planning, resources, people, communication, control and feedback; and strategic outcome. Definitely, these are about organizational administrative systems, structure and top-level roles. Okumus (2001) environmental assertion of strategic decision, multiple project implementation and a context involving organizational learning and resource allocation envisages the context of a suitable structure, administrative systems and high level management.

The major components of business policy are: the understanding of the roles and responsibilities of top-level management, the significant issues affecting company-wide performance and the decisions affecting companies in the long run. Hberiniak and Snow (1982) findings indicated that, the participation and the interventions among the highest level of management in an organization promotes greater commitment levels in the implementation of a firm's vision and strategies which in turn promotes success in the implementation of a firm's selected strategy.

Nobble (1999) argues that good strategy implementation can be hostage to many inhibitory factors. Definition of strategy is essential in understanding the implementation process. Implementing strategy remains a challenge (Nobble, 1999). One factor that, possibly, results in this difficulty is, in itself, lack of understanding of the word strategy. This conforms to the difficulty envisaged by Hrebiniak (2006), who submits that formulating a consistent strategy is a difficult task for any management team. Literature definition of the word strategy remains tenuous. Understanding strategy as tactics by the St. Monica workforce is a real deal of confusion between the envisaged corporate level, through competitive and functional levels of strategy. In the mind of the interviewees, tactic is a means to an end; ideally more like the end justifies the means. Their isolated understanding of the strategy of customer service, however is excellent. It is proper to educate employees on the operational meaning of strategy as a bridge to goals. This can be better done at the initial stage of strategy development.

The word strategy is well recognized and widely used in the modern business world. However, the term strategy is so widely used for different purposes that it has lost any clearly defined meaning. Despite the obvious importance of strategy, there is surprisingly little agreement on what a strategy really is. Nobody really knows what strategy is (The Economist, 2004). Many authors have defined strategy differently (Johnson & Scholes, 2002; Mintzberg, 1994; Porter, 1986; Tregoe and Zimmerman, 1980; Steiner, 1979; and Hart, 1967).

Johnson and Scholes (2002) define strategy as the direction and the scope of an organization over the long-term. Mintzberg (1994), elaborated on the realized or emergent strategy as pattern of decisions and actions. Porter (1986) views competitive strategy as about being different by deliberately choosing a different set of activities to deliver a unique mix of value. He, additionally, views strategy as the combination of the ends, goals, for which the firm is striving and the means, policies, by which it is seeking to get there. Strategy is the framework which guides those choices that determine the nature and direction of an organization (Tregoe and Zimmerman, 1980). George Steiner (1979), a strategic planner, defines strategy in several dimensions as that which top management does that is of great importance to the organization; basic directional decisions, that is, to purposes and missions; strategy consists of the important actions necessary to realize these directions; strategy answers the question: What should the organization be doing?; and strategy answers the question: What are the ends we seek and how should we achieve them? Strategy is the art of distributing and applying military means to fulfill the ends of policy (Hart, 1967).

Behind every successful company, however, there is a superior strategy (Markides, 1999). Allio (2005) and Nobble (1999) both agree effective strategy realization is key for achieving strategic success. A warped sense of meaning of strategy creates a fussy logic in the implementation process. Even if no specific study has found a correlation with definition of strategy and its implementation, it can be concluded that one cannot implement unclear strategy.

## **CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

### **5.1 Introduction**

This chapter presents a summary of the study whose purpose was to assess strategy implementation and determine the factors affecting strategy implementation at St. Monica hospital, Kisumu County, Kenya. The study, sought to answer the question: What are the factors that affect strategy implementation at St. Monica's Mission Hospital, in Kisumu County, Kenya? The sections to follow summarize the study background, major findings followed by conclusions and recommendation. The section, finally, states the limitations of the study and implications for future research.

### **5.2 Summary**

Strategy implementation is imperative for the success of an organization. Making a strategy work or implementing it throughout the organization is, however, not an obvious process. Essentially, a good strategy is necessary to help in good execution efforts. A number of factors have been studied in the implementation of strategy without an agreement on a particular factor or set of factors affecting the implementation process. Implementation studies highlight the importance of individual factors for strategy implementation and those that emphasize the big picture of how such factors interrelate and form a strategic implementation environment.

St. Monica, a mission hospital, operates in a strategy environment influenced by a decentralized Catholic Church leadership, as opposed to organizations whose plans implementations are cascaded, within a centralized leadership construct. This can pose a significant challenge of relationships, structures and decisions. No studies have focused on strategy implementation in a mission hospital as a unit of healthcare service provision in Kenya. Healthcare provision plays a major role in ensuring a healthy nation by offering preventive, curative, promotive and rehabilitative health services, classified as clinical medicine, nursing, public health, pharmaceutical, laboratory technology; and medical records and administration.

First, a significant finding of this study is related to lack of coherent understanding of strategy among the workers of the mission hospital. This was demonstrated by lack of clear definition of strategy as given by the respondents. Strategy has been variously defined, often in confusing terms and meaning. Therefore, the predominant understanding of strategy as tactics, and in several other ways, by the workforce at St. Monica hospital is entirely consistent with previous literature observations. The Economist (2004) observes that nobody really knows what strategy is. Many definitions of strategy exist as evidence (Johnson & Scholes, 2002; Mintzberg, 1994; Porter, 1986; Steiner, 1979; Hart, 1967; Tregoe and Zimmerman, 1980).

Secondly, the study found out that organization leadership and human relations are more implicated factors in strategy implementation at St. Monica mission hospital in Kisumu. Mester *et al.*,(2003) observe that leadership plays a central role in strategy implementation;

and if not properly managed poses challenges. Pearson and Robinson (2007), note that the Chief Executive together with key managers must have skills, personalities, education and experience to execute the strategy. Lenher (2004) takes implementation tactics as genuine organizational behavior based on the assumption that implementation, in general is dependent on the environment, and various strategic and organizational variables. Machuki (2005) observed that implementation challenges arose from inadequate communication and training, non involvement of strategy implementers in the formulation process, structure, culture, processes & procedures and reward systems that were not aligned to strategy. Forman and Argenti (2005) note that, although an entire discipline is devoted to the study of organizational strategy, including strategy implementation; little attention has been given to the links between communication and strategy. At least, numerous researchers have already emphasized the importance of communication for the process of strategy implementation (Heide & Grønhaug & Johannessen, 2002; Forman & Argenti, 2005 and Schaap, 2006).

### **5.3 Conclusion**

The study concludes that there is misunderstanding and lack of clarity on the meaning of strategy. Furthermore, the concepts of strategy, in terms of formulation, implementation and controls are not structured. The idea of wholeness redirects to a complete participation, responsibility and commitment in the designing of one's environment. Therefore, focus on strategy and its implementation must be centered on the involvement of stakeholders right from development to implementation. Involving staff in the development of strategy will iron out teething factors like definition, as it is obvious that if they do not understand the concept, implementing it may be, altogether, impractical. Chandler (2002) observes, a good structure

must be in place to enable efficient strategy implementation. A good structure enables a smooth flow of information and authority enabling proper resource utilization and, possibly the institutionalization of a pro-active culture through an appropriate leadership. This brings the possibility of enlarging the degree in which the strategy implementation approach takes place in every part of what constitutes the organization's immediate and social environment: relationships, working environments, personal needs; and the most important, widen the extent of acknowledgement for the appreciation of oneself inner capabilities and strength in the service to an organization. In proper structure, members of an organization would therefore look for what works and to do more of it.

#### **5.4 Implications for Theory, Policy and Practice**

The conclusions of the study may result in a more comprehensive understanding of what hospitals want and need, and how to better implement them. These findings may also be utilized to explore institutional practices that encourage excellence in the administration of private mission hospitals. Additionally, the results of the study may urge hospital policy makers to consider how mission hospitals' characteristics relate to their strategy experiences when developing or implementing plans concerning health support services.

#### **5.5 Limitations of the Study**

The study was limited by the subjective opinions of the respondents. Because all of the respondents were from the managerial level assignments at St. Monica, there is a high possibility of bias, exaggerations and lies in responses stemming from self-interest. Choosing

one location as the unit of study may not be fairly generalizable and representative of the entire population of several mission hospitals scattered across Kenya, including the ones from other church bases other than the catholic.

The researcher, therefore, attempted to validate the primary data by accepting it as it is. It is never a goal of qualitative methods to state objective truths within a phenomenon, or to generalize the results (Hoyt & Bhati, 2007). The applications of findings of this study are limited to the participants studied. Additionally, this was a case study with the researcher's interest in answers to the questions of 'what', 'how' and 'why'. In-depth analysis helped look for intensive, descriptive and holistic analysis.

## **5.6 Suggestions for Further Research**

Further research can hypothesize and look into the impact of isolated factors critical in the strategy implementation process at the mission hospitals, possibly, widening the units of study to cover a wider variety of mission hospitals. Quantitative data may be collected using questionnaires to avoid face-face talk which may not be comfortable for many respondents. Future studies can expand to cover Strategic Business Unit (SBU) and functional unit level strategy implementation. Regression analysis of the factors affecting strategy implementation can provide insights into the strength or impact of individual factors.

## **5.7 Recommendations**

There is need to carryout awareness campaigns to sensitize all strategy implementing stakeholders on the importance of setting long-term direction of an organization through an

all inclusive development of strategy. It is important to involve all stakeholders in the strategy process, documentation and audits to adequately serve the implementation phase.

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## APPENDICES

### Appendix 1: Interview Guide

#### Interview guide on

#### FACTORS AFFECTING STRATEGY IMPLEMENTATION, AT ST. MONICA HOSPITAL, KISUMU COUNTY, KENYA

Dear Sir/Madam, I am conducting a research concerning “**Strategy Implementation**” as a part of my requirement to complete my MBA study. I seek your assistance in this regard by, kindly, requesting that you grant a few minutes for the interview. Please, respond to each question based on how it relates to you personally. You are required to choose whether to give your identity, and assured that it will be treated confidentially. You are free to seek clarity on my questions

#### Thank You for Your Help

Silas Imende,

MBA (Strategic Management), U.O.N

#### SECTION A: DEMOGRAPHIC PROFILES

The following questions are for statistical purpose only. Your answer will be kept strictly confidential. For each question, please put your answer below.

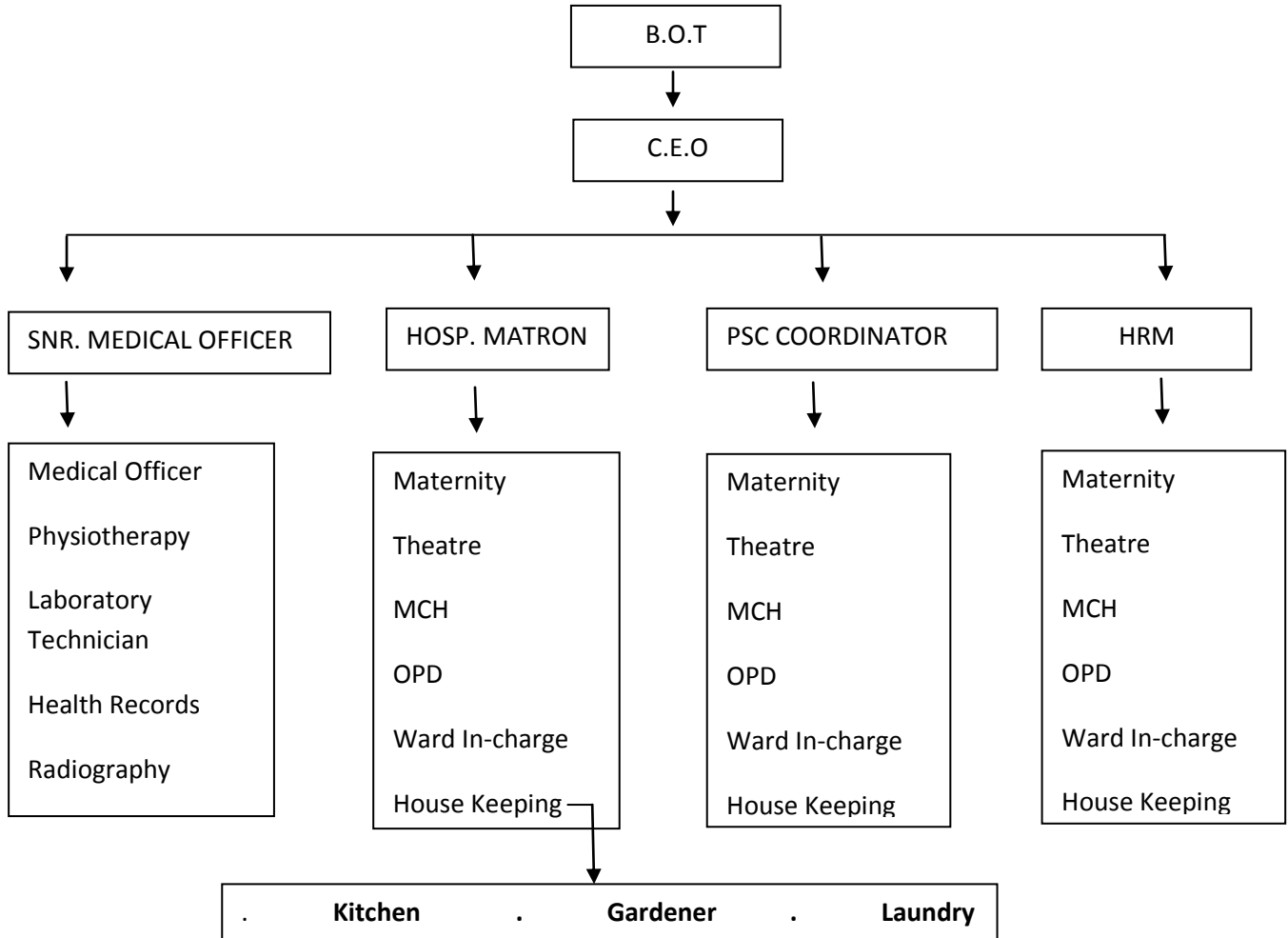
1. What is Your Name? (Optional) .....
2. What is your work Occupation? (e.g nursing, sales, admin, accounts, pharmacy, security, physician/clinician etc..primary training)\_\_\_\_\_
3. Which department do you head/deputize? \_\_\_\_\_
4. Length of work at St. Monica hospital in years.  
0-1 ( ) 1-2 ( ) 2-3 ( ) 3-4 ( ) 4-5 ( ) >5 ( ) Others ( )

## SECTION B: FACTORS AFFECTING STRATEGY IMPLEMENTATION

In theory, strategy implementation depends on a lot of factors. **Please, respond to the following factors in the way you feel each affects the implementation of the hospital's strategy?**

- i) **What do you think of the Strategy formulation process?** (*Strategy type - consistent & fitting and formulation procedure – mobilization or procedural justice*).
  - ii) **What is your opinion on the strategy executors?** (*managers, employees - people involved in the process*)
  - iii) **What do you think of the organizational structure?** (*Can be a barrier. Communication and shared understandings play an important role in the implementation process*)
  - iv) **Is the top-level management committed to the strategy?** (*Considering managerial background and personality variables - functional background, industry familiarity, locus of control, problem-solving style*).
  - v) **What do you think of the communication activities?** (*The content of such communications includes clearly explaining what new responsibilities, tasks, and duties need to be performed by the affected employees. It also includes the why behind changed job activities, and more fundamentally the reasons why the new strategic decision was made firstly*).
  - vi) **Is there a consensus regarding the strategy?** (*Shared Understanding*).
  - vii) **What is your opinion on the relationships among different units / departments and different strategy levels?** (*Top/Business/Functional Level*).
  - viii) **What are the employed implementation tactics?** (*intervention, participation, persuasion, and edict*).
  - ix) **What is the administrative system in place?** (*Design of organizational structure – decentralization; Design of control systems -budget evaluative style and selection of managers - locus of control*).
  - x) **Does the organizational level affect the implementation?** i.e., (*corporate level, strategic business unit (SBU) level, functional level, operational level and mixed levels*).
  - xi) **What is the organization type?** (*church-run, private or state-owned*)
  - xii) **Is there a commitment to the strategy and its implementation?** (*Organizational commitment, strategy commitment and role commitment*).
- b) Closure
- Is there anything you would like to add in addition to what has been said before?
  - May I contact you again in order to clarify some issues, if unclear, from the interview?
  - Is this interview classified as confidential or could it be attached to the Thesis, thus, to be publicly accessible?

## Appendix 2: St. Monica's Organogram



**Fig.1 St. Monica's Organisation Structure**