

**CHALLENGES OF IMPLEMENTING KENYA QUALITY MODEL
FOR HEALTH STRATEGY IN KIAMBU COUNTY, KENYA**

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DECLARATION

Declaration by Student

I hereby declare that this project is my original work and which has not been submitted for the award of any other degree of the university, except where due acknowledgement has been made in the text.

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The research project has been submitted with my approval as the University of Nairobi Supervisor.

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DEDICATION

I dedicate this thesis to my parents and my entire family and friends who have been there for me through it all and who have supported me over the years.

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I wish to acknowledge my supervisor Dr. Justus Munyoki for the coaching and leadership towards the realization of this project. As my advisor, he provided detailed guidance and encouragement throughout the course and conducting the research.

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ABSTRACT

The social pillar for Vision 2030 indicates the need to improve the overall livelihoods of Kenyans, through provision of efficient and high quality health care systems with the best standards. As a long term target, quality excellence in the health sector is envisaged to be achieved through the implementation of KQMH. However most hospitals have recorded challenges in the implementation of this strategy. The purpose of this study was to determine the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya. The study was guided by the following two objectives: to determine the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya and to determine the strategies adopted to counter the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya. The study adopted a descriptive cross sectional survey. The target population comprised one level 5 public hospital and seven level 4 hospitals in Kiambu County. The study used both primary and secondary data. Primary data was collected using a questionnaire. Quantitative data collected was analyzed by the use of descriptive statistics analysis such as means, standard deviations and frequencies. The study established that hospitals face a number of challenges that affect the implementation of the Kenya quality health model to a great extent which included: inadequate funding, communication within the facility, limited qualified personnel to implement KQMH and responsibility level of employees at the facility. On the strategies the study concluded that all hospitals have adopted strategies to mitigate the effects of the challenges faced in the implementation process. The study recommended that the management of these hospitals and the county government should liaise and source for extra funding since they are referral hospitals and thus its paramount for them to have all the needed resources. The study also recommended that the county government allocate more funding to the level four and five hospitals so as to ensure effective running and availability of the medical resources needed. On the strategies, the study recommended that the management of the hospital takes up the responsibility of frequent training of the medical personnel on the implementation of KQMH.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Organizations operate in a dynamic, constantly changing and increasingly competitive environment. They operate in an open system which is environment dependent and environment serving. The ability to adapt to the environment is a very strong indication of whether the organization will be successful or not. Organizations in the 21st century are highly subjected to a lot of dynamism and change and therefore they have to continue reinventing their strategy if they are to realize their objectives (Hemel, 2002). Pearce and Robinson (2007) defines strategy as the company's "game plan" which results in future oriented plans interacting with the competitive environment to achieve the company's objectives. Strategy which is a fundamental management tool in any organization is a multi dimensional concept that various authors have defined in different ways.

Quality is a critical dimension of social justice and human rights principles and it forms one of the pillars of a viable and sustainable health care system. The Kenyan Health System has been facing many challenges that include declining trends of health indicators, Health Systems failure, dissatisfied customers/clients and health providers resulting to high attrition rates (Ministry of Medical Services, 2011). There also exist wide disparities in the quality of services delivered not only between public and private institutions of similar categorization but also across regions and towns and in between institutions of disparate ownership and or sponsorship.

The social pillar for the Vision 2030 indicates the need to improve the overall livelihoods of Kenyans, through provision of efficient and high quality health care systems with the best standards. To address this, the Health Sector plans to implement various quality models including KQMH, ISO and 5S-Continuous Quality Improvement (Kaizen)-TQM approach aiming at improving health service delivery. As a long term target, quality excellence in the health sector is envisaged to be achieved through the implementation of KQMH using the 5S-CQI (Continuous Quality Improvement)-TQM step-wise approach (Ministry of Medical Services, 2011). Like other areas across the Country, Kiambu County has faced several challenges in regard to healthcare services. The quality of healthcare provided through several public health facilities has kept on deteriorating. The implementation of Kenya Quality Model for Health (KQMH) has also faced several challenges like limited number of nurses and equipment to work with.

1.1.1 Concept of Strategy

Mintzberg (1994) defines a strategy as a plan, a direction or a guide. Porter (1996) defines strategy as being different by deliberately choosing to do a different set of activities in order to deliver a unique mix of value. It involves doing activities differently than the competitors in order to gain competitive advantage. A strategy is designed to effectively relate the organization to its internal and external environment. Backer (1980) argues that the major significance of strategy is that it gives organizations a framework for developing abilities for anticipating and coping with change in the environment. Backer (1980) further indicates that a strategy helps an organization to deal with future uncertainty by defining goal accomplishing procedures.

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1.1.2 Strategy Implementation Process

Strategy implementation is concerned with the translation of strategy into organizational action through appropriate structure and design, resource planning and the management of strategic change (Johnson and Scholes, 2002). When considering implementation, questions relating to who should be responsible for carrying out the predetermined strategic plans, what the structures in place are and the changes necessary must be addressed.

According to Mintzberg (1996), a strategy has little effect on an organization's performance until it is implemented and as Hendry and Kiel, (2004) claims; a strategic plan unimplemented but kept in a cabinet is a great source of employee negativity. Thus, putting the strategy into effect and getting the organization moving in the direction of strategy accomplishment calls for a fundamentally difference set of managerial tasks and skills (Johnson and Scholes, 2002). Whereas crafting strategy is largely an entrepreneurial activity, implementing strategy is primarily an internal administrative activity. Whereas strategy formulation entails heavy doses of visions, analysis, and entrepreneurial judgment, successful strategy implementation depends upon the skills of working through others, motivating, culture-building and creating strong fits between

strategies and how organization does things, ingrained behavior does not change just because a new strategy has been announced. Implementing strategy poses the tougher, more time-consuming management challenge.

Strategy implementation process might involve changes within the overall culture, structure and management system of the entire organization except when such drastic corporate wide changes are needed, however the implementation of a strategy is typically conducted by middle level and lower level managers with review by top management. Strategy implementation often involves day to day decisions in resource allocation.

1.1.3 Kenya Quality Model for Health

The Government of Kenya through Ministries responsible of Health in collaboration with the health stakeholders is mandated with providing leadership and stewardship in development of health systems for improved Quality Health Services. In 2001, the Ministry of health then through the Department of Standards & Regulatory Services (DSRS) spearheaded the development of the Kenya Quality Model (KQM) to provide a conceptual framework for quality improvement in health services and systems in the country. The document integrated evidence-based medicine (EBM) through wide dissemination of public health and clinical standards and guidelines with total quality management (TQM) and patient partnership (PP).

The KQM was reviewed in the 2008-2009 financial year, renamed the Kenya Quality Model for Health (KQMH) and expanded to cater for clinical care, management support and leadership. The new model addressed the in-adequacies identified in the first KQM and articulated quality standards and checklists for KEPH levels 2, level 3, level 4 and

level 5& 6. The review took into consideration active participation of the health stakeholders. The KQMH has been piloted and implemented with encouraging results. The implementation of the reviewed Kenya Quality Model for Health has been noted to be the first step towards ISO certification. However, the implementation process has not been smooth all along. Several challenges have been encountered which this study will seek to identify and document.

1.1.4 Kiambu County

Kiambu County emerged from what were the former constituencies that existed prior to a devolved government. It has twelve (12) constituencies (Thika Town, Ruiru, Juja, Kiambu Town, Kiambaa, Githunguri, Limuru, Lari, Kikuyu, Kabete, Gatundu South, Gatundu North). Kiambu County has a health workforce of 4025 from different medical cadres. Most of them work in public health facilities i.e. 3354. It also has 487 non medical staff. The county has a total of 315 health facilities. Amongst these facilities 80 are public, 40 are FBO, 13 are NGO and 275 are private.

This shows that the private sector is indeed a major partner in healthcare. All public facilities hold regular management meetings. Most of the facilities get pharmaceuticals and non-pharmaceuticals from KEMSA amounting to 24m in the past 12 months. Most of the community units have updated house hold registers and provide monthly information to facilities. Major challenges experienced in health investment includes: inadequate health personnel; erratic supply of health products; Poor health infrastructure; inadequate public health facilities; and inadequate resource

1.2 Research Problem

Strategy implementation is one of the biggest challenges in modern day strategic management in an organization. Johnson, Scholes and Whittington (2005) noted that it requires managers to develop appropriate strategies to specific circumstances of an organization. However, these circumstances change over time and it requires some clarity on the issues that are more important and critical than others and an ability to reconcile the conflicting pressures from the business environment, an organization's strategic capability and the expectations of stakeholders.

The constitution of Kenya is clear on the need to address the citizens' expectations of the right to the highest attainable standards of health including reproductive health and emergency treatment. The implementation of the reviewed Kenya Quality Model for Health has been noted to be the first step towards ISO certification. However, the implementation process has not been smooth all along. Kiambu County is one of the highly populated counties in Kenya. Its proximity to the Capital city has influenced the population as those working within the city reside in the county and some offices both public and private have been established within the County.

Several scholars have reviewed challenges of strategy implementation. For instance, Kamuri (2010) studied the challenges facing the implementation of outsourcing strategy at the Kenyatta National Hospital. The study found that KNH experienced several challenges since the early 1980s in its endeavors to provide quality health care. This included overcrowding, quality of care, poor attitudes, under-establishment in human

resource and deterioration of medical equipment. Okech (2013) examined challenges of implementing strategic plans by private hospitals in Nairobi County. The study found that lack of trained personnel to implement strategic plans, inadequate funding for the plans and that the ever changing Government policies were a key hindrance to effective implementation of the plans. Kimama (2011) studied challenges facing the implementation of hospital management information systems in hospitals in Nairobi. The study found that the Kenyan hospitals in HMISs implementation have faced the challenge of support from the employees, financial resources, internal communication, and training of users, changeover methods and long procurement processes.

Adhu (2013) examined challenges of strategy implementation at Jaramogi Oginga Odinga Teaching and Referral Hospital. The major challenges revealed in the study highlighted inadequate resources which made it difficult for the organization to execute the strategies, employee commitment to strategy that was limited to implementation of specific activities in the operational plan, the policies and procedures practiced and resistance from the staff.

From the above presentations, it is evident that there is no research that has focused on challenges of implementing Kenya quality model for health strategy in Kiambu County, Kenya. Therefore, this study sought to determine the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya.

1.3 Research Objectives

The objectives of this study were:

- i. To determine the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya.
- ii. To determine the strategies adopted to counter the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya.

1.4 Value of the Study

This study would be important to several key stakeholders. First, the study would be valuable to the policy makers in the Government of Kenya especially in the Ministry of Health as it would inform their policy decisions in future to ensure that the policies made are in-line with the improvement of the quality of health in Kenya.

The study would also be valuable to the management team in the Ministry of health as it would inform them of the challenges in the implementation of Kenya Quality Model for Health (KQMH). By identifying these challenges, the management would be able to put in place relevant necessary measures that would help reduce their effects hence promote the implementation of Kenya Quality Model for Health (KQMH) in Kenya.

The findings of this study would also be valuable to future researchers and academicians as this study may act as a source of reference material for their research and at the same time suggest areas for further research where they could research on to extend the level of knowledge in this area of Kenya Quality Model for Health (KQMH) and strategy implementation challenges.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a review of the related literature on the challenges of implementing strategies in organizations. It also reviews literature with respect to the research objective on the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya. The specific areas covered here are concept of strategy implementation, effective strategy implementation process and finally the challenges of strategy implementation.

2.2 Theoretical Foundation of the Study

This study is build on two theories: open systems and institutional theories. Open systems theory requires that organization interact with their environment for resource s and release outputs to the environment hence the open system. As such, organizations need to consider their operating environment if they are to be successful in their operations. Institutional theory requires that organizations are founded on strong institutional framework if they are to be successful in what they do.

2.2.1 Open Systems Theory

Open systems theory holds that organizations are strongly influenced by their environment made up of other organizations exerting various forces of economic, political, or social nature. The environment provides key resources that sustain the organization and lead to change and survival (Pfeffer and Salancik, 2003). Open systems

theory was developed in reaction to earlier theories of organizations, such as the human relations perspective of Elton Mayo and the administrative theories of Henri Fayol, which treated the organization largely as a self-contained entity (Scott, 2002).

Environmental influences that affect open systems can be described as either specific or general. The specific environment refers to the network of suppliers, distributors, government agencies, and competitors with which a business enterprise interacts. The general environment encompasses four influences that emanate from the geographic area in which the organization operates (Pfeffer and Salancik, 2003). The open-systems theory assumes that all large organizations are comprised of multiple subsystems, each of which receives inputs from other subsystems and turns them into outputs for use by other subsystems. Learning institutions like any other organization relies on the environment for input resources in form of human capital and at the same time, its customers and competitors are in this environment (Scott, 2002). As such, it has to understand how to manage all these resources and stakeholders for effective turnaround strategy.

2.2.2 Institutional Theory

Institutional theory attends to the deeper and more resilient aspects of social structure in an organization. It considers the processes by which structures, including schemas; rules, norms, and routines, become established as authoritative guidelines for social behavior which an important aspect in change management. Debate on institutional theory mainly begins with making the distinction between the 'old' and 'new' institutionalist approach. The pioneer work of Selznick (1949, 1957) established the 'old' institutionalist approach, where the unit of analysis was a single organization. Some of the main issues investigated

were values, organization-environment interaction, coalitions, influence, power and informal structures (Greenwood & Hinings, 1996).

The second group or so called 'new' institutionalists focus more on, for instance, organizational fields and their embeddedness, as well as issues of legitimacy, routines, scripts, and schema (Greenwood & Hinings, 1996). Scott and Meyer (1992) used the term institutional sectors as meaning those characterized by the elaboration of rules and requirements to which individual organizations must conform if they are to receive support and legitimacy from the environment. With reference to industrial sectors, Erakovic and Powell (2006) emphasize similarities between them and the concepts of 'institutional sectors' (Scott & Meyer, 1992) and the 'organizational field' (DiMaggio & Powell, 1983).

Also, according to these authors, industrial sectors present an, institutionally specific environment that provides resources, legitimacy and organizational networks. It inquires into how these elements are created, diffused, adopted, and adapted over space and time; and how they fall into decline and disuse.

2.3 Strategy Implementation

A strategy implementation framework encompasses: clear and quantifiable strategic goals, enabling strategic initiatives, enabling strategic assets, and enabling change management competencies and tools with frequent progress milestones (Otley, 2001). Strategic change is difficult, complex, and expensive to implement. There are barriers and resistance to change in every organization. Creating a dynamic strategic vision,

supported from the top to the bottom, requires a holistic perspective and integrated participation at all levels. Although formulating a consistent strategy is a difficult task for any management team, making that strategy work which is affecting the process by which strategic plans are turned into organizational action (Okumus and Roper, 1998).

Strategic decisions determine the organizational relations to its external environment, encompass the entire organization, depend on input from all of functional areas in the organization, have a direct influence on the administrative and operational activities, and are vitally important to long-term health of an organization (Grant, 2000). Strategies must be well formulated and implemented in order to attain organizational objectives. Thompson (1993) determined that the strategy implementation process included the many components of management and had to be successfully acted upon to achieve the desired results. Here, the critical point is that effective and successful strategy implementation depends on the achievement of good “fits” between the strategies and their means of implementation.

Chakravarthy & White (2001) have taken into consideration that no matter how effectively a company has planned its strategies, it could not succeed if the strategies were not implemented properly. Hendry & Kiel (2004) also clarified that the more ineffective the top management decisions, the more ineffective are the choices made at lower levels of management. Similarly, if top management's strategic choices tend to be successful, it reflects favorably on choices made in other parts of the organization. Simons (1994) refer to three categories of factors that affected strategic decision-making process: environmental factors; organizational factors; and decision-specific factors.

Here, environmental factors mean external agents such as national culture, national economic conditions, and industry conditions. Organizational factors refer to organizational structure, organizational culture, structure of decision making bodies, impact of upward influence, and employee involvement.

Decision-specific factors can be explained as time, risk, complexity, and politics. According to Porter (1980) strategists must assess the forces affecting competition in their industry and identify their company's strengths and weaknesses, then strategists can devise a plan of action that may include first, positioning the company so that its capabilities provide the best defense against the competitive force; and/or second, influencing the balance of the forces through strategic moves, thereby improving the company's position; and/or third, anticipating shifts in the factors underlying the forces and responding to them, with the hope of exploiting change by choosing a strategy appropriate for the new competitive balance before opponents recognize it.

Petersen & Welch (2000) noted two dimensions of strategy implementation: structural arrangements, and the selection and development of key roles (Kaplan & Norton, 2004). The quality of people as skills, attitudes, capabilities, experiences and other characteristics required by a specific task or position. Structure refers to the way in which tasks and people are specialized and divided, and authority is distributed; how activities and reporting relationships are grouped; the mechanisms by which activities in the organization are coordinated Systems refer to the formal and informal procedures used to manage the organization, including management control systems, performance measurement and reward systems, planning, budgeting and resource allocation systems,

and management information systems. Staff refers to the people, their backgrounds and competencies; how the organization recruits, selects, trains, socializes, manages the careers, and promotes employees. Skills refer to the distinctive competencies of the organization; what it does best along dimensions such as people, management practices, processes, systems, technology, and customer relationships.

2.4 Challenges of Strategy Implementation

There are a number of challenges that organizations encounter while implementing strategies. They emanate both from the internal and external environment of the organization. Some of these challenges include: availability of resources; leadership style; organization culture; corporate structure; lack of focus and failure of buy in by implementing team (Johnson & Scholes, 2003).

2.4.1 Availability of resources

The amount of resources available for the implementation of a strategy plays a key role in determining the success of the strategy implementation process. All organizations have at least four types of resources, namely: financial, physical, human resources and technological resources (Thompson, 1990). These resources are available to an organization as simple tangible resources in the form of money, human resources and infrastructure or intangible resources such as public power for example in law enforcement and tax collection or knowledge base. Resource based view to strategy management view knowledge, skills and experience of human resource as a key contributor to firm's bundle of resource and capabilities (Musyoka, 2008). Putting strategy into action is concerned with ensuring that strategies are working in practice. It

involves structuring an organization to support successful performance. This includes organizational structures, processes and relationships. It also involves enabling success through the way organization resources such as people, information, finances and technology support strategies.

During the process of strategy implementation, how relationships and beyond the organization are fostered and maintained will influence the strategy implementation process. Perhaps the most important resource of an organization is its people (Johnson & Scholes, 2003). Organization is a social system relationship (formal and informal) among the people who individually and jointly subscribe to same goal(s) and to which they direct their actions. Where the needs of the individual and the demands of an organization are incompatible, transactions and conflict are bound to occur and strategy implementation cannot be achieved (Dubrin, 2001).

2.4.2 Leadership style

Leadership also plays a key role in strategy implementation. The type of leadership employed by managers may greatly influence the rate of strategy implementation in an organization. Leadership is the process of persuasion, where an individual induces a group to pursue certain objectives. Effective leadership involves restructuring organizational architecture in a manner that motivates employees with the relevant knowledge to initiate value-enhancing proposals (Dubrin, 2001). Drucker (1994) captures an environmental scanning analysis that depicts leadership as that which should manage the fundamentals like people, inflation among others. Strategic leadership should ensure

that values and culture within an organization are appropriate for satisfying key success factors. This should lead to environmental-value-resources (E-V-R) congruence.

Organizational communication plays a key role in strategy implementation. Proper communication supports smooth strategy implementation while a breakdown in communication may negatively affect strategy implementation process. Bartlett and Goshal (1996) regard middle managers as threatened silent resistors whose role needs to change more towards that of a “coach”, building capabilities, providing support and guidance through the encouragement of entrepreneurial attributes. Limited committed by managers to performing their roles the lower ranks employees will not be provided with support and guidance through encouragement of entrepreneurial attributes (Marginson, 2002).

Successful strategic plan implementation requires a large commitment from executives and senior managers. Therefore, planning requirement which may be done even at departmental levels requires executive support. Executives must lead, support, follow-up and live the results of strategic planning implementation process. According to Healthfield (2009), without commitment of senior executives, participants feel fooled and mislead. This complements what (2005) claims that the commitment to the strategic direction is a prerequisite for strategy implementation. Therefore, top managers have to show their dedication to the effort. To implement strategy successfully, senior executives must not assume that lower level managers have the same perceptions of the strategic plan and its implementation, its underlying rationale, and its urgency. Instead, they must assume they do not, so executives must persuade employees of the validity of their ideas.

This notwithstanding what Kaplan & Norton (2004) argues that upfront commitment by leaders include an adherence to the full and thorough process of strategic planning which must culminate in implementing programs and services and commit allocations to meet the objectives of the strategic plan at a level that is doable for the organization and the level of activity.

2.4.3 Organizational Culture

Strategy implementation is also affected by organization culture. Organizational culture refers to the leadership style of managers. How they spend their time, what they focus attention on, what questions they ask of employees, how they make decisions as well as the organizational culture (the dominant values and beliefs, the norms, the conscious and unconscious symbolic acts taken by leaders (job titles, dress codes, executive dining rooms, corporate jets, informal meetings with employees). Organizational culture is among the major issues, because the cultural dimension is central to all aspects of organizational behavior (Hendry & kiel, 2002). If strategy implementation is going to realize its full potential of dramatically improving the way companies do business, changing of the organizational culture must be considered an integral part of the process.

Woolridge & Floyd (1990) note that it can be much easier to think of a good strategy than it is to implement it. Much of the shortcomings in the strategy area are attributable to failures in the implementation process rather than in the formulation of strategy itself (Beer & Eisenstat 2000; Woolridge & Floyd, 1990). The available literature in the 1990s on strategy implementation was examined in order to identify potential strategy

implementation challenges. Of the 22 identified earlier by Alexander (1985) only 15 implementation problems have been cited.

Eisenstat (1993) indicates that most companies attempting to develop new organization capacities stumble over these common organizational hurdles: competence, coordination, and commitment. These hurdles can be translated into the following implementation problems: coordination of implementation activities was not effective enough, capabilities of employees were insufficient, training and instruction given to lower level employees were inadequate, and leadership and direction provided by departmental manager were inadequate.

Schmidt (1994) posits that a strategic change can be successfully implemented through a four-stage process: assess the organizational capabilities and behavior needed to move from what the company is to what it needs to become, determine what work processes would be required to implement the strategy and design current work processes to fit those requirements, identify what information needs the work processes generate, and determine what information systems and databases would be required to meet those needs and determine which organizational structure would best support those work processes.

2.4.2 Corporate Structure

According to Kaplan & Norton (2004), organization structure influences the type of strategy used by an organization. Mintzberg (1996) identified that strong ideology will lead to strong resistance to change and freedom of action is severely constrained. Structural designs typically begin with organizational chart. It pertains managers

responsibilities, their degree of authority and the consideration of facilities, departments and decisions, tasks design and production technology. Whereas Hall et al. (2003) identifies three organizational structure variables (formality, complexity and centralization), Mintzberg (1979) comes up with five variables which have varying degree of formality, complexity and centralization. They include: simple structure, machine bureaucracy, professional bureaucracy, divisionalized form and autocracy. The structural design of the organization helps people to pull together activities that promote effective implementation (Musyoka, 2008)

The structure of the organization should be consistent with the strategy to be implemented. Moreover the nature of the organizations structure to be used in implementing strategy is influenced by environmental stability and the interdependence of the different units (Daft, 2000). Failure to address issues of the broad structural design of roles, responsibilities and lines of reporting can, at a minimum, constrain the development of strategies and performance (Johnson & Scholes, 2002; Koske, 2003). Disorder, friction, malfunctions or reduced performance results when managers use the wrong structure for the environment (Hax and Majluf, 1991).The structure of the organization should therefore be compatible with the chosen strategy and if there is incongruence adjustment will be necessary either for the structure or the strategy itself (Koske, 2003).

Some companies try to be all things to all people. As a result, they lack distinctiveness, but importantly, they also lack focus. As a result, resources are dissipated and priorities are never clearly articulated. With little sense of prioritization, employees are a bit like

carnival plate spinners – always frantically working to keep things from collapsing, but never really making progress (Sterling, 2003).

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the methods that were used in collection or gathering of data pertinent in answering the research questions. The chapter comprised of the following sub-topics; research design, target population, research instruments, the sample and sampling procedures, data collection procedures and data analysis procedures.

3.2 Research Design

The study adopted a descriptive cross sectional survey. Mugenda and Mugenda (2003) describes descriptive research design as a systematic, empirical inquiring into which the researcher does not have a direct control of independent variable as their manifestation has already occurred or because the inherently cannot be manipulated. The research design was chosen because the study was not confined to the collection and description of the data, but seeks to determine the existence of certain relationships among the research variables (Mugenda and Mugenda, 2003).

According to Malhotra & Birks (2007) a survey is a method of collecting data from people about who they are, how they think (motivations and beliefs) and what they do (behavior). A survey in form of standardized questions in a questionnaire will be used to collect data.

3.3 Population of Study

Mugenda and Mugenda (2003) define population as the entire group of individual's, events or objects having a common observable characteristic. The target population comprised employees of level 5 public hospital and seven level 4 hospitals in Kiambu County. These hospitals were selected because of their large size and a huge work load as they are referral hospitals. Since the population of the study was small, the study included all hospitals in the study hence a census survey. The exact officer to participate in the study included medical superintendent because they are the ones who are in charge of all the level 4 and 5 hospitals.

3.4 Data Collection

The study used both primary and secondary data. Primary data was collected using a questionnaire. The questionnaire comprised of open and closed ended questions. The close-ended questions sought to provide more structured responses to facilitate tangible recommendations. The open-ended questions provided additional information that is not captured in the close-ended questions. The respondents included the officers in charge of the facility, heads of the pharmacy, head of the clinical division and the operations manager.

The questionnaire was carefully designed and tested with a few members of the population for further improvements. This was done in order to enhance its validity and accuracy of data to be collected for the study. The researcher administered the questionnaire to officers in charge of the hospitals in Kiambu County. The questionnaires were administered in person to give a high response rate.

To ensure that the questionnaire collected valid and reliable data, the researcher reviewed the questionnaires with the supervisor so as to establish their appropriateness in responding to the research objectives.

3.5 Data Analysis

The completed questionnaires were first edited for completeness and consistency. Quantitative data collected was analyzed by the use of descriptive statistics analysis such as means, standard deviations and frequencies. The data was split down into different aspects of strategy implementation. This offered a systematic and qualitative aspect of the study objectives.

The information was presented using bar charts, graphs and pie charts and in prose-form. Descriptive data was presented using measures of central tendency including mean and standard deviation.

CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents analysis, findings and discussion of the study.

4.2 Response Rate

The study targeted a total of eight hospitals. Of the eight hospital responses were received from seven hospitals. This gave a response rate of 85%. According to Mugenda & Mugenda (2003) the statistically significant response rate for research analysis should be at least 50%.

4.2.1 Age of the Hospital

The study sought to establish the age of the different hospitals in the study. The findings were as shown in the Table 4.1:

Table 4.1:Period in operations

Age	Frequency	Percent
Below 35 years	3	37.50%
36-45 years	0	0.00%
46-55 years	0	12.50%
56-65 years	1	12.50%
Above 66 years	3	37.50%
Total	7	100.00%

From the findings in Table 4.1, the facilities that had been in operation for long had operated for over 66 years and below 35 years at 37.5% while those for the least period

had been in operations for between 46-55 years and 56-65 years at 12.50%. These findings show that the respondent hospitals had been in operations for long enough to understand challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya.

4.2.2 Size of Hospital

The study sought to establish the size of the hospital facilities using the number of beds. The findings were as shown in the Table 4.2:

Table 4.2: Size of the Hospitals

Bed capacity	Frequency	Percent
Below 100 beds	4	63%
101-200 beds	1	13%
201-300 beds	1	13%
301-400 beds	1	13%
Totals	7	100%

From the findings in Table 4.2, majority (63%) of the facilities had below 100 beds while the 13% each had between 100-200 beds, 201-300 beds and 301-400 beds respectively. These findings show that the hospital facilities considered in this study were of different sizes and attended to different size of patients.

4.2.3 Position in the Hospital

The study sought to establish the position of the respondents in the hospital. The findings were as shown in the Table 4.3 below:

Table 4.3: Position held in the Hospital

	Frequency	Percent
Medical Superintend	4	57%
Health Administrator	2	29%
Nurse manager	1	14%
Totals	7	100%

As per Table 4.3, majority of the respondents (57%) were medical superintendent followed by 29% health officers and 14% nurse managers. These findings shows that the respondents were well versed with the Kenya Quality Model for Health hence were better placed to provide the much required data.

4.2.4 Years Worked At the Hospital

The study sought to establish the number of years the respondents had worked in their respective hospitals. The findings are shown in Table 4.4

Table 4.4: Years Worked at the Hospital

	Frequency	Percent
4-6 Years	1	14
7-9 Years	2	29
More Than 10 Years	4	57
Total	7	100

As shown in the Table 4.4, one of the least period for the respondents in their current facilities was 4-6 years at 14% while the highest period was more than 10 years at 57%. These findings show that the respondents were more conversant with the operations at their specific facilities hence their suitability to provide data required for the study.

4.2.5 Highest Academic Qualification

Table 4.5 shows the respondents level of academic qualification.

Table 4.5: Highest Academic qualification

	Frequency	Percent
diploma	1	14%
degree	5	71%
masters	1	14%
Total	7	100%

From the Table 4.5, majority 71% of the respondents had a degree as the highest level of education while those with a diploma and masters as their highest level of education comprised 14% each. These shows that the respondents had diverse highest level of education and were thus could more easily understand the research study questions and provided adequate responses.

4.3 Involvement in Quality Model for Health Strategy Implementation

The study sought to establish the extent to which the hospitals were involved in the quality model strategies implementation. The findings are shown in Table 4.6

Table 4.6: Involvement in Quality Model for Health Strategy Implementation

	Frequency	Percent
High	5	71%
Moderate	2	29%
Not Involved At All	0	0%
Total	7	100%

All the hospitals in the study were involved in quality model strategy implementation with 71% being highly involved and 29% being moderately involved. The study involved hospitals that were involved in the health strategy implementation process.

4.4 Challenges of Kenya Quality Model for Health Implementation

Table 4.7 represents the hospitals' responses on the challenges of implementation of the Kenya quality health model.

Table 4.7: Challenges of quality model implementation

	Mean	Std. Dev
Inadequate funding	4.206	1.153
A team appointed to spearhead KQMH implementation	3.588	3.766
Collection of views from stakeholders	3.265	1.128
communication within the facility	3.088	1.346
Culture of the facility	2.823	1.196
The levels of leadership in the facility	3.102	1.340
Inadequacy of equipment at the facility	4.118	0.907
Limited qualified personnel to implement KQMH	3.529	1.409
Organization structure of leadership at the facility	2.927	1.308
Relationship among the team members implementing the KQMH strategy	2.927	1.308
Leadership of the facility	2.794	1.322
Responsibility level of employees at the facility	3.000	1.197
Senior managers commitment to the implementation of KQMH	2.882	1.299

As shown in Table 4.4, the hospitals faced inadequacy of equipment at the facility as a challenge with a mean of 4.118, inadequate funding was also a challenge with a mean of 4.206. Another challenge the hospitals faced was limited qualified personnel to implement KQMH with a mean of 3.529 and the team appointed to spearhead KQMH implementation with a mean of 3.588. The hospitals however indicated that organization structure of leadership at the facility, leadership of the facility and senior managers' commitment to the implementation of KQMH were challenges to a moderate extent with means of 2.927, 2.794 and 2.882 respectively. They also moderately faced collection of views from stakeholders as a challenge with a mean of 3.265, communication within the

facility as a challenge with a mean of 3.088, responsibility level of employees at the facility with a mean of 3.000, the levels of leadership in the facility with a mean of 3.102, relationship among the team members implementing the KQMH strategy with a mean of 2.927.

Other challenges the hospitals encountered in the facility to in the implementation of KQMH program. Among the challenges listed were that the hospitals lacked adequate staff, skilled and non skilled

The study sought to establish to what extent the identified challenges affected the implementation of KQMH in the hospital. The responses are shown in Table 4.8

Table 4.8: Extent of Influence of Challenges

	Frequency	Percent
very great extent	4	57%
great extent	2	29%
moderate extent	1	14%
Total	7	100%

From the responses in Table 4.5 the hospitals that stated that challenges affected the implementation of KQMH in the hospital to a very great extent were 57%, 29% said to a great extent and 14% said to a moderate extent.

4.5 Strategies of Minimizing the Effects of the Challenges

The study sought to establish the strategies that had been adopted to minimize the effects of the challenges encountered in the hospital. The findings are shown in Table 4.9

Table 4.9: Strategies of Minimizing the Effects of the challenges

Strategy	Mean	Std. Dev
Establishment of a team to spearhead KQMH implementation	3.161	1.356
Taking managers for training on strategic management	2.721	1.402
Increasing the number of medical specialists	2.088	1.284
Increasing the money allocated towards KQMH implementation	2.471	1.344
Improving the communication within the organization	3.177	1.315

From Table 4.6 increasing the number of medical specialists and the money allocated towards KQMH implementation were not strategies used in the hospitals with means of 2.088 and 2.471 respectively. The findings showed the hospitals had moderately established a team to spearhead KQMH implementation with a mean of 3.161, taking managers for training on strategic management with a mean of 2721 and improving the communication within the organization with a mean of 3.117.

Other strategies that had been adopted to minimize the effects of the challenges faced were the improvement of interdepartmental communication on the progress of the progress of implementation and the involvement of the staff in the formulation and implementation of the strategies.

The study sought to establish to what extent the identified strategies minimized the implementation of KQMH in the hospital. The responses are shown in Table 4.10

Table 4.10: Extent of Influence of Strategies on Minimizing Challenges

	Frequency	Percent
very great extent	5	71%
great extent	1	14%
moderate extent	1	14%
Total	7	

From Table 4.7, hospitals where the effects of the challenges had been minimized to a very great extent by the strategies adopted were 71%, 14% to a great extent and another 14% to a moderate extent.

4.6 Discussions of Findings

On the challenges faced, the study established that inadequacy of equipment at the facility was a challenge. Thompson (1990) listed the physical equipment as important resources in determining the success of the strategy implementation process. The findings also revealed that inadequate funding was a challenge; limited qualified personnel to implement KQMH and the team appointed to spearhead KQMH implementation were all challenges. All organizations have at least four types of resources and financial being an important aspect in the operational running of an organization (Thompson, 1990). The study also established that culture of the facility, communication within the facility and relationship among the team members implementing the KQMH strategy were challenges encountered by the hospitals.

The study established that the hospitals moderately experienced the collection of views from stakeholders, organization structure of leadership at the facility, leadership of the facility and senior managers' commitment to the implementation of KQMH as challenges. Culture of the facility, communication within the facility, responsibility level

of employees, the levels of leadership in the facility and relationship among the team members implementing the KQMH strategy were challenges encountered by the hospitals. These findings are consistent with those advanced by Eisenstat (1993) that most companies attempting to develop new organization capacities stumble over these common organizational hurdles: competence, coordination, and commitment. These hurdles can be translated into the following implementation problems: coordination of implementation activities was not effective enough, capabilities of employees were insufficient, training and instruction given to lower level employees were inadequate, and leadership and direction provided by departmental manager were inadequate. Mintzberg (1979) argues that the structure of the organization should be consistent with the strategy to be implemented. Moreover the nature of the organizations structure to be used in implementing strategy is influenced by environmental stability and the interdependence of the different units (Daft, 2000). Failure to address issues of the broad structural design of roles, responsibilities and lines of reporting can, at a minimum, constrain the development of strategies and performance.

Hendry and Kiel (2002) stated that if strategy implementation is going to realize its full potential of dramatically improving the way companies do business, changing of the organizational culture must be considered an integral part of the process. Responsibility level of employees and the levels of leadership in the facility were also challenges encountered by the hospitals. Majority of the respondents were neutral on collection of views from stakeholders, organization structure of leadership at the facility, leadership of the facility and senior managers commitment to the implementation of KQMH were

challenges. Dubrin (2001) cited that leadership also plays a key role in strategy implementation. He further argued that effective leadership involves restructuring organizational architecture in a manner that motivates employees with the relevant knowledge to initiate value-enhancing proposals. In addition majority of the respondents listed that the hospitals lacked the various resources especially in technology and finance and that the management lacked a good evaluation system to monitor the progress of the evaluation and that there were no formulated policies that would ensure the strategies implemented are effective. The amount of resources available for the implementation of a strategy plays a key role in determining the success of the strategy implementation process. All organizations have at least four types of resources, namely: financial, physical, human resources and technological resources (Thompson, 1990).

On the strategies adopted, the study established that a team to spearhead KQMH implementation had been established in the hospital, that the hospital was taking managers for training on strategic management and improving the communication within the organization as strategies that were applied in their facility. Effective leadership involves restructuring organizational architecture in a manner that motivates and empowers employees with the relevant knowledge to initiate value-enhancing proposals (Dubrin, 2001). Majority also disagreed that increasing the number of medical specialists and the money allocated towards KQMH implementation were strategies that had also been adopted within the organization. Majority listed that there was improvement of interdepartmental communication on the progress of the progress of implementation and the involvement of the staff in the formulation and implementation of the strategies. Thompson (1993) determined that the strategy implementation process included the many

components of management and organizational communication had to be successfully acted upon to achieve the desired results.

In response to the above challenges, the study established that the facilities adopted several strategies. Establishment of a team to spearhead KQMH implementation in the hospital, taking managers for training on strategic management and improving the communication within the organization as strategies that were applied in their facility were also strategies adopted by the banks. Other strategies that had been adopted to minimize the effects of the challenges faced were the improvement of interdepartmental communication on the progress of the progress of implementation and the involvement of the staff in the formulation and implementation of the strategies. These findings are consistent with those of Hendry and Kiel (2002) who argues that if strategy implementation is going to realize its full potential of dramatically improving the way companies do business, changing of the organizational culture must be considered an integral part of the process. Additionally, Kaplan & Norton (2004) argues that upfront commitment by leaders include an adherence to the full and thorough process of strategic planning which must culminate in implementing programs and services and commit allocations to meet the objectives of the strategic plan at a level that is doable for the organization and the level of activity.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the discussion of key data findings, discussion of the findings, conclusion drawn from the findings highlighted and recommendation made there to. The conclusions and recommendations drawn were focused on addressing the purpose of this study which was to determine the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya. The study had two objectives; to determine the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya and to determine the strategies adopted to counter the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya.

5.2 Summary

Majority of the hospitals agreed that inadequate funding was a challenge, the team appointed to spearhead KQMH implementation and that limited qualified personnel to implement KQMH was also a challenge to the hospitals. The hospitals moderately experienced the collection of views from stakeholders, organization structure of leadership at the facility, leadership of the facility and senior managers' commitment to the implementation of KQMH as challenges. Culture of the facility, communication within the facility, responsibility level of employees, the levels of leadership in the facility and relationship among the team members implementing the KQMH strategy were challenges encountered by the hospitals to a moderate extent. In addition the

hospitals lacked the adequate staff and that the management lacked the various resources especially in technology and finance, a good evaluation system to monitor the progress of the evaluation and that there were no formulated policies that would ensure the strategies implemented are effective.

Establishment of a team to spearhead KQMH implementation in the hospital, taking managers for training on strategic management and improving the communication within the organization as strategies that were applied in their facility were also strategies adopted by the banks. However the hospitals did not increase the number of medical specialists and the money allocated towards KQMH implementation as strategies to adopt as a strategies. Other strategies that had been adopted to minimize the effects of the challenges faced were the improvement of interdepartmental communication on the progress of the progress of implementation and the involvement of the staff in the formulation and implementation of the strategies.

5.3 Conclusion

The hospitals face a number of challenges that affects the implementation of the Kenya quality health model to a great extent. The study also concludes that the hospitals face the following challenges, inadequate funding, communication within the facility, limited qualified personnel to implement KQMH and responsibility level of employees at the facility.

On the strategies adopted, the study concludes that all hospitals have adopted strategies to mitigate the effects of the challenges faced in the implementation process. The study also concludes that the strategies adopted include: establishment of a team to spearhead

KQMH implementation, taking managers for training on strategic management, increasing the number of medical specialists, increasing the money allocated towards KQMH implementation and improving the communication within the organization

5.4 Recommendations

The study makes the following recommendations.

Foremost, from the findings, lack of adequate funding and equipments were key challenges. This study therefore recommends that the management of these hospitals and the county government to liaise and source for extra funding since they are referral hospitals and thus its paramount for them to have all the needed resources. The study also recommends that the county government allocate more funding to the level four and five hospitals so as to ensure effective running and availability of the medical resources needed.

Secondly, on the strategies, one of the challenges identified was that there were limited qualified personnel to implement KQMH. It is therefore recommended that the management of the hospital take up the responsibility of frequent training of the medical personnel on the implementation of KQMH. This will ensure that there are more qualified personnel to implement the strategy.

5.5 Limitations of the Study

The study faced both time and financial limitations. First, the respondents were reluctant to provide data fearing that the information requested would be used for other purposes

other than academic purposes. In order to assure them that the data requested would be used for purely academic purposes, the researcher carried with her in order to confirm that the data would be used for academic purposes only.

The duration that the study was to be conducted was limited hence exhaustive and extremely comprehensive research could not be carried on the challenges of implementing Kenya Quality Model for Health strategy in Kiambu County, Kenya. The study, however, minimized these by administering questionnaires only to the respondents who were involved in strategy formulation and implementation in the respective hospitals which saved time as well as financial costs.

5.6 Recommendations for Further Study

The study makes the following recommendations for further study:

Foremost, the study was conducted among eight hospitals within Kiambu County and thus cannot be generalized for all hospitals. This study recommends that in the future a similar study be conducted across all public and private hospitals in Kenya so as to generalize the findings in the health sector.

Secondly, the study also recommends that in the future a study be conducted on the effectiveness of the Kenya quality model for health in health care delivery. This will act as an evaluation strategy that will assess the effectiveness of the KQMH and thus highlight areas that need to be improved on the same.

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APPENDICES

Appendix I: List of Hospitals in Kiambu County

1. Thika level 5 Hospital
2. Kiambu level 4 Hospital
3. Gatundu level 4 Hospital
4. Tigoni level 4 Hospital
5. Ruiru level 4 Hospital
6. Igegania level 4 Hospital
7. Kihara Level 4 Hospital
8. Nyathuna Level 4 Hospital

Appendix II: Questionnaire

CHALLENGES OF IMPLEMENTING KENYA QUALITY MODEL FOR HEALTH STRATEGY IN KIAMBU COUNTY, KENYA

1. Your Position in the Hospital.....
2. What is the Size of your Hospital in terms of bed capacity?
Below 100 beds ()
101-200 beds ()
201-300 beds ()
301-400 beds ()
3. What year did your facility start operations? Please indicate _____
4. Number of years worked at the hospital?
Below 3 years () 4-6 years ()
7-9 years () More than 10 years ()
5. What is your highest academic qualification?
Certificate () Diploma () Degree ()
Masters () PhD ()
6. Please indicate your level of involvement in quality model for health strategy implementation?
High []
Moderate []
Not involved at all []

SECTION B: CHALLENGES OF KENYA QUALITY MODEL FOR HEALTH IMPLEMENTATION

7. Below is a list of several challenges that affect strategy implementation in organizations. Using a scale of 1-5 where 1= strongly disagree, 2= disagree, 3= neutral, 4= agree and 5= strongly agree; please indicate the extent to which each of

the following identified challenge has affected the implementation of Kenya Quality Model for Health in your facility.

	1	2	3	4	5
Inadequate funding					
A team appointed to spearhead KQMH implementation					
Collection of views from stakeholders					
communication within the facility					
Culture of the facility					
The levels of leadership in the facility					
Inadequacy of equipment at the facility					
Limited qualified personnel to implement KQMH					
Organization structure of leadership at the facility					
Relationship among the team members implementing the KQMH strategy					
Leadership of the facility					
Responsibility level of employees at the facility					
Senior managers commitment to the implementation of KQMH					

8. Please identify any other challenges that have been encountered in the facility to in the implementation of KQMH programme.

9. To what extent have the identified challenges affected the implementation of KQMH in your facility?

- Very great extent ()
- Great extent ()
- Moderate extent ()
- Little extent ()
- No extent ()

SECTION C: STRATEGIES OF MINIMIZING THE EFFECTS OF THE CHALLENGES

10. Below is a list of several measures used by organizations to improve the implementation of strategies. Kindly indicate the extent to which each of these measures have been applied in your facility to promote KQMH implementation

strategy	1	2	3	4	5
Establishment of a team to spearhead KQMH implementation					
Taking managers for training on strategic management					
Increasing the number of medical specialists					
Increasing the money allocated towards KQMH implementation					
Improving the communication within the organization					

11. Please identify other strategies that have been employed in the facility to overcome the challenges in the implementation of KQMH programme.

12. To what extent have these strategies improved the implementation of KQMH programme?

- Very great extent ()
- Great extent ()
- Moderate extent ()
- Little extent ()
- No extent ()