STRATEGY IMPLEMENTATION AT JARAMOGI OGINGA ODINGA TEACHING AND REFERRAL HOSPITAL - KENYA

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A RESEARCH PROJECT PRESENTED IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF MASTER OF BUSINESS ADMINISTRATION, SCHOOL OF BUSINESS, UNIVERSITY OF NAIROBI.

NOVEMBER 2016
DECLARATION

I declare that this research project is my original work and has not been presented in any other university for academic purposes. Any other author’s work has been clearly acknowledged.

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D61/73385/2014

This research project has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

I dedicate this research project to my mother Norah Olweny; my father Eng Washington Olweny; my sisters Lavender, Lyndah, Lydia and my brother Kevin for their selfless support throughout my course. Many thanks for the continuous encouragement, understanding and the millions of Prayers during this period. I would also like to dedicate this research project to my supervisor, Dr. Machuki, for his continuous and effortless guidance during my course. Above all, I wish to dedicate this research project to the Almighty God for all the blessings of life.
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## ACRONYMS & ABREVIATIONS

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<th>Description</th>
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<tr>
<td>FBO</td>
<td>Faith Based Organization</td>
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<tr>
<td>GOK</td>
<td>Government of Kenya</td>
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<td>HMC</td>
<td>Hospital Management Committee</td>
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<td>HMT</td>
<td>Hospital management Team</td>
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<td>HSRS</td>
<td>Health Sector Reform Secretariat</td>
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<td>ICU</td>
<td>Intensive Care Unit</td>
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<td>IT</td>
<td>Information Technology</td>
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<td>JOOTRH</td>
<td>Jaramogi Oginga Odinga Teaching and Referral Hospital</td>
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<td>KHPF</td>
<td>Kenya Health Policy Framework</td>
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<td>KMTC</td>
<td>Kenya Medical Training College</td>
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<td>MCH</td>
<td>Mother Child Health</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MRC</td>
<td>Ministerial Reform Committee</td>
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<td>NNPGH</td>
<td>New Nyanza Provincial General Hospital</td>
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<td>PBO</td>
<td>Public Benefit Organization</td>
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<td>PHMT</td>
<td>Provincial Health Management Team</td>
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<td>RBV</td>
<td>Resource Based View</td>
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<td>SBU</td>
<td>Strategic Business Unit</td>
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<td>TQM</td>
<td>Total Quality Management</td>
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ABSTRACT

Strategy implementation entails putting into actions the formulated plans that can result into achieving of goals and objectives. This study sought to investigate strategy implementation at JOOTRH, Kenya in order to bridge the gap experienced during strategy implementation as evident from the literature. The three objectives which included; to determine strategy implementation at JOOTRH, to establish the challenges in strategy implementation, to highlight the measures to mitigate the challenges during strategy implementation at JOOTRH. The study adopted a case study, because the unit of analysis was one organization, JOOTRH, Kenya. Case study emphasized the contextual analysis thus allowing for in-depth probing through into answering the research question. The researcher used both primary and secondary data. Primary data was collected through one on one interview with interviewees using an interview guide, which had open-ended questions. The secondary data was collected from selected management meetings and the strategic review reports submitted to the management team. Content analysis was used to analyze the interviewee’s views and feedback about strategy implementation at JOORTH, Kenya. The study established that JOOTRH carries out strategy implementation practices and that both internal and external factors affected effective strategy implementation at JOORTH, Kenya. The strategy implementation practices included communication practices, developing of work plans and budgets and performance appraisal. The study established that political policies, changes in the external environment, socio cultural dynamics and changes in the technological environment were some of the external factors that impeded strategy implementation at JOOTRH Kenya. The internal factors established included complex organizational structure, poor organizational culture and lack of adequate financial resources. It was concluded that for the success of JOOTRH to deliver services in a competitive business environment, proper training to employees, adequate financial resources, information communication technology (ICT) integration, and communication management contribute highly to effective strategy implementation. It was therefore recommended that JOOTRH, Kenya should align organizational structure, mobilize adequate resources, develop employees competencies, and integrate ICT within the systems for effective strategy implementation. On the basis of limitation of the study, the study recommends further research on evaluation of performance of strategy implementation at JOOTRH.
CHAPTER ONE: INTRODUCTION

1.1 Background of the Study
Organizations develop strategies with the intention of achieving organizational goals and objectives (Yabs, 2007). He further states that public firms implement their strategies depending on the directives given by leading organs of the public firm. Strategy implementation entails turning the formulated strategy into actions resulting to achievement of strategic goals and objectives (Lynch, 2009). He further states that implementing a strategy means putting strategy to action thus ensuring achievement of organizational objectives, the formulated strategies need to be implemented at all levels of the organization. Well formulated strategies face difficulties at the implementation stage which is the responsibility of the top management team. The implementation process within strategic management is an important aspect, however it is often overshadowed by a broader focus on the strategy formulation process (Barney 2010).

Strategy implementation is anchored on Resource –Based view Theory (Wernerfelt, 1984), Institutional theory (Scott, 1995) and Mc Kinsey 7S Model (Peters and Waterman, 1982). Resource Based View Theory describes a firm as a bundle of important resources with unique capabilities including physical, human, financial and intangible assets. This theory assumes that firms in an industry can be heterogeneous based on the bundle of resources that they control. It also assumes that resource heterogeneity can persist over time since such resources used to implement firms’ strategies may not be perfectly mobile across firms. Institutional theory indicates that institutions are social structures which attain a high degree of resilience. They are composed of normative, cultural-
cognitive and regulative elements which when put together with associated activities and available resources, provide stability and meaning to social life. Institutional behaviors are transmitted by carriers which include relational systems, symbolic systems, artifacts and routines (Bjorck, 2004). McKinsey 7S Model analyzes an organization based on internal elements such as strategy, systems, structure, staff, shared values, style and skills and these affects the way strategy permeates the day to day activities of an organization.

Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH) is a public hospital categorized under level 6 currently offering preventive, curative and rehabilitative services within Western Kenya and beyond. In as much as the hospital has a strategic plan which guides the delivery of services, how strategy is implemented has not met the specifications of quality of service to the clients and stakeholders, the implementation is not consistent or delivered within the set timelines thus derailing the operations of the institution. The hospital strategic plan was reviewed by the Hospital Board members and the Hospital Management Team members. Following the review, it was realized that some aspects of the strategic plan have not been achieved and that the quality of service delivery was still wanting with certain goals and objectives not achieved.

1.1.1 The Concept of Strategy Implementation
Strategy implementation is the process by which objectives, policies and strategies are actionable through the development of budgets, programs, procedures and assigning of tasks (John & Richard, 2011). It involves establishing chains of command and reporting structure, allocating sufficient resources, assigning responsibility of specific tasks and processes to individuals or groups that manage the implementation process (David,
2009). He further states that effective implementation occurs when organizations’ actions and resources are in line with the strategic priorities and set objectives to be achieved, when key success factors are identified and the performance measurements aligned to reporting standards. Strategy implementation is a process that starts with an action of winning group commitment to strategy through proper decision-making, complete coalitional involvement of implementation staff through building a strong corporate culture and rewarding behaviors and attitudes that preserve strategy values (Crittenden and Crittenden, 2008). They further stated that valuable strategies are those that are developed and properly implemented. Crafting and executing strategy is the key in managing business enterprise (Arthur, Strickland, & Gamble, 2012; Kaplon & Norton, 2013).

Strategy implementation is concerned with organizational structures, key personnel actions, systems and policies, integration of technology and the existing communication systems coupled with the organisational culture (John and Richard, 2011). They view strategy implementation as a process that starts by planning then drawing action plans to ensure that such plans are executed in a manner that achieves the objectives. Both Joffre (2011) and Lynch (2009) look at strategy implementation as execution of the strategic plan bringing in the view of organising a firms resources and motivating staffs to be major factors for its success. Organisations exist in rapidly changing environment thus require top management commitment and innovativeness in delivery of service for proper execution processes (Arthur et al., 2012). In the recent years, organizations have been seeking to create greater organizational flexibility when responding to environmental
turbulence by moving away from taller organizational structures to more flatter forms (Hill and Jones, 2013), decentralising responsibility and power and resources in firms (Schaap, 2006). David (2009) states that strategy implementation is often known as the action stage of strategic management process, and it requires mobilizing employees and managers at all levels of the organization to ensure the formulated strategy is converted into action and results.

Aosa (1992) states that once strategies are developed they should be implemented as they are of no value if not effectively translated into actions. He further states that strategy implementation is internally driven operations involving aligning the structure, promoting good organizational culture, proper budgeting, motivating staffs, supervising and leading to make the strategy work. Its’ purpose is to complete the transition from strategic management to strategic planning by incorporating adapted strategies throughout the system (Andreas, 2004). Strategy implementation involves several processes which includes development of functional plans, allocation of sufficient resources tied to the plans, technology integration, establishing a chain of command or structure, assigning responsibility of tasks and monitoring results (Speculand, 2009).

1.1.2 Kenya’s Health Sector
In 1994, the Government of Kenya (GOK) approved its Kenya Health Policy Framework (KHPF) as a blueprint for developing and managing health services. This indicates the long-term strategic goals and the agenda for Kenya’s health sector. To operationalize this, the Ministry of Health (MOH) developed the Kenya Health Policy Framework Implementation Action Plan and also established the Health Sector Reform Secretariat
(HSRS) in 1996 which is under a Ministerial Reform Committee (MRC) in 1997 this is to spearhead and oversee the implementation of the document. The policy aimed at responding to the following constraints: inefficient utilisation of resources, decline in health sector expenditure, inequitable management information systems, centralized decision making, outdated health laws, inadequate management skills at the district level, increasing burden of disease worsening poverty levels, and rapid population growth.

The health sector includes the public system, with major players which includes the MOH and parastatal organisations, and the private sector, which includes private for-profit, Public Benefit Organisations, and Faith Based Organisations facilities. Health services are provided through a network of health facilities countrywide, with the public sector system accounting for about 51 percent of these facilities. The public health system consists of national referral hospitals, provincial general hospitals, district hospitals, health centres, and dispensaries. National referral hospitals are at the apex of the health care system, providing sophisticated diagnostic, therapeutic, and rehabilitative services. Provincial hospitals act as referral hospitals to their district hospitals. The provincial level acts as an intermediary between the national central level and the districts. The Provincial Health Management Team (PHMT) provides supervision and management support to the districts and sub-districts within the province. Growth in the hospital industry in Kenya is supported by increasing expenditure on healthcare, within both public and private sectors and greater levels of insurance coverage.
1.1.3 Jaramogi Oginga Odinga Teaching and Referral Hospital (JOOTRH)

JOOTRH is under the Ministry of Health and the Department of Health and operates in Kisumu County, Kenya. It has been in existence for more than 100 years, having been established in the 1990s to cater for the needs of the workers of the then Port Florence town of Kisumu, earlier known as New Nyanza Provincial General Hospital (NNPGH) and later gazetted as JOOTRH. JOOTRHs main mandate is to provide curative, preventive, promotive and rehabilitative health services, diagnostics- both radiological and laboratory services and currently growing to offer specialized care services such as Intensive care unit (ICU), renal dialysis unit and operating theatres. The hospital has an ongoing research, training and teaching activities for teaching Kenya Medical Training College (KMTC) and Maseno University.

NNPGH later gazetted to JOOTRH has a strategic plan (2011-2016) in operation documenting goals, objectives and activities to be achieved in the 5-year life of the plan. This strategic plan spells out hospital’s response to a dynamic operating environment with positioning strategies to counter challenges of the future. JOOTRH has 3 major departments (outpatient, inpatient and administrative) with 12 sub departments. Allocation of resources efficiently and effectively to the departments owing to the fact that some need critical responses, with bureaucracy in decision making at times severely hampers service delivery. Under funding due to delayed feedback (reporting) by some departments contributes to overall experience of shortages in the health systems of the hospital. This calls for flexibility in leadership and management strategy which is a paradigm shift from the traditional public sector culture to a competitive businesslike
orientation to achieve improved client satisfaction, financial sustainability and infrastructure development that reflects modern standards in medical practice (NNPGH report, 2011).

1.2 Research Problem

Many studies carried out have indicated that nearly 70% of strategic plans have been successfully implemented (Sorooshina, Norzima, Yusof, & Rosnah, 2010). Implementation of strategic plan entails; communication of measurable objectives and strategy; determination of key managerial tasks to be accomplished; assigning tasks to departments in the organizations; establishing coordination mechanism and delegation of authority; budgeting and allocation of resources; formulating policies and procedures; clarifying goals and assigning indicators; establishing reward systems to staff (Vaara and Whittington, 2012). Hill and Jones (2013) on the other side state that the failure to execute strategy results in a 70 percent of CEO dismissals. With such high failure rate ranging from 70 to 90 percent, it has been perceived that strategy implementation is more demanding than formulation (Mascarenhas, 2013). When a strategy is well formulated, there is more evidence of greater productivity and breakthrough in the advancing technological space hence putting the organization in the competitive arena. According to Hrebinak (2005) no business can succeed without effective strategy implementation. Understanding the challenges of strategy implementation therefore becomes critical in successful implementation of strategic plans.

As a public Hospital, JOOTRH is governed by the policies and regulations set by the Ministry of Health. The constitution of Kenya (2010) indicated that every Kenyan has the
right to the highest attainable medical care. With time the hospital has grown from a district hospital to a Provincial General Hospital and now it is a Teaching and Referral Hospital, JOOTRH strategic plan (2010). Given this expansion, the hospital has definitely undergone changes. These changes include the quality of Health services, inadequate resource supply, inadequate medicine and other commodity supply and too much workload to the health workers which may lead to demotivation and burn-outs. The Hospital therefore looked into crafting and having a formally written strategic plan which was done first in 2005 and a second strategic plan done in 2010. The implementation of the hospital strategic plan has not been without its fair share of successes, challenges and implications.

Studies on strategy implementation (Lehnar, 2004; Harrington, 2006; Jooste and Foure, 2009; Gichohi, 2015, Kalali, 2011; and Kidiga, 2013 have been done but still there exist a gap because their findings, recommendations and conclusions may not apply to JOORTH currently. Lehnar (2004) observed that environmental imperatives affects strategy implementation, Harrington (2006) found out that management involvement in strategy implementation is key. Jooste and Fourie (2009) found out that strategic leadership is one of the determinants of strategy success. Gichohi (2011) found out that technology enhances strategy implementation. Kalali (2011) identified allocation of sufficient resources impede strategy implementation and Kidiga (2013) identified inadequate resource as an impediment to strategy implementation.

A critical view of the studies revealed that they were done under different context, in different environment using different methodologies. In particular, Kidiga (2013) study gave a higher importance to challenges of strategy implementation without looking at the
practices and process. Therefore there exists a conceptual, contextual and methodological gap that needs to be addressed. Other studies revealed that strategy implementation can be defeated if the attitudes and habits of the managers and employees are hostile or are at crossroads with the needs of the strategy and if the customary ways of doing business block the implementation. They concurred with Stefan and Laura (2009) noting that putting the strategy into place and getting individuals and organizational units to go all out in executing the plan successfully is an essential administrative tasks. Little is known about strategy implementation at JOOTRH. This study aims to address the aforesaid knowledge gap. How is strategy implemented at Jaramogi Oginga Odinga Teaching and Referral Hospital, Kenya?

1.3 Research Objectives
The objectives of this proposed study were;

(i) To determine strategy implementation Practices in JOOTRH.

(ii) To establish the Challenges in strategy implementation at JOOTRH.

(iii) To determine the measures to mitigate the challenges during strategy implementation.

1.4 Value of the Study
This study indicated the various challenges that can be experienced in other hospitals in the Public setup. In as much as the hospital has a strategic plan, there are other forces that affect the implementation which should be considered in the measurement of the level of implementation of the strategy. Besides The Policy makers in the central and county governments, will use this study to be able to craft practical policies based on other factors that affect the Public Hospital. Further, the study will be important to the donors
and partners of the hospital as it will provide insight into the effectiveness of the programs being run in JOOTRH and the areas that require additional or reduction in funding.

Practitioners including management can look into some of the recommendations to see the practices that they can adopt to ensure that the strategy implementation process is well taken care of. The various departments if empowered enough to make major critical decisions on behalf of the management, they can make small but important changes which will be a buildup in the success of the hospital. Other consultants for the hospital are important as they should be able to use the data and recommendations for now and future to advice the hospital management appropriately. This ensures that the hospital management will be put to check and the performance thereof will be improved for the benefit of the clients.

Researcher have not put much interest in the Health sector especially the Public Hospitals and therefore, this should be an eye opener for more researches to be conducted. It shows future researchers, scholars and academicians that there are many aspects of the Health sector that have to be unearthed to help in the forward involvement and future positive impartation of the hospitals.
CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction
This chapter discusses the literature of existing theoretical and practical knowledge on strategy implementation practices, challenges of strategy implementation and measures to mitigate the challenges. It will help to concretize, and integrate as well as give a summary on what is already known in strategy implementation literature.

2.2 Theoretical Foundations of the Study
Strategy implementation is informed by many theories. This paper will focus on Resource –Based View Theory (Wernerfelt, 1984), Institutional Theory (Scott, 1995) and Mc Kinsey 7S Model (Peters and Waterman, 1982). These theories are embedded on the fact that organizations competitive advantage is enhanced by the resources and capabilities they possess and the ability of the internal processes to interface with the dynamic changing environment to attain the desired goals which are the output.

Institutional theory argues that rational decision making within an organization can be restricted by formal structures and individual’s commitment and behavior within an organization (Scott 2004). The institutional approach focuses on security and stability of relations, and homogeneity of outlook. Institutional theory proposes that many environmental forces are not based on efficiency but social and cultural pressures to conform (Hinings and Tolbert, 2008). The theory is centered on the analysis of social sources and alternatives that are bound together on an institutional framework (Scott, 2004), hence asks questions about how social choices are shaped, mediated and channeled by the institutional environment (Hoffman, 1999). Similarities and stability
among organizations signal institutionalization processes at work through the effects of carriers such as culture, structures, routines, and stories. Little attention has been paid to the forces that change institutional environments.

Mc Kinsey 7S model analyzes the firm’s with respect to 7 key internal elements that are interconnected in terms of functionality: systems, staffs, structure, strategy, shared values, style, staff and skills. Staffs are the employees who determine the success of to the success of the organization in a society driven by knowledge and competencies. Style/Culture includes the dominant values, beliefs, attitudes and norms which are developed over time and become key enduring features of the organizational life. Systems are internal processes and procedures that support the day to day activities during strategy implementation. Shared Values are fundamentally core ideas that are shared across the organization to guide business practice. Strategy is the plan of action an organization prepares in response to, or anticipation of, changes in its external and internal environment. Structure highlights the chain of command in an organization and skills are the competencies that individual employees possess. The model however underscores the aspects of employee motivation and training that are key to strategy implementation (Johnson et al., 2008).

Resource-based view Theory (RBV) asserts that the competitiveness of a firm lies primarily on the resource competencies or bundles that an organization possess. It further says that the resources are inimitable and heterogeneous in nature hence their rational combination forms basis for competitive advantage of a firm. To transform a short-run
competitive advantage into a sustained competitive advantage requires that these resources are heterogeneous in nature and not perfectly mobile. Effectively, this translates into valuable resources that are neither perfectly imitable nor substitutable without great effort. After identifying potential key resources, the organizations must then evaluate suitability of resources (Barney, 2010). The resources must have four attributes to have the potential of generating sustainable competitive advantage. The attributes include valuability, rareness of resources among a firm’s potential competitors, Inimitability and non-substitutability.

2.3 Strategy Implementation Practices

Strategy implementation practices are all the activities and measures in plan that an organization puts in place in order to ensure that the implementation process is carried out well and that the strategy goals and objectives are achieved. Pearce and Robinson (2007) say that to effectively direct and control the use of the firm’s resources, mechanisms such as organizational structure, information systems, leadership styles, assignment of key managers, budgeting, rewards, and control systems are essential. It involves changes in the organization culture and the management which is achieved through resource mobilization, technological, policy, process and leadership change (Thompson and Strickland, 2003). All these can be looked at under institutionalization strategies and those that support the operationalization of these strategies.
2.3.1 Strategy Institutionalization Practices

Once managers have agreed on a new or altered strategy, Pearce and Robinson (2011) states that it would be prudent for them to outline new norms and conventions to guide its implementation. There are a variety of mechanisms that guide in institutionalizing a revised strategy including; Aligning the organization structural framework with the strategy (Johnson et al, 2008); Choosing leaders who will give directions on implementation (Crittenden and Crittenden, 2008); Developing and inculcating a culture that support the strategy, myths and attitudes (Scott, 2004); Reviewing and reinforcing policies, procedures and linking rewards to desired outcomes (Hrenbriak, 2005).

Structure is the basic way a firm’s different activities are organized with structural patterns ranging from functional, divisional, strategic business unit (SBU) and matrix structure (Hill et al, 2013). They assert that it is of value to adopt a simplest organizational structure that will perform the job. There are many types of organizational structures and an organization can decide on which structure best supports their organization with some adopting more than one type of structure to ensure smooth flow of operations.

Leadership is a process whereby one person who is the leader gives direction and influences the ways by which a group performs certain functions. For any Strategic change to be effective, focused leadership that possess the power to influence the behaviour of employee is required. The Board of Directors and/or senior managers may need to implement some changes in the leadership in order to implement a new strategic direction of an organisation. Leadership influence is perceived to be essential at all levels.
of the organisation, the strategic level, the business level and the operational level. At business level there is the decisions on the best way to compete and at the operational level, the decisions on the products and services to be offered need to be made. All these decisions require guidance offered through strategic leadership. At strategic level, ability to conceptualise the future direction of the business is key (Gramm and Schnell, 2013).

Organizational culture entails a set of assumption and beliefs, values, traditions, behaviours and attitudes commonly shared and often not stated but prescribe the conduct and actions of individual employees within a firm (Johnson et al., 2008). Institutionalisation requires that managers develop institutional memory among the staffs by inculcating the use of key themes, dominant and observable values that depicts stories relating to the envisaged future and success of the organisation. These values may be tied around some core functions of the firm like customer service practices, marketing and production. Continual replication of these practices reinforce the values and beliefs around the organisational environment. Along with culture, there are policies, procedures, or intentions that guide managerial decision-making and actions to ensure consistency and compliance with the corporate strategy. They should also be laid down to promote uniformity in handling of activities that seems similar to guarantee quick decision making hence reducing uncertainty (David, 2009).

The key aspect of an organization’s resource is its employees, organizations need to pay special attention to recruit the best (most qualified, talented, and motivated) people, train and develop them, and pay well in order to keep their motivation high for sustained competitive advantage (Tahir, 2011). Companies need to recruit and retain knowledge
based employees and have them share knowledge throughout the organization. Knowledge is a valuable resource that cannot be easily copied by the competitors (Barney, 2010). Therefore organizations that continually build the capabilities of its employees in terms of knowledge and skills command a strong knowledge base to outperform their competitors.

Policies, procedures and rules and regulations institutionalize basic aspects of organizational behaviour and reduce employees’ resistance to the strategies being implemented. They too should be defined and laid down as standard operating principles guiding the direction of the organisation. Reward systems monitor individual and group performance therefore it is important to provide a tight link between rewards and strategic plan and also review rewards plan in a revised strategy.

Organizational capabilities should be identified and managed as portfolio required to deliver valuable outcome. These capabilities are conceptualized mental models that are shared across the organization. They also include, language, process, beliefs, tools, frameworks, processes, mindsets, individual skills and shared experiences (Speculand, 2009). Capabilities are held within organizations whereas competencies are held by individuals and are not lost when key individuals leave, they are like muscles, which get stronger the more they are used. Mascenheras (2013) identified some of the organizational portfolios include innovation, customer experience, cost control, acquisition integration, organizational agility, horizontal integration, vendor relationship management, health and safety management.
All organizations are viewed as systems comprising of components (organizational units) that interact with the external environment to deliver desired output (services and products). If the components are efficiently managed and their interaction internally and externally controlled, then organizational performance may be guaranteed, however it should be noted that it won’t easily be able to respond to the changes in the environment quickly. When operationalizing strategy, organizations need to adapt and be able to evolve from the current structure to the one that will propel them to the desired future. The rate of adaptability will be dependent on how organizational components evolve, and how quickly new ones are created and the rate of speed within which components are interacting with one another (Kaplan & Norton, 2013). They stated that adaptive organizations would simply respond to the changing situations productively and will be determined by performance of the individual component and the level of interactions.

2.3.2 Operationalization Strategy Practices
Many companies focus on developing plans, yet the most important element in planning is actualizing the plans. Putting the plans into action is a very critical factor as it is the actual execution that leads to yielding of results. Strategies in information systems have also been developed by organisations primarily to achieve competitive advantage. Organisations focus on information in supporting strategic objectives (Gichohi, 2015). Technology plays a key role in providing a competitive edge in the development arena when the right equipment are acquired and customised to suit the local conditions
(Coulter, 2008). He argues that effective and efficient technological practices have become organisations greatest asset to hedge against risks and to operate economically.

For organizations to successfully leverage on the potentials of corporate knowledge, strategic knowledge management practices should be implemented to enable them to capture, share, and integrate knowledge within their environmental contexts. With a shift in the market, uncertainty always occur, technological advances proliferate, competition oftenly increase, and products and services often emerge and become obsolete. Organizations need to create and capture corporate knowledge, disseminate it, and integrate it well with new products and services. Implementing knowledge management practices entails creating a knowledge management team, conducting knowledge assessment and audit, ensuring that there is information technology (IT) in place to support it (Jofre, 2011). Organisations should ensure greater synergies in the way information is produced, shared and used across departments. Investment in the knowledge-transformation capacity with a strong tradition in partnering with networks of think-tanks, research institutes is valuable to inform policy development.

There is need for organizations to adopt effective communication practices with feedback, processes clearly articulated. This is critical and useful in successful strategic implementation of any plan, regardless of whether it is an organizational strategic plan or a marketing or operational plan (Gichohi, 2015). There is need to inform the employees charge with the responsibility of supporting the plan about the existence of the plan and its importance to the organisation. In addition, all employees should be aware of the how
the plan was developed, its implication to the company, the level of involvement of employees and how they can constructively contribute to its success. Effective communication will lead to greater scale of accountability. Accountability process must be explicit to ensure successful implementation process hence managers must identify employees that are responsible for executing specific aspects of the plan creating deliverables for the same. This will make reward, motivation systems work in synergy. Employees perceive their roles in bringing strategic outcomes to fruition through their own levels of commitment and performance aided by a well clarified implementation process (Morill, 2010).

2.4 Challenges of Strategy Implementation

Failure of strategy implementation costs an organisation enormously. Besides wasting resources, failure of implementation efforts contributes to lower productivity, lower employee morale, lack of trust in senior management and decline in performance (Sorooshian, Norzima, Yusof & Rosnah, 2010). Drawing from the researchers (Schaap, 2006; Kalali, 2013; Machuki and Aosa, 2012; Kidiga 2013); failure of strategy implementation revolves around poor or inadequate allocation of resources, organizational culture, lack of fit between structure and strategy, lack of strategic leadership, lack of clarity of strategies roles and responsibilities, lack of management commitment to strategy and uncontrollable factors or variables in the external environment.
Pearce and Robinson (2011) have observed that communication is often distorted from the source to the recipient. Moreover, the way the message is interpreted contributes to its enhancement, thus a strong culture of building mechanisms of information flow. This requires that the managers are aware of people’s beliefs, behaviors, attitudes, demands and arguments in order to develop effective communication plan that is engraved in the strategic plan (Burnes, 2004). Inadequate efforts to initiate forums that consistently reminds the employees of the strategic contents is sometimes ignored by managers hampering institutional efforts.

Resource insufficiency is a serious strategy implementation challenge. The availability of resources in terms of employee competencies, knowledge and skills, financial and physical resources and time are thought to be a crucial part of strategy implementation, however allocating resources to particular divisions and departments is often a challenge (Thompson, Gamble and Strickland, 2012). Under funding emanating from constrained financial resources or managements inability to fund critical areas impedes strategy implementation. Johnson and Scholes (2008) argued that under funding result to decisions to outsource some functions like hiring consultants.

Hill et al. (2013) identified organization’s culture as an impediment to strategy implementation. They defined it as “specific collection of values, norms, beliefs and attitudes that are shared by people and groups in an organization and that control how people interact internally and externally”. In an organization, cultural values, assumptions and attitudes, shared by the members of an organization determines the
manner in which employees and managers will understand one another and the organization itself and also determine the adequate way to change it. The suitable way brought forth, and considered efficient and useful in propelling the organization will depend on the manner by which managers and employees build their actions on the shared values. (Coulter, 2008). Rigid culture retards integration and coordination of operations negating cohesiveness in execution of tasks, commitment and decision making. Kirubi and Oloko (2014) identified that lack of clarity on tasks and responsibilities of employees in executing a given strategy hampers strategy implementation. The duo argued that even though the managers have a crucial role of harnessing the potential of employees towards successful implementation of a strategy, little can be done when tasks are not clarified. Hrebniak (2006) asserts that if job responsibilities and accountability framework are unclear then creating coordination mechanisms or integrating strategic and short-term operating objectives becomes a mirage.

Lack of strategic leadership is always underestimated but it is a big challenge to strategy implementation. Strategic leadership directs the people on what to do and how best to do them (Morill, 2010). The vision of a leader provides the benchmark for strategy formulation and their commitment ensure the implementation of strategy. Formulated strategies cannot be implemented without involving everyone to understand the need and urgency for change through leadership inspiration and motivation. Weakness in leadership may not unveil the externalities affecting the institution due to inadequate skills and capabilities to collaborate and involve stakeholders (Jooste and Fourie, 2009);
have clear mental approach about the need for change hence misleading other subordinates (David, 2009). Therefore coordination of activities, aligning of organization structure, motivating employees, strategic leadership, streamlining of processes, and keeping employees motivated and committed to strategy implementation are key responsibilities of the leadership. The role of the board as identified as Matthias and Sascha (2008), ensures consistency among resource allocation, processes, and the firm’s intended strategy. Beer and Eisenstat (2000) referred to poor coordination across functions of the organizations and inadequate leadership skills as impeders of strategy implementation process. Zaribaf and Bayrami (2010) categorized the importance of leaders into three key roles: managing the strategic process, managing organizational relationships, and training and development. They found out that relatively low leadership skills and involvement in strategy implementation led to partial success of strategy implementation in the organization.

2.5 Measures to Mitigate Challenges of Strategy Implementation

For a strategy to be executed responsibility and accountability must be clear. The use of a responsibility matrix or action plan or a similar tool can help to define key execution tasks or activities and the people responsible for them. When roles and responsibilities are not clarified critical tasks, decisions, and outcomes, that make strategy work at best is difficult. According to Pearce and Robinson (2011), successful strategy implementation requires an executive leadership that will direct activities, clarify the vision and motivate others to achieve superior performance (John and Richard, 2011). Thompson et al (2007) additionally suggested that the top management need to put substantial pressure on the
organisation to improve its performance overtime by nurturing a work climate that embraces results, promoting positive culture, setting stretch objectives and expectations and promoting the use of performance management tools such as benchmarking, business process reengineering, Total Quality Management (TQM), and Six Sigma models to enhance productivity.

The ability of employees to share information and learn new skills facilitates effective implementation of strategy. Well trained employees are likely to have a wide understanding of the business environment and adjust quickly to changes. Training promotes motivation among workers thus giving them the drive to accomplish their duties (John and Richard 2011). Managers who notice that there is a decline in the achievement of objectives and results should take proactive steps to implement strategies to increase motivation and boost employee morale. The way an organization’s culture permeates the daily business operations necessitates that the management identify underlying dimensions of their corporate culture allow correspondence to the employee-related variables that include cohesiveness, commitment to work, satisfaction by employees and the general performance (Musyoka, 2011).

Creating focal points for decision making that are widely shared across a firm and a culture that narrows the choices available to individuals, leading to commonly accepted decisions without extensive communication. Kidiga (2013) states that in making non-routine decisions the development of focal points through a shared culture is valuable in such context like employees facing an unusual and challenging customer problem.
requiring them to go out of their way to help the customers. She further asserts even well managed organization sometimes hit the skills for short periods because of adverse conditions beyond management’s ability to foresee and react to the environment changes. It is the management’s responsibility to reverse negative conditions by undertaking appropriate strategic defenses and managerial approaches that can overcome adversity. However, the essence of a good strategy making initiative is to build a strong and flexible position that provides successful performance irrespective of the unexpected external factors (Kalali, 2011).

Lynch (2009) states that mentoring relationships in organizations have proven to be very key to a number of desirable outcomes in organizational life and it enhances communication. Mentoring relationship is built over time and not a once-off occurrence. Some or all of the roles may be provided and can change since the purpose of the relationship is to enable the employee to acquire new knowledge, skills and standards of competence. It is believed that mentoring relationships is highly and positively associated with performance, the behavior of citizens and individual intent enhanced by clear lines of communication methods and strategies. Effective systems of communication that embrace respect and accountability ensures cross organizational dissemination of knowledge, skills and expertise transfer.

2.6 Knowledge Gaps
Studies on the concept of strategy implementation by Pearce and Robinson, 2011; Hill and Johns, 2009; Lynch, 2009; Barney, 2010; Thompson et al, 2009;Machuki and
Aosa, 2012; Musyoka, 2011; David, 2009; have general perspectives on variables such as structure, culture, leadership and technology and how they affect strategy implementation. Studies focusing on strategy implementation practices such as communication, planning, resource allocation and assignment of tasks have been advanced by Kilali, 2011; Coulter, 2008; Albers, 2009; Gichohi, 2015; Morill, 2010). However, Coulter (2008) emphasizes that integrating information technology as a strategic practice is key to success of strategy implementation.

The reviewed literature on the variables relating to implementation practices while listing out the variables affecting the implementation process has not looked at how these variables interact and influence other variables and the resultant effects on the overall implementation process and the outcome (Okumus 2003). Reviewed research publications about strategy implementation have tended to focus more narrowly on specific perspectives such as structure, culture, strategic leadership, employee competence, external environment and inadequacy of resources (John and Richard, 2011; Mathias et al., 2008), while relatively few publications attempted to provide an integrated and comprehensive literature to assist in the effective alignment of an organization strategy with its structure (Beer & Eisenstat, 2000). Moreover, the literature on the processes that organizations use when implementing their strategies had little evidence on the subsequent consequences for performance.
CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction
This chapter contains the research design, data collection and data analysis. Research methodology is the architecture or the layout of the research framework. It presents the research design, how data was collected and source of data as well as the data analysis technique that was adopted during the study.

3.2 Research Design
The research was conducted through a case study which involves an in-depth investigation of an institution, individual or phenomenon (Mugenda and Mugenda, 2007). Case studies place more emphasis on a full contextual analysis of fewer events or conditions and their interrelationships (Cooper and Schindler, 2003). They are further conducted to test the theoretical concepts in real-life situations in order to develop generalizable application (Mugenda and Mugenda, 2003).

Case study design provided empirical evidence of the theoretical assumptions that emerged during the literature review. Since this study was a contemporary phenomenon within a real-life context, it provided an analysis of the context and processes that illuminates the theoretical issues being studied hence contributing to theory building. It is a tool to study the dynamics present within single setting thus data collected is more valuable and current. It has also been used by researchers; Tahir, 2011; Chepkwony, 2011 and Gichozi, 2015; in their study respectively.
3.3 Data Collection

The study used primary data which is data that has original information collected or obtained from a first-hand experience. The personal interview guide method was used for primary data collection. The researcher used an interview guide for all the interviewees of the case study. An interview guide is a set of questions that the interviewer asks when conducting the interview (Mugenda and Mugenda, 2003). The research data and information was gathered from 16 managers out of whom 3 were senior manager and 13 were heads of major departments and their deputies in various departments. Probing technique and note taking was used to seek clarification or additional information from the interviewees. The data was collected in the form of draft notes then summarized after the discussions of each interview.

Secondary data is the data that has previously been collected and passed through the statistical process (Lavrakas, 2008). This data identifies the gap that exist in the study information that can only be filled by field work. This study sourced for secondary data from the JOOTRH strategic plan together with the JOORTH review reports that were handed by the hospital quality team to the Hospital Management Team and the Hospital board.

3.4 Data Analysis

The data obtained from the interview guides were analyzed qualitatively. Qualitative data analysis seeks to make general statements on how categories or themes of data are related (Mugenda and Mugenda, 2007). It involves coding, categorizing and making sense of the
essential meaning of the phenomenon. The qualitative analysis was done using content analysis which is the systematic qualitative description of the composition of the objects or materials of the study (Hsieh and Shannon, 2005).

Content analysis involves observation and detailed description of objects, items or things that comprise the object of study. Content analysis provides the researcher with a qualitative picture of the interviewees’ concerns, ideas, attitudes, biases, feelings, and repeating themes (Cooper and Schindler, 2003). The researcher edited the data to ensure that they are complete and consistent with the objectives of the study. The researcher then classified the words of the text into smaller content categories. Unit of analysis was selected based on the themes. The researcher then read through the data severally to ensure that the data was familiar and made sense. The qualitative data was then organized through open coding, creation of categories and finally abstraction. Open coding involved reading, highlighting and writing notes in the text and margins. After open coding, the list of categories were grouped to create sub categories. Data was then analyzed and results interpreted.
CHAPTER FOUR: DATA ANALYSIS, FINDINGS, AND DISCUSSION

4.1 Introduction
This Chapter entails discussion on strategy implementation practices at JOOTRH, challenges of strategy implementation at JOOTRH and the measures to overcome these challenges. It presents analysis and findings of the study as outlined in the research methodology. The purpose of this study was to investigate on strategy implementation at Jaramogi Oginga Odinga Teaching and Referral Hospital. The data gathered using interview guide as a research instrument was qualitatively analyzed and discussions made in line with the specific objectives as outlined in the study and were based of the facts that were presented by the interviewees.

4.2 Strategy Implementation practices at JOORTH
Strategy implementation practices at JOOTRH were established to be in two dimension; strategy institutionalization practices and strategy operationalization practice. Strategy institutionalization practices involves; existence of organizational structure, culture, systems and procedure, adoption of style of management, employment of staff, matching of skills with tasks and allocation of resources. The operationalization practices includes; development of action plans, assigning of tasks to employees, development of timelines and estimating resource requirements. The interviewees were interviewed to establish the strategy implementation practices at JOORTH. They indicated that the organization has a strategic plan which looked at the different aspects of service delivery which included both institutionalization and operational aspects.
4.2.1 Institutionalization of Strategy at JOOTRH

The strategy institutionalization practices at JOOTRH entailed existence of an organizational structure, organizational culture, organizational systems and procedures, adoption of a style of management, employment of staffs, matching of skills with tasks and allocation of resources. The interviewees indicated that there exist a structure to operationalize the strategy. This structure has departments to facilitate different functions as the study found out that;

“There exist hospital management committee which is the board that plays the oversight role; then the chief administrator who is in charge of management; then the finance and administration department in charge of finance and human resource; clinical services department (outpatient and inpatient) in charge of clinical aspect, research and training department in charge of knowledge and collaborations and nursing services department in charge of nursing services in the wards.”

The hospital management committee which is the hospital board and this oversees the implementation of strategic plans. The chief administrator oversee the operations of the committees and is also the link between the board and the other departments. The finance and administration department has the executive expenditure committee; procurement committee; tender committee and the inspection and acceptance committee. The clinical services department has medicines and therapeutics committee and the morbidity and mortality committee. The training and research department has the training and research committee and the continuous medical education committee which ensures that all training needs of the hospital staff and review of health research projects are evaluated. All these committees have specific roles and responsibilities spelled out in their terms of references under operations of sound clinical, financial and procurement policies.
The organizational culture at JOOTRH includes all the values, norms, attitudes and shared beliefs that the staffs uphold during their day to day operations these include the prescribed core values and ethics upheld during operations. The interviewees said that on customer focus, the hospital had a service delivery charter and so did each department. These spelled out which activities and the schedule of time and cost allocated for each which included expectations to keep time, respect client’s confidentiality and swiftly respond to emergencies regardless of their positions and operational guidelines drawn from the strategic plan to ensure attainment of goals. This promotes confidence and transparency in operation. The study indicated that this was a means of institutionalizing strategy, as the service charters are reviewed periodically for improvement.

The study established that the hospital has a functioning IT software that is used to ensure accountability and organization of the hospital functions. It was said that this software is available in all the departments and that the departments are interlinked to ensure smooth flow of services. The procurement process is also facilitated by the software and this has helped reduce the ambiguity in the supply chain.

The study established that the employees within JOORTH can be categorized as government contracted and casually contracted. Each agency (government/ supporting partners) had laid down procedures for decision making, assigning and matching task to employees in relation to their competencies, rewarding and motivating employees based on reviewed performance. Motivations took the form of awards and promotions and also
holding staff party. The study established that procedures for hiring and promotions are a government affair with the recommendations from the supervisors as an interviewee said;

“Staff in the hospital are either employed by the Government under the ministry of Health or by the hospital implementing partners seconded by the county government on a contractual basis. All these have their terms of employment although all appraisals are approved by immediate supervisors. The hospital also rewards the best departments during the annual staff party and the rest are issued with goodies such as branded T-shirts, cups and even plates.”

Practices such as performance appraisal which involved periodic evaluation of employee’s performance was always documented for action and references. Rewards and punishments criteria were usually observed as per stated guidelines to uphold ethical business practice. The study established that the institution upheld the best known practices like to perform core business activities and pushing for continuous improvement, periodically they are reviewed and useful changes and improvements pursued.

It was quite evident that JOOTRH has an advantage when it comes to infrastructure from the interviews carried out. The interviewees indicated that JOOTRH lies on a big piece of land and based on its location along the Kakamega-Kisumu highway, it way easily accessible. It was also indicated that the hospital has buildings that have been able to stand the test of time and accommodated the growing need for health attention in the region. There are new physical structures that are coming up and to increase the space available, most of the new buildings were storied.
4.2.2 Operationalization of Strategy at JOOTRH

The study indicated that in line with the strategic plan, the hospital drafts annual work plans, assigning task to employees and ascertaining the gaps, drawing clearly the expected outputs, developing timelines and estimating resource requirements. These are done in the departments and presented in the management team meetings for presentation by the head of the departmental. These action plans give a breakdown of the activities that each department intends to carry out within the year. An interviewee said;

“Heads of departments present the annual procurement plans which will be used throughout the year to inform departmental budgeting.”

The study established that at JOOTRH budgeting for activities were always done at departmental level during departmental meetings and then forwarded to the hospital management meeting by the head of the departments for presentation and approval by the hospital management team, the approval was based on the available funds. In every meeting, each department displayed its spending as per the annually approved budget. Often most departments would be given more allocation considering that they normally incur most expenditure occasioned by emergencies. Audits are done annually and the audit reports shared with the management and the county which are the major stakeholder. This was said by an interviewee;

“Departments come up with annual budgets which are usually broken down into quarterly budgets in line with the government budgeting cycle. Financial allocation will then be done based on available funds and priority is given to departments as per the laid down allocation proportions.”

The study indicated that the departmental heads are normally in charge of allocating task to employees to fill the gaps as the needs arise occasioned by staff leave, retirements and
natural causes. Task allocation involves matching of employees competencies with the position available. They indicated that this practice ensured flow of operations, sustained feedback and consistency in process and client management. The schedules are always displayed within the department for the clients to be aware who is offering service to them.

The study also indicated that the institution collaborated with other bodies including institutions of higher learning and research bodies. This was to crystallize the implementation by borrowing best practices, creating synergy in operations and developing new knowledge through sharing and linking research with practice. Each department was often encouraged to participate in research activities and useful findings shared in conference proceedings. This promoted increased involvement of stakeholders.

The study asserted that communication and public relation is a strategy implementation practice that enhances operations within and outside the organization. It concretizes the operations of each department and relations with the public and enhances the resource mobilization function. They indicated that quality assurance team with a representative from each department draws conformity standards that guides operations. These standards are in line with the government prescribed health quality assurance standards.

An interviewee said;

“The quality assurance team is drawn from all departments and this team ensures that all departments work towards improvement.”
4.3 Challenges of Strategy Implementation at JOORTH

The interviewees were asked to establish the challenges of strategy implementation at JOORTH. From the responses given it was revealed that different departments faced different challenges but again some challenges were cross cutting across other departments. The challenges were manifested at practice (operational level) and at decision making levels and were either external or internal in nature.

4.3.1 Institutionalization Challenges at JOOTRH

Institutionalization challenges were identified as those challenges that the organization faced in an attempt to integrate the strategic plans into guidelines applicable to the daily activities of the organization.

The study clearly indicated that the complex organizational structure of the institution influenced strategy implementation. Organizational structure defines how activities such as task allocation, coordination and supervision are directed towards achievement of organizational aims. It was evident that the current organizational structure is complex and often contributed to long procedures, processes bureaucratic in nature that negated quick decision making at administrative, outpatient and inpatient departments resulting to poor implementation. The study established that even though some of the institutional procedures were necessary, yet their approvals were not decentralized always contributing to delays in an environment where speed dictates service delivery such as lengthy government procurement processes. It was also found that the complex structure often brings complexities in assigning roles and responsibilities since some departmental
roles overlap contributing to lack of clarity and conflict especially where delegation isn’t structured. An interviewee said;

“The structure is very rigid and anything to be done is very procedural. In as much as there are activities that require to be done quickly, these cannot be done until all the procedures are followed and this sometimes leads to conflict especially when perceived that some people are not performing their duties.”

The study indicated that the existing organizational culture at JOOTRH affected strategy implementation. Organizational culture refers to norms, values, beliefs and attitudes that are uplifted and exhibited by the staffs of an organization while discharging its mandate. The interviewees asserted that staffs had a poor reading culture (apathy to reading) and more often, code of conduct, operational guidelines were availed but the staffs were not aware of them since they had poor attitude towards reading, this affected strategy implementation. Another aspect of culture indicated was that being a government hospital, staffs have an attitude towards work and they therefore are not as punctual as they ought to be affecting timeliness of duty performance. However, the study also found that staff were applauded for their ability in handling emergencies.

“Most staff in this facility do not read documents and therefore although the strategic plan was given to departments, most staff are not aware of its content. The plan details what should be done and in as much as most staff do not report to work on time, in case of emergencies patients are well attended to and on time.”

The study established that there were systemic and procedural factors that affected strategy implementation and it advanced that even though JOORTTH had made positive efforts towards acquiring the ICT systems however the challenge came about in integrating and adopting the system within the hospital wide existing systems. It was
established that most staffs had not embraced the use of modern ICT systems because of inadequate knowledge and skills for example the MRI (Magnetic Resonance Imaging), CT scan and other digital machines available in the hospital. An interviewee said;

“The hospital has a software that is used in most departments in the hospital. However, for departments with digital machines that require linking with the hospital system this has not been full achieved as the compatibility of different software’s is not understood and therefore staff have to do double work in ensuring that patient results are available in the system and in patient files”

The study established that although the hospital boasts of a high number of staff, it was evident that the numbers are still not adequate in relation to the number of clients turning out for services with myriad complexities. This contributed to high workloads leading to burnouts and low staff morale. It was also indicated during the interview that some departments lacked the required specialty and therefore procedures that could have otherwise been carried out at JOOTRH end up being referred to other service providers which are mainly private entities that are costly, and depending on circumstances, the outcome would not be easily followed up.

“Most departments still do not have the required specialties and the available staff have to double up activities. Based on the workload in the hospital, most staff experience burn outs and that also reduces staff morale.”

The study clearly indicated that employee turnover was high impeding strategy implementation due to government remuneration and working environment. This was as a result of lack of appropriate remuneration and motivation policies attached to high skilled employees. The interviewees further indicated that the workload at JOOTRH was so high compared to other hospitals. There were also very few training opportunities for
employees negating competency building in a world characterized by new knowledge development and complexities. The study established that inadequate training budgets contributed to lack of strategy institutionalization and operationalization among the staff members of JOORTH. As an interviewee said;

“The amount of burnout experienced by staff is on the rise and most staff opt out either through transfers or into the private sector. This is also facilitated by the fact that pay is not commensurate with work done and that most clinicians do not get training opportunities which is unlike other colleague in other facilities.”

The study found out there exist inadequate resources (physical and financial). There is inadequate physical infrastructure to accommodate the demand for services at referral levels. They said that with the growth of the hospital and inclusions of new specialization, the hospital still does not have adequate physical infrastructure to accommodate various professionals and therefore sometimes doctors are required to come on alternate days to ensure that most patients and clients are attended to. A case example of surgical unit which can only accommodate a maximum of six surgeries at a time irrespective of the number of patients requiring surgeries. Another case example were the consultant’s clinics where there are limited number of clinic rooms for patient’s observation. This leads to rebooking patients appointment with the consultants irrespective of the patient’s condition. This impedes strategy implementation as said by an interviewee:

“The hospital has six operating theatres but only six surgeons can perform a surgery at a time. Based on the many different specialization in surgery, doctors at given specific days for surgery and if they had a long list of patients then they will have to be given another day or sometimes up to a week for availability of theatre.”
4.3.2 Operationalization Challenges at JOOTRH

Strategy operationalization entails translating strategy into objectives, outcomes and outputs and setting targets and action plans for achieving them. It also entails allocating resources with timelines for achievement. The study established that inadequate allocation of budgetary resources among the departments impeded strategy implementation, further it established that the resources were allocated to the departments depending on the budgets that they would present during Hospital Management Meeting and approved by the Hospital Management Committee. This posed a challenge because other departments would receive low budgets allocation only to receive crucial emergencies that could not be mitigated within the given budget thresholds. This was said by an interviewee;

“Although departments present budgets, release of funds from the county government is erratic and usually not timely. The government does not release the amount of monies that have been budgeted for and the departments therefore receive slashed allocation and most departs just push through and do not offer services as was expected.”

These most affected departments were outlined as outpatient (Dental, Laboratory, Pharmacy, X-ray, Orthopedic and rehabilitative services); Maintenance and Public Health in case of outbreaks like cholera, breakdown of equipment and other casualties. The low budget allocation to departments hampered service delivery and also lowered staffs morale as activities could not be performed to the clients’ expectations.

“Forwarding the budget proposal to the HMT and the county government took a long process leading to delay in the allocation and release of funds due to complex decision making.”

The study indicated that there existed a disconnect between people involved in strategy formulation and the people involved in strategy implementation. This created a gap
during implementation process negating institutionalization of the implementation process. The research identified that poor communication strategies impeded strategy implementation at JOOTRH. Communication is the process of passing information to the audience through a channel thus if well done strategy implementation is enhanced. They indicated that the systems that were employed to communicate strategy were not adequate (hospital monthly meetings, memos, telephone calls and launch) to accommodate and follow up understanding of the same. This lack of understanding of the strategic plan among employees impeded ownership and implementation. Moreover the heads of departments that received the copies of the strategic plans did not share with the subordinates aggravating the knowledge gap further. An interviewee said:

“The strategic plan was formulated by a team of departmental heads and specialists. The chief executive officer severally shared with members of staff on the strategic plan during the monthly staff meeting. This was however not adequate communication as not all staff attend the meeting and there was no clear role and tasks that the staff were to carry out to ensure implementation is well done.”

The study also indicated that there was poor coordination in allocation of task in day to day running of activities of the institution depicting a lapse in the allocation of responsibilities. This included allocation of task, roles and responsibilities towards strategy implementation. There were some departments that got overwhelmed and required reinforcement which could not be availed on time as the process of task assignment was departmental and within the preserve of the Head of the department as developing action plans are departmental based. As an interviewee said:

“The departmental head is expected to allocate tasks and responsibilities to the members of their department and this makes it difficult especially in departments that are extremely understaffed and also for continuity especially when the staff is on leave or after transfers.”
The study also indicated that there was poor coordination in day to day running of activities of the institution depicting a lapse in the coordination function of management. This included allocation of task, roles and responsibilities towards strategy implementation. There were some departments that got overwhelmed and required reinforcement which could not be availed on time as the process of task assignment was departmental and within the preserve of the Head of the department.

The study indicated that the assigned responsibilities and roles were not clear and often there were no proper delegation especially when authority was not around challenged important and urgent operations within JOORTH. Some departments had roles that overlapped often creating conflicts within the departments. Thus the structure facilitated or constrained the process and relationships during implementation of strategy.

“Decision making in departments is usually hard to achieve as management makes most of the decisions and if not around then most activities are left pending. Also most activities overlap and since there is no clear roles and departments cannot act as silos, it is hard to pin down a department and it is easy to shift blame when things go wrong.”

The study established that the top leadership of JOORTH was committed to the implementation of strategic plans. The research established that monitoring of operational plans and subsequently giving feedback during implementation was not adequately done. This was because the hospital neither had a monitoring and evaluation system or framework in place or staff in charge of monitoring and evaluation of activities within the hospital. This negated gauging the level of performance of accountability systems and the level of achievement of outputs and impacts of tasks to the clients. An interviewee said;
“There is no monitoring and evaluation team in the hospital and therefore continuous monitoring is not done. The mid-term and end term reviews were done but the results were biased as the same heads of departments were expected to critic their departments.”

The study indicated that external factors such as government policies were major constraints that influenced effective implementation of strategies at JOORTH. Government policies communicate specific guidelines to action. Hospital operational guidelines are built from the government guidelines and any change of the same alters the operations and the decisions of the hospital management. The interviewees indicated that the policies were unpredictable and impeded strategy implementation. The interviewees also indicated that economic factors such as inflation rate, direct and indirect taxes and the income levels of the clients served in the region.

“There are guidelines in place for most of the activities including clinical guidelines. However, with changes and updates in the guidelines, it is evident that requirements change and even information must be passed to the relevant persons of which most times this does not happen. The changes therefore means that there will be cost implications to the acquisitioning of requirements for the change.”

The study indicated that the fast technological changes in the external environment had impeded strategy implementation because the external change were not correlated to the changes taking place internally in as much as they accelerated implementation. The political environment in the region changed impeding strategy implementation in the sense that the budgets made within the departments were lumped as hospital budgets then presented to the county government for approval. Delays at the county contributed to the delay in funds disbursement delaying overall activities.
4.4 Measures to Mitigate Challenges of Strategy Implementation

The study sought to identify the measures that could be taken to mitigate the challenges of strategy implementation at JOOTRH and they were categories as follows.

4.4.1 Measures to mitigate institutional Challenges at JOOTRH

The study indicated that the complex structure of the government influenced strategy implementation. The internal structure should be reviewed and adjusted effectively in order assist in allocation of tasks and assignment of roles and responsibilities. This enhanced accountability and transparency would enable the departments to coordinate its functions in a more harmonized manner. Managers need to identify those tensions and make everybody involved to have clarity on the direction of the organization. Another aspects as said by an interviewee is that staffs assigned to cross functional assignments should be recognized.

“The organogram is very complex and does not have clear cut tasks and roles. There is also an aspect of task duplication and no clear reporting structure.”

The study indicated that the management should enhance its coordination function that embraces delegation to ensure day to day flow of activities, Minor decisions should be made at departmental levels to avoid delay of activities. An open approach to management style should be encouraged to enhance participation. Coordination can only be achieved when there is involvement and participation.

The study clearly indicated that organizational culture challenged effective strategy implementation. New culture should be reinforced in the system through rewarding good behaviors and attitudes, fair promotions, recognition and awards and delegation. Since
some functions within the departments overlap, the employees should be encouraged to develop a culture of teamwork across departments to support effective delivery services. The hospital management should organize and effect staff retreats or team building events to foster teamwork and breaking the barriers across departments. The values to be shared should be well articulated and enshrined within the hospitals daily guidelines for ease of remembrance and actions. An interviewee said;

“...There has been a variance in promotions of staff in the hospital and at times staff go on go-slows as a way of complaining over such issues. The hospital through its human resource office should therefore facilitate and handle such issues to prevent future go-slows. Also, other than annual staff party, the hospital should organize for team building activities and retreats to ensure that members of staff get to interact with each other outside work issues.”

The study asserted that influence of technology was a factor that influenced strategy implementation. The government and top management should make deliberate efforts to support competency building for staffs in ICT and also support creativity and innovative initiatives among the employees by promoting a culture that is responsive to changes in technology both internally and externally. Staffs should have exposure visits to institutions that have embraced technology full board to learn more on the current practices. Currently referral hospitals in each region is embracing use integrated technologies and JOOTRH should not be an exception due to the population it serves. These new technologies eliminated delays and assist in proper diagnosis and treatment and eventually rehabilitation.

“...ICT has been a thorn in our flesh and it seems to not work in this facility. Bench marking to other facilities will help us adopt best practices. Most staff need to embrace the use of ICT and ensure that all procedures and services can be facilitated by the system as possible. This will reduce erratic budgeting and also assist in timely and proper diagnosis.”
The study clearly indicated that employee remuneration and motivation was minimal despite its contribution to effective strategy implementation. The government should be in a position to review compensation policies to encourage employees to work towards attainment of strategy objectives. Further, recruiting and capacity building of staffs to support strategy implementation played a major role in effective implementation.

“The workload in the hospital leads to frequent burnouts and yet staff remuneration is similar even in smaller facilities. The hospital should liaise with the county government to review remuneration of staff in JOOTRH as the workloads are not comparative to avoid staff moving to other facilities.”

On the challenge of inadequate physical and financial resources, the interviewees suggested that the government and other stakeholders (research institutions) should allocate more resources towards improving existing physical infrastructure or building new ones in the vast area. The interviewees suggested that the hospital should build its own mechanism of raising funds through proposal writing or partnership building.

“The buildings in the hospital need to be improved to accommodate the new specialties and increase in the staff being posted to the hospital. This will reduce the congestion in the departments and accommodate newer projects being implemented in the hospital.”

The study indicated that internal factors including strategies, structure, skills, number of employees, systems, shared value of the organization, styles of management, were challenges that were experienced during strategy implementation processes. The internal environment of the organization should be analyzed by external system auditors to determine organizational gaps that may influence strategy implementation and recommend appropriate measures to address the challenge.
4.4.2 Measures to Mitigate Operational Challenges at JOOTRH

The study established operational measures to be adopted to mitigate strategy implementation challenges and were summarized below:

On the challenge of inadequate budgetary allocations as a major impediment to strategy implementation. The study indicated that even though the budgets were done per departments, and presented to the county government. The decisions on the funds to allocate should be a preserve of the hospital because the hospital management committee are aware and can consider the departments that highly support others and would need more allocations in terms of emergencies. The team needs to take into consideration into the budget the future needs for an alternative funding to enhance smooth running of operations.

“The issue of budget allocation should not be left to the county government as they do not fully understand the need of the hospital and end up allocating less than what the hospital requires. This should therefore be left within the hospital management committee as they play leadership role.”

On the challenge of poor communication strategies, the study indicated that communication mechanisms, methods and tools should be developed and emphasized in the implementation process. It was evident that communication was a key factor to effective strategy implementation. The study indicated that not all staffs attend hospital management team meeting and therefore proceedings and other valuable information should be availed in form of short notes to each department including the subordinate staffs. If appropriate strategies could be adopted to keep employees constantly informed
and reminded on the strategic plans and their role in implementation, then their participation would be fully guaranteed.

“Communication of the strategic plan was not well done and for it to be well implemented, after the management team meetings it would be important for the departments to be given the information either in form of short notes or posters. Also that constant reminders on what the document entailed should be done to all staff within departments including subordinate staff.”

On the challenge of allocation of tasks the study suggested that the management should enhance its coordination function and decentralize task allocations at the departmental level. This was suggested so because the departmental heads are aware of the competencies within and the commitment levels for staffs. It was found out that though delegation could be embraced, the departmental head should be aware in order take responsibility. This would ensure day to day flow of activities and matching of skills with tasks. When tasks are allocated, the study suggested that timelines for completion should also be set to ensure compliance to deadlines.

The study indicated that the top management should create a monitoring and evaluation department and also employ a staff in charge of the department. The staff would develop tools and methods to assist in measuring the extent of performance of the institutional activities on a set basis (biannually or annually). The systems would be interlinked within the existing systems to enable sharing of reports across the departments to ascertain implementation gaps, inconsistencies such that knowledge gaps are addressed amicably. Thus hence building capabilities and other improvements would be based upon the
systems and benchmarks established clearly by the Monitoring and Evaluation guidelines.

“The hospital should have an independent monitoring and evaluation team or department whose duties would be to constantly monitor the practices in the hospital. They should do this often and reports presented in management meetings and these shared with departments to assess progress. This will ensure that implementation is done in line with the strategic plan.”

On external challenges of economic in nature such as direct and indirect taxes, inflation rate and low levels of income from the target group the study stated that the top management should adopt quick procurement mechanisms that reduces time wastage to avert the economic consequences. Modalities on lowering the charges for client support should also be reviewed to accommodate economic challenges. On political policies, the study suggested that the management should understand the government’s intentions through consultation before picking up directives during strategy implementation.

“The long procurement processes affects purchase of machines and this leads to increased costs that would have otherwise been avoided. The hospital should try reduce these procedures which lead to delays.”

4.5 Discussion of the Findings
On theory, the resource based view emphasizes the firm’s resources as the fundamental determinants of competitive advantage and performance. It adopt two assumption in analyzing sources of competitive advantage; the resources at the firm’s disposal and the resources that need to be harnessed by the firm externally. To transform a short run competitive advantage into a sustained competitive advantage, the organization must employ complementary efforts such as committed personnel, a strong culture, building external relationship bound by goals, practices, structures and standards. The study
supports the above assumptions. The study also found out that conformity to existing societal values and tradition will lead to an organization loosing new strategy perspectives which can result to delays, waste of resources and time. The study shows that in as much as JOOTRH, has a new strategic plan, its implementation was hampered by the existing institutional culture and tradition which were not easy to rub off. The study supports the Mc Kinsey 7S model that states that strategy, systems, shared values, staff, skill and style internally determine strategy implementation. However, these cannot be used in isolation.

The study identified that there exist a structure to operationalize the strategy or the action plans. There are departments and committees charged with different roles and responsibilities. This is in line with Johnson et al, 2008; and Crittenden and Crittenden, 2008 who argued that aligning structure with strategy is crucial in strategy implementation. The study established that the institution had laid down policies, procedures and guidelines prescribed by the government and customized to suit the institution that guides the operations of strategy. These procedures and guidelines allowed for conformity of standards with the government prescriptions and creating uniformity in delivery of service. This is in line with David (2009) who asserted that, polices and rules institutionalize basic aspects of organizational behavior and reduces resistance to corporate strategies. They too should be defined and laid down as standard operating principles guiding the direction of the organization.
The study established that in implementing strategy, the organization adopted communication mechanism such as departmental meetings, hospital monthly meetings, staff parties, memos and reports. The meetings were held, monthly and annually. In the meetings, the departmental heads communicated budgets and work plans however review of the same was not done to rate the extent of performance to ascertain gaps. This is in line with Gichohi (2015) who alluded that communication practices are essential to strategy implementation as it is required in supporting the plan. In addition, all employees should know why the plan was developed, what it means to the organization, who would be involved in its implementation and how they can contribute to its success.

The study established that assigning and matching task to employees in relation to their competencies, identifying and filling relevant competency gaps was a key strategic action at JOORTH to enhance effective service delivery. However the study established that the organization does not have adequate mechanisms in place to retain the employees. This is in line with Tahir (2011) who argued that the key aspect of an organization’s resource is its employees and organizations need to pay special attention to recruit the best (most qualified, talented, and motivated) people, train and develop them, and pay well in order to keep their motivation high for sustained competitive advantage. The study established that JOOTRH had integrated ICT systems in its operation to enhance efficiency and effectiveness of operations however there were inadequate infrastructure to support their operations fully. These ICT systems had been fully integrated within some departments.
The study identified that the complex structure of JOOTRH hindered effective strategy implementation. This is supported by Hill et al. (2013) who argued that organizational structure determines how the roles, power and responsibilities are assigned, controlled and coordinated and how information flows between the different levels of management. Adapting to changes in strategy implementation often require changes in the way organization structures its activities (Arthur et al., 2012). It was established that at JOOTRH, the current structure contribute to cross functional activities breeding conflict in supervision of staff and decision making.

Poor and rigid organizational culture was identified as a challenge to effective strategy implementation. Therefore, this is supported by Johnson et al. (2008) who argue that culture as set of beliefs, attitudes, norms and shared values enshrined within an organization not only affects the way managers and employees behave but also the quality of decisions they make in regards to organizations relationships Organizations desiring to succeed ensure that their strategies are engraved in the organizations culture to minimize resistance to change. It was established that at JOOTRH, the existing culture did not embrace attitudes that support effective service delivery.

The study established that inadequate resources impeded strategy implementation at JOOTRH. This is in line with Machuki and Aosa, 2012; Kidiga, 2013; Kalali, 2013 who alleged that most organizations are unable to implement their strategies efficiently and effectively due to inadequate financial and physical resources. This is in line with Thompsons et al. (2012) who argue that resource insufficiency can retard organizational
effort to achieve objectives. It was established that JOOTRH relies on the funding from the government which is not sufficient enough to meet the catchment and referral needs. There also exist physical resources to be improved.

The study also established that there exist high staff turnover within JOOTRH. This is in line with Kidiga (2013) who argued that human resource is the life blood of the organization. It was established that remuneration and compensation packages act as incentives to contain the existing and attract more employees. Human resource policies should spell out ways and means of attracting skilled employees and investments should be made to train more employees to improve build institutional human resource capacity.

The study established that lack of clarity on roles and responsibilities impeded strategy implementation. This is in line with the argument of Kirubi and Oloko (2014) who state that roles and responsibilities must be clear and structured for an organization to realize the goals and objectives as spelt out in the strategy. At JOOTRH, it was established that there was no clear roles and responsibilities of some staff when discharging their duties. This lead to overlapping roles that eventually lead to conflicts.

The study established that uncontrollable variables in the external environment contributed to impediment of strategy implementation at JOOTRH. This is in line with Pearce and Robinson (2011) which states that external variables in the macro environment affects strategy implementation. This is evident from the literature as the factors took the form of political, economical and technological variables. It was also
evident that unforeseen obstacles contributed to strategic plan implementation. The study identified systems and machines breakdowns within the facility often leading to delays and referrals to other institutions rendering cost increments.
CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction
This chapter outlines a summary of findings of the study. It described findings based on the objectives of the study. It covers background of the study, objectives and analysis of the data obtained. Conclusions of the study were described based on the theories and existing literature of previous studies carried out locally and internationally. Recommendations were described based on the findings and context of the organization in order to add new knowledge in the field of management, policy formulation and research. Limitations of the study were described based on conceptual and methodological manifestations. Finally, suggestion for further research was based on the research findings and existing theories.

5.2 Summary of Findings
This study sought to establish strategy implementation at JOOTRH, Kenya. Strategy implementation is perceived to be a crucial stage in any organization and if well implemented in a turbulent environment then objectives and goals can be achieved. The study established that there exists a strategic plan at JOOTRH. It established that there were a range of strategy implementation practices that JOOTRH adopted which included assigning of task, roles and responsibilities to employees, matching staffs capabilities with the demand, that each development of work plans and budgets and approvals, communication practices, resources allocations, ensuring conformity with standards and integrating ICT within the systems.
The study established that strategy implementation at JOORTH faced institutional and operational challenges. Institutional challenges included complex structure facilitated lack of clarity on roles and responsibilities, rigid organizational culture, inadequate resource both physical and financial, and high employee turnover. The study also established that an organizational culture receptive to new technological innovation was a key determinant to strategy implementation. It was evident that adequate resources and continuous building of capacities of staffs to reinforce service delivery were key determinants of strategy implementation at JOOTRH.

Operational challenges included inadequate allocation of budgetary resources, poor communication practices, and poor allocation of tasks, inadequate monitoring and evaluation of plans, poor integration of the ICT systems. The study identified that staffs that continually embrace the use of technologies stand in front to achieve organizational goal with high level of efficiency. This was evident at the institution where laboratory department, pharmacy and patient support center integrated their functions through adoption of modern technologies with minimal resistance from employees, clients queues were often cleared fast and database maintained.

Consequently the study established that political factors, economic factors, social factors and technological factors were also identified as key obstacles to effective strategy implementation. It was established that political and government policies directed by the county government outlined framework for implementation of certain hospital policies and procedures contributing to inefficiency of business practices and consequent realization of strategy goals and objectives.
5.3 Conclusion

The findings indicated that there exist a strategic plan at JOORTH and that strategy implementation practices at JOOTRH Kenya are effective. However these practices have been affected by institutional implementation challenges associated with organizational culture, organizational structure, inadequate skilled manpower and inadequate resources. It was established that operational challenges which includes inadequate allocation of budgetary resources, poor communication strategies, inadequate monitoring and evaluation activities and poor integration of ICT system affected strategy implementation at JOOTRH.

For organizations to succeed in delivering of services in the turbulent environment, conscious effort should be employed to review organizations structure that is highly responsive to the changes within and outside the organization. There should also be an attempt to promote a culture that enhances service delivery with minimal resistance to change. It was concluded that for JOOTRH to succeed its structure should be aligned to strategy to enhance response in decision making, values and belief in client’s service should be upheld and the government should increase budget allocations to counter the demand for services.

It was concluded that a clear understanding of the political, economic, and technological factors influencing strategy implementation was required. It could be concluded that JOOTRH Kenya would be at the edge in the business when by adopting strategic planning practices. Although embracing ICT was found to be supporting strategy implementation, acceptance and adoption is crucial among implementers.
5.4 Recommendations for Policy and Practice

The study established that information communication technology was not embraced by the JOOTRH due to lack of physical infrastructure, knowledge and skills among employees. It was observed that some departments run their day to day activities manually yet there are ICT systems in place. Integrating ICT systems will increase productivity at JOOTRH. Therefore, the study recommends improving the infrastructures to accommodate the machines, automating the system and training staff to embrace ICT to enhance service delivery to the general public. The Government policy on training all employees on ICT skills should be mandatory thus minimal resistance to new changes.

It was established that there exist poor organizational culture at JOOTRH. The government being the major stakeholder, most of its policies are prescriptive, and often changes with time. Therefore, the study recommends the institution to promote a culture of learning and client focus at JOORTH such that culture is strategically aligned to strategy to ensure effective strategy implementation.

It was established that the government did not allocate adequate financial resources to strategy implementation at JOORTH that is already expanding as a referral hospital with major clients having low levels of income. Therefore, the study recommends that the government implement its policy to equip referral hospitals by expanding its financial budget allocation to support strategic plans, mid-term plans, and short-term plans.

The study established that JOORTH, Kenya did not put more emphasis on training, rewarding, motivating and compensating staffs leading to a high staff turnover that
affected strategy implementation. Therefore, the study recommends training, rewarding and proper compensation of staffs to enable employees execute their roles effectively. Heads of departments and their deputies should make delegation a culture and engage workers in key decision making to boost morale. The government should also improve on its reward and compensation policies to be attractive to employees.

5.5 Limitations of the Study

After evaluating the results of this study, the following limitations were encountered. The limitations took on conceptual, contextual and methodological manifestations. Conceptually, the study only focused on Strategy Implementation at JOOTRH, Kenya and not an evaluation of performance of the Strategy itself.

Contextually, the study only focused on JOOTRH Kenya and not the public health hospitals in Kenya, therefore future studies should focus on these hospitals across the county to compare the implementation of plans in these hospitals. The study was done within JOORTH getting responses from the interviewees was a challenge as some employees thought that the management would act against them. They were assured of the confidentiality and the basis of the research.

Methodologically, this study relied on employees of the JOOTRH, and in the absence of the researcher, these questions could have been answered by other staff, who might not be actively involved in the strategy implementation process, therefore creating a source
of bias. The methodology adopted by the study was content analysis that analyzed data using qualitative in nature compared to quantitative that is more specific and accurate.

5.6 Suggestions for Further Research
There is need for conducting further research on evaluating the performance of strategic plan at JOORTH, Kenya. Future study should link strategy implementation to performance, to gauge the relationship that exists between the two variables. Future studies should also focus on strategy in other public hospitals to compare the implementation practices. A different methodology would be adopted in future studies in order to measure the findings quantitatively. A quantitative research method is recommended in future studies in order to focus on specific variables in strategy implementation.
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APPENDICES

Appendix 1: Interview Guide

The aim of this Interview Guide is to collect information on the Strategy Implementation at Jaramogi Oginga Odinga Teaching and Referral Hospital. The information is required for academic purposes only and it will be treated with confidentiality it deserves.

SECTION A: BACKGROUND

Name of department………………………………………………………………

Position /designation……………………………………………………………

Number of years in the position……………………………………………………

Technical qualifications…………………………………………………………

Leadership qualification…………………………………………………………

SECTION B: ESTABLISHING EXISTENCE OF A STRATEGIC PLAN

1. Does JOOTRH have a strategic plan?

2. How was the strategic plan formulated?

3. What was your role in the strategic plan formulation?

SECTION C: STRATEGY IMPLEMENTATION PRACTICES

1. Does the organizational structure support implementation of the strategic plan?
   Explain

2. Does the organization have human resource policy in place? Comment on the implementation of the policy
3. What are the management practices employed during strategy implementation at JOOTRH?

4. How are human resource management activities carried out during strategy implementation? Are there policies in place to guide implementation?

5. How are task assigned and responsibilities delegated within the organization?

6. How are resources allocated during strategy implementation?

7. Does the organization has quality standards for service delivery? How is conformance assured?

8. How is monitoring of operational plans carried out during implementation process? Is there feedback process adequately carried out?

9. How does organizational culture support implementation of strategic plan? Explain

10. Does the organization have systems/policies/guidelines and procedures in place to support operations of the strategic plan? Explain

11. Does the JOORTH work in collaboration with other stakeholders in strategy implementation

SECTION C; CHALLENGES AFFECTING STRATEGY IMPLEMENTATION AT JOORTH AND MITIGATION MEASURES

12. How does the organizational culture affect the strategy implementation in the organization?

13. Which specific issues about organization culture pose a challenge in strategy implementation at JOOTRH

14. How does the organization deal with challenges of organizational culture in the strategy implementation process?
15. How does commitment of staffs affect strategy implementation at JOORTH

16. What could be the major cause of lack of commitment of the people involved in strategy implementations at JOORTH

17. What are the management practices that affect strategy implementation at JOOTRH

18. In your own opinion, how does coordination of activities affect strategy implementation?

19. What are the policies in place that ensure co-ordination of activities across functions in this organization?

20. Does resource allocation affect strategy implementation at JOOTRH? Briefly explain

21. What are external challenges that affect strategy implementation at JOOTRH?
   Suggest way of mitigating the challenges

22. Suggest the possible measure that could also be implemented to counter the challenges of strategy implementation.
## Appendix ii: Turn It In Report

**Strategy Implementation at Jaramogi Oginga Odinga Teaching and Refferal Hospital- Kenya**

### Originality Report

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