

**INSTITUTIONAL FACTORS INFLUENCING IMPLEMENTATION OF STRATEGIC  
PLANS IN GOVERNMENT HOSPITALS IN KITUI CENTRAL SUB-COUNTY, KITUI  
COUNTY, KENYA**

**KAMAU LOISE NDINDI MALEI**

**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF BUSINESS AND  
ENTEPRENEURSHIP IN PARTIAL FULFILMENT FOR THE AWARD OF THE  
DEGREE OF MASTER OF BUSINESS ADMINISTRATION OF SOUTH EASTERN  
KENYA UNIVERSITY**

**MARCH, 2015**

**DECLARATION**

The research project is my original work and has not been presented for a degree in any other university.

.....

.....

**Kamau Loise Ndindi Malei**

**Date**

**D61/KIT/20019/2011**

**RECOMMENDATION**

This research project has been written and submitted with our approval as university supervisors

.....

.....

**Dr Joash Migosi**

**Date**

**Lecturer**

**University of Nairobi**

.....

.....

**Mr Jared Ariemba**

**Date**

**Lecturer**

**South Eastern Kenya University**

## **DEDICATION**

This work has been dedicated to all those that played a part in encouraging me while I was doing the study.

## **ACKNOWLEDGEMENT**

I would like to extend my warm appreciation to my supervisors, course lecturers, colleagues and all those who either directly or indirectly contributed tremendous inputs towards the completion of this research work. Firstly, special thanks to my supervisors, Dr Joash Migosi and Mr Jared Ariemba for their relentless assistance and support during supervision and their experience and initiative which guided me throughout the whole process. Secondly, I am grateful to my course colleagues whose assistance in class discussions cannot be overlooked. Thirdly, I am indebted to my course lecturers. Finally, thanks to the Almighty God for granting me sufficient grace.

## **TABLE OF CONTENTS**

DECLARATION.....	ii
ACKNOWLEDGEMENT.....	iii
TABLE OF CONTENTS.....	v
LIST OF TABLES.....	viii
LIST OF FIGURES.....	ix
ABBREVIATIONS AND ACRONYMS.....	x
ABSTRACT.....	xi
<b>CHAPTER ONE: INTRODUCTION.....</b>	<b>1</b>
1.1 Background to the study.....	1
1.2 Statement of the problem.....	7
1.3 Objectives of the study.....	7
1.4 Hypothesis of the study.....	8
1.5 Significance of the study.....	8
<b>CHAPTER TWO: LITERATURE REVIEW.....</b>	<b>10</b>
2.1 Introduction.....	10
2.2 Organizational Structure.....	12
2.3 Human resource.....	16
2.4 Adequacy of resources.....	19
2.5 Monitoring and evaluation.....	20
2.6 Theoretical framework.....	22
2.6.1 Resource based view of the firm.....	22
2.6.2 Organization configuration theory.....	23
2.7 Empirical studies.....	24
2.8 Critical Review.....	24
2.9 Conceptual framework.....	25
<b>CHAPTER THREE: RESEARCH METHODOLOGY.....</b>	<b>27</b>
3.1 Introduction.....	27
3.2 Research design.....	27

3.3 Target population.....	27
3.4 Sampling design and sample size.....	28
3.5 Data collection instruments.....	29
3.6 Validity and reliability.....	30
3.6.1 Validity.....	30
3.6.2 Reliability.....	30
3.7 Data Analysis.....	31
<b>CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERETATION AND DISCUSSION.....</b>	<b>32</b>
4.1 Introduction.....	32
4.2 Respondents demographic data.....	32
4.2.1 Respondents gender.....	32
4.2.2 Respondents length of service.....	33
4.2.3 Those in charge of strategy implementation.....	34
4.2.4 Facility level.....	34
4.3 Organizational structure and implementation of strategic plans.....	35
4.4 Human resource and implementation of strategic plans.....	39
4.5 Resource adequacy and implementation of strategic plans.....	42
4.6 Monitoring and evaluation and implementation of strategic plans.....	46
4.7 Frequency of monitoring and evaluation.....	49
4.8 Correlation coefficient between the factors.....	50
4.9 Multiple regression analysis.....	51
<b>CHAPTER FIVE: SUMMARY OF FINDINGS, CONCLUSIONS OF THE STUDY AND RECOMMENDATIONS.....</b>	<b>53</b>
5.1 Introductions.....	53
5.2 Summary of the findings.....	53
5.3 Conclusions of the study.....	55
5.4 Recommendations from the study.....	56
5.5 Suggestions for further research.....	57

REFERENCES.....58

APPENDICES..... 63

APPENDIX 1: Introduction Letter

APPENDIX II: Questionnaire

APPENDIX III: Interview Guide

APPENDIX IV: Permission to proceed for data collection

## LIST TABLES

Table 3.1 Target population and sample size.....	29
Table 4.1 Respondents gender.....	32
Table 4.2 Respondents length of service.....	33
Table 4.3 Those in charge of strategy implementation.....	34
Table 4.4 Facility Level.....	34
Table 4.5 Organizational structure and implementation of strategic plans.....	35
Table 4.6 Organizational structure factors and their influence on implementation of strategic plans.....	37
Table 4.7 Chi square for association between Organizational structure and implementation of strategic plans.....	38
Table 4.8 Human resource and implementation of strategic plans.....	39
Table 4.9 Human resource factors and their influence on implementation of strategic plans.....	40
Table 4.10 Chi square for association between Human resource and implementation of strategic plans.....	42
Table 4.11 Resource adequacy and implementation of strategic plans.....	43
Table 4.12 Resource adequacy factors and their influence implementation of strategic plans.....	44
Table 4.13 Chi square for association between resource adequacy and implementation of strategic plans.....	45
Table 4.14 Monitoring and evaluation and implementation of strategic plans.....	46
Table 4.15 M & E factors and their influence on implementation of strategic plans.....	47
Table 4.16 Chi square for association between M & E and implementation of strategic.....	48
Table 4.17 Frequency of monitoring and evaluation.....	49
Table 4.18 Correlation coefficients of the various variables.....	50
Table 4.19 Regressions coefficients.....	51
Table 4.20 Models goodness of fit statistics.....	52



**LIST OF FIGURES**

Figure 2.1-Conceptual Framework.....26

## **ABBREVIATIONS AND ACRONYMS**

CEO-Chief Executive Officer

GOK-Government of Kenya

HR-Human Resources

KERS-Kenya Economic Recovery Strategy

MDGs-Millennium Development Goals

MOH-Ministry of Health

MOMS-Ministry of Medical Services

MOPHS-Ministry of Public Health and Sanitation

NHSSP-National Health Sector Strategic Plan

NPM-New Public Management

## ABSTRACT

The Government of Kenya has adopted strategic planning in various institutions and Ministries to address distinct and prioritized strategic issues in order to upgrade service delivery. In the Ministry of Health, strategic planning is part of the on-going public sector reforms aimed at improving efficiency and effectiveness in the delivery of health services. Strategic planning in the Ministry of Health is aimed at achieving the international Millennium Development Goals (MDGs) as well as the targets set in the Kenya's Economic Recovery Strategy. This is the one of the commitments of the Ministry of Health as a way of realizing the national vision of providing accessible, affordable and quality health care for all Kenyans and in particular the poor. The objective of the study was to assess whether organizational structures, human resource, adequate financial resources, monitoring and evaluation are factors affecting the implementation of strategic plans in the Ministry. The descriptive study was employed, whereby a sample size of 76 officers selected through stratified random sampling from the Ministry of Health Staff in Kitui Central Sub-County. Data was gathered through semi-structured questionnaires that were pre-tested on 10 individuals randomly selected from the study population to ensure reliability and validity of the tools. An Interview guide was also used on select individuals who were picked randomly from those that were not interviewed. The data collected in the descriptive survey was analyzed by descriptive statistics. Multiple Linear Regression analysis was conducted to determine the influence of the factors on strategic plan implementation. The study established that organizational structure of hospitals influences the implementation of strategic plan with chi-square results indicating that there is a significant association between organizational structure ( $\chi^2(1, 4) = 70.0, p < 0.05$ ) and implementation of strategic plans by Government Health facilities and a strong positive correlation  $r(76) = 0.851, p < 0.05$  between organizational structure and implementation of strategic plan. The study also established from majority of the responses that human resource influences implementation of strategic plan implementation includes and there is a significant association ( $\chi^2(1, 4) = 36.973, p < 0.05$ ) between human resources and implementation of strategic plan and a strong positive correlation  $r(76) = 0.782, p < 0.05$ . Also resource adequacy influences strategic plan implementation. The Chi-square results indicated that there is a significant association ( $\chi^2(1, 4) = 57.973, p < 0.05$ ) and strong positive correlation  $r(76) = 0.833, p < 0.05$  between resource adequacy factors implementation of strategic plan. Lastly monitoring and evaluation influences implementation of strategic plans with ( $\chi^2(1, 4) = 65.423, p < 0.05$ ) and a strong positive correlation  $r(76) = 0.742, p < 0.05$ , between M&E and strategic plan implementation. The study recommended that all the officers in charge of the management of Government health facilities should be trained by the government on the organizational structures, there should be staff involvement in the development of strategic plan, the Government should allocated adequate funds for strategic plan implementation in health facilities and the Ministry of health should have frequent monitoring and evaluation on the implementation of strategic plans in the government facilities with immediate feedback on the way forward.



## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the study**

According to Swayne, Duncan, and Ginter (2008), “strategic planning defines where the organization is going, sometimes where it is not going, and provides focus. The plan sets direction for the organization and through a common understanding of the vision and broad strategic goals provides a template for everyone in the organization to make consistent decisions that move the organization toward its envisioned future. Strategic planning, in large part, is a decision-making activity.”

Beckham (2000) describes true strategy as “a plan for getting from a point in the present to some point in the future in the face of uncertainty and resistance.” Campbell (1993) adds the concept of measurement to his definition: “Strategic planning refers to a process for defining organizational objectives, implementing strategies to achieve those objectives, and measuring the effectiveness of those strategies.”

Evashwick and Evashwick (1988), incorporating the concepts of vision and mission, define strategic planning as “the process for assessing a changing environment to create a vision of the future; determining how the organization fits into the anticipated environment based on its institutional mission, strengths, and weaknesses; and then setting in motion a plan of action to position the organization accordingly.”

Strategic planning is a process of assessing where an organization is presently, ascertaining the challenges and opportunities that present themselves, and determining what destination is most desirable and how to get there. One of the commonly cited reasons for strategic planning is to enhance organizational performance. Proponents of this rationale argue that well designed strategic plans provide a good and convenient framework that allows an organizations to

enjoy district competitive advantages thus experiencing improved performance (Porter, 1980). Another rationale for developing strategic plans is to provide staff within the organization information about the direction of the organization (as spelled out by the strategic plans) with the expectation that this information will elicit buy-in from this individual. Strategic plans are also developed to appease to the different stakeholders of an organization.

Miller and Cardinal (1999) concluded that the relationship between strategic planning and performance was more pronounced in organizations that operated in turbulent environments.

Strategic planning is a commonly used management process employed by managers in both private and public sector to determine the allocation of resources and strategic performance.

Bryson (1995) defines strategic planning in a more comprehensive and political sense. He states that strategic planning is an excellent method for an organization, a governmental or quasi-governmental one to contend with fluctuating situations and circumstances

Further, strategic planning is necessarily cognizant and attuned to political realities. Bryson states that strategic planning “accepts and builds on the nature of political decision making”. In government, much that is decided, insofar as agency missions and goals is tied to political decisions. Budgets and appropriations are likewise made by elected officials and are political in one way or another. Strategic planning for Bryson is hence a method of systematically keeping up or ahead of changing environments and is out of necessity politically sensitive.

The Ministry of Medical services adopts a top down approach in strategic Planning. The plans are made at the Ministry headquarters though the National Health Sector Strategic Plan (NHSSP) and are devolved downwards to the provinces and eventually to the districts and hospitals. The first National Health strategic plan (NHSSP 1) run from 1999-2004. This was followed by NHSSP II which was to run from 2005-2010. However this was reviewed in 2008 to come up with a strategic plan that would run from 2008-2012.

“Strategic Planning is now accepted by Government as a key tool in Results Based Management. It provides a framework for identifying the strategic direction of the Ministry in terms of achievement of its core mandate and delivering of services to Kenyans. Together with other tools, such as Performance Contracting, Service Charters and Performance Appraisal System are now used under the Public Service Reforms framework as means to improve public service delivery and for the achievement of the Kenya Vision 2030.”

“Reversing the trends”, the second NHSSP 2008-2012. The objective of the Vision in the health sector is thus to provide an equitable and affordable Health care system of the highest possible quality. Organizational structure refers to the way tasks are divided up and how the workflow is coordinated and the forces and mechanisms that allow the co-ordination to occur. Organizations are structured in a variety of ways, dependant on their objectives and culture. The structure of an organization will determine the manner in which it operates and its performance. Structure allows the responsibilities for different functions and processes to be clearly allocated to different departments and employees.

The type of strategy adopted could differ in many ways and have different requirements regarding an adequate organizational structure. Factors relating to the organizational structure are the second most important implementation barrier according to Heide & Grønhaug & Johannessen’s (2002) study. Drazin and Howard (1984) stipulate that a proper alignment of the strategy with the organizational structure is an important pre-requisite for successful implementation of a corporate business strategy (Noble, 1999). They note that changes in the competitive environment require adjustments to the organizational structure. If an organization’s realignment strategies are lacking, it may exhibit poor performance and be at a major competitive disadvantage.

The wrong organization structure will hinder the successful implementation of strategic plans. Organizational structures should aim to maximize the efficiency and success of the

Organization. An effective organizational structure will facilitate working relationships between various sections of the organization. It will retain order and command whilst promoting flexibility and creativity.

Business organizational structures came about to simplify decision-making. The typical organization chart depicts a hierarchy of authority starting with the chairman, CEO and other executive officers at the top because the executive officers set the goals and direction of the company. Supporting layers of managers under the executive level are tasked with applying these goals to their areas of responsibility or departments, which are arranged in order of appropriate information flow from management (Shung, 2000).

During the early 20th century, companies used organizational structure to enhance performance by creating specialization within the company and departmental authorities who managed those specialized areas. Henry Ford developed his assembly line production methods as a result of the then-groundbreaking theories of organizational structure (Saleemi and Bogonko, 1997).

Each specialized unit is managed by its own decision maker, who theoretically is best able to understand the needs and problems of that particular unit. This allows a consolidation of performance information in the managerial level where the executive level may access only the most pertinent information for goal and directional purposes.

This filters out the details of company operations and feeds only the results of operations up the ladder to the executives and board of directors (Shung, 2000).

An organizational structure that divides the operations of a company into specialized departments empowers the managers of those departments to deal with problems and create efficiencies of process and production that are customized to their particular departments. It also creates a corporate management level where enterprise knowledge is developed, tested and preserved for the future efficient operation of the department, as well as easy



accessibility by those in higher management charged with enterprise planning (Saleemi and Bogonko, 1997). A filtered flow of information from the production level of an enterprise allows executive management to focus on the goals of the company and compare the production and administration performance with their intended corporate direction. This assists their decision making by focusing on intended results rather than the detailed process of individual management of departmental operations (Graham, 2004).

No organizational structure works unless the flow of information works. The purpose of organizational structure is to distribute the decisions of executive management down through administrative levels where the managers interpret those decisions and put them into practice. It also creates a way for managers to send feedback and performance information up the line to assist in future executive decisions. If the line of communication in either direction does not operate, the system breaks down. An organizational structure consists of activities such as task allocation, coordination and supervision, which are directed towards the achievement of organizational aims. It can also be considered as the viewing glass or perspective through which individuals see their organization and its environment (Zabojnik, 2002).

The set organizational structure may not coincide with facts, evolving in operational action. Such divergence decreases performance, when growing. E.g., a wrong organizational structure may hamper cooperation and thus hinder the completion of orders in due time and within limits of resources and budgets. Organizational structures shall be adaptive to process requirements, aiming to optimize the ratio of effort and input to output (Durbin, 2002).

Organizations are increasingly looking at human resources as a unique asset that can provide sustained competitive advantage. The changes in the business environment with increasing Globalization, changing demographics of the workforce, increased focus on profitability through growth, technological changes, intellectual capital and the never-ending changes

that organizations are undergoing have led to increased importance of managing human resources (Devanna, Fombrum, & Tichy, 1981)

Implementation of strategic plans requires human resource that is well trained in the implementation of the strategic plans. The Human resource also has to be adequate to be able to carry out the tasks that are needed in the implementation.

All strategic plans require finances in one way or another to be implemented effectively .It includes all the funds and capital for funding all the organizations activities. A good strategic plan includes metrics that translate the vision and mission into specific end points. This is critical because strategic planning is ultimately about resource allocation and would not be relevant if resources were unlimited.

Successful implementation of a strategy requires additional capital. The implementation team needs to determine the sources of funds that include appropriate mix of debt and equity in a firm's capital structure to enable smooth implementation of a strategy. Organizations set aside allocations in their budgets to finance strategy implementation. An organization may use debt or stock to raise funds for strategy implementation (David, 2002).

There should be periodic review of strategy to find out whether the given strategy is relevant. This is required because even the care-fully developed strategies might cease to be suitable if events change, knowledge becomes clearer, or it appears that the environment will not be as originally thought.

Monitoring and controlling the plan includes a periodic look to see if you're on course. It also includes consideration of options to get a strategy once derailed back on track. This may include changing the schedule, changing the action steps, changing the strategy or changing the objectives.

## **1.2 Statement of the problem**

The Ministry of Health adopts a top down approach in strategic planning. The plans are prepared at the national level through National Health Strategic Plans and they are cascaded downwards to the Counties and eventually to the Hospitals.

The main purpose of creating strategic plans is to increase productivity, improve efficiency and increase customer satisfaction.

Although formulating a consistent strategy is a difficult task for any management team making strategy work and implementing it throughout the organization is even more difficult (Hrebiniak, 2006). A myriad of factors can potentially affect the process by which strategic plans are turned into organizational action. Each health facility has got unique strengths and weaknesses that are different and unique. The best formulated strategies may fail to produce the desired performance for the organization if they are not successfully implemented.

However the practice on the ground is that healthcare services are still unaffordable and inaccessible for most Kenyans. There are hardly enough drugs in Government Hospitals, few staff who are overworked and the infrastructure is wanting. Very little or few studies have been done to find out the factors that influence strategic plan implementation

Therefore there is a need to find the factors that influence the implementation of strategic plans and why the strategic plans do not translate into better health services for citizens. No study has been carried out to establish why despite good strategic plans made by the Government, service delivery is still below expectation.

## **1.3 Objective of the study**

- i. To determine the influence of organizational structure on implementation of strategic plans in Government Hospitals in Kitui Central Sub County.

- ii. To establish the influence of human resource on the implementation of strategic plans in Government Hospitals in Kitui Central Sub County.
- iii. To determine the influence of resource adequacy on the implementation of strategic plans in Government Hospitals in Kitui Central Sub County.
- iv. To determine the influence of monitoring and evaluation on implementation of strategic plans in Government hospitals in Kitui Central Sub County.

#### **1.4 Hypothesis of the study**

The study shall test the following hypothesis to facilitate objective answers to the research questions

- i. Ho. There is no relationship between organizational structure and implementation of strategic plans by Government Health facilities
- ii. Ho. There no relationship between human resource and implementation of strategic plans by Government Health facilities Government Health facilities
- iii. Ho. There is no relationship between resources allocation and implementation of strategic plans by Government Health facilities
- iv. Ho. There is no relationship between monitoring and evaluation and implementation of strategic plans by Government Health facilities

#### **1.5 Significance of the study**

This study will provide an insight as to why despite good strategic plans made by the Government, this has not translated into better healthcare for the citizens.

To the Government it will give an insight into whether the objectives of the strategic plans are realized on the ground and those factors which impede on the implementation.

The findings shall also provide an insight on the challenges that are faced by employees in the implementation of strategic plans. Employees are provided with good strategic plans,

however they cannot be able to implement the plans due to several challenges that they may face in the implementation.

To researchers and scholars it will provide a useful basis upon which future studies can be done. The research will seek to show the gaps that exist in this area of study.

For the private sector, it will highlight the gaps in the implementation of strategic plans so that they can know where to give their input. The Government is always working in partnership with the private sector, but the private sector needs to know in what areas they can complement what the Government is doing.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter reviews various literatures that address strategic plan implementation, including the current status of implementation within the Ministry of Health, theoretical review on strategic Planning, conceptualization and empirical review. This chapter sets the background for the research problem, and contextualizes the intricacies that accompany strategic plan implementation within government organizational structures.

Strategic planning is defined as the process of diagnosing an organization's external and internal environments, deciding on a vision and mission, developing overall goals, creating and selecting general strategies to be pursued, and allocating resources to achieve the organization's goals (Hellriegel , Jackson and Slocum, 2005). The objective of strategic planning is to align an organization's activities with its environment, thereby providing for its continuing survival and effectiveness. It requires an organization to monitor its internal and external environments constantly for changes that may require modifying existing strategic and tactical plans or developing different ones altogether.

An understanding of why it is important for an organization to engage in holistic strategic planning begins with an understanding of what strategy means (Plant, 2009). Porter (1966) defined strategy as the creation of a unique position involving a different set of activities. Stewart (2004) stated that strategy underpins organizational survival by anticipating and dealing with challenges from competitors. However, Stewart added that in the public sector, the claims for the benefits of strategy are more low-key. Hughes (2003) acknowledges that there are more problems and constraints in the public sector as compared to the private sector, yet he is of the view that public organizations could conceivably benefit from a

strategic approach. Every organization faces two levels of strategic issues i.e. the corporate strategy and business strategy (Wyman, 2003). For government organizations, “corporate strategy” reflects a combination of the legislative mandate which defines the public policy objectives of the organization. The business strategy is a set of decisions about how to configure the organization’s resources in response to the demands, threats, opportunities, and constraints of the environment within the context of the organization’s history.

When the strategic and operational levels of an organization are integrated in a common approach, a holistic strategic planning model is created (Plant, 2009). Strategic planning has been defined as a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it (Bryson, 1995). It provides a systematic process for gathering information about the big picture and using it to establish a long-term direction and then translate that direction into specific goals, objectives, and actions (Poister and Streib, 2005). It blends futuristic thinking, objective analysis, and subjective evaluation of goals and priorities to chart a future course of action that will ensure the organization’s vitality and effectiveness in the long run. “At best...it permeates the culture of an organization, creating an almost intuitive sense of where it is going and what is important” (Osborne and Gaebler, 1992). A holistic strategic planning system is based on the assumption that all of the system elements are interrelated and interdependent.

Strategic planning is an action-oriented type of planning that is useful only if it is carefully linked to implementation and this is often where the process breaks down (Poister and Streib, 2005). Public managers may fail to link their strategic planning efforts to other critical decision-making processes. Mintzberg (1994) is one of the most vocal critics of strategic planning precisely because organization’s planning activities are too often completely divorced from performance measurement and resource allocation. Even though

many public managers have embraced strategic planning, it is unlikely to produce benefits they anticipate unless they drive it through budgeting, measurement, and performance management processes (Poister and Streib, 2005).

Although some public agencies adopt strategic planning because of government initiatives, others adopt it for several reasons including the need and desire to set policy and define program direction, emulate good business practices, respond to constituents' demands and pressures to reduce expenditures, and as a symbol of personal leadership (Berry & Wechsler, 1995). Others adopt it because of their need to resolve competing agency resource allocation priorities and tie performance to resource allocation (Long & Franklin, 2004).

Public administration is traditionally regarded as a system characterized by inertia, rigidity, and immovability. It is not usually associated with concepts such as entrepreneurial spirit or managerial approaches; it rather implies a legalistic and conservative approach. However, modern public administrations face tremendous politic, economic, technologic, and social challenges (Pollit,C., &Bouckaert ,G.(2000), thus being forced to be more away from the society's evolution and citizens' need.

## **2.2 Organizational structure**

Business organizational structures came about to simplify decision-making. The typical organization chart depicts a hierarchy of authority starting with the chairman, CEO and other executive officers at the top because the executive officers set the goals and direction of the company. Supporting layers of managers under the executive level are tasked with applying these goals to their areas of responsibility or departments, which are arranged in order of appropriate information flow from management (Shung, 2000).



The concept of studying and using organizational structure to improve on enterprise performance dates back to the late 19th century and the writings of sociologist and engineer Max Weber, who examined the dependence of capitalism upon bureaucracy.

During the early 20th century, companies used organizational structure to enhance performance by creating specialization within the company and departmental authorities who managed those specialized areas. Henry Ford developed his assembly line production methods as a result of the then-groundbreaking theories of organizational structure (Saleemi and Bogonko, 1997).

Each specialized unit is managed by its own decision maker, who theoretically is best able to understand the needs and problems of that particular unit. This allows a consolidation of performance information in the managerial level where the executive level may access only the most pertinent information for goal and directional purposes.

This filters out the details of company operations and feeds only the results of operations up the ladder to the executives and board of directors (Shung, 2000).

An organizational structure that divides the operations of a company into specialized departments empowers the managers of those departments to deal with problems and create efficiencies of process and production that are customized to their particular departments. It also creates a corporate management level where enterprise knowledge is developed, tested and preserved for the future efficient operation of the department, as well as easy accessibility by those in higher management charged with enterprise planning (Saleemi and Bogonko, 1997).

A filtered flow of information from the production level of an enterprise allows executive management to focus on the goals of the company and compare the production and administration performance with their intended corporate direction. This assists their

decision making by focusing on intended results rather than the detailed process of individual management of departmental operations (Graham, 2004).

No organizational structure works unless the flow of information works. The purpose of organizational structure is to distribute the decisions of executive management down through administrative levels where the managers interpret those decisions and put them into practice. It also creates a way for managers to send feedback and performance information up the line to assist in future executive decisions. If the line of communication in either direction does not operate, the system breaks down. An organizational structure consists of activities such as task allocation, coordination and supervision, which are directed towards the achievement of organizational aims. It can also be considered as the viewing glass or perspective through which individuals see their organization and its environment (Zabojnik, 2002).

The set organizational structure may not coincide with facts, evolving in operational action. Such divergence decreases performance, when growing. E.g., a wrong organizational structure may hamper cooperation and thus hinder the completion of orders in due time and within limits of resources and budgets. Organizational structures shall be adaptive to process requirements, aiming to optimize the ratio of effort and input to output (Durbin, 2002).

Pre-bureaucratic (entrepreneurial) structures lack standardization of tasks. This structure is most common in smaller organizations and is best used to solve simple tasks. The structure is totally centralized. The strategic leader makes all key decisions and most communication is done by one on one conversations. It is particularly useful for new (entrepreneurial) business as it enables the founder to control growth and development (Fincham, 2009).

Cole (2006) gives the analogy that “the fully developed bureaucratic mechanism compares with other organizations exactly as does the machine compare with the non mechanical modes of production. Precision, speed, unambiguity, strict subordination, reduction of

friction and of material and personal costs- these are raised to the optimum point in the strictly bureaucratic administration. Bureaucratic structures have a certain degree of standardization. They are better suited for more complex or larger scale organizations, usually adopting a tall structure. The tension between bureaucratic structures and non-bureaucratic is echoed in Burns and Stalker's distinction between mechanistic and organic structures.

Employees within the functional divisions of an organization tend to perform a specialized set of tasks, for instance the engineering department would be staffed only with software engineers. This leads to operational efficiencies within that group.

However it could also lead to a lack of communication between the functional groups within an organization, making the organization slow and inflexible (Fincham, 2009).

As a whole, a functional organization is best suited as a producer of standardized goods and services at large volume and low cost. Coordination and specialization of tasks are centralized in a functional structure, which makes producing a limited amount of products or services efficient and predictable. Moreover, efficiencies can further be realized as functional organizations integrate their activities vertically so that products are sold and distributed quickly and at low cost. For instance, a small business could make components used in production of its products instead of buying them. This benefits the organization and employees faiths (Cole, 2006).

In general, over the last decade, it has become increasingly clear that through the forces of globalization, competition and more demanding customers, the structure of many companies has become flatter, less hierarchical, more fluid and even virtual. One of the newest organizational structures developed in the 20th century is team. In small businesses, the team structure can define the entire organization. Teams can be both horizontal and vertical. While an organization is constituted as a set of people who synergize individual

competencies to achieve newer dimensions, the quality of organizational structure revolves around the competencies of teams in totality (Cole, 2006).

The type of strategy adopted could differ in many ways and have different requirements regarding an adequate organizational structure. Factors relating to the organizational structure are the second most important implementation barrier according to Heide, Grønhaug & Johannessen's (2002) study. Drazin and Howard (1984) stipulate that a proper alignment of the strategy with the organizational structure is an important pre-requisite for successful implementation of a corporate business strategy (Noble, 1999b). They note that changes in the competitive environment require adjustments to the organizational structure. If an organization's realignment strategies are lacking, it may exhibit poor performance and be at a major competitive disadvantage.

### **2.3 Human resource**

Various studies have focused on human resource related factors affecting implementation of strategies in organizations. Alexander (1985) study on implementation of strategies in corporations revealed that over half of the corporations studied experienced challenges frequently, for instance, the employees involved had insufficient capabilities to perform their jobs, lower-level employ leadership and direction while (Govindarajan, 1989) noted that, the effectiveness of strategy implementation was at least in part affected by the quality of people involved in the process.

Lam (1997) argued out that the declining civil service morale was an impediment to the implementation of NPM techniques. The argument was that public sector reform was unlikely to be successful if public servants regarded themselves as being involuntarily pledged to perform to externally imposed standards without commensurate remuneration. Fears of being measured, increased possibility of loss of jobs, fears that staff do not have the

necessary skills, increased paper work and workload, and health and resistance to changes embodied in the NPM (Lam 1997).

Yang (2008) stated that, executors of strategies comprises of the top management, middle management, lower management and non-management while experiences and other characteristics of people required by a specific task or position. Viseras, Baines, and Sweeney (2005) findings indicated that, strategy implementation success depended crucially on the human or people side of project management, and less on organization and systems related factors.

While Harrington (2006) findings revealed that, a higher a level in total organizational involvement during strategy implementation lead to positive effects on the level of implementation success hence leading to firm profits and overall firm success.

When Human resource expands its traditional administrative role, it can have a significant impact on an organization's value creation. To properly align HR with an organization's strategy, it first needs to be organized so that it can play a role in the strategic planning of the organization. It is human capital that leverages all other areas of an organization.

Therefore the HR department needs to ensure the human asset is effectively aligned with the strategy that is chosen by the organization. To capitalize on this leverage, organizations need to adopt a new perspective of Human Resource (Becker, & Huselid, 2001).

Human Resource needs to measure is its impact on organizational strategy and its efforts to build programs to better manage the development of an organization's human assets.

Specifically, Human Resource needs to measure the organizations: competencies, leadership, culture, alignment, and learning (Norton, 2001). Measuring these issues provide a framework for describing the drivers of an organization's strategy. When assessing its value added to the organization, Human Resource must look to these strategic drivers as

their point of reference. In each measurement, Human Resource will be accountable for the organization's readiness for each component of the strategy.

Aligning Human resource and strategic plans is an important endeavor for every organization.

Studies strongly support the alignment between strategies, Human Resource, and performance and thus show the potential role Human Resource can play in implementing strategy and developing an organization's competitive advantage (Wright, Smart, McMahan, 1995).

An organization's people and their skills ultimately determine the effectiveness of strategic plans, and its implementation. In its purest form, Human Resource is best suited for leveraging an organization's personal that implements the organization's strategic plans. Human Resources are what drive an organizations' strategic process.

Human Resource Management is seen to support organizational business strategies through internally consistent practices and policies and expected to contribute to the following goals: productivity or service quality enhancement through increased contributions of individuals and teams; statutory compliance; gaining competitive advantage through employee participation; workforce flexibility and empowerment; and developing a supportive organizational culture through organizational development (Schuler and MacMillan, 1984;Schuler, 1992).

HR needs to be part of the organization's strategy development. In order for HR to effectively align itself with the strategy of an organization, it must present top management with solutions that address the strategic need and support of the organization (Freedman, 2004).

The basic premise underlying Strategic human Resource Management is that organizations adopting a particular strategy require Human Resource practices that are different from those required by organizations adopting alternative strategies (Dyer 1984a, 1984b).

If this fundamental assumption is correct, then much of the variation in Human Resource practices across organizations should be explained by the organizations' strategies, and organizations that have greater congruence between their HR practices and their strategies should enjoy superior performance. There is some support for this assumption. For example, Schuler and Jackson (1988) and Arthur (1992) demonstrated that organizations following different strategies utilize different HR practices. Other researchers have demonstrated that HR practices can influence organizationally relevant outcomes such as productivity and profitability (Arthur, 1994; Gerhart & Milkovich, 1990; Huselid, 1993, 1995).

#### **2.4 Adequacy of resources**

Successful implementation of a strategy requires additional capital. The implementation team needs to determine the sources of funds that include appropriate mix of debt and equity in a firm's capital structure to enable smooth implementation of a strategy. Organizations set aside allocations in their budgets to finance strategy implementation. An organization may use debt or stock to raise funds for strategy implementation. (David, 2002).

Kaplan and Norton state that "a strategy is a set of hypotheses about cause and effect." In order to contribute to alignment on either the input or the output side of strategy, you must have a firm grasp of the major, time-lagged, cause-and-effect relationships that link strategic drivers and Critical Success Factors to strategic outcomes. These relationships largely result from a somewhat subconscious process that simply occurs when one has a synthesizing mind and chooses to become immersed in both the action and the data. Covey would categorize this process as continuous "sharpening of the saw."

No other function has a greater responsibility for this never-ending process than Finance. Strategy is concerned with defining direction for the next several years. It involves broad-brush consideration of new product and market opportunities and new internal capabilities. Normally, the strategy formulation phase ends with only directional commitments to certain types of opportunities that make sense strategically. Further pursuit of these opportunities is part of the implementation plan. Where investment is involved or multiple alternatives exist, Finance will exercise its normal evaluation role, which should consider not only the project's financial return but also its alignment with the overall strategy.

Strategy is concerned with defining direction for the next several years. It involves broad-brush consideration of new product and market opportunities and new internal capabilities. Normally, the strategy formulation phase ends with only directional commitments to certain types of opportunities that make sense strategically. Further pursuit of these opportunities is part of the implementation plan. Where investment is involved or multiple alternatives exist, Finance will exercise its normal evaluation role, which should consider not only the project's financial return but also its alignment with the overall strategy.

Finance has a function of assuring long-term cash availability that is essentially just an extension of its short-term function. Successful development of strategy requires a clear understanding by the strategic planning team of future capital limitations perceived by Finance. If the strategy being formulated exceeds those limitations, the need for additional sources of capital becomes itself a strategic issue and an iterative process of considering strategic alternatives begins. Finance must be prepared to offer reasonable assumptions for these alternatives based on prior understanding and investigation of potential sources of capital.



## **2.5 Monitoring and evaluation**

Both monitoring and evaluation are meant to influence decision-making, including decisions to improve, reorient or discontinue the evaluated intervention or policy; decisions about wider organizational strategies or management structures; and decisions by national and international policy makers and funding agencies

There should be periodic review of strategy to find out whether the given strategy is relevant. This is required because even the care-fully developed strategies might cease to be suitable if events change, knowledge becomes clearer, or it appears that the environment will not be as originally thought.(Young, 2001) Thus, strategies should be reviewed from time to time. What should be the frequency for such a review is not universal but major strategies should be reviewed at least once a year. In fact this is done by most of the organizations who believe in relating themselves with the environment.

Monitoring and evaluation are tools to measure the performance of the organization in the timely implementation of its strategic plan. Monitoring and evaluation also contribute to the identification of good practices and lessons learnt with respect to implementation, as well as policy, strategy and programmatic design that will inform the next phase of the strategic planning. The evaluation results are important inputs to the strategic planning process and are used to adjust strategic direction and priorities. (Young, 2001

Greg Keeble states that in the public health sector, the purpose of monitoring and evaluation (M&E) is to know whether the intended results are being achieved as planned in the national health action plan, and whether public health interventions are making positive contributions towards improving people's health.

Young (2001) stated that, measurement of performance assists government officials to assess "what" and "how well" a program is doing. For instance, what is Program X intended to do? Is Program X achieving these intended ends? Are Program X's activities or

operations cost-efficient? Asking and answering these and other similar questions will permit decision-makers to make wiser, more intelligent program policy and spending determinations

When reviewing progress towards achieving the strategic aims and objectives, the Management Committee should ensure that activities are kept within the parameters of the agreed strategic aims and objectives. They ensure that activities are consistent with organization's vision, mission and values and keep under review internal and external changes which may require changes to the organization's strategy or affect their ability to achieve their objectives

## **2.6 Theoretical framework**

### **2.6.1 Resource based view of the firm**

The resource-based view is a way of viewing the firm and in turn of approaching strategy. The Resource-based view was popularized by Hamel and Prahalad in their book "Competing for the Future" (1994). The view conceptualizes the firm as a bundle of resources. It is these resources, and the way that they are combined, that make firms different from one another and in turn allow a firm to deliver products and services in the market.

The firm is a bundle of resources and capabilities made up of physical, financial, human and intangible assets. The theory is conditioned on the fact that resources are not homogenous and are limited in mobility. The firm can translate these resources and capabilities into a strategic advantage if they are valuable, rare, and inimitable and the firm is organized to exploit these resources.

The Resource Based View considers internal capabilities in the formulating strategy to achieve a sustainable advantage in its markets and industries .If we see the organization as made of resources and capabilities which can be configured to provide it with competitive

advantage; then its perspective does indeed become inside-out. In other words, its internal capabilities determine the strategic choice it makes in competing in its external environment.

In some cases a firm's capabilities may actually allow it to create new markets and add value for the customers. Where organizations' capabilities are seen paramount in the creation of competitive advantage it will pay more attention to the configuration of its value chain activities because it will identify the value chain activities which provide it with competitive advantage.

### **2.6.2 Organizational configuration theory**

This theory was advanced by Henry Mintzberg (1979). An organization's structure emerges from the interplay of the organization's strategy, the environmental forces it experiences, and the organizational structure itself. When these fit together well, they combine to create organizations that can perform well. When they don't fit, then the organization is likely to experience severe problems.

Different structures arise from the different characteristics of these organizations, and from the different forces that shape them. By understanding the organizational types that Mintzberg defines, you can think about whether your company's structure is well suited to its conditions. If it isn't, you can start to think about what you need to do to change things.

Mintzberg defined organizational structure as "the sum total of the ways in which it divides its labor into distinct tasks and then achieves coordination among them". Each configuration contains six components:

1. operating core: the people directly related to the production of services or products;
2. strategic apex: serves the needs of those people who control the organization;
3. middle line: the managers who connect the strategic apex with the operating core;
4. techno structure: the analysts who design, plan, change or train the operating core;

5. support staff: the specialists who provide support to the organization outside of the operating core's activities;
6. Ideology: the traditions and beliefs that make the organization unique.

The structure an organization chooses depends, to a great extent, on the power of each of Mintzberg's six components.

## **2.7 Empirical studies**

Kibachia J. (2014) in her study on ‘A survey of risk factors in the strategic planning process of Parastatals in Kenya’ stated that a common challenge faced by all organizations, whether private or public, is how to successfully they manage strategic planning process for attainment of organizational objectives.”This study sought to determine the challenges faced by the Kenya Bureau of Standard in its efforts to implement its strategic plans. Specifically, the study tried to find out how organization structure, leadership style, top management, staff involvement and organizational change affect implementation of strategic plans in the Organization. It also tried to identify the role of funds in strategic plan implementation. The study was explanatory in nature since its main purpose was to explain the factors that affect implementation of strategic plans in the public sector and especially in the Kenya Bureau of Standard.

The study found that Market dynamics have created more challenges for public sector, with the emergence of the global economy, advances in technology, increased societal demands, and the need to provide more social services with fewer resources.

Kalali, S. (2011) did a survey titled “Why does strategic plans implementation fail? A study in the health service sector of Iran”. This research aimed at identifying effective factors on the failure of strategic decisions implementation in the Iranian Health Service Sector. The failure of strategic decisions is usually costly for organizations. Hence, identification of

effective factors on success/failure of strategy implementation is highly important. The survey results show that the most important reason for strategic decisions failure in Iranian health service sector is content dimension. Content aspect points out how to develop strategies in organization. This includes unclear strategies, conflicting goals and priorities, lack of support by senior managers. The study also found that structural dimension also played a big part strategic plan decisions. These are factors such as incapable human resource and divergent organizational structure.

## **2.8 Critical Review**

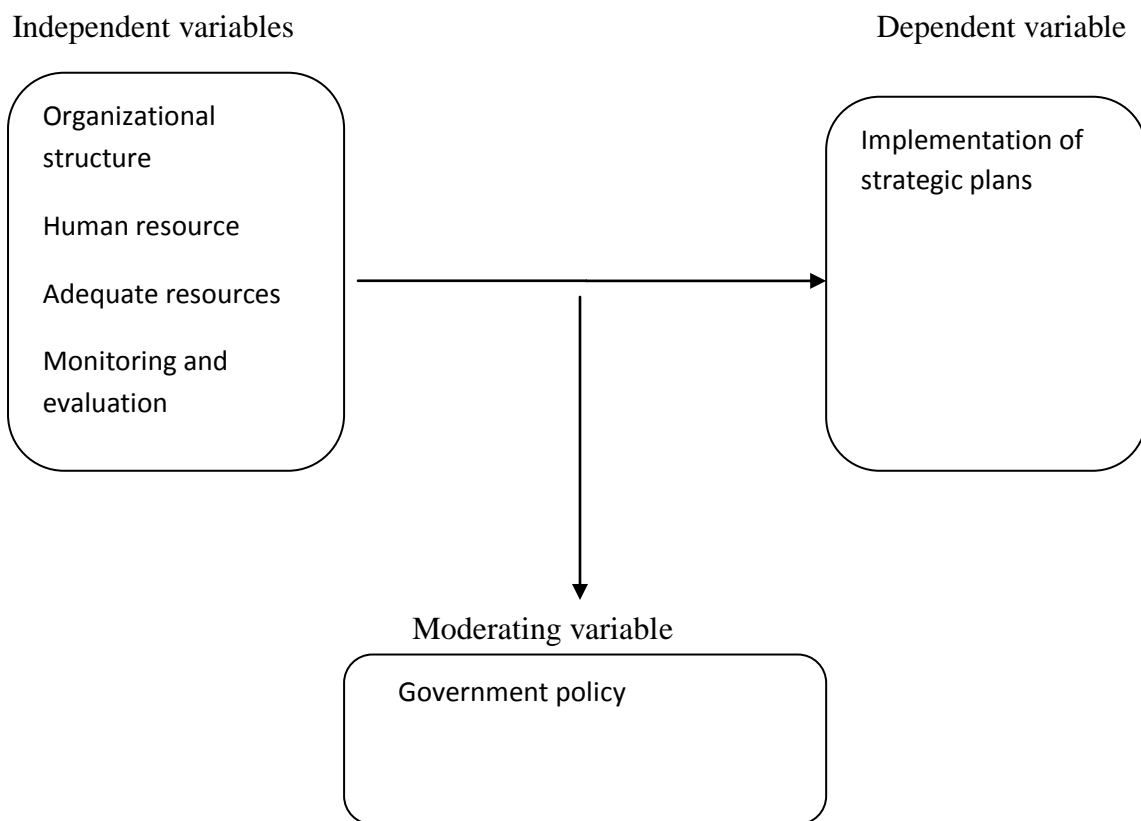
Among the literature that was reviewed none seems to have studied the factors influencing the implementation of strategic plans in Government Hospitals in Kenya. Kibachia (2014) studied risk factors in the strategic planning process of Parastatals. The study sought to find out the factors that affect implementation of strategic plans in the public sector. They also wanted to find out the role of funds and organizational structure in implementing strategic plans. However the study did not look into whether human resource and monitoring and evaluation do have an influence in implementing of strategic plan.

Another study carried out by Kalali, (2011) sought to find out why strategic plans fail in the Iranian Health Service Sector. In the survey 16 variables grouped into four dimensions, context dimension, content dimension, operational dimension and structural dimension were studied. The results showed that the most important reason for strategic decisions failure in Iranian health service sector is content dimension. The Iranian health sector is different from the Kenyan context and it's therefore important to carry out a survey locally to establish whether organizational structure, human resource, resource adequacy, monitoring and evaluation have got any influence of the implementation of strategic plans

## 2.9 Conceptual framework

This is a diagrammatical representation of the independent and dependent variables and their relationship. This helps the reader to have a quick view of what the study is about. In this study, the independent variables are organizational structure, human resource, financial resource and monitoring and evaluation. The dependent variable is the Implementation of strategic plans.

The conceptual framework is as shown



Source: researcher (2015)

**Fig 2.1 Conceptual framework**

## **RESEARCH METHODOLOGY**

### **3.1 Introduction**

This section provides methods, tools and sources of research data, targeted groups and organizations where data was collected. It further discusses the sample size and sampling methods that were used, how data was collected analyzed and the tools used.

### **3.2 Research Design**

The design used in this study was a descriptive survey research design. This research design was chosen because the study aimed at collecting information from respondents on their attitudes and opinions in relation to factors affecting implementation of strategic plans in the Ministry of Health. Sekeran (2006) states that the descriptive studies are undertaken to understand the characteristics of organizations that follow certain common practices. It also aimed at establishing how variables are related to each other. This study applied mixed instruments in which more than one instrument were used and is referred to as triangulation. Abok et al. , (2013) in their study on resource dependency perspective on the implementation of strategic plans in Governmental Organizations in Kenya used descriptive studies. The descriptive research involves formulation of the study objectives and design of the data collection tools, and providing the investigator with quantitative and qualitative data (Orodho, 2004). Descriptive design provided the study with an appropriate procedure for examining the factors that have an effect on the implementation of the strategic plan and achieving the objectives of this study.

### **3.3 Target population.**

According to Orodho (2004) a target population is the total individuals, elements or groups to be studied. The target population for this study was the staff working at the Ministry of

Health and Sanitation in Kitui Central Sub County. This included staff in the County Health Management Team, the Sub County Health Management Team, staff at the county referral hospital which is a level 4 facility, staff in the sub county hospital(level 3), the in charge of the health centers and dispensaries(level 2).

The study involved the Senior Management staff and officers tasked with direct formulation and implementation of the strategic plan, the in charges of facilities and the staff who work in the hospital under the Ministry of Health and Sanitation.

### **3.4 Sampling design and sample size.**

A sample is “a smaller collection of units from a population used to determine truths about that population” (Field, 2005).The fundamental principle of sampling of elements within a population is in order to draw conclusions about the entire population (Cooper, 2006). The target population is heterogeneous and consists of officers in different offices and at different management levels thus the study employed stratified sampling technique. Stratified random sampling at 20% was used. Arvery (1972) asserts that 10% – 20% of the accessible population is acceptable in a descriptive research.

The target population was stratified into Managers at County level and the Sub County level, staff at high volume level 4 facilities(County Hospital), staff at low volume level 3 facility(Sub county Hospital) and staff at level 2 facilities(dispensaries and Health Center). Simple random sampling technique was used within the stratum to eliminate bias as it accorded all the members of a population equal probability of being included in the sample (Mugenda, 2008).



**Table 3.1 Target population and sample size**

Category	Population size	Sampling ratio	Sample size
County/Sub County Health Management Team	30	20%	6
Level 4 facilities	230	20%	46
Level 3 facility	30	20%	6
Level 2 facility	88	20%	18
	378		76

Source: County Health Records Office

### **3.5 Data Collection Instruments**

The data was gathered by using semi-structured questionnaires and interview guide. Questionnaires are efficient, cost effective and time efficient tools of data collection. They obtain comprehensive information, including the elements that are inherent in the personal attributes of the respondents.

Closed-ended questions were used to guide the respondents' answers within the choices given, while the open-ended questions generate detailed, non-guided responses from the respondents. The questionnaires were designed to answer the research questions as well as to achieve the objectives.

The questionnaires had several sections; the first session was designed to obtain general information section about the respondents, and the rest of the sections were designed to inquire about the impact of organizational structure, human resource, financial allocation and monitoring and evaluation of implementation of the Strategic Plan.

The questionnaires were administered using "the drop and pick later approach. Follow ups were made to ensure collections of the questionnaires in time as well as assist the respondents on any difficulty they may have been experiencing.

The interview guide was used to interview select staff at senior management level so as to get their opinions on the various research objectives. The interview was carried out with

staffs that were not issued with questionnaires. Interview guides helps one know what to ask about, in what sequence, how to pose your questions, and how to pose follow-ups. They provide guidance about what to do or say next, after your interviewee has answered the last question. The interview is able to collect information which otherwise may not have been captured in the questionnaire.

### **3.6 Validity and reliability**

#### **3.6.1 Validity**

To ensure that the instruments accurately measured the variables of interest to the study, each of the items in the questionnaire were discussed with peers, research supervisors and other lecturers giving attention to the specific study objectives.

#### **3.6.2 Reliability**

Reliability is the degree to which an assessment tool produces stable and consistent results. To ensure consistency of the questionnaires, pre-testing of the questionnaires was carried out before the main study to ensure reliability. The reliability test helped in improving the items on the questionnaire. Inconsistencies such as blank spaces, inaccurate responses and lack of clarity was checked and corrections made when revising the instrument. Dornyei (2003) argues that research instruments are measurement devices that must possess adequate reliability. He identifies pre-testing as one comprehensive procedure towards enhancing instrument reliability. This underlies the intent of this study to conducting a rigorous instrument validation exercise through pre-testing.

Test retest method of reliability was used to test for reliability. The questionnaires were issued so a small group of 10 individuals and the same were issued after one week. A correlation coefficient of 0.8 was achieved. This shows that the questionnaire is reliable a coefficient of 0.7 is acceptable.

The respondents in the pilot study were requested for their assessment of the scope of the questionnaire. In the main study, the data was collected from the respondents using the improved questionnaires that were hand delivered to each of them.

### **3.7 Data analysis**

Before the analysis was done, data were checked for completeness and consistency. It was then coded and entered into the appropriate computer package.

Advanced techniques of data analysis such as hypothesis testing using chi-square were used. Multiple regression analysis and was also conducted to determine the relationship between dependent and independent variables. Pearson correlation coefficient was used to determine the strength of the relationship among the variables.

## CHAPTER FOUR

### DATA PRESENTATION ANALYSIS AND INTERPRETATION AND DISCUSSION

#### 4.1 Introduction

The general objective of this study was to determine the institutional factors influencing implementation of strategic plans in Government Hospitals in Kitui Central Sub County, Kitui County, Kenya. Statistical Packages for Social Sciences (SPSS) and excel sheet to aid in analysis were used. Data were analyzed using both descriptive and inferential statistics. Chi-square tables, correlations and regression analysis were used to describe the association and relationship between the dependent and independent variables. The questionnaires were used as the main research instrument and all (76 questionnaires) were returned by the respondents. Interviews were also done with a few respondents.

#### 4.2 Respondent's demographic data

The researcher first sought to establish the demographic data for the respondents. This includes, gender, age bracket and the highest education level.

##### 4.2.1 Respondent's Gender

The researcher first sought to establish the gender for the respondents so as to determine if the study was gender sensitive. The results were presented in Table 4.1.

**Table 4.1: Respondent's gender**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Male	43	57.3	57.3	57.3
Valid female	33	42.7	42.7	100.0
Total	76	100.0	100.0	

Table 4.1 shows that majority of the respondents were male (57.3%). However the difference from the female respondents is small hence the study was gender sensitive and this was likely to give a balanced responses.

**4.2.2 Respondent’s Length of service**

The study wanted to establish the length of service for the respondents so as to determine if it had any influence on implementation of strategic plan. The data for the length of service for the respondents was presented on Table 4.2.

**Table 4.2: Respondent’s length of service**

	Frequency	Percent	Valid Percent	Cumulative Percent
1-5Yrs	16	21.1	21.1	21.1
5-10yrs	12	15.8	15.8	36.8
11-15yrs	10	13.2	13.2	50.0
Valid 16-20yrs	12	21.1	21.1	71.18
20-25yrs	10	13.2	13.2	84.38
More than 25yrs	16	15.62	15.62	100.0
Total	76	100.0	100.0	

Table 4.2 shows that the length of service for all brackets ranges between 13.2% and 21.1%. This is a good representation of the working experience distribution which is likely to give opinions which cut across the all categories.

**4.2.3: Those in charge of strategy implementation**

The research sought to establish those in charge of strategy implementation in the studied hospitals. The results were presented in Table 4.3.

**Table 4.3: Those in charge of strategy implementation**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
Everybody	10	13.2	13.2	13.2
Special Implementation unit	8	10.5	10.5	23.7
External Experts	2	2.6	2.6	26.3
Select management team	54	71.1	71.1	97.4
Any other	2	2.6	2.6	100.0
Total	76	100.0	100.0	100

Table 4.3 shows that, majority (71.1%) of the respondents indicated that those in charge of strategy implementation are the selected management teams. This team is likely to do a good job since it is their mandate to see to it that the strategic plans .A select management team is also able to concentrate on implementation of strategic plans as their main responsibility.

#### 4.2.4 Facility level

The researcher sought to establish the level where the respondents work. The results were presented in table 4.4

**Table 4.4 Facility level**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid				
County and Sub county team	6	7.9	7.8	7.8
Level 4 facility	46	60.5	60	68.8
Level 3 facility	6	7.9	7.8	76.6
Level 2 facility	18	23.7	23.7	100
Total	76	100.0	100.0	100

Table 4.4 shows that majority (60.5%) of the respondents were from the level 4 facility. This is the main referral hospital where most of the staffs are working. This being the main hospital in the sub county and the county, it lacks the necessary facilities and infrastructure therefore needs a good strategic plan to improve on their service delivery.

**4.3 Organizational structure and implementation of strategic plans**

The first objective for this study was to establish the extent to which organizational structure influences implementation of strategic plans in Government Hospitals. To achieve this objective, the researcher first sought to establish the respondent’s opinion on whether organizational structure influences implementation of strategic plans in Government Hospitals. The results were presented in Table 4.5.

**Table 4.5: Organizational structure and its influence implementation of strategic plans**

Respondents were asked whether they think that organizational structure influences implementation of strategic plans.

**Table 4.5: Organizational structure and implementation of strategic plans**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	74	97.4	97.4	97.4
	No	2	2.6	2.6	100.0
	<b>Total</b>	<b>76</b>	<b>100.0</b>	<b>100.0</b>	

Table 4.5 shows that majority (97.4%) of the respondents agreed that the organizational structure influences implementation of strategic plans. It is the structure of an organization that determines the strategies employed by the officers in their mandate to deliver services. This agrees with (Saleemi and Bogonko, 1997) who argued that an organizational structure influences strategic plan implementation since it divides the operations of a company into

specialized departments and empowers the managers of those departments to deal with problems and create efficiencies of process and production that are customized to their particular departments. It also creates a corporate management level where enterprise knowledge is developed, tested and preserved for the future efficient operation of the department, as well as easy accessibility by those in higher management charged with enterprise planning.

The result also agrees with Graham ( 2004) who argued that a filtered flow of information from the production level of an enterprise allows executive management to focus on the goals of the company and compare the production and administration performance with their intended corporate direction hence influencing strategic plan implementation. This assists their decision making by focusing on intended results rather than the detailed process of individual management of departmental operations.

The research further required the respondents to indicate the extent to which they agreed with the organizational structure factors stated by filling a 5- Likert scale using Strongly Agree-SA, Agree-A, Undecided-U, Disagree=D and strongly disagree=SA. The results were presented in Table 4.6.



**Table 4.6: Organizational structure factors and their influence on implementation of strategic plans**

	SA	A	U	D	SD	Mean ( $\bar{X}$ )	Std. Deviation (S)
Sharing of Authority	32 (42.1%)	32 (42.1%)	6 (7.9%)	4 (5.3%)	2 (2.6%)	<b>4.16</b>	<b>0.966</b>
Span of control	20 (26.3%)	40 (52.6%)	12 (15.8%)	2 (2.6%)	2 (2.6%)	<b>3.97</b>	<b>0.878</b>
Communication	48 (63.2%)	20 (26.3%)	4 (5.3%)	2 (2.6%)	2 (2.6%)	<b>4.45</b>	<b>0.714</b>
Centralization of power	28 (36.8%)	38 (50%)	4 (5.3%)	3 (3.9%)	3 (3.9%)	<b>4.19</b>	<b>0.965</b>
Coordination of activities	32 (42.1%)	36 (47.4)	2 (2.6%)	4 (5.3%)	2 (2.6%)	<b>4.21</b>	<b>0.927</b>
Specialization	40 (52.6%)	26 (34.2%)	6 (7.9%)	2 (2.6%)	2 (2.6%)	<b>4.32</b>	<b>0.928</b>

Table 4.6 shows that the responses about communication as a factor of implementation of strategic plan had the highest mean (4.45) as well as the lowest Std. Deviation (0.714). This shows that the dispersion from the mean was the lowest compared to the other factors. Most of the respondents agree that how implementation of strategic plans is done is of utmost importance. However all the respondents strongly agreed with the statements that Sharing of authority, span control, communication and centralization and decentralization of power influences the implementation of strategic plans. These results agree with Heide, Grønhaug & Johannessen's (2002) who argued that the factors relating to the organizational structure are the second most important implementation barrier. Drazin and Howard (1984) stipulate that a proper alignment of the strategy with the organizational structure is an important pre-requisite for successful implementation of a corporate business strategy (Noble, 1999). They

note that changes in the competitive environment require adjustments to the organizational structure which includes that Sharing of authority and communication. If an organization’s realignment strategies are lacking, it may exhibit poor performance and be at a major competitive disadvantage.

The findings were also confirmed by the Sub County Nursing Officer who said the following in an interview.”*Organizational structures are the backbone of strategic plans implementation, without good structures even the best plan can fail.*”

The researcher further sought to establish the association between the organizational structure and implementation of strategic Management plans by Government Health facilities by testing the hypothesis below.

Ho1. There is no significant association between organizational structure and implementation of strategic Management plans by Government Health facilities. The Chi-square results were presented in Table 4.7.

**Table 4.7: Chi-square for Organizational structure and implementation of strategic plans**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	70.000 <sup>a</sup>	4	.000
Likelihood Ratio	18.497	4	.001
Linear-by-Linear Association	21.914	1	.000
N of Valid Cases	76		

a. 7 cells (70.0%) have expected count less than 5. The minimum expected count is .05.

Table 4.7 shows that there is a significant association  $\chi^2 (1, 4) = 70.00, p < 0.05$ ) between organizational structure and implementation of strategic plans by Government Health facilities. The results in table 4.7 also show that the p value is .000, a p value < 0.05

indicates that the probability of non significance is less than 5%, I do therefore reject the null hypothesis and accept the alternate hypothesis that states that there is significant relationship between organizational structure and implementation of strategic plans. These results agree with the results in Table 4.5 and Table 4.6.

**4.4 Human resource and the implementation of strategic plans**

The second objective for this study was to establish the influence of human resource on the implementation of strategic plans in Government Hospitals. The respondents were required to indicate whether they agreed with the statement that human resource management influences the implementation of strategic plans in Government Hospitals. The results were shown in Table 4.8.

**Table 4.8: Human resource and the implementation of strategic plans**

		<b>Frequency</b>	<b>Percent</b>	<b>Valid Percent</b>	<b>Cumulative Percent</b>
Valid	Yes	70	92.1	92.1	92.1
	No	6	7.9	7.9	100.0
	<b>Total</b>	<b>76</b>	<b>100.0</b>	<b>100.0</b>	

Table 4.8 shows that majority (92.1%) of respondents agreed that human resource influences the implementation of strategic plans in Government Hospitals. This agrees with (Devanna, Fombrum, & Tichy, 1981) who argued that Implementation of strategic plans requires human resource that is well trained in the implementation of the strategic plans and that the Human resource has to be adequate to be able to carry out the tasks that are needed in the implementation. This because changes in the business environment with increasing Globalization, changing demographics of the workforce, increased focus on profitability

through growth, technological changes, intellectual capital and the never-ending changes that organizations are undergoing have led to increased importance of managing human resources.

The researcher further required the respondents to indicate the extent to which they agreed with the human resource factors influenced implementation of strategic plan by filling a 5- Likert scale using Strongly Agree-SA, Agree-A, Undecided-U, Disagree-D and Strongly Disagree=SD. The results were presented in Table 4.9.

**Table 4.9: Human resource factors and their influence on implementation of strategic plans.**

	SA	A	U	D	SD	Mean ( $\bar{X}$ )	Std. Deviation(S)
Leadership from top management	50 (65.7%)	20 (26.3%)	2 (2.6%)	2 (2.6%)	2 (2.6%)	<b>4.5</b>	<b>0.885</b>
HR efficiency	38 (50%)	27 (35.5%)	5 (6.6%)	2 (2.6%)	4 (5.3%)	<b>4.19</b>	<b>1.053</b>
Staff empowerment	40 (52.6%)	26 (34.2%)	2 (2.6%)	6 (7.9%)	2 (2.6%)	<b>4.26</b>	<b>0.886</b>
Support from all staff	34 (44.7%)	34 (44.7%)	2 (2.6%)	4 (5.3%)	2 (2.6%)	<b>4.23</b>	<b>1.024</b>
HR practices and policies	28 (36.8%)	38 (50%)	4 (5.3%)	3 (3.9%)	3 (3.9%)	<b>4.12</b>	<b>0.936</b>
Staff involvement	48 (63.2%)	20 (26.3%)	4 (5.3%)	2 (2.6%)	2 (2.6%)	<b>4.45</b>	<b>0.899</b>

Table 4.9 shows that the responses on leadership from top management had the highest mean (4.5). This indicates that there is a need to strengthen the top leadership if implementation

of strategic plans is to succeed. Staff empowerment had the lowest Std. Deviation (0.886) indicating low variability among all the respondents. All the respondents strongly agreed that the HR factors which influences implementation of strategic plan implementation includes; leadership from top management, HR efficiency, staff empowerment, support from all staff, HR practices and policies, and staff involvement.65.7% of the respondents strongly agreed that leadership from top management had an influence on implementation of strategic plans.50% of the respondents strongly agreed that Human resource efficiency had an influence , while 52.6% strongly agreed that Staff empowerment had an influence on implementation of strategic plans. 44.7% strongly agreed that support from all staff influences implementation of strategic plans, while 36.8% strongly agreed that Human resource practices and policies had an influence in implementation of strategic plans.63.3%strongly agreed that staff involvement influences implementation of strategic plans. These results agrees with Alexander (1985) study on implementation of strategies in corporations revealed that over half of the corporations studied experienced challenges frequently, for instance, the employees involved had insufficient capabilities to perform their jobs, lower-level employ leadership and direction while (Govindarajan, 1989) who noted that, the effectiveness of strategy implementation was at least in part affected by the quality of people involved in the process. Yang (2008) stated that, executors of strategies comprises of the top management, middle management, lower management and non-management while experiences and other characteristics of people required by a specific task or position. Viseras, Baines, and Sweeney (2005) findings indicated that, strategy implementation success depended crucially on the human or people side of project management, and less on organization and systems related factors.

The researchers further sought to ascertain the association between human resource and implementation of strategic plans by Government Health facilities Government Health facilities by testing the hypothesis that;

$H_{02}$  :There is no significant association between human resource and implementation of strategic plans by Government Health facilities Government Health facilities.

The results were presented in Table 4.10.

**Table 4.10: Chi-square tests for association between human resource and implementation of strategic**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	36.973 <sup>a</sup>	4	.000
Likelihood Ratio	12.952	4	.012
Linear-by-Linear Association	19.243	1	.000
N of Valid Cases	76		

a. 8 cells (80.0%) have expected count less than 5. The minimum expected count is .05.

Table 4.10 shows that there is a significant association ( $\chi^2 (1, 4) = 36.973, p < 0.05$ ) between human resources and implementation of strategic Management plans by Government Health facilities. With a  $p < 0.05$ , the probability of non significance is very low, therefore I do reject the hypothesis that there is no relationship between human resource and implementation of strategic plans and propose the alternate hypothesis that there is a relationship between human resource and implementation of strategic plans These results agree with the results in Table 4.8 and Table 4.9.

#### 4.5 Resource adequacy and the implementation of strategic plans

The third objective for this study was to determine the influence of resource adequacy on the implementation of strategic plans in Government Hospitals in Kitui Central Sub County. To achieve this objective the study first sought the respondent's opinion on whether resource adequacy influences the implementation of strategic plans in Government Hospitals. The results were presented in table 4.11.

**Table 4.11: Resources adequacy influence implementation of strategic plans**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	74	97.4	97.4
	No	2	2.6	100.0
	<b>Total</b>	<b>76</b>	<b>100.0</b>	

Table 4.11 shows that majority (97.4%) of the respondents agreed that the resources adequacy influences implementation of strategic plans. This agrees with Pedro and Barry (2002) who argued that strategic planning is ultimately about resource allocation and would not be relevant if resources were unlimited and that a good strategic plan includes metrics that translate the vision and mission into specific end points. This is critical because Successful implementation of a strategy requires additional capital. Similar argument was raised by David (2002) who said that the implementation team for strategic plan needs to determine the sources of funds that include appropriate mix of debt and equity in a firm's capital structure to enable smooth implementation of a strategy. Organizations set aside allocations in their budgets to finance strategy implementation. An organization may use debt or stock to raise funds for strategy implementation.

The researcher further required the respondents to indicate the extent to which they agreed with the resource adequacy factors influence implementation of strategic plan by filling a 5-

Likert scale using Strongly Agree-SA, Agree-A, Undecided-U, Disagree-D and strongly disagree-SD. The results were presented in Table 4.12.

**Table 4.12: Resources adequacy factors and their influence on implementation of strategic plans**

	SA	A	U	D	SD	Mean ( $\bar{X}$ )	Std. Deviation (S)
Resources allocated are sufficient	13 (17.1%)	8 (10.5%)	8 (10.5%)	4 (5.3%)	43 (56.6%)	<b>2.26</b>	<b>1.151</b>
Resources are always disbursement in good time	12 (15.8%)	4 (5.3%)	4 (5.3%)	2 (2.6%)	54 (71.1%)	<b>1.92</b>	<b>0.888</b>
There no bureaucracy in receiving finance	30 (39.5%)	32 (42.1%)	4 (5.3%)	6 (7.9%)	4 (5.3%)	<b>4.03</b>	<b>1.119</b>
Resource allocation is based on actual budgetary requirements	6 (7.9%)	34 (44.7%)	8 (10.5%)	14 (18.4%)	14 (18.4%)	<b>3.05</b>	<b>1.305</b>
Staff are well trained on financial management	14 (18.4%)	12 (15.8%)	6 (7.9%)	6 (7.9%)	38 (50%)	<b>2.44</b>	<b>1.321</b>

Table 4.12 shows that the respondents who indicated that there no bureaucracy in receiving finance had the highest mean (4.03).These results indicate that there is need to reduce bureaucracy in disbursement of funds. However those who indicated that resources are always disbursement in good time had the lowest Std. Deviation (0.888) and the lowest mean (1.92)There is need to hasten the speed at which funds are disbursed if strategic plans are implemented effectively. Majority of the respondents strongly disagreed with statement that resource allocation are sufficient(56.6%.,They also disagreed that resources are always disbursement in good time(71.1%).From these findings it seems that the biggest hindrance to implementation of strategic plans is the rate and timing of disbursement of resources .32% agreed that here no bureaucracy in receiving finance while 44.7 % agreed resource



allocation is based on actual budgetary requirements .38% strongly disagreed that Staff are well trained on financial management. This means there is a large gap in terms of financial management training among the staff. These results agree with David (2002) who argued that finance has a function of assuring long-term cash availability that is essentially just an extension of its short-term function. Successful development of strategy requires a clear understanding by the strategic planning team of future capital limitations perceived by Finance. If the strategy being formulated exceeds those limitations, the need for additional sources of capital becomes itself a strategic issue and an iterative process of considering strategic alternatives begins. Finance must be prepared to offer reasonable assumptions for these alternatives based on prior understanding and investigation of potential s of capital.

The researchers further sought to ascertain the association between resource adequacy and implementation of strategic plans by Government Health facilities Government Health facilities by testing the hypothesis that;

$H_{03}$  :There is no significant association between resource adequacy and implementation of strategic plans by Government Health facilities Government Health facilities.

The results were presented in Table 4.13.

**Table 4.13: Chi-square tests for association between resource adequacy and implementation of strategic**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	57.973 <sup>a</sup>	4	.000
Likelihood Ratio	10.052	4	.001
Linear-by-Linear Association	17.443	1	.000
N of Valid Cases	76		

a. 8 cells (80.0%) have expected count less than 5. The minimum expected count is .05.

Table 4.13 shows that there is a significant association  $\chi^2 (1, 4) = 57.973, p < 0.05$  between resources adequacy and implementation of strategic Management plans by Government Health . The results in table 4.13 also show that the p value is .000, a p value < 0.05 indicates that the probability of non significance is less than 5%, I do therefore reject the null hypothesis and accept the alternate hypothesis that states that there is significant relationship between resource adequacy and implementation of strategic plans. These results agree with the results in Table 4.11 and Table 4.12.

**4.6 Monitoring and evaluation and implementation of strategic plans.**

The last objective for this study was to determine the influence of Monitoring and evaluation on implementation of strategic plans in Government hospitals in Kitui Central Sub County. To achieve this objective the researcher first sought the respondent’s opinion on whether Monitoring and evaluation influences the implementation of strategic plans in Government Hospitals. The results were presented in table 4.14

**Table 4.14: Monitoring and evaluation and implementation of strategic plans**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	69	90.7	90.7	90.7
	No	7	9.3	9.3	100.0
	<b>Total</b>	<b>76</b>	<b>100.0</b>	<b>100.0</b>	

Table 4.14 shows that majority (90.7%) of the respondents agreed that the Monitoring and evaluation influences implementation of strategic plans. This agrees with Young (2001) who argued that strategies should be reviewed from time to time. The frequency for such a review is not universal but major strategies should be reviewed at least once a year. In fact

this is done by most of the organizations who believe in relating themselves with the environment.

This was confirmed by the Sub County Public Health officer who was interviewed as she stated as follows, *“Monitoring and evaluation is key to implementation of strategic plans as one needs to know milestones have achieved before .Monitoring and evaluation ensures that the plans are going as planned and any challenges are tackled as they come along.”*

The researcher further required the respondents to indicate the extent to which they agreed with the M&E factors that influence implementation of strategic plan by filling a 5- Likert scale using Strongly Agree-SA, Agree-A, Undecided-U, Disagree=D and strongly disagree-SD. The results were presented in Table 4.15.

**Table 4.15: Monitoring and evaluation factors and their and their influence implementation of strategic plans**

	SA	A	U	D	SD	Mean ( $\bar{x}$ )	Std. Deviation
Availability of M&E structures	6 (7.9%)	32 (42.1%)	8 (10.5%)	10 (13.2%)	20 (26.3%)	<b>2.92</b>	<b>1.070</b>
Regular monitoring	20 (26.3%)	24 (31.6%)	4 (5.3%)	8 (10.5%)	20 (26.3%)	<b>3.21</b>	<b>1.165</b>
Feedback after monitoring and evaluation	32 (42.1%)	26 (34.2%)	4 (5.3%)	12 (15.8%)	2 (2.6%)	<b>3.97</b>	<b>1.585</b>
Regular training on M&E	30 (39.5%)	30 (39.5%)	6 (7.9%)	8 (10.5%)	2 (2.6%)	<b>4.02</b>	<b>1.02</b>

Table 4.15 shows that regular training on monitoring and evaluation has the highest mean (4.02) and the smallest standard deviation (1.02). This shows that there is need for training on monitoring and evaluation since it influences strategic plan implementation. Availability of M&E structures had the lowest mean (2.92).42.1% of the respondents agreed that availability of structures is important in implementing of strategic plans. This agrees with Young, (2001) who argued that monitoring and evaluation are tools to measure the

performance of the organization in the timely implementation of its strategic plan. Also Hahn and Powers (1999) argue that well designed M&E structure provide a good and convenient framework that allows an organizations to enjoy district competitive advantages thus experiencing improved performance. Porter (1997) argued that one rationale for developing strategic plans is to provide staff within the organization information about the direction of the organization (as spelled out by the strategic plans) with the expectation that this information will elicit buy-in from this individual. Strategic plans are also developed to appease to the different stakeholders of an organization.

The study further sought to establish the association between resource M&E and implementation of strategic plans by Government Health facilities Government Health facilities by testing the hypothesis that;

H<sub>04</sub> : There is no significant association between Monitoring and evaluation and implementation of strategic plans by Government Health facilities Government Health facilities.

The results were presented in Table 4.16.

**Table 4.16: Chi-square tests for association between Monitoring and evaluation and implementation of strategic**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	65.423 <sup>a</sup>	4	.000
Likelihood Ratio	9.642	4	.000
Linear-by-Linear Association	19.111	1	.000
N of Valid Cases	76		

a. 8 cells (75.0%) have expected count less than 5. The minimum expected count is .05.

Table 4.16 shows that there is a significant association ( $\chi^2(1, 4) = 65.423, p < 0.05$ ) between Monitoring and evaluation and implementation of strategic plans by Government Health

facilities. The results in table 4.16 also show that the p value is .000, a p value < 0.05 indicates that the probability of non significance is less than 5%, I do therefore reject the null hypothesis and accept the alternate hypothesis that states that there is significant relationship between resource adequacy and implementation of strategic plans. This result agrees with the results in Table 4.14 and Table 4.15.

**4.7 Frequency of monitoring and evaluation**

The respondents were asked how frequent monitoring and evaluation is done in their facility or station and they responded as shown in table 4.17

**Table 4.17: Frequency of monitoring and evaluation**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Monthly	10	13.2	13.2	13.2
	Quarterly	32	42.1	42.1	55.3
	Biannually	2	2.6	2.6	57.9
	Annually	18	23.7	23.7	81.6
	Never	14	18.4	18.4	100.0
	Total	76	100.0	100.0	

Majority (42.1%) of the respondents indicated that monitoring and evaluation was done quarterly. This is still below 50% responses and it shows that there is a need to increase monitoring and evaluation frequency. It was also noted that in some cases (14%) monitoring and evaluation was never done. This makes it even worse since the benefits of monitoring and evaluation seems to have been ignored.

The researcher further analyzed the data using Pearson Correlation coefficient so as to determine the strength of the relationship between the independent and depended variables.

The results were presented in Table 4.18

**Table 4.18 Correlation Coefficient**

		Organizational structure	Human resources	Resource adequacy	Monitoring and Evaluation	Implementation of strategic plan
Organizational structure	Pearson Correlation	1	.784**	.784**	.651**	.851**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	76	76	76	76	76
Human resources	Pearson Correlation	.784**	1	.644**	.783**	.782**
	Sig. (2-tailed)	.000		.000	.000	.011
	N	76	76	76	76	76
Resource adequacy	Pearson Correlation	.784**	.644**	1	.775**	.833**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	76	76	76	76	76
Monitoring and Evaluation	Pearson Correlation	.651**	.783**	.775**	1	.742**
	Sig. (2-tailed)	.000	.000	.000		.001
	N	76	76	76	76	76

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Table 4.18 shows that there is a strong positive correlation among all the variables correlated. The results also show that there is a strong positive correlation;  $r(76) = 0.851$ ,  $p < 0.05$ , between organizational structure and implementation of strategic plan. It can also be observed that there is also a strong positive correlation  $r(76) = 0.782$ ,  $p < 0.05$ , between human resources and implementation of strategic plan. Same results were observed between resource adequacy factors implementation of strategic plan (strong positive correlation  $r(76) = 0.833$ ,  $p < 0.05$ ). Finally there was strong positive correlation  $r(76) = 0.742$ ,  $p < 0.05$ , between M&E and strategic plan implementation. These results agree with the Chi-square results for all the variables.

#### 4.8 Multiple Regression Analysis

Multiple regression analysis was also performed to determine the contribution of a change in independent variables to the dependent variables.

**Table 4.19: Regressions Coefficients**

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	.913	.188		4.852	.000
Organizational structure (x <sub>1</sub> )	1.136	.323	.808	3.517	.001
<sup>1</sup> Proper utilization of HR (x <sub>2</sub> )	.271	.423	.176	.641	.000
Adequacy of financial resources (x <sub>3</sub> )	1.180	.413	.751	2.857	.000
M&E (x <sub>4</sub> )	.939	.502	.593	1.869	.000

a. Dependent Variable: Implementation of strategic plan (Y)

The regression model shows the Implementation of strategic plan (Y) as a function of organizational structure, proper utilization of human resource, adequacy of financial resources and monitoring and evaluation. The regression model is as below;

$$Y = 0.913 + 1.180 X_1 + 0.271 X_2 + 1.136 X_3 + 0.939 X_4$$

The Model summary is as shown in Table 4.20.

**Table 4.20: Model goodness of fit statistics**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.842 <sup>a</sup>	.710	.693	.77153	.710	43.369	4	71	.000

a. Predictors: (Constant), M&, Adequacy of financial resources, organizational structure influence implementation of SP, Extent to which proper utilization of HR influence implementation of SP

The model summary tells us that R squared = 0.71 implying that 71.0% of the variations in dependent variable is explained by the independent variables.

The results in Table 4.19 indicated that organizational structure, human resource, resource adequacy, and M&E significantly predict the implementation of strategic plan in public hospitals.

The results also show that the independent variables are significant at 0.05% significant level (p=0.000, p= 0.000, p=0.001 and p=0.000) respectively and that the factors predicted implementation of strategic plan in public hospitals significantly.

From the model, when other factors (Organizational structure, Human resources, resource allocation and monitoring and evaluation) are at zero, the implementation of strategic plan variable will be 0.913.

The results predict that Resource adequacy would have the strongest impact on strategic plans. Holding other factors constant (organizational structure, human resource, monitoring and evaluation), a unit increase in resource allocation would lead to a 1.180 (p=.000) increase in successful implementation of strategic plans in Government Hospitals in Kitui Central sub county. Also one unit change in organizational structure, proper utilization of HR and monitoring and evaluation will change the implementation of strategic plan by 1.036, 0.271, and 0.939 respectively.



**CHAPTER FIVE**  
**SUMMARY OF THE FINDINGS, CONCLUSIONS OF THE STUDY AND**  
**RECOMENDATIONS**

**5.1 Introduction**

This chapter discusses summary of the findings, discussion of the findings, conclusions, recommendations, and suggestions for further research following research objectives.

**5.2 Summary of the findings**

The general objective of this study was to determine the institutional factors influencing implementation of strategic plans in Government Hospitals in Kitui Central Sub-County, Kitui County, Kenya. The study was guided by the following objectives; to determine the influence of organizational structure, to establish the influence human resource, to determine the influence of resource adequacy and to determine the influence of Monitoring and evaluation on implementation of strategic plans in Government hospitals.

The study first established that organizational structure factors which includes organizational structure, human resource, resource adequacy, monitoring and evaluation do influence implementation of strategic plans. (97.4%) of the respondents agreed that the organizational structure influences implementation of strategic plans. Communication as a factor of implementation of strategic plan had the highest mean (4.45) as well as the lowest Std. Deviation (0.714). This indicates that communication is highly important to strategic plans implementation. The chi-square results indicated that there is a significant association ( $\chi^2(1, 4) = 70.00, p < 0.05$ ) between organizational structure and implementation of strategic plans by Government Health facilities. These results agrees with correlation results which indicated that that there is a strong positive correlation  $r(76) = 0.851, p < 0.05$ , between organizational structure and implementation of strategic plan. These results agrees with

Heide & Grønhaug & Johannessen's (2002) who argued that the factors relating to the organizational structure are the second most important implementation barrier according to study.

Secondly, the study established that majority of the responses (51.3%) strongly agreed that the Human Resource factors which influences implementation of strategic plan implementation includes; leadership from top management, HR efficiency, staff empowerment, support from all staff, HR practices and policies and staff involvement. The Std. Deviation for those who strongly agreed was also noted to be higher than the other responses though their mean was high. Similar results were identified from the chi-square test which indicated that there is a significant association ( $\chi^2 (1, 4) = 36.973, p < 0.05$ ) between human resources and implementation of strategic Management plans by Government Health facilities. These results were supported by the correlation results which indicated that there is a strong positive correlation  $r (76) = 0.782, p < 0.05$ , between human resource and implementation of strategic plan.

Thirdly, the study established that resource adequacy influences strategic plan implementation. 97.4% of the respondents agreed that the resources adequacy influences implementation of strategic plans. The resource adequacy factors includes; resources sufficiency, disbursement, red tape in receiving finance, resource allocation and trained staff on financial management. However those who indicated that resources are always disbursement in good time had the lowest Std. Deviation (0.888) and the lowest mean (1.92). Most of the respondents were in agreement that funds are not always disbursed on time. The Chi-square results indicated that there is a significant association ( $\chi^2 (1, 4) = 57.973, p < 0.05$ ) between resources adequacy and implementation of strategic Management plans by Government Health facilities. These results were supported by the correlation

analysis which indicated that there was a strong positive correlation  $r(76) = 0.833, p < 0.05$  between resource adequacy factors implementation of strategic plan.

Lastly, the study revealed that majority (90.7%) of the respondents agreed that the Monitoring and evaluation (M&E) influences implementation of strategic plans. This agrees with Young (2001) who argued that strategies should be reviewed from time to time. The frequency for such a review is not universal but major strategies should be reviewed at least once a year. In fact this is done by most of the organizations who believe in relating themselves with the environment. The M&E factors includes; availability of M&E structures, regular monitoring and evaluation, feedback after monitoring and evaluation and regular training on monitoring and evaluation influences M&E. These results were supported by Chi-square results which indicated that there is a significant association ( $\chi^2(1,4) = 65.423, p < 0.05$ ) between Monitoring and evaluation and implementation of strategic plans by Government Health facilities. Similar results were revealed by the correlation coefficients which showed that there was strong positive correlation  $r(76) = 0.742, p < 0.05$ , between M&E and strategic plan implementation.

### **5.3 Conclusions from the study**

Based on the above findings, the study made several conclusions. Firstly, that the organization structure influences the implementation of strategic plan. These structures include factors like; sharing of authority, span control, communication and centralization and decentralization of power.

Secondly, the study concluded that human resource influences implementation of strategic plans. These human resource factors include; leadership from top management, Human Resource efficiency, staff empowerment, support from all staff, HR practices and policies and staff involvement.

Thirdly, the study concluded that resource adequacy influences strategic plan implementation. The resource adequacy factors includes; resources sufficiency, disbursement, red tape in receiving finance, resource allocation and trained staff on financial management.

Lastly, the study concluded that Monitoring and evaluation (M&E) influences implementation of strategic plans. The M&E factors includes; availability of M&E structures, regular monitoring and evaluation, feedback after monitoring and evaluation and regular training on monitoring and evaluation influences M&E.

#### **5.4 Recommendations from the study**

Based on the findings from this study, the researcher made several recommendations. First of all the officers in charge of the Management of Government health facilities should be trained by the government on the organizational structures which favor successful implementation of strategic plan. This is because the organizational influences implementation of strategic plan.

There should be staff involvement in the development of strategic plan so that the staff will own the plan leading to successful implementation. Involving staff at every stage of development of the strategic plan ensures that its well understood by everyone

The Government should allocate adequate funds for strategic plan implementation in health facilities. This is because one of the reasons identified for poor implementation of strategic plan was lack of adequate funds which are usually delayed. No matter how good plan are, if there are no funds for implementation they are bound to fail.

The Ministry of health should have frequent monitoring and evaluation on the implementation of strategic plans in the government facilities with immediate feedback on

the way forward. This ensures that plans are on track and if they are not, adequate measures are taken to correct the situation.

### **5.5 Suggestions for further research**

This study investigated the institutional factors influencing implementation of strategic plans in government hospitals in Kitui Central Sub-County, Kitui County, Kenya. Further research can be done on;

- i. The community based factors influencing implementation of strategic plans in government hospitals.
- ii. The health workers individual characteristics factor influencing implementation of strategic plans in government hospitals.
- iii. The influence of strategic plan on efficiency of the public hospitals management.

## REFERENCES

- Alexander, L. D. (1985). Successfully Implementing Strategic Decisions..*Long Range Planning*, Vol. 18(3): 91-97.
- Barry, G. & George T. M. (1990), The effects of research and development on managerial Competition in large organizations *The Academy of Management Journal*, Vol. 33(4)4 663-691.
- Becker, B. & Huselid, M. (2001). *The Strategic Impact of HR*. Harvard Business School Publishing, Balanced Scorecard, May – June 2001.
- Berry, F. S. & Wechsler, B. (1995). State agencies' experiences with strategic planning: Findings from a national survey. *Public Administration Review* 55: 159–68.
- Berry, F. S. & Wechsler, B. (1995). “State Agencies with Strategic Planning: Findings from a National Survey.” *Public Administration Review* 55(2): 159-168.
- Bryson, J. M. (1995). *Strategic Planning for Public and Non-profit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement*. Rev. Ed. San Francisco: Josey-Bass.
- Campbell, A.B. (1993).”Strategic planning in Healthcare: Methods and application”. *Quality Management in Healthcare*1 (4):13.
- Cole, G.N. (2006), *Management Theory Practice*, 5<sup>th</sup> Edition, London: MC Grow Hill Publisher:
- Devanna, M.A., Fombrun ,C., & Tichy .N. (1981).Human resource management :A strategic perspective. *Organizational Dynamics*,Vol 9(3):51-68.
- Dornyei, Z. (2003).Questionnaires in second language research: Construction, administration, and processing. Mahwah, NJ: Erlbaum.
- Drazin, R. & Howard, P. (1984) Strategy Implementation: A Technique for Organizational Design, *Columbia Journal of World Business*, 19 (summer), 40-46.
- Durbin, A. J. (2002).*Human Relations: A job Oriented Approach*, 5<sup>th</sup> Edition, Apperitice New York. Hall Publisher.
- Dyer, L. (1984). Linking human resource and business strategies. *Human Resource Planning*, 7(2): 79-84.
- Evashwick,C.D., & Evaschwick,W.T.(1988). “The fine art of strategic planning”. *The Provider*,14(4):4-6.
- Fombrum,C.J.,Tichy,N.M.,& Devanna,M.A.(1984). *Strategic human resource management*. New York: Wiley.

- Fincham, R. (2009). *Principles of Organizational Behavior*, 4<sup>th</sup> Edition, New York: Oxford University.
- Gerhart, B., & Milkovich, G.T. (1990). "Organizational differences in managerial compensation and financial performance". *Academy of Management Journal*, 33(4), 663–691.
- Graham, H. T. (2004). *Human Resources Management*, 3<sup>rd</sup> Edition, Nairobi: Literature Bureau Publisher.
- Govindarajan, V. (1989). Implementing Competitive Strategies at the Business Unit Level: Implications of Matching Managers to Strategies ". *Strategic Management Journal*, 10, 251-269.
- Hann, W., & Powers T. (1999), 'The impact of planning sophistication and implementation on Firm Performance' *The Journal of business and economic studies*, Vol 5:19-35
- Harrington, R.J. (2006), The moderating effects of size, manager tactics And Involvement on strategy implementation in food service, *Hospitality Management*.25, 373-397.
- Heide, M., Grønhaug, K., & Johannessen, S. (2002). Exploring Barriers to The Successful Implementation of a Formulated strategy. *Scandinavian Journal of Management*, Vol 18, 217-231.
- Hellriegel, D., Jackson, S., & Slocum J. W. (2005) *Management: A Competency-Based Approach*. 10<sup>th</sup> Edition. Thomson, Southwest Publishing.
- Hrebiniak, L.G. (2006). Obstacles to Effective Strategy Implementation ". *Organizational Dynamics*, 35, 12-31.
- Hughes, O. (2003). *Public Management and Administration: An Introduction, 3rd Edition* Melbourne: Macmillan.
- Huselid, M.A., Jackson, S.E. & Schuler, R.S. (1997). Technical and Strategic Human Resource Management Effectiveness as Determinants of Firm Performance. *Academy of Management Journal*, 40: 171–188.
- Jacklinne K., Mike I., & Anthony I. (2014) "A survey of risk factors in the strategic planning process of Parastatals in Kenya". *European Journal of Business and Innovation Research Vol.2, No.3, pp.51-67, June 2014*.
- Jackson, S.E., Schuler, R.S., & Rivero, J. C. (1989). Organizational characteristics as predictors of personnel practices. *Personnel Psychology*, 42: 727-786.

- Kaplan, R.S., & Norton, D.P. (1996), *The Balanced Scorecard*, Boston, MA:Harvard Business School Press.
- Kaplan, R.S., & Norton, D.P. (2001), *The Strategy-Focused Organization*, Boston MA:Harvard Business School Press.
- Karger,D.W., & Malik Z.A (1975) “*Long range Planning and organizational Performance*” *Long Range Planning*, (Dec) 20: 60-69.
- Lam, J. (1997) ‘Transforming from Public Administration to Management: Success and Challenges of Public Sector in Hong Kong’,*Public Productivity and Management Review*, Vol. 20(4).
- Leontiades,M. Tezel, A. (1980) “Planning perceptions and planning results”, *Strategic Management Journal*, Vol (1)1:65-69.
- Long,E. & Franklin, A. L.(2004) “The Paradox of Implementing the Government Performance and Results Act: Top Down Direction for Bottom-up Implementation.” *Public Administration Review*, 64(3), (2004): 309-319.
- McCall, M.W. Jr., & Kaplan, R. K. (1990).*Whatever it takes: The realities of managerial decision making* (2nd ed.). Englewood Cliffs, NJ: Prentice-Hall.
- Miller,C. & Cardinal ,L.(1999) “*Strategic Planning and firm performance :a synthesis of more than two decades of research,*”*Academy of Management Journal*, Vol 37(6):1649-65.
- Mintzberg, H. (1994). *The Rise and Fall of Strategic Planning: Preconceiving Roles for Planning, Plans, Planners*. New York: Free Press.
- Mintzberg, H. (1979), *The Structuring of Organizations*,Englewood Cliffs, NJ: Prentice-Hall.
- Mugenda, A., & Mugenda, O. (2006). *Research Methods: Qualitative and Quantitative Approaches*. (3rd Ed.). Nairobi: ACTS.
- Noble, C.H. (1999a).Building the Strategy Implementation Network” *.Business Horizons*, (10)19-27.
- Noble,C.H. (1999b). „The Eclectic Roots of Strategy Implementation Research” *.Journal of Business Research*, 45, 119-134.
- Norton, D. 2001. Measuring the Contribution of Human Capital.*Harvard BusinessSchool, Balanced Scorecard*,July – August, 2001.
- Orodho J. A. (2004): *Techniques of Writing Research Proposal and Reporting in Education*.Nairobi:Masda publishers.
- Osborne, D., & Gaebler, T. (1992).*Reinventing Government: How the Entrepreneurial Spirit is Transforming the Public Sector*. Reading, MA: Addison-Wesley.



- Pearce, J., Robinson, R., and Mital A., (2008) , “*Strategic Management: Formulation, Implementation and Control*”, New Delhi :Tata Mc Graw Hill.
- Plant,T.(2009). ‘Holistic Strategic Planning in the Public Sector’.*Performance Improvement*, 48(2):38-43.
- Poister, T., & Streib, G.(1999). ‘Performance Measurement in Municipal Government: Assessing the State of Practice’ . *Public Administration Review*, 59, 325-335.
- Poister, T., & Streib, G. (2005). ‘Elements of Strategic Planning and Management in Municipal Government: Status after Two Decades’ . *Public Administration Review* 65(1):45-56.
- Pollit C., & Bouckaert, G.,(2000) *Public Management Reform, a Comparative Analysis*, New York :Oxford University Press.
- Porter, M. (1966). ‘What is Strategy?’ *Harvard Business Review*, (November –December) 61-78.
- Porter M. (1980). *Competitive Strategy: Techniques for analyzing industries and competitors*. New York: Free Press.
- Prahalad, C.K. and Hamel, G., “The Core Competence of the Corporation”, *Harvard BusinessReview* .Vol 68, (3):pp. 79–91.
- Saleemi,N.A. & Bogonko J.B. (1997).*Management Principles & Practice Simplified*, 1<sup>st</sup>Edition, Nairobi:Saleemi Production
- Sanz-Valle, R.,Naranjo-Valencia, J.C., - -  
organizational  
Journal of Knowledge Management, Vol. 15 Iss. 6, pp. 997-1015.
- Schuler, R.S. & Jackson, S.E. (1987).Organizational Strategy and Organizational Level as Determinants of Human Resource Management Practices. *Human Resource Planning*, 10(3): 125–141.
- Schuler, R. S., & MacMillan, I. C. (1984).Gaining competitive advantage through human resource management practices.*Human Resource Management*, 23(3), 241-256.
- Schuler, R. S., & Huber, V. L. (1993) *Personnel and Human Resource Management*, 5th edition, St Paul, Minnesota, West Publishing Company

- Sekaran, U. (2006). *Research Methods for Business: a skill building approach*. (4th Ed.). London: John Wiley and Sons.
- Seyed, K. (2011). Why does strategic plans implementation fail? A study in the health service sector of Iran. *African Journal of Business Management* Vol. 5(23), pp. 9831-9837.
- Shung, S. H. (2000). *Labour Turnover: Management Journal*, 5th Edition, New York: Johnston Publishers.
- Stanley, Y. G. and Gregory, R. P. (2011). "Corporate governance mechanisms and financial performance in China: role of non-governmental organizations." *Asia Pacific Business Review*, Vol. 17, No. 3, 301–324.
- Swayne, L., Duncan., W & Ginter, P. (2008). *Strategic Management of Healthcare Organization*. [sixth ed.]. San Francisco: Jossey--Bass
- Thune, S. S., & House R.J (1970). "Where long range planning pays off" *Business Horizons*, Vol 13, No 4, pp 81-87
- Van Buul, M. (2010), *Successful Strategy Implementation: A job for the internal Auditor?*, Master Thesis, University of Amsterdam, Netherlands
- Viseras, E.M., Baines, T., and Sweeney, M. (2005). „Key success factors when implementing strategic manufacturing initiatives“. *International Journal of Operations & Production Management*, 25, 151-179.
- Wright, P., Smart, D., & McMahan, G. (1995). Matches Between Human Resources and Strategy Among NCAA Basketball Teams. *Academy of Management Journal*, Vol38,(4):1052-1074
- Yang Li (2008), *Making strategy work, a literature review on Factors influencing strategy implementation*, ICA working paper 2/2008, Institute of corporate communication.
- Young, Richard D. (2001). *Perspectives on budgeting: Budgets, reforms, performance-based systems, politics and selected state experiences*. Columbia, SC, University of South Carolina, Institute for Public Service and Policy Research
- Zabojnik, P.F. (2002). *Practice of Effective Decision Making*, 5th Edition, London: Heinman Publishers.

**Appendix 1: Introduction letter**

Loise Ndindi Kamau,  
P.O Box 22,  
Kitui .

Dear respondent,

I am a graduate MBA student at South Eastern Kenya University (S.E.K.U) currently undertaking a research project on ‘**Institutional Factors influencing implementation of strategic plans in Government Hospitals in Kitui Central Sub-county**’.

The purpose of developing this questionnaire is purely academic. I therefore request you to assist by completing the enclosed questionnaire which shall provide data for analysis in order to achieve the objectives of the research. Your responses shall be treated in strict confidence.

Your assistance in facilitating the same will be highly appreciated.

Thank you

-----

Loise N. Kamau

Student

## Appendix 1I- Questionnaire

Instructions: (Please read the instructions given and answer the questions as appropriately as possible). It is advisable you answer or fill in each section as provided. Make an attempt to answer every question fully and correctly.

### Part A: DEMOGRAPHIC INFORMATION

- 1) Age.....
- 2) Sex M [ ] F [ ] (Tick one)
- 3) Designation.....
- 4) For how long have you worked for the Ministry of Health and Sanitation?
  - 1-5 years [ ]
  - 5-10 years [ ]
  - 11-15 years [ ]
  - 16-20 years [ ]
  - 20-25 years [ ]
  - More than 25 [ ]
5. Who are in charge of strategy implementation in your facility/department?
  - Everybody [ ]
  - Special Implementation Unit [ ]
  - External experts [ ]
  - Select management team [ ]
  - Any other (Specify) .....
6. How many employees report to you directly?
  - Less than 10 [ ]
  - 10 – 20 [ ]
  - 21 – 30 [ ]
  - 31 – 40 [ ]
  - 41 – 50 [ ]
  - More than 50 [ ]
7. Indicate the level of Facility/management level that you are working
  - County /Sub County Health Management Team [ ]
  - Level 4 facility [ ]
  - Level 3 facility [ ]

Level facility 2 [ ]

**B: ORGANIZATIONAL STRUCTURE**

8. Do you think organizational structure influences implementation of strategic plans in Government Hospitals?

Yes [ ] No [ ]

9. Indicate the extent to which you think the following organizational structure factors influences the implementation of strategic plans in Government facilities using the following scale

**Strongly Agree=5 Agree=4 Undecided=3 Disagree=2 strongly disagree=1**

	5	4	3	2	1
Sharing of Authority					
Span of control					
Communication –flow of information					
Centralization/decentralization of power					
Co-ordination of activities					
Specialization/lack of specialization of tasks					

**SECTION C: HUMAN RESOURCE**

10. Do you think Human resource factors influences implementation of strategic plans in Government Hospitals?

Yes [ ] No [ ]

11. Indicate the extent to which you think the following Human resource factors influences the implementation of strategic plans in Government facilities using the following scale

**Strongly Agree=5 Agree=4 Undecided=3 Disagree=2 strongly disagree=1**

	5	4	3	2	1
Leadership from the top management					
Adequacy/inadequacy of staff					
Staff empowerment/training to implement strategic plans					
Support from all the staff on implementation of strategic plan					
Human resource practices and policies					
Staff involvement in the development of strategic plans					

**SECTION D: RESOURCE ADEQUACY**

12. Do you think resource adequacy factors influences implementation of strategic plans in Government Hospitals?

Yes  No

13. To what extent do you agree with the following statement about government support to strengthen implementation of strategic plans? (Tick one)

**Strongly Agree=5 Agree=4 Undecided=3 Disagree=2 Strongly Disagree=1**

	5	4	3	2	1
Resources allocated are sufficient to implement strategic plans.					
Resources are always disbursed on time					
There is a lot bureaucracy/red tape involved in receiving financial resource					
Resource allocation is based on actual budgetary requirements					
Staff are well trained on financial management					

**SECTION E: MONITORING AND EVALUATION**

14. Do you think Monitoring and evaluation of strategic plans influences implementation of strategic plans in Government Hospitals?

Yes  No

15. Indicate the extent to which you think the following Monitoring and evaluation factors influences the implementation of strategic plans in Government facilities using the following scale

**Strongly Agree=5 Agree=4 Undecided=3 Disagree=2 Strongly Disagree=1**

	5	4	3	2	1
Availability of structures to monitor and evaluate implementation of strategic plan					
Regular monitoring and evaluation of strategic plans implementation					
Feedback is given after monitoring and evaluation					
There is regular training on monitoring and evaluation of strategic plans					

16. How often is monitoring and evaluation of strategic plans done?

Monthly  Quarterly  Biannually  Annually  Never

**SECTION F: MEASURES OF DEPENDENT VARIABLE**

17. To what extent do you agree or disagree with the following statements relating to implementing of strategic plans in your workplace?

**Strongly Agree=5 Agree=4 Undecided=3 Disagree=2 strongly disagree=1**

	5	4	3	2	1
Organizational structure influences the implementation of strategic plans in hospitals					
Proper utilization of human resources influences the implementation of strategic plans in hospitals					
Adequate financial resources influences implementation of strategic plan in hospitals					
Monitoring and evaluation influences the implementation of strategic plans in hospital					

**THANK YOU!**

## **APPENDIX III**

### **INTERVIEW GUIDE**

1. What is your opinion on the process of strategy implementation in Government Hospitals?
  
  
  
  
  
  
  
  
  
  
2. Does Organizational structure influence implementation of strategic plans in Government Hospitals?
  
  
  
  
  
  
  
  
  
  
3. Do you think human resource factors influence implementation of strategic plans in Government hospitals?
  
  
  
  
  
  
  
  
  
  
4. Does Resource adequacy influence implementation of strategic plans in Government hospitals?
  
  
  
  
  
  
  
  
  
  
5. Does monitoring and evaluation have an influence on the implementation of strategic plans in Government hospitals?





