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Determinants of successful strategy implementation in medium-sized hospitals in Nairobi, Kenya: a case of Bristol Park Hospital.

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DETERMINANTS OF SUCCESSFUL STRATEGY IMPLEMENTATION IN MEDIUM-SIZED HOSPITALS IN NAIROBI, KENYA: A CASE OF BRISTOL PARK HOSPITAL

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MAY 2026

DECLARATION

I declare that the work contained in this project is my original work and has not been presented for a degree in any other university or institution.

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This research project has been submitted for examination with my approval as the university supervisor.

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ABSTRACT

The performance of organizations, including those in the healthcare sector, is determined not only by the quality of strategic plans but also by the effectiveness of their implementation. Despite developing well-crafted strategic plans, many medium-sized hospitals in Kenya face significant challenges in translating plans into action, resulting in implementation gaps that undermine organizational performance. This study sought to assess the determinants of successful strategy implementation in medium-sized private hospitals, with Bristol Park Hospital serving as a case study. Guided by the Dynamic Capability Theory (DCT), Resource-Based View (RBV), and McKinsey 7S Framework, the study pursued three objectives: to examine the impact of organizational alignment on strategy implementation, to investigate the role of internal resources in driving strategic execution, and to assess the influence of organizational structure and decision-making processes on implementation outcomes. A qualitative case study design was adopted, and purposive sampling was used to recruit 20 management personnel out of a total of 69 at Bristol Park Hospital. Data were collected through semi-structured key informant interviews, transcribed verbatim, coded, and analyzed thematically with the aid of NVivo software. Interviews revealed that the majority of respondents felt that successful strategy implementation requires aligning strategic objectives with the organization's mission, vision, culture, and shared values, supported by effective communication channels. Respondents highlighted that internal resources, particularly human capital, financial allocations, and technological capacity, are critical enablers of execution, with targeted staff training and external partnerships helping to mitigate resource constraints. The hospital's organizational structure was generally seen as facilitating communication and accountability, although respondents noted a need for greater decentralization in decision-making to enhance responsiveness. Additionally, while the Balanced Scorecard framework was widely used, respondents indicated that it requires customization to better suit the hospital's operational realities. Overall, the study suggests that strategy implementation success in medium-sized private hospitals depends on a holistic approach that integrates organizational alignment, optimizes internal resource utilization, and adapts strategic frameworks to contextual realities. Respondents recommended strengthening communication systems, conducting regular strategy review meetings, investing in targeted capacity-building programs, and refining strategic frameworks such as the Balanced Scorecard to improve adaptability and comprehensiveness.

Keywords: *Strategy Implementation, Organisational Alignment, Internal Resources, Organisational Structure, Balanced Scorecard, McKinsey 7S, Resource-Based View, Dynamic Capability Theory, Medium-Sized Private Hospitals, Kenya*

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TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

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DEDICATION

To my beloved husband, Mike Mutua; my children, Amy, Thandiwe, and Jabulani; and my family and friends, whose unwavering encouragement, sacrifices, unconditional love and moral support made this achievement possible.

With sincere respect, I also dedicate this work to Prof. Joseph Onyango, the faculty and staff of Strathmore Business School, and all those who work to strengthen organisational alignment, accountability, and patient outcomes in Kenya's hospitals.

DEFINITION OF TERMS

Organisational culture – Refers to the values, prospects, and abilities that employees possess within the corporation (Aboramadan et al., 2019).

Organisational resources – Include attributes such as organisational knowledge, procedures, capabilities, and talents, that a business fully controls (Hartani et al., 2021).

Organisational structure - a framework that specifies how certain actions flow within an organisation in order to meet an organisation's objectives (Ginter et al., 2022).

Strategy formulation- the process of designing an organisation's direction and creating a plan to achieve its long-term goals and objectives (Ginter et al., 2022).

Strategy implementation - A process of translating strategic plans into actions and results to attain the desired goals (Mwatsuma et al., 2017).

ABBREVIATIONS AND ACRONYMS

BSC: Balanced Scorecard

HR: Human Resource

MOH: Ministry of Health

NGOs: Non-Governmental Organisations

RBV: Resource-Based View

DCT: Dynamic Capability Theory

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

This Chapter introduces the study. Section 1.1 explains the background of the study in which the concept of strategy implementation and its specific determinants are explained. Section 1.2 introduces the problem statement relevant to the study context after which the research objectives, research questions, scope and significance of the study are explained respectively.

The success of organizations, irrespective of sector, depends heavily on the effectiveness of strategy implementation. In today's dynamic environment, developing and reviewing strategy is seen as a critical advantage for assessing organizational performance and competitiveness. However, achieving strategic success requires translating strategic intent into concrete actions, a process referred to as strategy realization (Nyungu & Wainaina, 2024). Strategy implementation is primarily an administrative and operational effort that involves translating plans into decisions and actions, coordinating resources, aligning organizational structures, and engaging multiple stakeholders to ensure that strategic objectives are achieved (Mailu et al., 2018). It also involves continuous monitoring, evaluation, and timely adjustments to keep the strategy on course (Kariithi & Ragui, 2018).

Despite its importance, many organizations struggle to bridge the gap between strategy formulation and execution. Most firms, including those in the healthcare sector, understand what is required for success but face challenges in converting strategy into actionable plans that can be successfully implemented and sustained. Evidence indicates that while 80% of organizations have well-developed strategies, only 30% achieve their strategic objectives, resulting in significant organizational underperformance (Candido & Santos, 2019). Globally, research shows that nearly 67% of strategies fail due to poor execution rather than poor formulation (Carucci, 2017). McKinsey (2023) reports that organizations that excel at strategy execution outperform peers by as much as 70% in financial results. In healthcare specifically, the World Health Organization (WHO, 2022) estimates that 20-40% of health resources are wasted due to inefficiencies in planning, coordination, and execution, underscoring the urgency of addressing implementation gaps.

While these challenges affect healthcare institutions broadly, they are not experienced uniformly across all hospital categories. Large referral hospitals often benefit from stronger financial backing, specialized management structures, and policy prioritization, while small clinics operate with limited service scope and informal management systems (Candido & Santos, 2019). Medium-sized hospitals, however, occupy a distinct middle position, characterized by moderate service complexity, lean managerial structures, constrained financial capacity, and intense competitive pressure (Carucci, 2017). These conditions create unique strategy implementation challenges that are often masked when healthcare institutions are treated as a homogeneous group in empirical research.

Across Africa, the challenge is exacerbated by systemic constraints such as limited budgets, workforce shortages, and weak institutional capacity. The African Development Bank (2022) indicates that over 50% of African countries struggle to fully execute national health strategies. The Africa Health Strategy (2023-2030) projects that closing these execution gaps could reduce preventable deaths by up to 30% continent-wide. Studies from Nigeria and South Africa reveal that poor leadership commitment, inadequate stakeholder engagement, and resource misallocation are common drivers of failed health sector strategies (Adeleke et al., 2021; Muthathi et al., 2022). For medium-sized hospitals, these constraints are often more pronounced due to limited access to government subsidies and donor funding, increasing their vulnerability to implementation failure.

Kenya's health sector mirrors these global and regional challenges. Under the Kenya Health Policy 2014-2030 and the Universal Health Coverage (UHC) agenda, several strategic plans have been developed, yet implementation remains sub-optimal. According to the Ministry of Health (2023), only 55% of health sector strategic targets were met in the previous cycle, with shortfalls attributed to funding gaps, intergovernmental coordination challenges, and human resource constraints. Empirical studies corroborate these findings: Abok (2016) found that organizational structure, leadership commitment, resources, and culture significantly influence execution success in NGOs, while Alali (2015) and Warui et al. (2015) emphasized the critical role of executive commitment, communication, and resource allocation in public and faith-based health organizations.

Similar challenges are evident in Kenya's private healthcare sector. Mwangi and Kihara (2021) reported that management commitment and organizational culture positively and significantly influence hospital performance. Ooko (2015), studying Aga Khan University Hospital, found that

despite attempts to implement strategies, challenges such as resource constraints, stakeholder alignment, and coordination mechanisms hinder execution. Importantly, Maina and Njuguna (2016) observed that medium-sized private hospitals face distinct strategy implementation barriers arising from competitive positioning, limited financial capacity, and the need to balance profitability with quality care. These findings highlight the need for focused empirical studies that isolate the specific dynamics of strategy implementation within medium-sized hospitals.

Scholarly work highlights several determinants of successful strategy implementation that are relevant across these contexts. Leadership and management commitment are critical: organizations with leaders who fail to engage employees experience a 40% higher failure rate in strategic initiatives (Smith et al., 2024). Organizational alignment, which involves ensuring that structures, systems, staff, skills, and shared values work cohesively, increases implementation success rates by up to three times (Masfi & Sukartini, 2022; Hartani et al., 2021). Adequate resource allocation and utilization are equally vital, as misallocation of financial or human resources can derail even well-designed strategies (Chen & Williams, 2023). Organizational culture and effective change management reduce internal resistance, which accounts for up to 65% of failed initiatives (Jones & Patel, 2022). Finally, continuous monitoring and feedback enable timely adjustments and responsiveness to dynamic challenges (Kariithi & Ragui, 2018).

Traditionally, strategy models have emphasized the importance of resources and planning in achieving strategic goals. However, this approach is less suited to the healthcare industry, where policy shifts, evolving patient needs, and technological changes occur frequently. The Dynamic Capabilities Theory (DCT), proposed by Teece, Pisano, and Shuen (1997), which focuses on an organization's ability to integrate, build, and reconfigure internal and external competences to address shifting environments, provides a more appropriate lens for examining strategy implementation in hospitals. Dynamic capabilities involve three core processes: sensing opportunities and threats, seizing them by mobilizing resources, and reconfiguring organizational assets to maintain strategic fit (Teece, 2014).

In this study, DCT served as the primary theoretical foundation, guiding the examination of how medium-sized hospitals adapt internal structures, align resources, and respond to environmental changes during strategy implementation. The Resource-Based View (RBV) complements DCT by informing the assessment of internal resources, such as human capital, financial capacity, and

technology that support strategic initiatives (Barney, 1991). In addition, the McKinsey 7S Framework is applied as an operational diagnostic tool to assess organizational alignment, particularly the consistency between strategy, structure, systems, staff, skills, style, and shared values. These frameworks are therefore used in a complementary manner, with DCT providing the overarching analytical lens and RBV and McKinsey 7S supporting the operationalization of key study variables.

Organizational alignment, internal resources, and structure are central to the principles of dynamic capabilities. Alignment ensures that strategic goals are supported by shared values, culture, and systems, which enhances the ability to seize opportunities (Peters & Waterman, 1982). Internal resources such as skilled personnel, financial capital, and technology only create value when they are effectively reconfigured to meet emerging needs (Barney, 1991; Teece, 2014). Likewise, flexible organizational structures enable hospitals to adapt quickly, reducing rigidities that often hinder implementation (Burns & Stalker, 1961). By identifying the factors that hinder strategy implementation and proposing a suitable framework, this study draws on DCT to emphasize the importance of adaptability and continuous learning in medium-sized hospitals.

1.1.1 Determinants of Strategy Implementation

The success of strategy implementation in many healthcare institutions is shaped by several factors such as organizational alignment, internal resources, and organizational structure. Organizational alignment is a critical determinant because it ensures that strategic objectives are cascaded to all levels of the hospital, creating a shared understanding of goals and a coordinated effort towards achieving them. When alignment is poor, inefficiencies, duplication of efforts, and inconsistent priorities often arise, leading to delayed or failed execution of strategic plans (Hrebiniak, 2016). McKinsey (2023) highlights that organizations with strong alignment between strategy, processes, and employee engagement are 70% more likely to achieve their strategic goals compared to misaligned organizations. In healthcare settings, alignment is particularly challenging because hospitals must coordinate diverse professional groups, including physicians, nurses, administrators, and support staff, while balancing clinical priorities with financial and operational objectives (Sony, 2023). This makes communication, leadership commitment, and staff engagement central to achieving organizational alignment.

The availability and effective use of internal resources also play a pivotal role in determining strategy implementation outcomes. Internal resources include financial capital, skilled human resources, and technological capacity, all of which are necessary to support planned initiatives. Resource inadequacy is among the most cited reasons for failed strategy execution, with Mwangi and Kihara (2021) noting that private hospitals in Nairobi often struggle to allocate sufficient funds to strategy-related projects without compromising ongoing service delivery. Jun and Noh (2023) argue that medium-sized hospitals face unique constraints because they must compete with larger hospitals for talent and technology while operating under tighter budgets. Gede and Huluka (2023) further emphasize that organizations that effectively leverage and deploy their internal resources experience 30% higher success rates in strategy execution compared to those focusing primarily on external partnerships. This suggests that strategic allocation of available financial and human resources is crucial for achieving desired outcomes.

Equally important is organizational structure, which establishes the formal reporting relationships, decision-making authority, and communication channels within the hospital. A rigid or overly centralized structure can slow down decision-making, reduce flexibility, and create bottlenecks that delay implementation (Masfi & Sukartini, 2022). Conversely, a flexible and well-designed structure enhances coordination and accountability, enabling the timely execution of strategies. Hartani et al. (2021) found that organizations with structures that support cross-functional collaboration are three times more likely to meet their strategic objectives than those with siloed or hierarchical structures. For healthcare institutions, this flexibility is especially important because they must respond quickly to patient needs, regulatory changes, and market competition (Hartani et al., 2021). A structure that balances decentralized decision-making with strong oversight mechanisms can improve responsiveness and ensure that strategic initiatives are executed effectively. If any one of these factors is weak, the hospital risks delays, cost overruns, or outright failure in delivering on its strategic objectives. This study, therefore, focused on these three determinants to assess how they collectively influence the hospital's ability to translate its strategy into measurable improvements in performance, patient outcomes, and long-term sustainability.

1.1.2. Health Sector in Kenya

Healthcare organisations in Kenya operate within a complex and challenging environment, often defined by limited resources, increasing competition, evolving regulatory requirements, and growing patient expectations (Gioko & Njuguna, 2019; Masaba et al., 2020). The majority of services are delivered by the public sector, mainly through the Ministry of Health (MOH), but it is often supplemented by donor funding (Masaba et al., 2020). However, the public healthcare system often struggles to meet the population's needs, creating opportunities for private healthcare providers to fill service gaps. Medium-sized private hospitals have emerged as important players in Kenya's healthcare landscape, but they face significant challenges in strategy implementation that threaten their sustainability and effectiveness (Gioko & Njuguna, 2019).

1.1.3. Bristol Park Hospital

Bristol Park Hospital, a medium-sized private hospital located in Nairobi, operates in a highly competitive environment while striving to implement strategic initiatives that promote sustainable growth and improved patient outcomes. Operating five branches, including three Level IV facilities, the hospital exhibits characteristics that are typical of medium-sized private hospitals in Kenya, including moderate service complexity, reliance on internally generated revenues, and a lean managerial structure (Bristol Park Hospital, 2025).

Unlike large referral hospitals that benefit from substantial financial and institutional support, and small clinics with limited-service scope, Bristol Park Hospital occupies a strategic middle position where competitive pressure, regulatory compliance, and resource constraints intersect. These characteristics closely mirror those documented among other medium-sized private hospitals in Kenya (Maina & Njuguna, 2016; Mwangi & Kihara, 2021).

The hospital faces strategy implementation challenges common to similar institutions, including resource constraints, coordination difficulties, regulatory compliance requirements, and the need to continuously improve service quality while maintaining financial sustainability (Bristol Park Hospital, 2025; Greenhalgh & Papoutsi, 2018). Bristol Park Hospital is strategically distinctive due to its multi-branch operating model, lean managerial structure, and hybrid positioning that balances affordability with quality care. Unlike many medium-sized hospitals that operate as single facilities, managing multiple branches increases coordination and alignment demands during strategy implementation (Greenhalgh & Papoutsi, 2018). The hospital's reliance on internally

generated revenues further heightens the need for effective resource prioritization, particularly within Nairobi's competitive and highly regulated healthcare environment, making it a suitable case for examining strategy implementation challenges in medium-sized hospitals.

As such, Bristol Park Hospital provides an information-rich case through which the determinants of strategy implementation can be examined. The findings of this study are intended to achieve analytical generalization, offering insights applicable to comparable medium-sized private hospitals in Kenya and other developing countries rather than statistical generalization across the entire healthcare sector.

1.2. Problem Statement

In the context of increasing global economic uncertainty, rising healthcare costs, and constrained financial resources, effective organizational strategy execution has become more critical than ever. Globally, healthcare organizations are under mounting pressure to deliver high-quality services, maintain financial sustainability, and respond to rapidly changing regulatory, technological, and competitive environments (Porter & Lee, 2013; WHO, 2020). In such contexts, strategy serves as a critical managerial tool for aligning limited resources with organizational goals, improving efficiency, and sustaining competitive advantage (Johnson, Scholes, & Whittington, 2017; Grant, 2019). However, the ability of organizations to successfully execute formulated strategies remains a persistent challenge.

Empirical evidence consistently demonstrates a significant gap between strategy formulation and implementation across sectors, including healthcare. While many organizations invest substantial effort in developing robust strategic plans, far fewer achieve the intended outcomes. Studies suggest that nearly 70-80% of organizations fail to fully realize their strategic objectives due to implementation challenges (Kaplan & Norton, 2008; Candido & Santos, 2019). In the healthcare sector, this disconnect has been associated with inefficient resource utilization, operational inefficiencies, missed growth opportunities, and compromised quality of patient care (Eresia-Eke & Soriakumar, 2021; Al Khajeh, 2018). Consequently, strategy implementation rather than formulation has emerged as the principal determinant of organizational performance.

The challenge of strategy execution is particularly pronounced in developing economies, where healthcare systems operate under severe resource constraints and institutional complexities. In Kenya, medium-sized private hospitals face intense competition, regulatory pressures, skilled

labour shortages, and fluctuating operating costs, all of which complicate strategy implementation efforts (Gioko & Njuguna, 2019; Mwatsuma et al., 2017). Prior studies indicate that despite having formal strategic plans, many private hospitals struggle with weak internal coordination, inadequate resource alignment, leadership instability, and poor monitoring mechanisms, resulting in slow or incomplete implementation of strategic initiatives (Ahmed, 2017; Ooko, 2015; Nyungu & Wainaina, 2024).

At the organizational level, hospitals such as Bristol Park Hospital exemplify these challenges. Although medium-sized private hospitals often adopt strategic plans aimed at improving service delivery, expanding market reach, and enhancing financial sustainability, translating these plans into consistent action and measurable outcomes remains a persistent managerial concern (Alali, 2015; Gioko & Njuguna, 2019). These implementation gaps manifest through delays in achieving strategic targets, partial adoption of strategic initiatives, and misalignment between organizational resources, structures, and strategic priorities. Over time, such gaps threaten operational efficiency, service quality, and long-term organizational viability (Hrebiniak, 2013; Okumus, 2003).

While existing studies in Kenya have examined strategy implementation within healthcare organizations, much of the empirical focus has been placed on large hospital networks or small clinics, leaving medium-sized private hospitals under-researched (Gioko & Njuguna, 2019; Mwatsuma et al., 2017; Nyungu & Wainaina, 2024). Moreover, available studies tend to emphasize isolated factors such as organizational culture (Munyi, 2023; Munyi & Muthimi, 2022) or external environmental influences (Muthai, 2018), with limited attention to the combined role of internal organizational alignment, managerial capabilities, and strategic resources. This fragmented approach has resulted in an incomplete understanding of the determinants of successful strategy implementation within the medium-sized hospital context in Kenya.

Therefore, a clear empirical gap exists regarding the key organizational and strategic factors that influence strategy implementation success in medium-sized private hospitals in Kenya. This study sought to address this gap by investigating the determinants of strategy implementation success using Bristol Park Hospital as a case study. By examining how internal resources, organizational alignment, and managerial processes interact to influence strategy execution, the study contributes

to both theory and practice by offering context-specific insights that can enhance strategy implementation effectiveness within Kenya's healthcare sector.

1.3. Objectives

1.3.1. General Objective

The study's main objective was to assess the determinants of strategy implementation success in Bristol Park Hospital, Nairobi, Kenya.

1.3.2. Specific Objectives

i. To examine the role of organisational alignment in strategy implementation at Bristol Park Hospital, Nairobi Kenya.
ii. To explore how internal resources contribute to strategy implementation success at Bristol Park Hospital, Kenya.
iii. To examine how organisational structure influences strategy implementation success at Bristol Park Hospital, Kenya.
iv. To examine the factors that hinder strategy implementation success at Bristol Park Hospital.
v. To propose the adoption of an existing strategic framework for enhancing strategy implementation in medium-sized hospitals.

1.4. Research Questions

i. How does organisational alignment affect strategy implementation at Bristol Park Hospital?
ii. How do internal resources contribute to the success of strategy implementation success?
iii. What role does organisational structure play in strategy implementation success at Bristol at Bristol Park Hospital
iv. What factors hinder the success of strategy implementation at Bristol Park Hospital?
v. Which existing strategic framework can be adopted to effectively enhance the implementation of strategies in medium-sized hospitals?

1.5. Significance of the Study

This study bears immense significance to healthcare policy, practice, and theory. From a policy viewpoint, the study shared insights into the unique challenges that apply to medium-sized private hospitals in executing strategies, which can play a key role in informing policy decisions that support these vital healthcare providers. Policymakers can also utilise the insights gained from this study to create more effective models for supporting strategy implementation in private healthcare institutions, potentially contributing to positive improvement in healthcare service delivery. The proposed strategic framework can guide policy development for supporting hospital management practices.

The study findings will also be of significance to the healthcare practice, providing valuable guidance to healthcare administrators in medium-sized hospitals on how to improve strategic execution capabilities. Hospital leaders will gain insights into the specific organisational alignment features and resource utilisation approaches that influence implementation success, supporting them in the design of more effective implementation processes. The findings will also be valuable to hospital managers, enabling them to recognise potential implementation barriers before they arise and create relevant mitigation strategies, and in the end, improve organisational performance and patient care outcomes. Healthcare professionals will also benefit from understanding how their roles contribute to strategy implementation, potentially increasing engagement and ownership of strategic initiatives.

The study findings also contribute to the theory by addressing the substantial gaps in existing literature concerning strategy execution in medium-sized hospitals within emerging markets. The findings contribute to the existing literature on strategy implementation in healthcare organisations by providing empirical evidence from a medium-sized private hospital in a further developing country context. The application of dynamic capability theory in the context of strategy implementation in Kenyan private hospitals will improve the understanding of how such a theoretical framework operates in non-Western healthcare contexts. The findings also contribute to theoretical advancement with regard to the context-specific factors that influence strategy implementation outcomes, which can benefit researchers in strategic management and healthcare administration.

1.6. Scope of the Study

Contextually, this study was confined to Bristol Park Hospital, a medium-sized private hospital headquartered in Nairobi, Kenya, with five branches, including three Level IV facilities. While the use of a single case study limits statistical generalizability, the study adopts an analytical generalization approach, whereby findings are transferable to similar organizational contexts rather than populations. Bristol Park Hospital was selected because its multi-branch structure, medium scale, and private ownership reflect operational characteristics common to many medium-sized hospitals in Kenya.

The qualitative approach, using in-depth interviews with management staff across all five branches, enabled an in-depth examination of organizational processes that influence strategy implementation. By focusing on organizational alignment, resource utilization, and organizational structure, guided by the McKinsey 7S Framework, the Resource-Based View, and Dynamic Capability Theory,the study generates contextually rich insights that can inform strategy implementation practices in other medium-sized private hospitals facing comparable resource constraints, competitive pressures, and regulatory environments within Kenya and similar emerging economies.

1.7. Chapter Summary

This chapter has laid the groundwork for the study by diving into the research topic and emphasising its significance, especially for medium-sized hospitals in Kenya. The background underlined how crucial it is to implement strategies effectively for an organisation to thrive, while also pointing out the unique challenges healthcare organisations face when trying to turn strategic plans into reality. The problem statement has brought to light some major gaps in our understanding of strategy implementation in these hospitals, revealing issues that are conceptual and contextual in nature. The chapter has also outlined both the general and specific objectives that will steer the current study. The study will focus specifically on the role of organisational alignment, internal resources, and organisational structure in influencing the success of strategy implementation, as well as factors that hinder the success of strategy implementation. The chapter has also highlighted the study's significance, with potential application to policymakers, healthcare practice, and theory. Finally, the chapter has defined the scope of the study, setting clear boundaries and focus for the study. The next chapter will dive into a thorough review of the relevant literature

and theoretical frameworks that will help better understand strategy implementation in healthcare organisations, especially in the context of Kenyan medium-sized hospitals.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter provides an in-depth analysis of existing literature focused on strategy implementation while focusing on the elements that deter the achievement of strategy implementation in the healthcare sector. The review is subject to recently peer-reviewed studies published within the last ten years (2015-2024) to ensure the applicability and timeliness of the sources. The review is designed to focus on the healthcare sector, but given the scarcity of this research in medium-sized private hospitals in emerging markets such as Kenya, the review synthesises relevant findings from various contexts while drawing conclusions on their applicability to the Kenyan healthcare environment. The literature review is organised into a theoretical review, an empirical review, an overview of research gaps, and the conceptual framework.

2.2. Theoretical Review

Theoretical models play a crucial role in showing the researcher how to outline phenomena, create connections, and form predictions. The theoretical models show the level to which the researcher comprehends the models and theories related to approaches applicable to the research questions (Pope, C & Mays, 2020). This study will solely focus on the theoretical aspects related to strategy implementation. The research will be based on three theories: the RBV theory, Dynamic Capability Theory, and the McKinsey 7S theory.

2.2.1. Resource-Based View

The resource-based view (RBV) model, as proposed by Penrose (2009), but later improved and developed by Barney, stresses the significance of an organisation's individual resources and capacities in attaining competitive advantage (Sugiono, 2018). According to this model, an organisation's resources and capabilities, such as human talent, technology, and knowledge, provide the foundation for creating and sustaining a competitive advantage (Barney, 2021). In other words, these resources must be aligned with its strategy for sustained competitive advantage. An organisation's ability to achieve sustainable competitive advantage hinges on its wealth in terms of internal resources and capabilities. The RBV perspective of strategic management also suggests that every company/institution strives to optimise the value of its resources to reinforce

its effectiveness in service delivery (Barney, 2021). This aligns with the model's position that resources must be valuable, rare, inimitable, and non-substitutable for them to offer a sustainable competitive advantage to the organisation. While resources are always limited, they contribute significantly to the organisation's long-term success. The success of an organisation hinges on its capability to allocate its resources wisely.

The primary tenet of the RBV, according to Furr and Eisenhardt (2021), is that an organisation is a collection of information and competencies that add immense value to the success factor of the enterprises. Freeman et al. (2021) contented that efficient utilisation of these resources enhances the organisation's ability to develop capacities that lead to unchallenged performance. The resources generate abilities based on the effectiveness of resource management. In other words, Furr and Eisenhardt (2021) asserted that the ability of the organisation to achieve a competitive advantage depends on its ability to rationalize, manage, and fully exploit resources in a manner that contributes to sustainable competitive advantage.

RBVs perspective has evolved to incorporate a focus on creating a better understanding of competitive advantage through the improvement of organisational resources. As per Barney et al.'s (2021) assertions, the organization's competitiveness depends on its specific resources and capabilities that another firm cannot duplicate. Such abilities are characterized by elements such as rarity, effectiveness, efficiency, imperfect imitability, and non-sustainability. To this effect, firms strive to employ the most cost-effective abilities to ensure the effective utilisation of resources and abilities to generate competitive advantage (Collins, 2021). This perspective contributes to the examination of healthcare organizations' capabilities and resources to establish a link between these factors and strategy implementation.

The merit of the RBV framework is that it offers a clear framework for understanding how unique organizational resources can create sustained competitive advantage, making it highly applicable to resource-constrained settings like medium-sized hospitals (Collins, 2021). It also encourages managers to focus on strengthening internal competencies, which is critical for long-term sustainability. However, critics argue that RBV assumes resources remain static, which may not hold true in dynamic environments where technological and regulatory changes can quickly erode a resource's value (Priem & Butler, 2001). Furthermore, the model is less prescriptive about how

resources should be developed or reconfigured when facing external turbulence, limiting its usefulness in highly volatile sectors like healthcare.

In medium-sized hospitals, the successful execution of strategy relies on the capability of the hospital to optimise its limited resources toward external demands and internal goals. Such resources are usually termed valuable, non-substitutable, cannot be imitated, and rare, including physical infrastructure, human capital, technological capabilities, and organisational knowledge (Sugiono, 2018). The theory of RBV is widely accepted in private-sector organisations, especially for the very fact that it aids organisations in sustaining themselves or thriving in turbulent environments (Kosiol et al., 2023). In recent times, studies have found that hospitals using their internal resources effectively in line with RBV principles score a 30% higher performance indicator in strategy implementation than those basing their strategy on external factors (Upadhyay et al., 2020). This finding demonstrates the significance of resource utilisation in strategy implementation within healthcare organisations.

The RBV theory is valuable to the current study as it offers a framework for investigating how medium-sized hospitals utilise their internal resources to execute strategic initiatives and accomplish competitive advantage. Its focus on the strategic value of internal resources and capabilities providing insights into how organisations can leverage their unique resource configurations to enhance strategy implementation success. For a hospital, such resources include highly skilled medical personnel, technological infrastructure, and financial capital. Assessing how these resources contribute to implementation success at Bristol Park Hospital allows the study to determine whether the hospital's resource base provides a sustainable platform for achieving strategic objectives.

2.2.2. Dynamic Capability Theory

Dynamic Capabilities Theory (DCT), introduced by Teece, Pisano, and Shuen (1997), builds on the limitations of the Resource-Based View. This theory posits that organisations must adapt their strategies to remain competitive in rapidly changing environments thereby emphasizing an organization's ability to integrate, build, and reconfigure internal and external competencies to adapt to rapidly changing environments (Teece, 2018). Such capabilities ensure that the

organisation can respond to market fluctuations, including regulatory requirements and technological advancements.

The theory argues that organisations need to build three categories of capabilities in an attempt to attain and maintain competitive advantage: sensing capabilities (perceiving opportunities and threats), seizing capabilities (marshalling resources to take advantage of opportunities and fend off threats), and transforming capabilities (ongoing renewal and reconfiguration of resources and capabilities) (Teece, 2018; Schoemaker et al., 2018). These capabilities are especially applicable in the healthcare industry, where organisations are required to incessantly transform to meet evolving patient demands, regulatory demands, technology changes, and competitive pressures.

Despite its broad applicability, the DCT has received some critique in literature. Wenzel et al. (2021) argue that while dynamic capabilities are important, they may not always lead to superior performance, especially in industries where capabilities are easily replicated. In healthcare, where operational models often follow regulatory standards, this may limit the distinctiveness of dynamic capabilities across institutions. Abrantes et al. (2022) further critique the theory's ambiguity, suggesting that it lacks clarity on the mechanisms through which capabilities are developed and deployed, making empirical testing difficult. Additionally, Mansouri et al. (2022) questions the theory's predictive power, noting that many studies fail to establish a clear causal relationship between dynamic capabilities and performance outcomes. These critiques suggest that while DCT provides a useful lens, it must be applied with caution and complemented with contextual insights.

Nonetheless, the relevance of Dynamic Capabilities Theory to this research is significant in that dynamic capabilities play a critical role in the execution of strategy in medium-sized healthcare facilities in Nairobi, like Bristol Park Hospital. In addition, the Dynamic Capabilities Theory (DCT) assesses the role of organisational alignment in strategy implementation as emphasizes the ability of organisations to sense opportunities and threats, seize them through coordinated action, and reconfigure their resources and processes in alignment with strategic goals (Teece, Pisano, & Shuen, 1997). Organisational alignment reflects the extent to which mission, vision, values, and operations are harmonized with strategy. In the context of Bristol Park Hospital, which operate in complex, dynamic environments, alignment ensures that strategy implementation is not hindered by conflicting systems or cultures but instead supported by adaptive capabilities that strengthen responsiveness to change, where adaptability, leadership responsiveness, effective

communication, and strategic resource use are key to achieving implementation success as it enables the organisation to reconfigure its processes and resources in line with strategic objectives. This is echoed by Rosenbäck and Eriksson (2024), who argued that healthcare organisations with highly developed dynamic capabilities are more responsive in taking strategic action and are poised to achieve sustainable competitive advantage.

By anchoring the study on DCT, the research was able to assess not just whether these elements exist within the hospital, but how effectively they are reconfigured to support strategy execution. The theory provided a practical basis for examining how hospitals like Bristol Park could build and leverage internal capabilities such as flexible organizational structures, empowered leadership, and well-coordinated systems to overcome barriers to strategy implementation.

This view supports the strategic management theory that invokes organisations to create abilities that help them adjust and reconfigure their resources according to the demands of the external environment (Loureiro et al., 2023). Bristol Park's ability to sense new opportunities, seize these opportunities through resource mobilisation, and transform organisational structures and processes accordingly can improve the success of strategy implementation.

2.2.3. McKinsey 7s Theory

The McKinsey 7s framework stresses the interdependency of the seven key organisational dimensions: strategy, skills, structure, staff, systems, style, and shared values (Masfi & Sukartini, 2022). "Strategy" means what an organisation plans to do for competitive advantage and organisational goals. "Structure" is the hierarchy and reporting relationships in the organisation. "Systems" encompass both the formal and informal procedures that carry on day-to-day work. Shared Values (or Superordinate Goals) define basic values and the organisational culture in which employee behaviour is performed. Style is the mechanism by which leaders lead and inquire about the culture of the organisation. Staff refers to human resources and their attributes, while Skills mean the abilities and capabilities of an organisation and its personnel.

The model proposes that all these elements should ensure strong compatibility with the proposed strategy, effectively making the relativity of one with another an essential variable in the successful

implementation of a strategy. (Chmielewska et al., 2022). Misalignment among these elements can lead to implementation challenges and underperformance (Chmielewska et al., 2022; Perveen & Habib, 2017). The adaptability makes this model particularly suitable for analysing strategy implementation for medium-sized hospitals such as Bristol Park Hospital, where alignment across the seven elements could influence strategy implementation success.

The key advantage of the McKinsey 7S model lies in its holistic approach, which accounts for both tangible (hard) and intangible (soft) organizational dimensions. This makes it highly suitable for healthcare, where culture, staff engagement, and leadership style are as critical as formal structures and systems (Chmielewska et al., 2022). On the downside, the model does not provide clear guidance on which of the seven elements should be prioritized in times of resource scarcity, making implementation complex for managers in resource-constrained environments. Additionally, its qualitative nature can make empirical testing challenging, limiting its predictive accuracy (Chmielewska et al., 2022).

Research has demonstrated how the McKinsey 7S model is critical in healthcare settings. Chmielewska et al. (2022) in a cross-sectional study indicated that successful healthcare facilities achieved alignment across these seven elements. The emphasis on soft elements, which correspond to skills, staff, style, and shared values, and hard elements of systems, structure, and strategy, makes the framework most applicable for healthcare organisations where technical proficiency and human factors are tremendously important. In another study by Sukartini et al. (2020), the relevance of the 7S model in healthcare was emphasised as it can contribute towards strong strategy development in dynamic challenges like cybersecurity. Equally, Perveen and Habib (2017) in their cross-sectional study showed that the integration of the 7S framework is critical to centralising systems and resources in public health, leading to better infection control mechanisms.

The McKinsey 7S Framework, therefore, provides a relevant lens for understanding how structure, directly affects how strategies are executed within organisations (Peters & Waterman, 1982). A rigid or misaligned structure can delay decision-making and weaken implementation, while a flexible and well-coordinated structure promotes efficiency and accountability. At Bristol Park Hospital, this objective evaluates whether the organisational structure is aligned with systems, skills, and staff in a way that supports strategy implementation.

2.2.4. Relevance of Theoretical Models to The Study

The Resource-Based View, Dynamic Capability Theory, and the McKinsey 7S Framework provide the analytical foundation for interpreting the study findings rather than guiding the data collection process. Each theory is applied during the findings and discussion chapters to explain different but interrelated dimensions of strategy implementation in medium-sized hospitals. The Resource-Based View was used to interpret findings related to internal resource availability, allocation, and utilization, particularly financial resources, human capital, and technological infrastructure. Through the RBV lens, the study explains how constraints or strengths in internal resources affect the hospital's ability to implement strategic initiatives effectively.

Dynamic Capability Theory was applied to interpret findings on organizational adaptability, including leadership responsiveness, coordination, and the hospital's ability to respond to regulatory, technological, and market changes. The theory provides insight into how Bristol Park Hospital senses challenges and opportunities, mobilizes resources, and reconfigures processes to support strategy execution in a dynamic healthcare environment. The McKinsey 7S Framework is employed to analyze findings related to organizational alignment, particularly the consistency between strategy, structure, systems, leadership style, staff capabilities, and shared values. The framework enables identification of misalignments that hinder strategy implementation, even where resources and strategic intent are present.

The three theories were integrated in the discussion chapter to explain why certain strategy implementation outcomes occur and to identify the structural, resource-based, and adaptive factors that either facilitate or constrain execution. This integrated theoretical application also informs the development of a proposed framework aimed at improving strategy implementation in medium-sized private hospitals in Kenya.

2.3. Empirical Review

This section explores the earlier research related to strategy implementation, focusing on the empirical literature exploring how an organisation's alignment, internal resources, and organisational structure influence the success of strategy implementation. The review also investigates factors that hamper strategy implementation in the healthcare sector, with more

emphasis on healthcare organisations. The empirical review is structured in line with the research objectives to provide a clear connection between existing research and the aims of this study.

2.3.1. Organisational Alignment and Strategy Implementation

Organizational alignment refers to the extent to which an organization's strategy, structure, systems, culture, and resources are mutually reinforcing and directed toward common strategic objectives (Gede & Huluka, 2023; Ahmed, 2017). In the context of strategy implementation, alignment ensures that organizational members share a coherent understanding of strategic priorities and that internal processes support, rather than hinder, execution. Empirical literature widely acknowledges organizational alignment as a critical determinant of successful strategy implementation, though the nature, scope, and depth of this relationship vary across contexts and methodologies.

At the global level, empirical evidence largely supports a positive relationship between organizational alignment and strategy implementation outcomes. Hartani et al. (2021), using a cross-sectional survey design among manufacturing firms, found that organizations exhibiting high alignment across McKinsey's 7S elements were significantly more likely to achieve successful strategy execution. Their findings highlight the synergistic effect of aligning shared values, structure, and systems with strategic intent. However, while methodologically robust in terms of sample size and statistical analysis, the study is limited by its manufacturing-sector focus and reliance on perceptual survey data, which constrains its applicability to service-oriented and highly professionalized sectors such as healthcare.

Similarly, McCardle et al. (2019) employed a quantitative approach to examine the relationship between organizational alignment, leadership style, and performance outcomes. Their findings suggest that alignment between organizational culture, power distance, and leadership behavior facilitates quicker decision-making and smoother resource mobilization during implementation. While this study contributes valuable insights into the behavioral dimensions of alignment, its methodological reliance on standardized questionnaires limits the exploration of how alignment is constructed, interpreted, and sustained over time within organizations. Moreover, the study does not sufficiently account for sectoral differences, particularly in healthcare environments where professional autonomy and clinical hierarchies complicate alignment processes.

In healthcare-specific contexts, Ali (2023) conducted a cross-sectional study of private hospitals and found that internally aligned hospitals demonstrated higher strategy implementation success. The study identified communication clarity, leadership support, and organizational agility as key alignment mechanisms. Although this work is contextually closer to the current study, its cross-sectional design limits causal inference and provides only a snapshot of alignment at a single point in time. Furthermore, the study treats alignment largely as a managerial outcome rather than an ongoing organizational process, offering limited insight into how alignment is maintained or disrupted during implementation phases.

Candido and Santos (2019) further emphasized the role of cultural alignment in fostering employee commitment and reducing resistance to strategy implementation. Their study highlights that when employees perceive congruence between organizational values and strategic goals, they are more likely to internalize and support strategic initiatives. However, the study's focus on culture in isolation overlooks the interaction between cultural alignment and other organizational dimensions such as structure and systems. This fragmented treatment of alignment limits its explanatory power, particularly in complex organizations where misalignment may arise not from culture alone but from competing departmental priorities or resource constraints.

Despite the breadth of international literature, several methodological and contextual gaps remain evident. First, much of the existing research relies heavily on quantitative, cross-sectional designs that prioritize outcome measurement over process understanding. Such approaches are limited in capturing the dynamic, negotiated, and sometimes contested nature of organizational alignment during strategy implementation. Second, a substantial proportion of the literature is drawn from developed economies or non-healthcare sectors, where institutional stability, resource availability, and managerial capacity differ significantly from those in Kenyan healthcare settings. These contextual differences raise questions about the direct applicability of findings to medium-sized private hospitals in Kenya, which often operate under resource constraints, regulatory uncertainty, and rapidly changing competitive pressures.

At the local level, empirical evidence on organizational alignment remains sparse. While Ali (2023) provides insights into private hospitals in Mombasa, the study does not disaggregate findings by hospital size, nor does it examine how alignment challenges differ between senior, middle, and operational management levels. Medium-sized hospitals, such as Bristol Park

Hospital, occupy a unique organizational position: they are more structurally complex than small facilities but lack the formalized systems and buffers of large hospitals. Existing Kenyan studies therefore offer limited guidance on how alignment is experienced and managed within this category of healthcare institutions.

In response to these gaps, the current study adopts a qualitative case study approach to examine organizational alignment as a multidimensional and processual phenomenon within a medium-sized private hospital in Kenya. By focusing on Bristol Park Hospital, the study moves beyond outcome-based assessments to explore how alignment is constructed, perceived, and sustained across managerial levels and departments during strategy implementation. This approach allows for deeper insight into the contextual realities, organizational dynamics, and trade-offs that shape alignment in practice, thereby extending existing literature and addressing the methodological and contextual limitations identified in prior studies.

2.3.2. Internal Resource in Strategy Implementation

Research on internal resources highlights their critical role in successful strategy implementation, particularly in healthcare organizations. At a global level, studies emphasize both tangible and intangible resources as key determinants of strategic outcomes. Mailu et al. (2018) identify tangible resources such as financing, medical equipment, and technological infrastructure as foundational for executing healthcare strategies, while intangible resources, including human capital, organizational culture, and knowledge management, create the environment for innovation and adaptability.

Cross-sectional studies, such as that of Upadhyay et al. (2020), show that hospitals with unique resource configurations often outperform peers in strategy implementation, particularly through technological tools like telemedicine, telehealth, and electronic health records (EHRs), which optimize workflows and enhance patient care. Similarly, Hartani et al. (2021) underscore that human capital, encompassing skilled healthcare professionals and leadership teams, is a critical enabler of strategic initiatives, while Muthai (2018) adds that organizational knowledge, including best practices and lessons learned, strengthens the implementation process by informing decision-making and reducing trial-and-error approaches.

In emerging market contexts, resource utilization has been shown to influence implementation outcomes differently, given financial and infrastructural constraints. Jun and Noh (2023) note that

small and medium hospitals face varying degrees of success depending on how resources are allocated and utilized, highlighting the importance of managerial competencies, such as strategic planning, decision-making, and resource optimization. Gioko and Njuguna (2019), in a Kenyan study of private hospitals, emphasize that prioritizing and allocating resources strategically can mitigate the negative effects of scarce financial, human, and technological resources. Further, Hartani et al. (2021) recommend redirecting resources to high-priority initiatives or adopting cost-effective technologies as a way to overcome resource limitations, while Freeman et al. (2021) propose fostering a culture of collaborative learning to improve internal resource utilization and facilitate knowledge sharing.

Specifically in Kenya, empirical studies reinforce the local relevance of resource considerations. Wanjiku et al. (2018) demonstrate that effective resource allocation in public hospitals in Nakuru County enhances the delivery of healthcare services and strategic plan implementation. Munyi (2023) further argues that innovation and adaptability are vital in medium-sized hospitals, where workforce shortages, infrastructure gaps, and funding limitations are prevalent. Such strategies include engaging external partners from the private sector, NGOs, or government agencies to augment internal resources, alongside staff training and development to enhance implementation capabilities. These findings provide actionable insights for Bristol Park Hospital, where economic constraints and limited staffing may challenge strategic goal attainment. Creative resource utilization and collaboration with external stakeholders could bolster the hospital's capacity for successful strategy implementation while ensuring service quality.

Despite these insights, existing research leaves notable gaps. Most studies focus on either large hospitals or specific resource types, neglecting medium-sized hospitals with unique resource profiles. Additionally, few studies adopt a comprehensive view that considers both tangible and intangible resources simultaneously or critically examine how these interact to influence implementation outcomes. This study addresses these gaps by investigating how internal resources, broadly defined, contribute to strategy implementation at Bristol Park Hospital, offering insights that are both contextually relevant and practically applicable for medium-sized private hospitals in Kenya.

2.3.3. Organisational Structure and Strategy Implementation

Organizational structure plays a pivotal role in shaping strategy implementation outcomes by determining how authority, responsibilities, and tasks are distributed within an organization. Globally, studies have shown that alignment between organizational structure and strategy is crucial for ensuring clarity, stability, and effective coordination during implementation.

Cândido and Santos (2019) conceptualize this alignment as the fit between strategy and both formal and informal organizational arrangements, including job roles, responsibilities, authority, and reporting relationships. Their research demonstrates that misalignment can result in confusion, conflicts, duplication of tasks, and wastage of resources, undermining strategic objectives. Huebner and Flessa (2022), in a review of healthcare organizations, found that flatter structures with decentralized decision-making enabled quicker execution of strategic initiatives compared to hierarchical systems. They argued that flatter and flexible structures promote open communication, reduce bureaucracy, and enhance employee engagement in the implementation process.

In the local contexts, the relevance of organizational structure is influenced by resource constraints and operational complexity. Studies indicate that hospitals with adaptive and flexible structures can better respond to environmental changes and strategic demands. Alali (2015), in a study of faith-based organizations in Kenya, observed that hospitals with flexible structures allowing cross-functional coordination and rapid decision-making achieved higher success in strategy implementation than hierarchical, siloed institutions. Similarly, Wanjiku et al. (2018) found that effective coordination, alignment of roles, and streamlined operations directly influence the success of strategic plan execution in public hospitals in Nakuru County. Munyi (2023), in his analysis of private hospitals in Nairobi, further emphasizes that team performance, organizational culture, and implementation outcomes are contingent on well-aligned organizational structures. Specifically, processes need to be standardized, and staff adequately guided to execute strategies efficiently.

These findings carry direct implications for Bristol Park Hospital, which operates across multiple branches. The hospital's hierarchical levels, departmentalization, decision-making processes, and coordination mechanisms are likely to affect its capacity to implement strategic initiatives consistently across all facilities. Ensuring that the organizational structure aligns with strategic

objectives can facilitate faster decision-making, better resource allocation, and enhanced communication, all of which are vital for successful strategy implementation.

Despite these insights, existing research leaves important gaps. Most studies have focused on large or public hospitals, or on different organizational contexts, leaving medium-sized private hospitals in Kenya relatively underexplored. Additionally, while international studies emphasize structural flexibility, there is limited empirical evidence on how structural adaptations specifically influence strategy implementation in medium-sized healthcare settings within the Kenyan context. This study seeks to fill these gaps by examining how organizational structure, broadly defined, contributes to strategy implementation at Bristol Park Hospital, providing context-specific insights that can guide medium-sized hospitals in achieving strategic objectives.

2.3.4. Factors Hindering Strategy Implementation

The success of strategy implementation in healthcare organizations is often impeded by a combination of internal and external factors that interact to create barriers. At the global level, Bryson et al. (2018) emphasize that flawed strategy formulation can derail implementation efforts, highlighting the importance of starting with sound strategic inputs. Kariithi and Ragui (2018) support this view, noting that poor initial planning or inadequate consideration of organizational capacity can result in implementation failure. Commitment to the strategy is another critical factor influencing outcomes. Huebner and Flessa (2022) define commitment as the extent to which management, middle-level managers, and employees actively support strategic objectives. Their cross-sectional study demonstrates that high levels of organizational commitment correlate with smoother execution, better coordination, and higher implementation success.

Organizational culture is intrinsically linked to commitment, shaping employee behavior and influencing adherence to strategic objectives. Bogale and Debela (2024) and Fernandes, Pereira, and Wiedenhöft (2023) describe culture as a system of shared beliefs, norms, and values that determine how work is accomplished. Morales-Huamán et al. (2023) argue that a culture fostering partnership, teamwork, and cooperation strengthens organization-wide ownership of strategic initiatives, reduces resistance, and enhances overall productivity. Conversely, a weak or misaligned culture can lead to poor communication, low motivation, and fragmented execution (Gioko & Njuguna, 2019; Huebner & Flessa, 2018).

Misalignment between strategy and organizational structure is another major barrier. Cândido and Santos (2019) conceptualize this as the degree of fit between strategic objectives and formal and informal organizational arrangements, including roles, responsibilities, and reporting lines. Their study shows that misalignment results in confusion, duplication of tasks, and resource wastage, which impede successful implementation. Huebner and Flessa (2022) further demonstrate that structural rigidity or hierarchical bottlenecks limit decision-making speed and adaptability, reducing the capacity to respond to dynamic healthcare environments. Resource constraints, including shortages of financial, human, technological, and intangible assets, are widely acknowledged as key hindrances (Mailu et al., 2018; Mutua, 2017). Among these, technological infrastructure is particularly critical, supporting operational efficiency, patient care, and competitive advantage (Urbinati et al., 2020).

In the Kenyan context, Ahmed (2017) highlights challenges such as conflicting priorities, weak coordination, high implementation costs, and slow organizational responses, while Gioko and Njuguna (2019) note that private hospitals struggle due to limited resources, competitive pressures, and weak alignment between internal capabilities and external demands. Munyi (2023) extends these findings, emphasizing workforce shortages, infrastructural deficits, and constrained funding as barriers in private hospitals. These studies underline the importance of identifying context-specific hindrances to guide targeted interventions.

Despite the valuable insights from these studies, gaps remain. Most research focuses on general or large-scale healthcare settings, with limited attention to medium-sized hospitals in low-resource environments. Few studies examine how interactions among multiple barriers affect implementation outcomes, and there is minimal empirical evidence on the combined effects of structural, cultural, and resource-based constraints in Kenyan healthcare settings. This study seeks to address these gaps by identifying the key factors hindering strategy implementation at Bristol Park Hospital and exploring their interrelationships, providing practical insights for medium-sized hospitals aiming to enhance strategic execution.

2.4. Summary of Literature and Research Gaps

The literature reviewed demonstrates that successful strategy implementation in organizations is influenced by multiple factors, including organizational alignment, internal resource utilization, organizational structure, and commitment to strategic objectives (Gede & Huluka, 2023; Ahmed,

2017; Hartani et al., 2021; Ali, 2023; Cândido & Santos, 2019). Studies such as Hartani et al. (2021) and Ali (2023) highlight the importance of alignment across organizational culture, structure, and resources in ensuring effective implementation. Similarly, research by Mailu et al. (2018) and Upadhyay et al. (2020) emphasizes the critical role of tangible and intangible resources, including skilled human capital, technological infrastructure, and knowledge management, in facilitating strategy execution. organizational structure is also identified as a key determinant, with studies showing that flexible, decentralized, and adaptive structures promote faster and more effective strategy implementation (Huebner & Flessa, 2022; Alali, 2015; Munyi, 2023). Commitment to strategy, shaped by leadership and organizational culture, further drives implementation success, with poor commitment linked to resistance, coordination challenges, and suboptimal performance (Huebner & Flessa, 2018; Morales-Huamán et al., 2023; Gioko & Njuguna, 2019).

Despite these insights, significant gaps remain, particularly in medium-sized private hospitals in Kenya. Existing studies in the local context, such as those by Wanjiku et al. (2018), Gioko and Njuguna (2019), and Munyi (2023), tend to focus on individual factors, such as resource allocation, structural alignment, or leadership commitment, rather than adopting a comprehensive approach that integrates multiple determinants. Furthermore, most studies either examine larger hospitals, public hospitals, or specific healthcare settings, limiting their applicability to medium-sized private hospitals like Bristol Park Hospital, which face unique challenges in resource availability, coordination, and organizational dynamics. There is also limited evidence on how internal resource utilization, organizational alignment, and organizational culture interact to influence strategy implementation outcomes in the Kenyan context. Addressing these gaps is critical for developing evidence-based strategies that enhance implementation success, improve organizational performance, and strengthen the delivery of quality healthcare services in medium-sized private hospitals (Candido & Santos, 2019; Hartani et al., 2021; Ali, 2023; Munyi, 2023).

Table 2.1 Summary of Literature Review and Research Gaps

Author and Publication Year	**Study Design and Focus of the Study**	**Research Findings**	**Research Gap**

Ahmed (2017)	Descriptive study. The study focused on challenges that affect the implementation of strategy, considering both private and public hospitals in Nairobi County	Organisational structure not supportive of strategic plan formulation, poorly defined responsibilities, lack of teamwork, resource constraints, weak and inefficient communication, poor resource mobilisation strategies, unstable and inconsistent organisational culture, and lack of commitment are all ingredients that impede strategy implementation.	The study focused on both public and private hospitals and there is limited evidence on how organisational alignment and specific internal resources influence strategy implementation in medium-sized hospitals in Kenya.
Ali (2023)	Descriptive Study (with a cross-sectional nature). The study focused on the role of strategic leadership es on the performance of private hospitals in Mombasa County.	The study found that strategic leadership positively impacts hospital performance through effective resource allocation and decision-making. It also underscored the importance of organisational culture and structure in impacting performance	While it focused on private hospitals, the study was conducted in Mombasa County. The study also fails examine how to internal resources specifically contribute to strategy implementation success.
Cândido & Santos (2019)	A qualitative study based on case study analysis and an extensive review of	The study found that barriers such as inadequate resource allocation, poor	This study is limited in context; hence limited application to medium-sized hospitals in

	the literature. The study focused on the hindrances that contribute to strategy implementation failure.	communication, and lack of top management support impede the success of strategy implementation.	developing countries; and does not address unique challenges in Kenya. The study also provides general findings, which are not sector-specific.
Gioko & Njuguna (2019)	A case study design focusing on large private healthcare facilities in Nairobi. The study focus was the role of strategic decision processes on the performance of an organisation.	The study revealed that strategic choices, resource allocation, business environment, and firm goals play a key role in influencing the performance of hospitals.	The study's focus on large private hospitals limits the applicability of the findings to medium-sized private hospitals. Additionally, the study had limited focus on factors that hinder strategy implementation success, as well as a lack of evidence on organisational alignment.
Hartani et al. (2021)	The study applied a survey-based Methodology. The study focus was on the strategic alignment's impact on competitive advantage.	The study found that strategic alignment enhances competitive advantage through effective IT implementation and resource management.	The study's focus on IT implementation limits the applicability of the findings to broader strategy implementation in hospitals.
Huebner & Flessa (2022)	A narrative review focusing on strategic	The study stressed the importance of long-term and systems-thinking approaches in	The study has focus on developing countries and does not address resource

	management in healthcare.	healthcare strategy implementation.	constraints specific to Kenya.
Jun & Noh (2023)	A cross-sectional survey assessing managerial competence training for nurse managers in small/medium hospitals.	The study underscored the significance of managerial competence in strategy implementation and hospital performance.	This study has limited focus on the African context; hence it does not address unique challenges in Kenya.
Mailu et al. (2018)	A descriptive study focusing on strategy implementation performance in the pharmaceutical industry. The study focused on the role of organisational culture, resources, and structure in the success of strategy implementation.	The study revealed that the performance of pharmaceutical industries is largely influenced by organisational structure, resources, and culture. There is a need to balance resource allocation, organizational structure, and culture as they significantly influence strategy implementation.	This study focuses on the pharmaceutical industry, with limited applicability to other healthcare organisations.
McCardle et al. (2019)	An empirical analysis of the survey performed by the Global Manufacturing Research Group. The study sought to understand the role of strategic alignment in	This study found that strategic alignment enhances operational performance, but cultural context plays a moderating role.	There is inadequate focus on healthcare organisations and medium-sized hospitals.

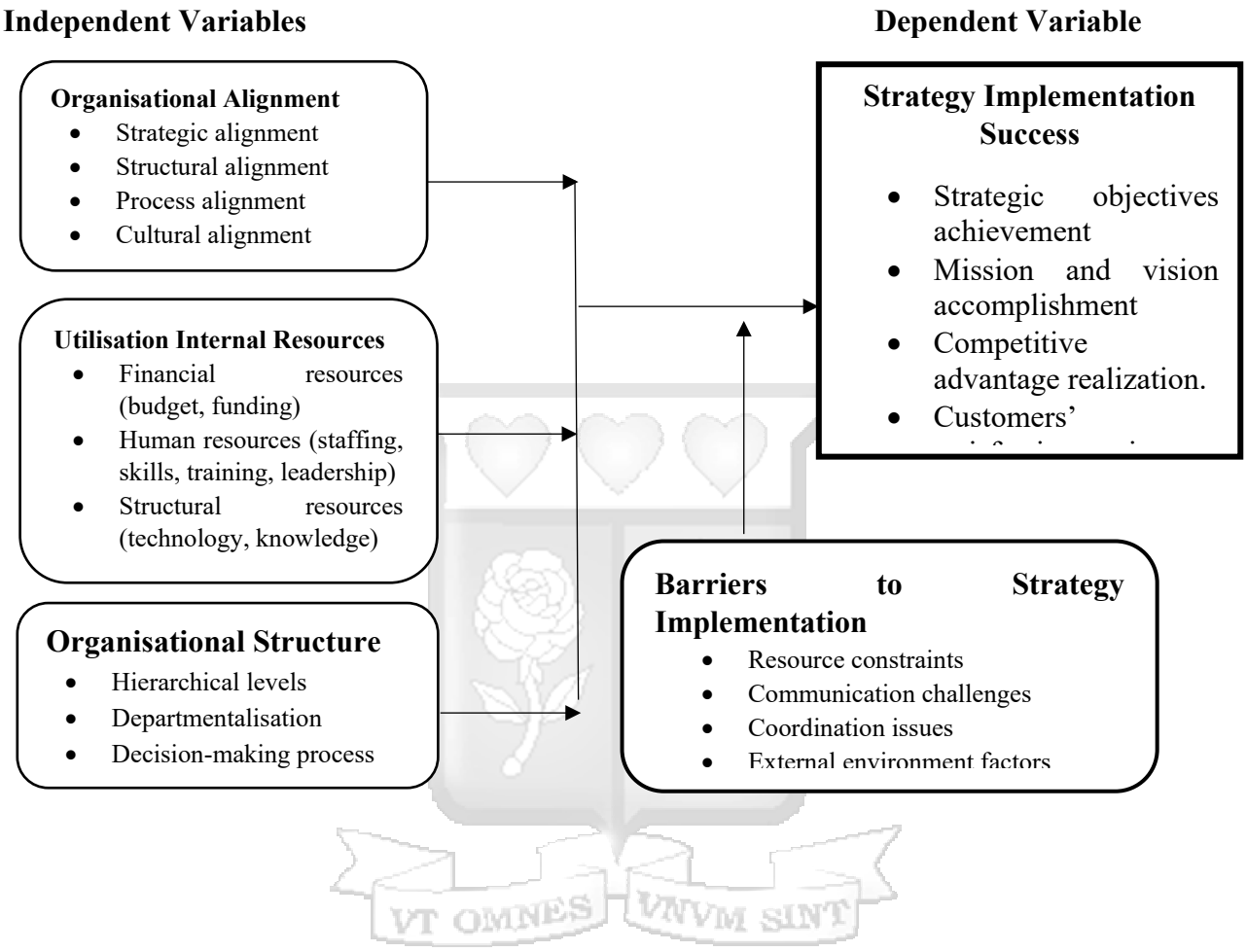
	influencing the organisation's competitive priorities and operational performance.		
Munyi (2023)	A descriptive study examining organisational culture and strategy implementation in private hospitals in Nairobi County.	The study affirmed that organisational culture substantially influences strategy implementation success.	The study solely focuses on organisational culture, failing to explore the role of internal resources or organisational alignment in strategy implementation.
Muthai (2018)	The study utilised a descriptive study approach to understand the role of environmental factors in influencing the implementation of strategy in private hospitals in Nairobi County.	The study found a strong association between well-aligned organisational factors with the success of strategy implementation.	The study's main focus on environmental factors constitutes a gap. The study also focused on all private hospitals, without specifics on medium-sized hospitals.
Mwangi & Kihara (2021)	A descriptive study focusing on how private hospitals in Nairobi County implement their strategies and their	The study revealed that organisational culture and management commitment had a positive and significant influence on strategy implementation	While the study focused on private hospitals in Nairobi County, there is limited focus on organisational alignment and internal resources as determinants

	influence on performance.	and performance of private hospitals.	of strategy implementation success.
Upadhyay et al. (2020)	A cross-sectional study focusing on how the role of safety culture in influencing the performance of hospitals in the context of electronic health records implementation.	The study revealed that an organisation's safety culture combined with EHRs has a positive effect on its performance.	This study is primarily focused on developed countries; hence its findings have limited application to resource-constrained environments in Kenya. The study also focused on safety culture on performance, failing to measure its direct effect on strategy implementation.
Wanjiku et al. (2018)	The study utilised a descriptive study design, focusing on the determinants/factors that have a bearing on the implementation of strategic plans in public level IV hospitals in Nakuru County.	The study discovered that human resource management, organisational structure, resource allocation, and communication systems have a strong bearing on the success of strategy implementation.	The study was limited to public level IV hospitals in Nakuru, which may not be generalised to other private contexts.

2.5. Conceptual Framework

The review of the literature (both empirical literature and theoretical foundations) revealed various aspects of strategy implementation in an organisation. Figure 2.1 below illustrates a conceptual framework that shows the relationships between the key variables reflected in the study objectives. It illustrates the relationship between the independent variables (internal resources, organisational

alignment, and organisational structure) and Intervening variables (implementation factors) and Dependent variables (strategy implementation success).



2.6. Operationalisation of Variables

Table 2.2 Operationalisation and Measurement of Research Variables

Objective	Variable	Measurement	Data Collection Tool	Data Analysis
To assess the role of organisational alignment in strategy implementation at Bristol Park Hospital, Nairobi Kenya.	Organisational Alignment	Qualitative data	Interview Guide	Thematic Analysis
To assess how availability and utilisation of internal resources contribute to strategy implementation success at Bristol Park Hospital, Kenya.	Availability and Utilisation of Internal Resources	Qualitative data	Interview Guide	Thematic Analysis
To assess how organisational structure influences strategy implementation success at Bristol Park Hospital, Kenya.	Organisational structure	Qualitative data	Interview Guide	Thematic Analysis
To identify the factors that hinder strategy implementation success at Bristol Park Hospital.	Factors hindering Strategy Implementation Success	Qualitative data	Interview Guide	Thematic Analysis
To propose the adoption of an existing strategic framework for enhancing strategy	Strategic Framework	Qualitative data	Interview Guide	Thematic Analysis

implementation in medium-sized hospitals.				

2.7. Chapter Summary

This chapter has presented an in-depth overview of the literature review concerning strategy implementation in healthcare organisations. The theoretical review focused on three theories, the RBV, dynamic capability theory, and the McKinsey 7S Framework. The empirical review delved into the empirical studies on organisational alignment, utilisation of internal resources, and organisational structure as they influence strategy implementation in healthcare organisations and the factors influencing implementation failure. The review indicated significant gaps in research in strategy implementation studies among medium-sized private hospitals in Kenya, suggesting that there is a need to undertake additional research on determinants of effective implementation in such institutions. The next chapter presents the research methodology, specifically outlining the research design, population and sampling, data collection methods, data analysis methods, and ethical issues that will guide this research.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

This chapter describes the methods that will be used to address the research problem. The chapter presents the research design, the population under consideration and the sample, the sampling technique and sample size, data collection techniques, and the data analysis approach. The chapter goes on to discuss the quality and ethical issues related to the study.

3.2. Research Philosophy

Research philosophy is an important aspect in research that describes the researcher's principles, assumptions, and beliefs underlying the approach of the study (Maarouf, 2019). Such beliefs and assumptions act as a lens through which the researcher interprets data based on their comprehension of what constitutes truth and how it can be accessed (Maarouf, 2019). Therefore, this study adopted a constructivist research philosophy that stresses the need to understand subjective experiences and socially constructed realities by applying approaches such as observations and interviews (Kaushik & Walsh, 2019). This approach suits the current research as it allowed the researcher to investigate subjective facets of strategy implementation from the perspectives of management and the executive team at Bristol Park Hospital. With the help of this philosophy, one can understand strategy implementation by gaining in-depth insights into organisational dynamics. Utilising the constructivist approach aligns with the study design that takes the direction of a qualitative approach to establish a nuanced comprehension of the determinants of strategy implementation in the healthcare sector.

3.3. Research Design

A study design forms the basis of the research and contributes to its effectiveness. In essence, research design provides a framework through which a researcher can validate the study objectives and questions (Abutabenjeh & Jaradat, 2018). This study utilised a case study as its study design. With this research approach, the study will explore an intensive and holistic analysis of a single entity (Bristol Park Hospital) to gain an in-depth understanding of the subject matter (Hancock et al., 2021). This study design is suitable to the current study as it aligns with the objective to explore and comprehend the factors that have a bearing on strategy implementation. It seeks to answer specific research questions. The case study design employed a qualitative approach to gain in-

depth insights into the determinants of strategy implementation in the healthcare sector. The qualitative approach provides an opportunity to investigate "how" and "why" questions related to the strategy implementation, enabling the researcher to capture the richness of such an important outcome and develop insights that respond to the unique needs of medium-sized hospitals. The case study design also aligns with the constructivist research philosophy for understanding subjective experiences through interviews, allowing for an in-depth investigation of strategy implementation within the specific context of Bristol Park Hospital.

3.4. Population and Sample

3.4.1. Target Population

A population is the complete set of data or objects that research draws inferences from it. In research particularly, it is the total number of entities or individuals that the study pursues for the purpose of gaining a deeper understanding, upon which the findings will be generalised (Stratton, 2021). This study's target population was the management team of Bristol Park Hospital, including the hospital directors. As per the records from the facility, there is 69- members management team across its five branches (Tasia, Fedha, Utawala, Kitengela, and Machakos). This team includes directors, senior leadership teams, branch managers, department heads, and quality management teams.

3.4.2. Sample Size and Sampling Technique

Sampling is a scientific process of systematically selecting part of a population to participate in the study as a representative (Rahman et al., 2022). Given the small target population of 69-management staff, a purposive (criterion) sampling technique was used to recruit the participants who meet predefined inclusion criteria, ensuring each interviewee has direct experience with strategy implementation at Bristol Park Hospital. Purposive sampling as a method of selecting study participants on the basis of predefined characteristics of the study (Allan, 2020), is widely used in qualitative research to identify and select information-rich cases related to the phenomenon of interest. In the current study, the sampling technique was used to select key informants from the management team. The relevance of purposive sampling is linked to its ability to allow the researcher to focus on individuals who are directly involved in strategic decision-making and

implementation. In practice, managers from across the hospital's hierarchy (from directors and senior executives to branch and departmental managers and quality assurance supervisors) were identified based on their roles and experience with strategic initiatives. Snowball sampling supplemented this approach where initial participants were asked to recommend additional colleagues who meet the inclusion criteria. Furthermore, the combined approach allowed for the inclusion of participants from different management levels enhancing comprehensive capturing of diverse yet information-rich perspectives.

In phenomenological qualitative research grounded in social constructivism, sample size is guided by thematic saturation rather than statistical power. With a total population of 69 management team members, this study recruited 20 participants. This sample size was flexible and intended to ensure saturation of themes across the hospital's management layers, ensuring adequate representation across different branches and management roles. Bristol Park's management hierarchy provides a stratified set of perspectives (i.e., directors, senior leadership, branch managers, departmental heads, and quality supervisors), yielding role diversity amid a common organizational context. This layered structure suggests the need to cover each role category, while the overall homogeneity of being within one group of hospitals implies that many themes may recur early. The final number, therefore, depended on data saturation, where additional interviews no longer yield new insights (Allan, 2020).

Methodological studies support this rationale. For instance, Hennink & Kaiser (2022) found that saturation was typically reached after 9-17 interviews in relatively homogenous qualitative studies. Guest et al. (2006) similarly suggested that 6-12 interviews are generally sufficient under rigorous purposive sampling and rich data collection conditions. Importantly, both sources noted that broader or more diverse research contexts demand larger samples. Guest et al. observed saturation by the 12th interview in a fairly homogenous study but expected that heterogeneous samples would require additional interviews. Likewise, Hennink et al. (2017) reported that while basic 'code saturation' occurred by about 9 interviews, achieving deeper meaning saturation (capturing nuanced dimensions of themes) required roughly 16-24 interviews. Taken together, these findings justify planning for a sample of up to 30 participants. This allows coverage of all managerial strata, the five branches, and provides a margin of flexibility to ensure robust thematic saturation and information richness across the diverse roles represented in the hospital.

Participants were included in the study if they met the inclusion criteria, which include being part of the management team (directors, senior leaders, branch managers, department heads, or quality management team) and having experience or being involved in the development, execution, or evaluation of strategic plans at Bristol Park Hospital.

3.5 Research Instruments

This study utilised an interview guide to collect primary data (See Appendix II). This interview guide allowed for some flexibility in examining emerging themes regarding strategy implementation. The interview guide is designed to answer the study's objectives and collect insights into the participant's personal experiences with strategy implementation, organisational alignment factors, internal resource availability and utilisation, organisational structure, and implementation challenges factors. The interview guide has been developed based on the guidance from previous strategy implementation studies in healthcare settings (Alali, 2015; Ali, 2023) with necessary modifications to address the specific context of Bristol Park Hospital.

3.6. Data Collection Methods and Procedures

Data collection is defined as the systematic process of gathering and measuring information on specific variables of interest, utilising established test hypotheses and research questions (Rahman et al., 2022). In other words, it is the act of obtaining data for analysis and generation of conclusions based on the study objectives/questions. This study integrated qualitative approaches to collect in-depth information from the participants. Data was collected by administering key informant interviews. The participants for the key informant interviews consisted of operation managers, senior leaders, branch managers, department heads, or quality management teams. The first step was to contact potential participants via email or phone to explain the purpose of the study and invite them for a key informant interview. Upon agreeing to participate, the researcher scheduled the interview appointments. Before the interviews start, the researcher explained to each participant the study's purpose, methodology, and voluntary nature of the study as well as the measures used to protect the privacy and confidentiality of their answers. To show that they are willing to take part in the study, the participants were asked to sign a consent form and address any questions they may have.

The researcher asked questions concerning organisational alignment, internal resources (availability and utilisation), organisational structure, and barriers to strategy implementation. Each interview session lasted for about 30-50 minutes, with all interviews being audio-recorded, ensuring that participants consent to the procedure. Audio-recording the responses ensured the correctness and comprehensiveness of the data gathered. To guarantee the accuracy of the data gathered, participants were given the chance to see and verify the interview transcripts.

3.7. Data Analysis

Data analysis was purely qualitative and followed a systematic process. Specifically, thematic analysis was used to analyse data, an approach that permits the researcher to objectively code notes/data from the interview (Selvi, 2019). This approach assists in making inferences by facilitating a systematic identification of special characteristic messages (Selvi, 2019). Firstly, the audio recordings were transcribed to generate text-based and key themes. This data was then subjected to scrutiny to ensure accuracy by comparing them with original recordings and making necessary rectifications. The next step involved reading all the transcripts multiple times to gain familiarity with the data and develop an understanding of the content.

Following recommendations by Bennett et al. (2019), the "Find" text analysis feature was employed during the initial coding phase to perform in vivo coding, identifying recurring keywords and phrases across participant responses. These terms were visualised as word clouds, which were then evaluated and tagged with appropriate categorical labels. As coding progresses, recurring patterns emerged. Analytical memos were created to document observed themes and data trends for future analysis. Once initial codes were grouped, they were cross-referenced to identify connections.

In the second phase, a pattern coding approach was applied to cluster the related codes and synthesise them into broader sub-categories. A third tier of analysis, axial coding, was then conducted to explore relationships between the established categories and sub-categories, revealing how they are interconnected. Findings and earlier memos were revisited to ensure coherence, and insights were contextualised within the study's objectives. The final results were structured into a narrative highlighting the implications for the research. Every theme that had been

identified was named with a descriptive description that includes its main idea and importance to the study.

3.8. Research Quality

The study's relevance to the stakeholders is affirmed by its quality. Specifically, the quality of the study ensures that the findings are valid and credible. Therefore, this study employed validity and reliability measures to guarantee the quality of the study.

3.8.1. Reliability

Reliability refers to the repeatability, consistency, and stability of study results. This study guarantees the reliability of the results by applying a discrete interview protocol and utilising standardised procedures for data collection and documenting procedures for the research.

3.8.2. Validity

Validity is the extent to which a research instrument measures what it is intended to measure (Harris et al., 2019). The validity of this study is ensured through member checking in which study participants will be given an opportunity to validate interview transcripts. This study's validity was ensured through the inclusion of a detailed description of the research context and participant characteristics, providing room for reader evaluation of the transferability of the findings. Construct validity was ensured by subjecting the interview guide to a review by experts and pilot testing.

3.8.3 Researcher Reflexivity and Positionality

Reflexivity is an important component of qualitative research, particularly within a constructivist paradigm, as it requires the researcher to critically reflect on how their background, assumptions, and positionality may influence the research process and interpretation of findings (Berger, 2015). In this study, the researcher was not employed by, nor directly affiliated with, Bristol Park Hospital at the time of data collection. However, the researcher has academic training in organizational strategy and prior exposure to healthcare management research, which may have shaped expectations regarding strategy implementation practices.

To mitigate the potential influence of professional assumptions on data collection and analysis, the researcher adopted a reflexive stance throughout the research process. This included maintaining reflective field notes after each interview to document personal impressions, assumptions, and emerging interpretations, which were later critically examined during analysis. Interview questions were framed in an open-ended and neutral manner to allow participants to articulate their experiences without being guided toward preconceived conclusions. Reflexivity was further enhanced by revisiting transcripts and analytic memos to distinguish participant meanings from researcher interpretations, thereby strengthening the credibility and transparency of the study.

3.9. Ethical Considerations

The researcher ensured optimal compliance with all the guidelines concerning ethical research. To this end, the researcher sought ethical approval from the Strathmore University Institutional Ethics Review Committee (SU- IERC) (See Appendix III) and NACOSTI. The study also ensured that the management of Bristol Park Hospital is informed about the plan of carrying out a study within the hospital and ethical approval is sought from the hospital board. Additionally, all research data was collected with the highest confidentiality, and during the study, the identities of the participants were protected. Informed consent was obtained from the participants, further supporting the ethical adherence of the study. Data collected in this study was only used for this study alone and was only accessed by the analyst.

Beyond formal ethical approvals, the study considered potential ethical dilemmas inherent in conducting research within a single organization. Given the small size of the hospital's management team, there was a heightened risk of indirect identification of participants. To mitigate this risk, all identifying information such as job titles, branch-specific references, and personal identifiers was anonymized during transcription and reporting. Power dynamics between the researcher and participants were also carefully managed. Participation was strictly voluntary, and it was clearly communicated that refusal or withdrawal would carry no professional consequences. Interviews were conducted at times and locations chosen by participants to ensure comfort and autonomy. Data was securely stored with access restricted to the principal investigator, further safeguarding confidentiality and ethical integrity.

3.10. Chapter Summary

This chapter has presented the research design to be used to explore the determinants of successful strategy implementation at Bristol Park Hospital. A qualitative case study design was chosen as the most suitable research design considering the research questions and research setting. The population of concern is all 69 members of the management team in the five branches of the hospital, and a purposive sampling was applied to select 20 participants who participated in the key informant interviews. The data was gathered through in-depth interviews and analysed using content analysis. Research quality measures utilised in ensuring quality, such as trustworthiness criteria and ethical issues, have also been elaborated. The research process outlined in the present chapter is an exhaustive plan for responding to the research questions and attaining the study objectives.

The next chapter will present the findings from the key informant interviews.

CHAPTER FOUR

PRESENTATION OF RESEARCH FINDINGS

4.1. Introduction

The primary objective of this study was to investigate the factors that contribute to the successful implementation of strategies in mid-sized private hospitals in Kenya. This chapter presents and interprets findings from semi-structured interviews conducted with management staff at Bristol Park Hospital. The analysis focuses on identifying dominant patterns, areas of convergence and divergence in perspectives, and underlying explanations for how organisational alignment, internal resources, organisational structure, and contextual factors shape strategy implementation. Given the qualitative and interpretive nature of the study, the findings reflect participants' perceptions and lived experiences rather than objective performance measures.

4.2. Respondent Characteristics

A total of 20 participants were interviewed, drawn from diverse managerial and functional roles across Bristol Park Hospital's branches. Participants included senior managers, branch managers, departmental heads, and functional specialists in areas such as human resources, ICT, finance, customer experience, and clinical services. This role diversity allowed the study to capture perspectives from both strategic and operational levels of the organisation. The sample size was considered adequate for thematic saturation in a relatively bounded organisational context, consistent with guidance by Hennink and Kaiser (2022).

4.3 Organisational alignment on Strategy implementation

Participants emphasized that aligning the strategic plan with the hospital's mission, vision, and core values provided direction for leadership and staff alike. Alignment was described as deliberate and structured, with one respondent noting,

"The strategic plan was in line with the vision and the mission of the organization" (KII-01). Others quantified this alignment, with one HR manager reporting,

"The current strategy's alignment with the HR function is about 80%, as most areas have been addressed in line with the five-year strategic plan" (KII-15).

These observations suggest that internal systems, policies, and staffing priorities were largely harmonized with strategic objectives, leaving only minor gaps to be addressed.

Effective communication emerged as a central mechanism for sustaining alignment. Information flowed both top-down, through cascading meetings, and bottom-up via feedback channels. One participant summarized this dynamic, stating,

"Communication is key; when it breaks down, it becomes challenging to meet objectives as intended" (KII-01).

Participants reported that communication failures often undermined performance, whereas consistent dialogue, staff involvement, and monitoring systems reinforced strategic objectives. This highlights that alignment is not static but requires ongoing managerial attention and iterative reinforcement.

The analysis also revealed that alignment is vulnerable when competing departmental priorities or siloed operations emerge. Some departments prioritized certain performance areas, such as finance, over others, like learning and growth. One respondent observed,

"Misalignment happens when one perspective, such as finance, is focused on more than others like learning and growth" (KII-01), while another added that *"departments working independently…fail to achieve the main goal in the strategic plan"* (KII-19).

These insights suggest that while structural alignment is generally strong, achieving holistic integration across financial, operational, and cultural dimensions remains challenging.

Tracking and review mechanisms, particularly the Balanced Scorecard (BSC), were reported as useful for maintaining alignment. One manager explained,

"We can give a rating of 80% because a majority of the areas have been covered as per the five-year strategic plan intended" (KII-15).

However, alignment was stronger among senior managers directly involved in strategy formulation, while middle and operational managers experienced strategy primarily through performance metrics, illustrating the well-documented challenge that alignment weakens as strategy moves from formulation to execution (Hrebiniak, 2006).

From a theoretical perspective, the findings align with the McKinsey 7S model, which emphasizes that organizational success depends on integrating both hard elements, strategy, structure, and systems and soft elements, including shared values, skills, and leadership style. At Bristol Park,

hard elements are well integrated, but soft elements show uneven implementation, explaining tension between short-term financial priorities and longer-term quality or learning initiatives. Dynamic Capability Theory also provides insight: resource constraints and competitive pressures push alignment efforts toward immediate operational efficiency, sometimes at the expense of broader capability development (Teece, 2007). Finally, the reliance on continuous communication highlights the processual nature of strategy execution, supporting the view that alignment is socially constructed and shaped by leadership behavior, interactions, and contextual constraints (Whittington, 2001).

Overall, the findings suggest that while organizational alignment is a strong enabler of strategy implementation at Bristol Park Hospital, maintaining it requires active management, cross-departmental coordination, and balancing competing priorities. Alignment is both structural and cultural, and its effectiveness depends on the hospital's ability to integrate financial, operational, and human factors in a resource-constrained, dynamic environment.

4.4 Role of Internal Resources in Strategy Implementation

The study found that internal resources such as human capital, financial allocations, and technology play a central role in strategy implementation, but their influence is nuanced by availability, prioritization, and context. Many respondents emphasized that adequate staffing and skill levels are critical for realizing strategic goals. One participant explained,

"Qualified and experienced staff are essential for realizing strategic goals" (KII-01), while another noted that *"Staff training and qualifications affect the speed and quality of implementation… untrained staff delays implementation and increases costs"* (KII-02).

These observations underscore that internal resources are not only enablers but also determinants of the pace and quality of strategy execution.

Financial resources were consistently highlighted as a constraint, influencing which initiatives could be prioritized. Several respondents noted that limited budgets necessitated careful allocation, sometimes delaying or scaling down projects. For example,

"Limited capital investment slows some projects, such as making Kitengela a specialist hospital" (KII-08).

This finding reflects the broader tension in healthcare organizations between strategic ambition and budgetary realities. Technology was similarly seen as an enabler, particularly in improving operational efficiency. One manager observed,

"Technology is crucial for reducing turnaround time" (KII-12),

This highlights how digital tools support both patient experience and internal processes.

Interestingly, respondents described partnerships as a practical strategy to optimize scarce resources. Collaborating with other providers or outsourcing services allowed the hospital to focus its internal resources on core areas without overstretching budgets. One respondent remarked,

"We partnered with providers to fill gaps we couldn't cover in-house" (KII-15).

Analytically, this demonstrates the hospital's ability to reconfigure internal and external resources, reflecting the resource-based view (RBV) theory, which posits that competitive advantage depends on effectively leveraging unique capabilities (Barney, 1991). Overall, while human, financial, and technological resources are critical for strategy execution, their impact is mediated by prioritization, skill development, and adaptive management strategies.

While respondents emphasized the importance of human capital, financial allocations, and technology, the analysis reveals nuanced patterns in how these resources influence strategy execution. Human capital emerged as a critical driver, particularly in enabling departments to meet performance targets and maintain quality standards. However, discrepancies were observed between senior and operational managers: senior managers focused on skill development as a strategic enabler, whereas operational managers experienced resource limitations more acutely, reflecting a gap between strategy formulation and frontline execution. This aligns with the resource-based view (RBV), which posits that competitive advantage arises from effectively mobilizing unique internal resources (Barney, 1991). In practice, Bristol Park demonstrated partial resource leverage: key capabilities were strong, but constraints in budget and staff skills created bottlenecks that slowed down implementation.

Financial and technological resources further illustrated trade-offs between short-term operational efficiency and long-term strategic objectives within the hospital. The prioritization of immediate service delivery and cost containment over investment in staff development and technology

reflects the tension described in Dynamic Capability Theory (Teece, 2007), where organizations must balance "sensing" and "seizing" opportunities with limited internal resources. Partnerships and outsourcing represent a deliberate strategy to reconfigure resources, suggesting adaptive capability in resource-constrained environments. The emergent pattern shows that resources are both enablers and limiting factors, and strategy execution is contingent upon how effectively managers allocate, develop, and leverage these resources across departments and projects.

4.5 Influence of Organisational Structure on Strategy Implementation

Organizational structure was identified as a key enabler of strategy execution through its influence on communication, accountability, and role clarity. Participants noted that clearly defined departments and reporting lines facilitate the cascading of strategic objectives and support monitoring mechanisms. One manager summarized,

"The organogram facilitates top-down cascading of strategy and accountability" (KII-12). Structured mechanisms such as monthly reporting and key performance indicators (KPIs) further strengthen accountability, though respondents highlighted that the effectiveness of these mechanisms varies across branches.

Despite these strengths, participants pointed out that centralized decision-making sometimes slowed responsiveness at branch levels. A respondent explained,

"Decision-making in the organization is centralized… the managers, the CEO, and the operations manager make the decisions" (KII-20).

This indicates a trade-off between alignment and operational agility. Respondents suggested selective decentralization, particularly for branch-level decisions, to enhance responsiveness without compromising coherence. From a contingency theory perspective, these findings align with the premise that organizational structures must adapt to changes in size, environment, and strategy to remain effective (Donaldson, 2001).

Additionally, structural clarity alone was not sufficient; cultural and behavioral factors interacted with hierarchy to influence strategy execution. The combination of defined reporting lines and engaged leadership at different levels ensures alignment while maintaining accountability. However, differences across branches and departments suggest that structural mechanisms must

be complemented by local empowerment, adaptive leadership, and cross-departmental collaboration to fully support implementation.

The findings from the interviews revealed that Bristol Park's structure facilitates clarity, accountability, and communication, but also creates tensions between centralization and agility. The hierarchy and departmentalization provide a framework for cascading objectives, supporting alignment and control. However, centralized decision-making slows responsiveness at branch levels, highlighting a trade-off between coordination and flexibility. From a contingency theory perspective, these structural choices reflect adaptation to organizational size and complexity (Donaldson, 2001). While the current design supports control and uniformity, emerging needs for local decision-making indicate that a hybrid structure, combining central oversight with branch autonomy, could enhance responsiveness without undermining strategic coherence.

Analytically, the interplay between structure and culture is significant. Managers reported that reporting lines alone are insufficient; behavioral factors, including leadership style and staff engagement, influence how strategy is interpreted and implemented. This aligns with the McKinsey 7S model, which emphasizes that structural elements (strategy, structure, systems) must be integrated with soft elements (skills, staff, style, shared values) to sustain effective execution. Observed differences across branches also suggested that structural mechanisms need to be complemented by local leadership empowerment, cross-departmental collaboration, and adaptive management to fully support strategy implementation.

4.6 Factors Hindering Strategy Implementation Success

From the interviews, respondents identified several internal and external factors that hinder successful strategy execution. Resource constraints, particularly staffing shortages and limited budgets, were cited as the most frequent barriers. Temporary solutions, such as locum hires, provided relief but did not fully address gaps. Communication breakdowns were also prominent, especially where strategic priorities were not effectively cascaded. One participant noted, *"Communication breaks down sometimes and the message does not trickle down or back up appropriately"* (KII-12),

highlighting the role of communication as a mediating factor between strategy design and operational execution.

Resistance to change emerged as a behavioral barrier, particularly among frontline staff reluctant to adopt new processes. A participant explained,

"Most of the time people want to remain in their comfort zone, and introduction of any kind of change causes disturbance to operations" (KII-19).

Similarly, misalignment of departmental priorities occasionally created friction, particularly between clinical and non-clinical units. One respondent observed,

"The performance of the department was horrible… there was no teamwork… the problem was about the revolt to the leadership of the department" (KII-16).

External environmental factors, including regulatory changes, competition, and insurance policy shifts, compounded these challenges. For example, participants reported that new market entrants offering discounted services forced the hospital to adjust its strategy regularly. These findings illustrate the relevance of contingency theory: successful strategy execution requires flexibility and the ability to adapt internal processes in response to external pressures (Lawrence & Lorsch, 1967). Overall, barriers to implementation are multi-dimensional, encompassing structural, behavioral, and contextual dimensions that require integrated management responses.

The barriers identified, such as resource constraints, communication breakdowns, resistance to change, and external environmental pressures, highlight the multidimensional nature of strategy implementation challenges at the hospital. The analysis shows that these factors are interdependent: resource limitations amplify communication challenges, which in turn exacerbate resistance to change and misalignment between departments. For example, the tension between clinical and non-clinical units demonstrates how conflicting priorities can emerge when organizational objectives are interpreted differently at operational levels.

From a theoretical perspective, these findings resonate with contingency theory and implementation process theories (Hrebiniak, 2006; Whittington, 2001). Strategy execution is not purely technical but socially constructed, shaped by managerial actions, communication flows, and local contextual constraints. External pressures, such as competition and regulatory changes, further constrain internal capacity, forcing trade-offs between short-term operational efficiency and long-term strategic development. The pattern that emerges suggests that successful implementation depends on proactive coordination, continuous feedback loops, and adaptive

change management mechanisms that integrate structural, behavioral, and environmental considerations.

4.7 Recommendation for Strategic Framework to Enhance Implementation

Respondents acknowledged the value of strategic frameworks, particularly the Balanced Scorecard (BSC), as tools for guiding implementation. Most participants rated the framework positively, noting that it aligns operational activities with the hospital's vision and objectives. One participant reflected,

"Balanced Scorecard is quite effective… it helps to look at processes, and what needs to be done so results are of top quality" (KII-06).

However, gaps were noted, particularly in the learning and growth perspective, and the process was sometimes described as bureaucratic, slowing decision-making.

To improve effectiveness, participants recommended contextual adaptation, including borrowing best practices from other industries, enhancing decentralization, and focusing on neglected areas such as staff development. This aligns with theory on strategy execution, which emphasizes that frameworks must be flexible and continuously refined to fit organizational culture and environmental contingencies (Kaplan & Norton, 2001). In practice, the findings suggest that while BSC provides a structured foundation, its full potential is realized only when aligned with culture, communication practices, and adaptive management strategies.

The Balanced Scorecard (BSC) remains central to Bristol Park's strategic management, yet its effectiveness is influenced by how well it is integrated with organizational culture, leadership practices, and operational realities. The analysis indicates that while the BSC provides structure and accountability, perspectives like learning and growth are underemphasized, suggesting a bias toward measurable financial and process indicators. This pattern reflects a broader challenge in healthcare strategy: the tension between quantifiable outputs and intangible capabilities, such as staff development and innovation.

The partial adoption of BSC perspectives can be interpreted through strategy execution theory, which emphasizes that frameworks are enablers, not substitutes, for managerial action and cultural alignment (Kaplan & Norton, 2001). The hospital's reliance on top-down monitoring without fully embedding learning and growth initiatives indicates that frameworks must be adapted to local

contexts to capture the full spectrum of organizational performance. Recommendations for contextual customization, including selective decentralization and cross-industry best practices, suggest that frameworks are most effective when flexible, continuously refined, and aligned with the organization's internal and external environment.

4.8. Summary of findings

The findings from the study revealed that organisational alignment plays a central role in the successful implementation of strategy at Bristol Park Hospital. Respondents consistently emphasized that the hospital's clear organizational structure, defined reporting lines, and well-articulated roles support communication, accountability, and cascading of strategy from top leadership to departmental and branch levels. Monthly reporting, key performance indicators, and supervision mechanisms were viewed as critical tools for tracking progress and ensuring that all staff remain engaged with strategic goals. Nonetheless, participants highlighted the need for adjustments to accommodate growth, including decentralizing certain decision-making processes and refining leadership structures to improve responsiveness and branch-level autonomy.

The study further identified key barriers that undermine strategy execution. Resource constraints, particularly limited financial and human resources, emerged as the most frequently cited challenge, forcing the hospital to rely on locum hires and careful prioritization of initiatives. Communication breakdowns, both top-down and bottom-up, were also highlighted as sources of delay and misinterpretation of strategic objectives. Resistance to change, especially among frontline staff, and conflicting departmental priorities occasionally caused friction and slowed progress. External environmental pressures, such as regulatory changes, competition, and shifts in insurance policies, compounded these challenges, requiring continuous adaptation and strategic reviews to maintain alignment.

Finally, the findings demonstrated that strategic frameworks, particularly the Balanced Scorecard (BSC), are a cornerstone of the hospital's strategy implementation process. Most respondents rated the BSC positively, acknowledging its ability to align organizational vision with operational activities and enhance accountability across departments. However, gaps were noted in its application, with some participants observing that certain perspectives, such as learning and growth, were underemphasized and that the process could become overly bureaucratic. Staff recommended customizing and refining the BSC to better reflect the hospital's unique operational

context, improve timeliness in decision-making, and integrate best practices from other industries. The study underscores that Bristol Park Hospital has a solid foundation for strategy execution, continuous structural adjustments, resource optimization, improved communication, and adaptive use of strategic frameworks are essential for maximizing implementation success.

CHAPTER FIVE

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

5.1. Introduction

This chapter describes the study's findings, which aimed to assess the determinants of strategy implementation success in mid-sized hospitals, with a specific focus on Bristol Park Hospital. The chapter synthesises the empirical evidence from Bristol Park Hospital with the theoretical foundations of strategy implementation. The discussion seeks to contextualise the findings within the existing literature, identify practical implications for medium-sized hospitals in Kenya, and establish the significance of the results for strategic management in healthcare contexts. This chapter ultimately bridges the empirical evidence with theoretical constructs to develop a comprehensive understanding of strategy implementation determinants in medium-sized hospitals.

5.2. Summary of the Study

This study aimed to assess the determinants of successful strategy implementation in mid-sized private hospitals in Kenya, with Bristol Park Hospital as a case study. Guided by three key objectives, the research examined the effect of organisational alignment on strategy implementation, the role of internal resources in driving execution success, and the influence of organisational structure, decision-making patterns, and strategic frameworks on effective delivery of strategic goals. Semi-structured interviews were conducted with 20 management personnel across various hospital branches and functional areas to capture a holistic understanding of these determinants.

The study revealed several key findings related to the determinants of successful strategy implementation in medium-sized hospitals. Firstly, organisational alignment is perceived as critical, with respondents emphasising the importance of aligning strategic plans with the hospital's mission, vision, values, and culture. The findings revealed that when strategic initiatives are aligned with the hospital's stated mission and values, implementation is more successful. Effective communication was identified as the most critical factor for ensuring alignment, with participants highlighting the importance of both top-down and bottom-up communication channels. Nevertheless, the study also revealed challenges such as misalignment between administrative and clinical departments and the difficulty of balancing competing strategic priorities. Continuous tracking and review mechanisms were reported as essential tools for maintaining alignment

throughout implementation processes, though some participants acknowledged occasional lapses in these monitoring activities.

Secondly, internal resources such as human capital, financial allocations, and technological capabilities, are considered pivotal for strategy implementation success. The findings revealed that resource allocation at Bristol Park Hospital is a balancing act influenced by competing priorities and budget constraints. Staff skills and training emerged as mainly crucial elements, with respondents stressing that targeted training based on identified skill gaps significantly improved implementation capacity. Resource constraints were frequently reported to negatively impact strategic goals, causing delays in expansion and service delivery. To optimise limited resources, the hospital utilises strategies such as partnerships; for instance, collaboration with external providers. Technology was also highlighted as a key internal resource that impacts implementation success, with several respondents noting the importance of IT systems in enhancing efficiency and reducing turnaround times for various hospital processes.

Thirdly, the existing organisational structure at Bristol Park Hospital, characterised by clear divisions and departments, was generally viewed as facilitating effective communication and role clarity, which in turn promoted accountability in strategy implementation. However, some participants identified areas requiring structural improvement, especially in light of the hospital's expansion goals. Specific structural changes, such as replacing overarching departmental heads with localised leadership at each branch, were cited as positive adjustments that improved management relevance and effectiveness. Decision-making at the hospital was described as predominantly centralised, with top leadership setting strategy and cascading decisions downward, though some decentralisation existed at departmental levels to address specific operational needs. The research also found that clearly defined reporting lines supported accountability for strategic tasks, with monthly reporting, monitoring, and evaluation serving as key mechanisms for tracking progress and ensuring interdepartmental coordination.

Fourthly, several barriers to successful strategy implementation were identified, including resource constraints, communication breakdowns, resistance to change, misalignment of priorities, and external environmental factors. Financial and human resource limitations and communication

issues were frequently cited. Resistance to change, conflicting departmental priorities, and external factors like regulatory changes and competition also pose significant challenges.

Finally, regarding strategic frameworks, the BSC was the most referenced model, with many respondents acknowledging its role in guiding strategy at Bristol Park Hospital. Most participants rated its effectiveness at approximately 70%, suggesting that while valuable, there remained room for improvement. Some concerns were expressed about the completion of all dimensions of the framework's cycle, particularly noting the neglect of learning and growth perspectives. While most favoured continuing with the BSC due to familiarity and previous successes, others suggested exploring additional frameworks or adopting hybrid models. There was general support for customising frameworks to the hospital's unique culture and operational realities rather than adopting standardised models without adaptation. Some respondents also suggested borrowing best practices from other industries, such as airlines and manufacturing, particularly in enforcing timelines, customer service standards, and decentralised decision-making.

5.3. Discussion of Research Findings

5.3.1 Organizational Alignment and Strategy Implementation

The study underscores the critical role of organizational alignment in driving successful strategy implementation within Bristol Park Hospital. Aligning strategic objectives with the hospital's mission, vision, values, and culture emerged as a central factor in ensuring that both leadership and staff could pursue common goals effectively. This finding supports the McKinsey 7S framework, which posits that alignment among strategy, structure, systems, shared values, skills, style, and staff is essential for effective execution (Masfi & Sukartini, 2022). At Bristol Park, alignment was achieved primarily through the integration of strategic planning processes with institutional values and operational priorities. Departments that demonstrated coherent alignment reported more efficient implementation, while misalignment especially between clinical and administrative units, introduced operational inefficiencies, delays, and competing priorities.

Communication emerged as a vital mechanism to reinforce alignment. Both top-down guidance from senior leadership and opportunities for bottom-up feedback facilitated shared understanding of strategic objectives. This aligns with the "systems" and "style" dimensions of the 7S model, which emphasize structured communication channels and leadership behavior as enablers of

strategy execution (Chmielewska et al., 2022). However, the study identified variations in the perception and enactment of alignment across managerial levels. Senior managers, who were directly involved in strategy formulation, demonstrated a comprehensive understanding of alignment mechanisms, whereas middle managers often perceived alignment instrumentally, focusing on performance targets and resource allocation. This differential reflects the challenge highlighted by Hrebiniak (2006), where strategy clarity diminishes as it cascades from formulation to execution.

The study further highlights the dynamic and culturally embedded nature of alignment. While structural mechanisms such as reporting lines and monitoring systems provide a framework for coordination, alignment is reinforced through staff engagement, shared values, and internalization of strategic goals. This reflects the McKinsey 7S emphasis on shared values as the central driver of execution. Partial misalignment occurred when certain perspectives—such as financial performance—were prioritized over learning and growth or quality-focused initiatives. This indicates an imbalance in the influence of "hard" elements (strategy, structure, systems) relative to "soft" elements (skills, shared values, staff engagement), a phenomenon consistent with prior studies in healthcare contexts (Chmielewska et al., 2022; Perveen & Habib, 2017).

The challenges associated with maintaining alignment can also be interpreted through Dynamic Capabilities Theory. The hospital operates in a resource-constrained and competitive environment, which intensifies short-term pressures. As a result, alignment efforts often emphasize immediate operational efficiency at the expense of long-term capacity development, leading to partial rather than holistic integration. Continuous monitoring and periodic reviews were reported as essential tools to correct misalignments, yet occasional lapses in these activities suggest that alignment is not static but requires sustained managerial attention (Candido & Santos, 2019; Sukartini et al., 2020). Overall, the findings indicate that organizational alignment is both a structural and behavioral phenomenon, dependent on leadership actions, communication practices, and cultural reinforcement.

5.3.2 Internal Resources and Strategy Implementation

The research confirms that internal resources, encompassing human capital, financial allocations, and technological capabilities, are fundamental determinants of strategy implementation success. This finding aligns strongly with the Resource-Based View (RBV) theory, which emphasizes that

organizational resources, both tangible and intangible, are sources of competitive advantage (Barney, 2021). Human capital, in particular, was identified as a pivotal factor. The hospital's targeted training initiatives and capacity-building programs enabled staff to acquire skills aligned with strategic objectives, reinforcing RBV's emphasis on the unique and inimitable nature of organizational capabilities (Barney et al., 2021).

Financial resources were found to influence strategy execution by determining the hospital's capacity to expand services, invest in infrastructure, and sustain critical operations. Resource limitations, such as budget constraints and insufficient staff in specialized units, created bottlenecks and slowed implementation. These findings mirror those of Upadhyay et al. (2020), who highlighted that resource constraints are a common barrier in healthcare strategy execution. To optimize limited resources, the hospital leveraged partnerships with external providers and technological innovations to supplement internal capacity, reflecting the RBV concept of resource complementarity.

Technology emerged as a particularly salient internal resource. Investment in IT systems for patient management, reporting, and operational coordination enhanced efficiency and enabled managers to monitor performance effectively. This aligns with prior research emphasizing that technological capabilities strengthen organizational competitiveness by improving operational processes and facilitating informed decision-making (Freeman et al., 2021). Overall, the study confirms that successful strategy implementation requires not only sufficient resources but also the strategic deployment and development of these resources to build organizational capabilities that sustain competitive advantage.

5.3.3 Organizational Structure, Decision-Making, and Accountability

Organizational structure was reported to significantly influence the implementation of strategy at Bristol Park Hospital. The presence of clear divisions, departments, and reporting lines facilitated communication, clarified roles, and enhanced accountability for strategic objectives. This finding aligns with the structural dimension of the McKinsey 7S Framework, which posits that effective execution requires organizational systems that support coordination and clarity (Masfi & Sukartini, 2022; Chmielewska et al., 2022).

Decision-making at the hospital was predominantly centralized, with senior leadership guiding strategic direction and cascading decisions downward. Partial decentralization existed at

departmental levels, enabling operational responsiveness to local challenges. This hybrid model reflects the balance suggested by previous research on healthcare management in Kenya, where top-down structures ensure alignment while localized decision-making enhances flexibility and operational relevance (Nyungu & Wainaina, 2024; Mwatsuma et al., 2017). Structural modifications, such as decentralizing leadership at branch levels, were found to improve management relevance and responsiveness, exemplifying the hospital's adaptive approach to organizational design.

Dynamic Capabilities Theory provides a useful lens for interpreting these findings. The hospital's willingness to adjust structures and reporting lines reflects its capacity to reconfigure internal resources to meet evolving strategic demands (Teece, 2018; Schoemaker et al., 2018). This structural adaptability, coupled with monitoring systems, enabled the hospital to maintain accountability and performance oversight while navigating complex operational challenges. However, the study also revealed that structural clarity alone was insufficient; effectiveness depended on alignment with culture, skills, and communication systems, reinforcing the interconnectedness of structural and behavioral elements in strategy execution.

5.3.4 Barriers to Strategy Implementation

The study identified several critical barriers that impede effective strategy implementation, including resource constraints, communication breakdowns, resistance to change, misalignment of priorities, and external environmental pressures. Financial and human resource limitations frequently constrained the hospital's ability to implement initiatives on time and at full scale, consistent with findings from Gioko and Njuguna (2019). Communication breakdowns, particularly when information flow was unidirectional or inconsistent, were associated with decreased coordination and staff engagement, echoing Ahmed's (2017) observations in Kenyan private hospitals.

Resistance to change emerged as a significant challenge, particularly among operational staff, reflecting the human element in strategy execution. Dynamic Capabilities Theory interprets this as a limitation in the hospital's transforming capabilities the ability to reconfigure processes, behaviors, and resources to adapt to strategic objectives (Teece, 2018). Similarly, the study identified external pressures, including regulatory changes and competition, as influencing internal priorities and resource allocation. These findings highlight the necessity for healthcare

organizations to develop both sensing and transforming capabilities to maintain strategic momentum amid environmental volatility.

5.3.5 Strategic Frameworks and Recommendations

The Balanced Scorecard (BSC) was the primary framework guiding strategy at Bristol Park Hospital. Respondents indicated moderate effectiveness, particularly in translating strategic objectives into operational metrics. However, the learning and growth perspective was underemphasized, reflecting a common tendency in healthcare organizations to prioritize financial and operational metrics over long-term capability development (Karisa & Wainaina, 2020). This underscores a partial implementation of the BSC, where structural and financial dimensions dominate cultural and human capital considerations.

Recommendations for improving framework effectiveness included adapting the BSC to the hospital's specific operational context, integrating lessons from other industries, and exploring hybrid approaches that address neglected perspectives. These suggestions align with Dynamic Capabilities Theory, emphasizing adaptability and resource reconfiguration in response to evolving internal and external demands (Muny & Muthimi, 2022). The findings indicate that frameworks alone are insufficient; their effectiveness depends on organizational alignment, resource deployment, and adaptive structures.

5.4. Conclusion of the Study

This study concludes that strategy implementation in medium-sized private hospitals in Kenya is shaped by a complex interaction of organizational alignment, internal resources, organizational structure, and the strategic frameworks adopted. Using Bristol Park Hospital as a case study, the findings demonstrate that successful implementation is not driven by a single factor but rather by the coherence and consistency among multiple organizational elements. Alignment between strategy and the hospital's mission, vision, values, and culture emerged as a central determinant of implementation success. When strategic objectives were clearly linked to shared organisational values, staff understanding and commitment were enhanced, facilitating smoother execution across departments. Conversely, misalignment between administrative and clinical functions, as well as competing priorities, undermined implementation effectiveness and weakened strategic focus.

The study further establishes that internal resources play a decisive role in translating strategy into action. Human capital, financial resources, and technological capabilities were found to directly influence the hospital's capacity to execute strategic initiatives. Adequate skills, targeted training, and leadership capability strengthened implementation outcomes, while financial and staffing constraints limited the hospital's ability to fully realise strategic ambitions. The findings indicate that strategy implementation in medium-sized hospitals requires deliberate prioritisation of resource allocation, continuous capacity development, and innovative approaches such as partnerships and technology adoption to mitigate resource scarcity. Where resources were insufficient or unevenly distributed, implementation delays and compromises in service delivery were evident.

Organizational structure and decision-making arrangements were also shown to significantly affect implementation outcomes. Clear departmental roles, reporting lines, and accountability mechanisms supported coordination, communication, and monitoring of strategic activities. However, predominantly centralised decision-making created tensions between strategic intent and operational realities at lower management levels. Structural adaptations, including the introduction of localised leadership at branch levels, improved responsiveness and managerial relevance, demonstrating the importance of organisational flexibility in dynamic healthcare environments. These findings suggest that structural stability must be balanced with adaptability to ensure that strategy remains actionable as organisations grow and evolve.

The study also concludes that strategy implementation is constrained by both internal and external barriers. Internal challenges such as resistance to change, communication breakdowns, and misaligned departmental priorities disrupted execution processes, while external pressures including regulatory changes and market competition further complicated implementation efforts. These barriers highlight that strategy implementation is an ongoing process requiring continuous engagement, negotiation, and adjustment rather than a one-time managerial exercise. Addressing these constraints demands not only technical planning but also behavioral, cultural, and leadership interventions that foster adaptability and shared ownership of strategic goals.

Finally, the findings demonstrate that while the Balanced Scorecard provides a useful structure for guiding strategy implementation, its effectiveness is limited when applied mechanically or

incompletely. The underemphasis on learning and growth suggests a tendency to prioritize short-term operational and financial outcomes over long-term capability development. The study concludes that strategic frameworks must be customized to the organizational context and supported by continuous learning, feedback, and refinement. Overall, the study highlights that successful strategy implementation in medium-sized hospitals relies on the integration of alignment, resources, structure, leadership, and adaptable frameworks, providing valuable insights for both theory and practice in healthcare strategic management.

5.5. Recommendations

5.5.1 Recommendations for Management

Hospital management should institutionalize strategy implementation as a structured, monitored process rather than an informal managerial function by introducing quarterly strategy alignment forums involving senior, middle, and departmental managers to review progress, resolve interdepartmental misalignments, and recalibrate priorities using a standardized agenda linked to the strategic plan and Balanced Scorecard perspectives. Communication should be operationalized through mandatory departmental strategy briefs that explicitly link unit-level activities to organizational objectives, supported by routine staff feedback sessions to translate strategy into actionable tasks and reduce resistance to change.

Resource allocation decisions should be guided by a strategy-based budgeting framework that prioritizes funding, staffing, and training based on strategic importance rather than historical patterns, complemented by annual training needs assessments tied directly to implementation gaps. Management should also conduct periodic organizational structure reviews during expansion phases to identify decision bottlenecks and determine where decentralization would improve responsiveness while maintaining accountability through performance contracts and standardized monthly performance dashboards. Finally, the Balanced Scorecard should be customized to include clearly defined learning and growth indicators, such as skills development and leadership capacity, and integrated with complementary tools such as strategy maps and risk registers to strengthen execution and adaptability.

5.5.2 Recommendations for Policy

Policymakers and healthcare regulators should support effective strategy implementation in private hospitals by developing sector-specific strategic management guidelines that outline

minimum standards for communication structures, monitoring mechanisms, and alignment between organisational objectives and national health priorities. Policy interventions should promote capacity-building through incentives for continuous professional development, digital health adoption, and leadership training, enabling hospitals to strengthen internal capabilities critical for strategy execution.

Regulatory bodies should also facilitate access to affordable financing mechanisms, such as concessional loans or public-private partnership frameworks, to reduce resource constraints that impede strategic initiatives, particularly infrastructure expansion and technology investments. In addition, policymakers should encourage benchmarking and structured knowledge-sharing platforms among private healthcare providers to disseminate best practices in strategic management, including context-sensitive adaptations of frameworks like the Balanced Scorecard, thereby improving sector-wide consistency, accountability, and performance outcomes.

5.6. Limitations of the Study

The study has several limitations that may affect the interpretation and validity of its findings. First, reliance on self-reported data from management staff introduces the risk of response bias, as participants may have overstated successes or downplayed implementation challenges due to social desirability or organisational loyalty. This may have led to a more favourable portrayal of strategy implementation practices than exists, potentially affecting the internal validity of the findings. Second, the absence of data triangulation such as the use of objective performance indicators, document analysis, or observations limits the ability to corroborate participants' perceptions with empirical evidence. Without triangulation, the study's conclusions are primarily interpretive and may not fully capture discrepancies between perceived and actual strategy execution outcomes.

Third, the study's focus on a single medium-sized private hospital constrains contextual transferability, as organisational culture, leadership styles, and regulatory pressures may differ across hospitals. These contextual constraints limit external validity and caution against direct generalisation of the findings to other healthcare settings. Nevertheless, the depth of qualitative insight generated provides valuable analytical understanding of strategy implementation dynamics that can inform similar organisations facing comparable structural and resource conditions.

5.7. Suggestions for Future Research

Future research should move beyond expanding sample size and methodological scope to explore more innovative and theory-driven approaches to strategy implementation in healthcare. Longitudinal studies tracking strategy formulation, execution, and adaptation over time would provide deeper insights into how alignment, resources, and structure evolve in response to internal and external pressures. Scholars could also develop or test integrative theoretical models that combine elements of the McKinsey 7S Framework, Resource-Based View, and Dynamic Capability Theory to better explain execution challenges in resource-constrained healthcare environments.

Cross-sector comparative studies involving healthcare, manufacturing, and service industries could further reveal transferable strategy implementation practices, particularly in areas such as performance monitoring, decentralised decision-making, and capability development. Additionally, future research could examine the role of leadership sense-making, organisational learning, and digital transformation as mediating variables influencing strategy execution outcomes, thereby extending existing strategic management theories within emerging market contexts.

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APPENDICES

Appendix I: Participant Consent

PARTICIPANT INFORMATION AND CONSENT FORM

SECTION 1: INFORMATION SHEET

Investigator: Winfred Kavusi Kathenge

Institutional affiliation: Strathmore Business School (SBS)

SECTION 2: INFORMATION SHEET – THE STUDY

Title of the Study: Determinants of Successful Strategy Implementation in Medium-Sized Hospitals in Nairobi, Kenya: A Case of Bristol Park Hospital

Why is this study being carried out?

This study is being conducted to investigate the factors that influence the successful implementation of strategies in medium-sized hospitals, using Bristol Park Hospital in Nairobi, Kenya, as a case study. The research aims to assess the role of organisational alignment, allocation and utilization of internal resources, and organisational structure in strategy implementation success. It also seeks to identify the challenges that hinder successful strategy implementation and propose a strategic framework for enhancing strategy implementation in similar healthcare settings.

Do I have to take part?

No. Taking part in this study is entirely optional, and the decision rests solely with you.

If you decide to take part, you will be asked to participate in an in-depth interview with the researcher. The interview will explore your experiences and perspectives on strategy implementation at Bristol Park Hospital.

You are free to decline to take part in the study at any time without giving any reasons.

Who is eligible to take part in this study?

The participants eligible to take part in this study are the management staff at Bristol Park Hospital who have at least one year of experience in strategy implementation.

Who is not eligible to take part in this study?

Individuals who are not part of the management staff at Bristol Park Hospital and those with less than one year of experience in strategy implementation are not eligible to participate.

What will taking part in this study involve for me?

You will be approached by the researcher and requested to take part in the study.

If you are satisfied that you fully understand the goals of this study, you will be asked to sign the informed consent form (this form) and then participate in an in-depth interview. The interview will focus on your understanding of the hospital's strategic implementation processes, the factors that contribute to its success, and the challenges encountered.

Are there any risks or dangers in taking part in this study?

There are no risks in taking part in this study.

All the information you provide will be treated as confidential and will not be used in any way without your express permission.

Are there any benefits of taking part in this study?

The information gathered from this study will be used to develop insights and recommendations that could improve strategy implementation in medium-sized hospitals, including Bristol Park Hospital.

What will happen to me if I refuse to take part in this study?

Participation in this study is entirely voluntary. Even if you decide to take part at first but later change your mind, you are free to withdraw at any time without explanation.

Who will have access to my information during this research?

All research records will be stored in securely locked cabinets.

That information may be transcribed into our database, but this will be sufficiently encrypted and password-protected.

Only the people who are closely concerned with this study will have access to your information.

All your information will be kept confidential.

Who can I contact in case I have further questions?

You can contact me, Winfred Kavusi Kathenge, via email at winfred.kathenge@strathmore.edu or by phone at +254723455605.

If you want to ask someone independent about this research, please contact:

The Secretary – Strathmore University Institutional Ethics Review Board,

P.O. Box 59857, 00200, Nairobi.

Email: ethicsreview@strathmore.edu

Tel number: +254 703 034418

CONSENT FORM

I, ……, have had the study explained to me. I have understood all that I have read and have had explained to me, and my questions have been answered satisfactorily. I understand that I can change my mind at any stage.

Please tick the boxes that apply to you:

- Participation in the research study
    - I AGREE to take part in this research ☐
    - I DO NOT AGREE to take part in this research ☐
- Storage of information on the completed questionnaire
    - I AGREE to have my completed questionnaire stored for future data analysis ☐
    - I DO NOT AGREE to have my completed questionnaire stored for future data analysis ☐

Participant's Signature: …… Date: ……/……/…….

Participant's Name: …… Time: ……../…….

(Please print name)

I, …… (Name of person taking consent) certify that I have followed the SOP for this study and have explained the study information to the study participant named above, and that s/he has understood the nature and the purpose of the study and consents to the participation in the study. S/he has been given the opportunity to ask questions which have been answered satisfactorily.

Investigator's Signature: …… Date: ……/……/…….

Investigator's Name: ……

Appendix II: Interview Guide

A. Introduction and Demographic Information

1. **Introduction**

   Thank you for agreeing to participate in this interview. Just to begin with, this study is being conducted to understand the factors that influence or affect strategy implementation at Bristol Park Hospital. Your insights will help improve strategic processes in this organisation and other similar hospitals. All responses will remain confidential.

2. **Demographics**:
   - What is your current role at Bristol Park Hospital?

B. Interview Questions

Can you describe your role and involvement in strategy implementation at Bristol Park Hospital?

Part 1: Introductory Questions

Part 2: Organizational Alignment and Strategy Implementation

1. Please describe the process of strategy implementation at Bristol Park.

   Probing question: *would you say that your strategic plan is aligned with your organisational culture and structure?*

2. Can you provide examples of how communication channels between leadership and staff support (or hinder) strategy implementation?

   Probing question: *what kind of communication channels do you use to support strategy implementation efforts?*

3. How does the hospital ensure that shared values and leadership styles align with strategic goals?

4. Have there been instances where misalignment among departments (e.g., clinical vs. administrative) affected strategy execution? Please elaborate.

   Probing questions: *How does the hospital address conflicting priorities during implementation? What mechanisms exist to monitor alignment during strategy execution?*

Part 2: Internal Resources and Strategy Implementation

1. How does the hospital prioritize financial, human, and technological resources during strategy implementation?

   Probing question: *How does the hospital balance resource allocation between competing strategic priorities?*
2. In your view, how do staff skills, training, and leadership capabilities impact the success of strategic initiatives?
3. Can you describe a situation where resource constraints impacted the implementation of a strategic plan?

   Probing Question: *Would you say that the hospital's resources are adequate for implementing strategies? what strategies are used to optimize limited resources (e.g., partnerships, innovation)?*

Part 3: Organizational Structure and Strategy Implementation

1. How does the current organizational structure (e.g., hierarchy, departmentalization) facilitate or challenge strategy implementation across branches?

   Probing question: *Have there been structural changes to improve strategy implementation? If so, what were the outcomes?*
2. Can you describe the decision-making process for strategic initiatives? Is it centralized or decentralized?

   Probing question: *How do reporting lines and roles impact accountability in strategy execution?*
3. How does the hospital ensure coordination among departments during strategy execution?

Part 4: Barriers to Strategy Implementation

1. What are the most significant challenges Bristol Park Hospital faces in implementing strategies?

   Probing question: *How does the hospital mitigate risks associated with resource shortages or staff turnover?*
2. How do external factors (for example regulatory changes, competition) affect strategy execution?

3. Can you describe instances where resistance to change or communication gaps delayed strategic outcomes?

Part 5: Strategic Frameworks for Improvement

1. Which strategic frameworks (for example McKinsey 7S, Balanced Scorecard) has the hospital used, and how effective were they?
2. Based on your experience, what framework or model would you recommend to enhance strategy implementation in medium-sized hospitals?

   Probing Questions: *What lessons from other industries could be applied to healthcare strategy implementation?*

Closing Remarks

19. Is there anything else you would like to share about strategy implementation at Bristol Park Hospital?

Thanking the Participant

Thank you for taking the time to share your insights. Indeed, what you have shared will help us enhance strategy execution in Middle-sized hospitals and healthcare sector at large. Thank you.

Appendix III: Ethics Review Board Approval

Strathmore UNIVERSITY

30th April 2025

Mrs Kathenge Winfred,
winfred.kathenge@strathmore.edu

Dear Mrs Kathenge,

RE: Determinants of Successful Strategy Implementation in Medium-Sized Hospitals in Nairobi, Kenya: A Case of Bristol Park Hospital

This is to inform you that SU-ISERC has reviewed and **approved** your above **SU- Masters** proposal. Your application reference number is **SU-ISERC2849/25.** The approval period is from **30th April 2025 to 29th April 2026.**

This approval is subject to compliance with the following requirements:

i. Only approved documents including (informed consents, study instruments, MTA) will be used.
ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by SU-ISERC.
iii. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to SU-ISERC within 72 hours of notification.
iv. Any changes anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to SU-ISERC within 72 hours.
v. Clearance for the export of biological specimens must be obtained from relevant institutions.
vi. Submission of a request for renewal of approval at least 60 days prior to the expiry of the approval period. Attach a comprehensive progress report to support the renewal.
vii. Submission of an executive summary report within 90 days of completion of the study to SU-ISERC.

Before commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology, and Innovation (NACOSTI) https://research-portal.nacosti.go.ke/ and obtain other clearances needed.

Yours sincerely,

Mr Ambrose Rachier,
Chairperson; SU-ISERC

Ole Sangale Rd, Madaraka Estate. PO Box 59857-00200, Nairobi, Kenya. Tel +254 (0)703 034000
Email admissions@strathmore.edu www.strathmore.edu

Appendix IV: NACOSTI Certificate

REPUBLIC OF KENYA

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

Ref No: 327582

Date of Issue: 05/June/2025

RESEARCH LICENSE

This is to Certify that Dr.. Winfred Kavusi Katheng of Strathmore University, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in Nairobi on the topic: Determinants of Successful Strategy Implementation in Medium-Sized Hospitals in Nairobi, Kenya: A Case of Bristol Park Hospital for the period ending : 05/June/2026.

License No: NACOSTI/P/25/4174361

327582

Applicant Identification Number

Deputy Director

NATIONAL COMMISSION FOR SCIENCE,TECHNOLOGY & INNOVATION

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See overleaf for conditions

Appendix V: Similarity Index

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