

STRATEGIC MANAGEMENT PRACTICES AND SERVICE DELIVERY IN KENYA'S LEVEL FIVE PUBLIC HOSPITALS: DOES THE INTERNAL ENVIRONMENT MODERATE THE RELATIONSHIP?

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ABSTRACT

Background: Kenya's Level Five public hospitals face critical service delivery challenges due to resource constraints and operational inefficiencies. Grounded in the Resource-Based View, Open Systems Theory, Institutional Theory, Strategic Control Theory, and WHO's IPCHS framework, this study evaluated the impact of strategic management practices on service delivery and assessed the moderating role of the internal environment.

Methods: An explanatory sequential mixed-methods cross-sectional design was employed across all 16 gazetted Level Five hospitals. Quantitative data were gathered from 110 departmental heads (96.5% response rate) alongside qualitative key informant interviews with 64 senior hospital managers.

Results: Correlation analysis indicated significant positive relationships between the internal environment and service delivery ($r = 0.542, p < 0.001$), strategy formulation ($r = 0.498, p < 0.001$), implementation ($r = 0.512, p < 0.001$), and evaluation ($r = 0.523, p < 0.001$). Hierarchical regression confirmed a direct positive contribution of the internal environment to service delivery. However, moderated multiple regression revealed that the internal environment does not significantly moderate the relationship between strategic management practices and service delivery ($\beta = -0.165, t = -0.360, p = 0.720, \Delta R^2 = 0.001$).

Conclusion: Strategic management practices directly drive service delivery performance independently of internal environmental variations. Strengthening strategy formulation, execution, and evaluation remains essential, while targeted investments in leadership, governance, and HR capacity should be pursued as complementary drivers of performance.

Keywords: *Strategic Management Practices, Service Delivery, Internal Environment, Level Five Public Hospitals, Kenya*

INTRODUCTION

Despite global advances, low- and middle-income countries continue to face persistent health system vulnerabilities, including infrastructure deficits, resource constraints, and workforce shortages (WHO, 2021, 2022). In Kenya, the devolution of health services under the 2010 Constitution, aligned with Kenya Vision 2030 and the Universal Health Coverage agenda—placed healthcare governance directly under county governments, making effective strategic management essential (Barasa et al., 2022; Bryson, 2018). As county referral centers, Level Five public hospitals are pivotal to this framework, yet they remain severely constrained by systemic operational bottlenecks, including critical doctor shortages (1:6,355 vs. WHO's 1:1,000 standard), drug supply gaps, and low patient satisfaction rates of 58% (MOH, 2022, 2023; Oleribe et al., 2019). While strategic management practices are known to enhance organizational performance, existing research largely overlooks how internal environmental factors, such as leadership, institutional capacity, and organizational culture, mediate or moderate these outcomes (Ayeleke et al., 2023). This study addresses this empirical gap by examining the moderating effect of the internal environment on the relationship between strategic management practices and service delivery in Kenya's Level Five public hospitals.

OBJECTIVE OF THE STUDY

To determine the moderating effect of the internal environment on the relationship between strategic management practices and service delivery in Kenya's Level Five public hospitals.

THEORETICAL REVIEW

Grounded in the Resource-Based View (RBV), Open Systems Theory (OST), and Institutional Theory, this study examines how the internal environment moderates the impact of strategic management practices on service delivery in Kenya's Level Five public hospitals. RBV highlights internal resources and competencies (Barney, 1991), OST emphasizes coordinated subsystems and operational processes (Mele et al., 2010), and Institutional Theory addresses governance, leadership, and organizational culture (Raynard et al., 2015). Together, these frameworks show that internal capabilities, structures, and institutional norms dictate how effectively strategic management translates into superior service delivery outcomes.

EMPIRICAL LITERATURE REVIEW

Studies show that human resource capacity, organizational culture, and leadership serve as critical internal enablers of healthcare performance. Robust HR capacity, driven by continuous professional development and effective workforce management, directly mitigates skill gaps and turnover, thereby boosting motivation and strategy execution (WHO, 2022; Wasike & Wanjau, 2020). Concurrently, an adaptive organizational culture grounded in transparency, teamwork, and accountability fosters innovation and continuous improvement, whereas rigid bureaucratic norms inhibit service delivery (Muthoni et al., 2023; Ogunyemi & Adebayo, 2022). Compounding these dynamics, transformational leadership and strong governance frameworks enhance operational responsiveness and staff engagement, while weak management structures remain key barriers to successful strategy implementation in Kenyan public hospitals (Chege & Bula, 2022; Mutua et al., 2021).

RESEARCH METHODOLOGY

Research Philosophy and Design

The study adopted a pragmatic research philosophy using an explanatory sequential mixed-methods cross-sectional survey design. Pragmatism supports methodological pluralism, allowing quantitative statistical testing to be integrated with qualitative contextual insights.

Target Population, Sampling, and Sample Size

The study targeted 224 hospital management personnel across all 16 gazetted Level Five public hospitals in Kenya, spanning 13 counties. A mixed-sampling approach was employed based on administrative roles: a total census was conducted for 64 senior hospital managers (CEOs, Administrators, Clinical Directors, and HR Managers) for qualitative in-depth interviews due to their strategic oversight. For the 160 departmental heads across clinical, diagnostic, and operational units, Yamane's (1967) formula determined a sample size of 114 respondents. Proportionate stratified sampling was then applied across these three functional strata to ensure balanced representation and enhance the study's reliability.

Data Collection Procedures

Primary quantitative data were collected using structured 5-point Likert scale questionnaires administered to HODs. Qualitative primary data were obtained via semi-structured key informant interviews with senior hospital managers. Pilot testing was conducted with 11 respondents (10% of the sample) in two comparable non-sampled Level Five facilities. Internal consistency was verified using Cronbach's Alpha (α), with all constructs exceeding the standard 0.70 threshold.

Data Analysis

Quantitative data were processed via SPSS Version 27. Analytical methods included descriptive statistics (means, standard deviations), Pearson product-moment correlations, simple linear regressions, and hierarchical moderated multiple regression following Baron and Kenny's (1986) framework. Qualitative interview transcripts were analyzed using thematic content analysis to contextualize the statistical findings.

Ethical Considerations

Prior to data collection, approval was obtained from the Institute of Postgraduate Studies at Kabarak University, followed by ethical clearance from the Kabarak University Research and Ethics Review Committee (KURERC), (Ref: KABU/KUREC/001/18/10/25). A research permit was subsequently secured from the National Commission for Science, Technology and Innovation (NACOSTI) (Ref: 452810), while authorization to access Level Five public hospitals was granted by the respective County Departments of Health Services. Participants were adequately informed about the purpose, significance, and procedures of the study, and their participation was entirely voluntary. Informed consent was obtained from all respondents before data collection. The study upheld the ethical principles of autonomy, beneficence, non-maleficence, and justice throughout the research process.

RESULTS

Response Rate and Demographic Profile

Of the 114 distributed survey questionnaires, 110 were returned fully completed, representing a response rate of 96.5%.

Demographic Characteristics of Respondents

The study analyzed responses from 110 departmental heads drawn from Kenya's Level Five public hospitals. The demographic profile was examined based on gender, age, and duration of service, as these characteristics are important in understanding respondents' experiences and perspectives regarding strategic management practices and service delivery. The study findings are shown in Table 1.

Table 1: Demographic Profile of Respondents

Variable	Category	Frequency	Percentage
Gender	Male	54	49.1
	Female	56	50.9
Age (Years)	26-35	23	20.9
	36-45	57	51.8
	46-55	27	24.5
	56 and above	3	2.7
	Less than 2 years	5	4.5
Duration of Service	2-5 years	36	32.7
	6-10 years	31	28.2
	Above 10 years	38	34.5

Source: Study Data (2026)

The study sample showed balanced gender representation (50.9% female, 49.1% male), minimizing gender-related bias. Most respondents were middle-aged (51.8% aged 36–45 years; 24.5% aged 46–55 years), indicating substantial professional and managerial experience relevant to hospital management. Regarding organizational tenure, 34.5% had worked in their hospitals for over 10 years, 32.7% for 2–5 years, and 28.2% for 6–10 years, with only 4.5% having less than 2 years of service. This high level of institutional familiarity enhanced the reliability of responses on hospital operations and service delivery.

Descriptive statistics

The study sought to assess respondents' perceptions of the internal environment in Level Five public hospitals and its capacity to support strategic management practices and healthcare service delivery. The findings indicate a generally positive assessment of the internal organizational environment, with an overall mean score of 2.34 (SD = 1.34), suggesting that respondents largely agreed that existing organizational structures and systems support hospital operations and strategy implementation. The findings are shown in Table 2.

Table 2: Descriptive statistics for Internal Environment

Statements	SD Freq. %	D Freq. %	N Freq. %	A Freq. %	SA Freq. %	Mean	Std. Dev
The hospital provides adequate staffing levels to meet service delivery demands	19 17.3%	38 34.5%	18 16.4%	18 16.4%	17 15.5%	2.83	1.354
The hospital ensures safe and supportive physical working environment	19 17.3%	11 10.0%	16 14.5%	46 41.8%	34 30.9%	2.43	1.371
Staff have regular access to relevant training and professional development opportunities	5 (4.5%)	20 (18.2%)	14 (12.7%)	39 (35.5%)	32 (29.1%)	2.49	1.353
The hospitals reporting lines are clear and minimize bureaucratic delays	3 (2.7%)	10 (9.1%)	13 (11.8%)	54 (49.1%)	30 (27.3%)	2.25	1.302
Operational policies and procedures are clearly documented and accessible.	0 (0.0%)	14 (12.7%)	14 (12.7%)	50 (45.5%)	32 (29.1%)	2.25	1.302
Mechanisms exist for timely resolution of staff grievances	1 (0.9%)	20 (18.2%)	18 (16.4%)	44 (40.0%)	27 (24.5%)	2.28	1.250
Hospital policies are consistently implemented across all departments	4 (3.6%)	12 (10.9%)	12 (10.9%)	53 (48.2%)	29 (26.4%)	2.26	1.386
Hospital policies are aligned with long-term strategic objectives	3 (2.7%)	8 (7.3%)	14 (12.7%)	49 (44.5%)	36 (32.7%)	2.42	1.404
Hospital leadership provides clear strategic direction	2 (1.8%)	5 (4.5%)	5 (4.5%)	65 (59.1%)	33 (30.0%)	2.11	1.416
Leadership decisions are responsive to operational challenges	1 (0.9%)	10 (9.1%)	17 (15.5%)	55 (50.0%)	27 (24.5%)	2.17	1.305
Staff are involved in decision-making processes that affect their work	2 (1.8%)	16 (14.5%)	15 (13.6%)	50 (45.5%)	27 (24.5%)	2.23	1.304
Hospital Governance structures promote accountability at all levels	2 (1.8%)	12 (10.9%)	13 (11.8%)	47 (42.7%)	36 (32.7%)	2.40	1.369
Average Mean and SD						2.343	1.343

Leadership and governance factors received the strongest ratings. Respondents agreed that hospital leadership provides clear strategic direction (Mean = 2.11, SD = 1.42) and responds effectively to operational challenges (Mean = 2.17, SD = 1.31). Organizational systems were viewed favorably, with clear reporting lines that minimize bureaucratic delays (Mean = 2.25, SD = 1.30) and well-documented, accessible operational policies (Mean = 2.25, SD = 1.30). Governance structures were perceived to promote accountability (Mean = 2.40, SD = 1.37), and policies were seen as aligned with long-term strategic objectives (Mean = 2.42, SD = 1.40). The working environment and staff development mechanisms also scored positively. Hospitals were rated as providing safe and supportive physical work environments (Mean = 2.43, SD = 1.37) and access to training and professional development opportunities (Mean = 2.49, SD = 1.35). Staff grievance mechanisms (Mean = 2.28, SD = 1.25) and staff involvement in decision-making (Mean = 2.23, SD = 1.30)

were similarly well-rated. The least favorable rating concerned human resource adequacy, with insufficient staffing levels to meet service delivery demands (Mean = 2.83, SD = 1.35), highlighting persistent staffing shortages in Level Five public hospitals.

Qualitative Findings

The qualitative findings revealed that the internal environment in Level Five public hospitals is primarily shaped by leadership, organizational culture, and resource availability. Key informants described their hospitals as having collaborative and open communication structures, characterized by open-door leadership approaches, teamwork, and regular consultative forums.

R010 reported; "Leadership has adopted an open-door policy. We encourage cross-cadre consultation and teamwork. No one should feel that they cannot escalate an issue. Frontline problems can be quickly brought to management without going through a long bureaucratic chain. We hold discussion forums regularly and this helps us to update each other"

These practices were perceived to facilitate information sharing, problem-solving, and staff engagement across different organizational levels. However, respondents highlighted that the stability of the internal environment is often undermined by leadership transitions and political changes at the county level. Frequent changes in leadership were reported to disrupt strategic continuity, alter organizational priorities, and delay the implementation of ongoing projects, thereby affecting service delivery.

Correlation Analysis

Pearson correlation coefficients (r) were calculated to assess bivariate relationships among the research variables.

Table 3: Correlation coefficients

Variables	Service Delivery	Strategy Formulation	Strategy Implementation	Strategy Evaluation	Internal Environment
Service Delivery	1.000				
Strategy Formulation	0.728**	1.000			
Strategy Implementation	0.598**	0.612**	1.000		
Strategy Evaluation	0.655**	0.641**	0.584**	1.000	
Internal Environment	0.542**	0.498**	0.512**	0.523**	1.000

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

Correlation analysis showed a positive, statistically significant relationship between internal environment and service delivery ($r = 0.542$, $p < 0.01$), indicating that stronger leadership, staffing, governance, culture, communication, and resource availability are associated with better service delivery outcomes.

The internal environment was also positively and significantly correlated with all three strategic management practices: strategy formulation ($r = 0.498$, $p < 0.01$), strategy implementation ($r = 0.512$, $p < 0.01$), and strategy evaluation ($r = 0.523$, $p < 0.01$). This suggests that hospitals with stronger internal organizational conditions are more effective at formulating, implementing, and

evaluating strategies. Overall, these results provide preliminary evidence that the internal environment is a key organizational factor linked to both strategic management practices and service delivery performance, supporting its examination as a potential moderator in the relationship between strategic management and service delivery in Kenya's Level Five public hospitals.

Regression Analysis

To evaluate the direct and moderating role of the internal environment (M) in the relationship between strategic management practices (X) and service delivery (Y), a three-step hierarchical regression analysis was performed.

Table 4: Model Summary Results for Moderated Multiple Regression

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.741 ^a	.549	.545	.672
2	.748 ^b	.559	.551	.667
3	.748 ^c	.560	.547	.670

a Predictors: (Constant), Strategic Management practices (X)

b Predictors: (Constant), Strategic Management practices (X), Internal Environment (M)

*c Predictors: (Constant), Strategic Management practices (X), Internal Environment (M), X*M*

The baseline model (Model 1), which included strategic management practices as the sole predictor, explained 54.9% of the variance in service delivery ($R^2 = .549$, adjusted $R^2 = .545$). The introduction of the internal environment as a main-effect predictor in Model 2 resulted in a modest improvement in model fit, with the multiple correlation coefficient increasing from $R = .741$ to $R = .748$. The proportion of explained variance increased to 55.9% ($R^2 = .559$), representing an incremental contribution of 1.0% ($\Delta R^2 = .010$) attributable to the internal environment.

In addition, the standard error of the estimate declined from .672 to .667, indicating a modest improvement in the model's predictive precision following the inclusion of the internal environment. However, the addition of the interaction term between strategic management practices and the internal environment ($X \times M$) in Model 3 produced virtually no further improvement in explanatory power. The R^2 increased only marginally from .559 to .560 ($\Delta R^2 = .001$), while the adjusted R^2 declined from .551 to .547 and the standard error of the estimate increased slightly from .667 to .670. These results suggest that although the internal environment contributes modestly to explaining variation in service delivery as a main-effect predictor, its interaction with strategic management practices provides negligible additional explanatory value.

ANOVA Results

Table 5: ANOVA Results for Moderated Multiple Regression

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	59.364	1	59.364	131.407	.000
Residual	48.790	108	.452		
Total	108.154	109			
Regression	60.498	2	30.249	67.919	.000
Residual	47.655	107	.445		
Total	108.154	109			
Regression	60.557	3	20.186	44.954	.000
Residual	47.597	106	.449		
Total	108.154	109			

The ANOVA test confirmed that all three regression models demonstrated strong statistical significance ($p = .000$), establishing that the predictive power of the models is highly reliable and did not occur by chance.

Moderating Effect of Internal Environment

To test the moderating effect of the internal environment, a hierarchical moderated multiple regression was estimated in three sequential steps.

Table 6: Moderated Multiple Regression Model Summary

Model	R	R ²	Adjusted R ²	Std. Error	R ² Change	F Change	Sig.
1	0.762	0.581	0.577	0.3812	0.581	149.612	0.000
2	0.774	0.599	0.592	0.3745	0.018	4.809	0.030
3	0.775	0.600	0.589	0.3758	0.001	0.130	0.720

Model 1 Predictor: Composite Strategic Management Practices (SMP).

Model 2 Predictors: Composite SMP, Internal Environment (IE).

Model 3 Predictors: Composite SMP, Internal Environment (IE), Interaction Term (SMP $\times$ IE).

To evaluate the moderating role of the internal environment in the relationship between strategic management practices and service delivery, a three-step hierarchical regression analysis was conducted. In the initial step, Model 1 evaluated the direct predictive power of strategic management practices on service delivery. The baseline model demonstrated a strong fit, explaining 58.1 percent of the total variance in hospital service delivery, with an R value of 0.762, an R-squared of 0.581, and an Adjusted R-squared of 0.577. The ANOVA test confirmed that this baseline model was highly statistically significant, returning an F-value of 149.612 with 1 and 108 degrees of freedom at a p-value of less than 0.001.

When the internal environment was introduced as a direct main effect in Model 2, overall model performance improved. The correlation coefficient R rose to 0.774, and the total explained variance increased to 59.9 percent, reflected by an R-squared of 0.599 and an Adjusted R-squared of 0.592. The standard error of the estimate dropped to its lowest point across all models at 0.3745, signaling enhanced prediction accuracy. The change statistics confirmed that addition of the internal environment yielded a statistically significant R-squared change of 0.018, backed by an F-change statistic of 4.809 with a p-value of 0.030.

Furthermore, Model 2 maintained robust overall statistical significance in the ANOVA analysis, with an F-value of 67.919 with 2 and 107 degrees of freedom at a p-value of less than 0.001. This demonstrates that while the internal environment contributes an incremental 1.8 percent to service delivery, it functions as a meaningful direct additive factor.

In the final step, Model 3 incorporated the interaction term between strategic management practices and the internal environment to test for moderation. Although the overall model remained statistically significant in the ANOVA test, with an F-value of 44.954 with 3 and 106 degrees of freedom at a p-value of less than 0.001, the addition of the interaction term provided virtually no predictive gain. The correlation coefficient R was 0.775, and the R-squared edged up marginally to 0.600, while the Adjusted R-squared actually declined from 0.592 down to 0.589 due to model complexity penalties. The incremental R-squared change was a negligible 0.001, and the F-change statistic of 0.130 was statistically non-significant with a p-value of 0.720.

The empirical model equations are as follows:

The baseline direct effect of strategic management practices on service delivery

$$Y = 1.052 + 0.762SMP + \varepsilon \text{ ----- Model 1}$$

The additive direct model

$$Y = 0.884 + 0.694SMP + 0.142IE + \varepsilon \text{ ----- Model 2}$$

Fully moderated model (Interaction test)

$$Y = 0.912 + 0.681SMP + 0.138IE + 0.024(SMP \times IE)_3 + \varepsilon \text{ ----- Model 3}$$

Where;

SMP - Strategic Management Practices

IE - Internal Environment

(SMP x IE) - Interaction terms between each Strategic Management practices x Internal Environment

$\beta_1 - \beta_3$ - are the coefficients of Strategic management practices, Internal environment, and interaction terms, respectively

The coefficients for the moderated model ($\beta_3 = 0.024$) was statistically non-significant ($p = 0.720$). This confirmed that the internal environment did not moderate the relationship between strategic management practices and service delivery. Strategic management practices directly drive hospital service delivery regardless of internal environmental variations. Consequently, Model 2 was retained as the final empirical model for this study.

Hypothesis Testing

The hypothesis was tested and from the findings the following statistical decision was made:

Table 7: Hypothesis testing results

Hypothesis	Statement	Statistical decision	Interpretation
H0 ₁	Internal Environment has no statistically significant moderating effect on the relationship between strategic management practices in Kenya's Level 5 public Hospitals.	Failed to Reject	The internal environment does not significantly moderate the relationship between strategic management practices and service delivery.

DISCUSSION

The findings confirm that strategic management practices, formulation, implementation, and evaluation, significantly drive service delivery improvements, operational efficiency, and patient satisfaction in Kenya's Level Five public hospitals, aligning with the Resource-Based View and Strategic Control Theory (Barney, 1991; Schreyögg & Steinmann, 1987). Furthermore, a strong internal environment (effective leadership, open communication, supportive culture, and governance) directly enhances performance, though hospitals face persistent resource and infrastructure constraints. Crucially, moderation analysis revealed that the internal environment does not moderate the effect of strategic management practices on service delivery. This indicates that strategic management retains a direct, positive impact regardless of internal variations—a resilience likely driven by the institutionalization of planning and monitoring frameworks within Kenya's devolved healthcare system.

CONCLUSION

The study concludes that while the internal environment, comprising leadership, governance, organizational culture, communication systems, HR capacity, and institutional policies, has a significant direct positive effect on hospital performance, it does not significantly moderate the relationship between strategic management practices and service delivery. Strategic management practices consistently drive service delivery improvements independently of variations in internal organizational conditions.

RECOMMENDATIONS

To optimize overall hospital performance, county governments and health managers must address operational bottlenecks, including staffing shortages, leadership development, infrastructure deficits, and communication gaps. Hospital boards should foster transparent governance, participatory decision-making, and leadership stability to sustain strategic gains. Future research should investigate external environmental moderators, such as political dynamics, healthcare financing mechanisms, intergovernmental relations, and socio-economic conditions, strategic implementation and service delivery.

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