



## **Role of Strategic Direction on Service Delivery at Public Health Facilities in Nyeri County**

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# Role of Strategic Direction on Service Delivery at Public Health Facilities in Nyeri County

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## Abstract

Delivering quality healthcare services at public health facilities is fundamental to achieving universal health coverage. Strategic direction plays a crucial role in guiding healthcare institutions toward effective service delivery by aligning leadership practices with organizational goals. This study examined the influence of strategic direction on service delivery at public health facilities in Nyeri County. The research was guided by the Upper Echelon Theory, Dynamic Capability Theory, and the SERVQUAL model, each providing a framework for understanding how leadership, adaptability, and service quality impact healthcare outcomes. A descriptive research design was adopted, targeting 107 public health facilities through a census approach. Data was collected using structured questionnaires, and regression analysis was conducted to determine the relationship between strategic direction and service delivery. Diagnostic tests confirmed model assumptions, with a Variance Inflation Factor (VIF) of 1.135, indicating no multicollinearity, and Pearson's correlation coefficient of  $r = 0.344$  ( $p = 0.001$ ), showing a positive and statistically significant relationship between strategic direction and service delivery. Regression analysis revealed that strategic direction explains 11.8% of the variance in service delivery outcomes ( $R^2 = 0.118$ ,  $F = 10.876$ ,  $p = 0.001$ ), with a standardized beta coefficient of  $\beta = 0.344$ . These results underscore the importance of clearly articulated visions, consistent communication, and alignment of long-term strategic goals with operational objectives. Despite moderate perceptions of strategic clarity (mean scores ranging from 2.76 to 3.12), the findings highlight key areas for improvement in leadership commitment and strategic alignment. Based on these results, the study recommends the integration of strategic planning frameworks into healthcare policy, enhanced leadership training programs focused on strategic thinking and adaptability, and further research across other regions to test the generalizability of these findings.

**Key Words:** *Strategic Direction, Service Delivery and Public Health Facilities.*

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## **1.1 Background to the Study**

Effective service delivery in public health facilities is crucial for the efficiency of healthcare systems and the well-being of communities (Mao et al., 2020). Strong organizational leadership practices, particularly strategic direction, play a vital role in enhancing communication, resource allocation, and employee motivation, which ultimately improves healthcare quality (Baker et al., 2018). Strategic direction involves setting clear goals, aligning resources, and fostering an adaptive organizational culture to enhance service efficiency and ensure sustainable healthcare improvements. The study integrates key theoretical frameworks, including the SERVQUAL Model (1980), Dynamic Capability Theory (1997), and Upper Echelons Theory (1984). The Upper Echelons Theory (Hambrick & Mason, 1984) examines how leadership decision-making influences organizational outcomes, such as healthcare service quality. The Dynamic Capability Theory (Teece, Pisano & Shuen, 1997) highlights how organizations strategically leverage resources through partnerships and firm-specific capabilities to enhance service delivery. Furthermore, Zeithaml, Parasuraman, and Berry's (1980) SERVQUAL Model provides a structured approach to improving service quality by aligning leadership strategies with customer expectations. Public health facilities worldwide, particularly in low- and middle-income countries, face service delivery challenges due to resource constraints, inadequate infrastructure, and workforce shortages (World Health Organization, 2020). In Kenya, the Health Sector Strategic Plan (2018-2023) aims to improve healthcare delivery, yet challenges such as overcrowding, insufficient medical supplies, and poor patient-provider interactions persist (Muga & Muriuki, 2018; Waweru et al., 2020). In Nyeri County, public health facilities struggle with inequitable resource distribution and infrastructure gaps, affecting service quality (Wairimu et al., 2021). Despite government interventions, inefficiencies remain, highlighting the need for strategic leadership to enhance service delivery outcomes (Kamau et al., 2022). This study investigates the influence of strategic direction on service delivery at public health facilities in Nyeri County, to provide insights that can inform policies and managerial practices for improving public healthcare systems.

## **1.2 Statement of the Problem**

Effective service delivery in public health facilities is essential for achieving optimal patient outcomes, requiring well-defined leadership strategies to enhance efficiency (Baker et al., 2017). However, inefficiencies persist due to a disconnect between strategic leadership approaches and healthcare service demands, leading to fragmented decision-making and resource misallocation (Muga & Kariuki, 2018; Mwenda, 2020). Strategic direction, which involves setting long-term goals and aligning institutional priorities, is crucial for improving operational performance and service responsiveness (Shimengah, 2018). Despite its significance, existing research has largely overlooked the direct impact of strategic direction on service delivery, focusing instead on broader leadership and organizational characteristics (Kenya, 2016; Kosgei, 2015; Muchomba, 2015; Muriithi, 2022). To address this gap, this study examines how strategic direction influences service delivery in Nyeri County's public health facilities, contributing to leadership strategies that enhance healthcare efficiency, responsiveness, and patient satisfaction while informing policy interventions for sustainable improvements.

### **1.3 Objective of the Study**

The General objective of the study was to establish the influence of organization leadership practices, firm characteristics and service delivery at public health facilities in Nyeri County.

#### **1.3.1 Specific objective**

- i. To examine the influence of strategic direction on service delivery at public health facilities in Nyeri County.

### **1.4 Significance of the Study**

This study explores how strategic direction influences healthcare service delivery by improving leadership and decision-making in public health facilities in Nyeri County. It aims to optimize service efficiency, quality, and accessibility by examining the role of leadership in guiding healthcare institutions. The findings will support policymakers in integrating effective strategic frameworks into the public healthcare system, leading to better resource allocation and service responsiveness. By applying the Upper Echelons Theory and Dynamic Capability Theory, the research will contribute to existing literature on leadership and service delivery. Additionally, the study will provide context-specific recommendations to enhance Universal Health Coverage (UHC) and align with global initiatives like the Sustainable Development Goals (SDGs) and Kenya's Vision 2030.

### **1.5 Scope of the Study**

The study focused on the role of strategic direction on service delivery at public health facilities in Nyeri County. It concentrated on the public health facilities in Nyeri County mainly Level II, III, IV and V hospitals.

### **2.1 Theoretical Literature Review**

The study was guided by the principles of Upper Echelons Theory, Dynamic Capability Theory, and the SERVQUAL model. These principles elucidated the connections between organization leadership practices, firm characteristics, and delivery of services in Nyeri County's public health.

#### **2.1.1 Upper Echelons Theory**

The Upper Echelons Theory, introduced by Hambrick and Mason (1984), posits that an organization's outcomes are shaped by its senior executives' experiences, perceptions, and values. Leadership personality influences organizational effectiveness, with knowledge, competence, and aptitude playing crucial roles (Abatecola & Cristofaro, 2020). Essential components of this theory include age, experience, professional expertise, and academic achievements, which help identify leaders' effectiveness in strategic decision-making. Hambrick (2007) emphasizes that managerial discretion significantly impacts productivity, as employees are more influenced by managers with greater autonomy. While Mkalama and Machuki (2019) operationalized this theory as an explanation for organizational success through demographic variations, Abatecola and Cristofaro (2020) argue that it overlooks the role of support staff in strategic decision-making. Ultimately, this theory provides a framework for understanding how leaders' diverse backgrounds shape strategic direction, work environments, and resource utilization to enhance service delivery.

### **2.1.2 Dynamic Capability Theory**

Dynamic capability theory, proposed by Teece, Pisano, and Shuen in 1997, emphasizes a firm's ability to integrate, develop, and reconfigure internal and external capabilities to adapt to changing environments, thereby enhancing performance (Teece, 2020). Extending the Resource-Based View (RBV), this theory addresses environmental dynamism and strategic challenges, countering criticisms of RBV by emphasizing adaptability and innovation for sustained competitive advantage. Smith (2022) highlights that a firm's resources include assets, abilities, procedures, traits, and knowledge, which are essential for recognizing and implementing strategies that improve performance. The theory underscores the role of swift organizational practices in sustaining long-term success but has been criticized for overemphasizing capabilities while neglecting broader organizational factors (Samsudin & Ismail, 2019). Schoemaker et al. (2018) define an organization's resources as its assets, capabilities, culture, distinctive characteristics, and technological proficiency, all of which enhance strategic implementation. This theory was instrumental as it helped pinpoint key resources that enabled Nyeri County's public health facilities leaders to maximize their operational efficiency through appropriate resource integration, identifying areas of employee empowerment in enhancing the delivery of services.

### **2.1.3 SERVQUAL Model**

Researchers Zeithaml, Parasuraman, and Berry developed the SERVQUAL model in the middle of the 1980s. According to Parasuraman et al. (1988), the first component of the SERVQUAL model is reliability, the capacity to deliver services with both accuracy and consistency. The second aspect is responsiveness, which refers to a willingness to serve and respond to client needs fast, quickly, promptly, and instantly. The third element, assurance pertains to the employee's capacity to foster customer confidence and trust. The fourth component empathy reflects the degree to which personalized compassionate service is provided. The fifth component is tangibles, which include physical facilities, staff appearance, and equipment, among other things. The SERVQUAL model illustrates how customers' expectations and their actual impressions of the services they receive interact to establish an organization's quality of service (Muhammad & Cyril, 2010). However, Alomari (2021) notes limited evidence suggests that customers assess service quality based on dependability, responsiveness, empathy, and assurance. This is because the approach focuses on perceived service rather than the actual service delivered, which may not accurately capture overall satisfaction. Daniel and Berinyuy (2010) maintain that the tangible dimension often underestimated, is essential for evaluating service delivery. This model is pertinent to this study as it underscores key concepts essential for assessing service excellence within the service sector, including Nyeri County public health facilities.

## **2.2 Empirical Literature Review**

Empirical literature review involves the description of previous studies based on what is known about the topic, the methodology that was used and the results of the study.

### **2.2.1 Strategic Direction and Service Delivery**

Strategic direction is essential for guiding organizational activities and decision-making by establishing long-term plans and goals. Weyland (2017) highlights that aligning strategic direction

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with organizational objectives and customer needs optimizes processes, enhances efficiency, and improves satisfaction. Abdow (2019) and Shimengah (2018) emphasize that strategic direction ensures consistency with an organization's mission, providing clarity and focus while driving service delivery improvements. Studies by Kitonga, Bichanga, and Muema (2016) and Ng'ang'a (2018) demonstrate that strategic direction significantly influences organizational performance but note challenges in implementation, such as limited public engagement and leadership constraints. Similarly, Owolabi and Makinde (2012) and Mitchels and Meijer (2018) identify leadership and infrastructural challenges as barriers to translating strategic direction into effective service delivery. Kamau and Kagiri (2021) highlight bureaucratic inefficiencies in Kenya's education sector, reinforcing the need for further research, such as the present study on how strategic direction influences service delivery in Nyeri County's public health facilities.

### **2.3 Research Gap**

While studies by Kitonga, Bichanga, and Muema (2016), Ng'ang'a (2018), and Kamau and Kagiri (2021) have explored strategic direction and service delivery in sectors like tourism, education, and government, there is a limited focus on the healthcare sector, particularly public health facilities, where unique challenges such as patient-centered care, resource constraints, and regulatory environments require sector-specific research. Additionally, the role of public engagement in strategy implementation, as noted by Kitonga et al. (2016), has been underexplored, with insufficient understanding of how stakeholder involvement, including patients and communities, impacts the success of strategic initiatives. While leadership is acknowledged as important in shaping strategic outcomes (Abdow, 2019; Shimengah, 2018), its influence is inconsistent across sectors, with studies like Ng'ang'a (2018) and Kamau and Kagiri (2021) highlighting that leadership alone may not lead to improved service delivery due to bureaucratic inefficiencies and resource constraints. Furthermore, infrastructural and bureaucratic barriers, as identified by Owolabi and Makinde (2012) and Mitchels and Meijer (2018), hinder the translation of strategic direction into effective service delivery. Finally, while broader studies provide general insights, there is a need for context-specific research focused on Nyeri County to address local factors like healthcare infrastructure, leadership practices, and regional influences that shape the impact of strategic direction on service delivery outcomes.

### **3.0 Research Methodology**

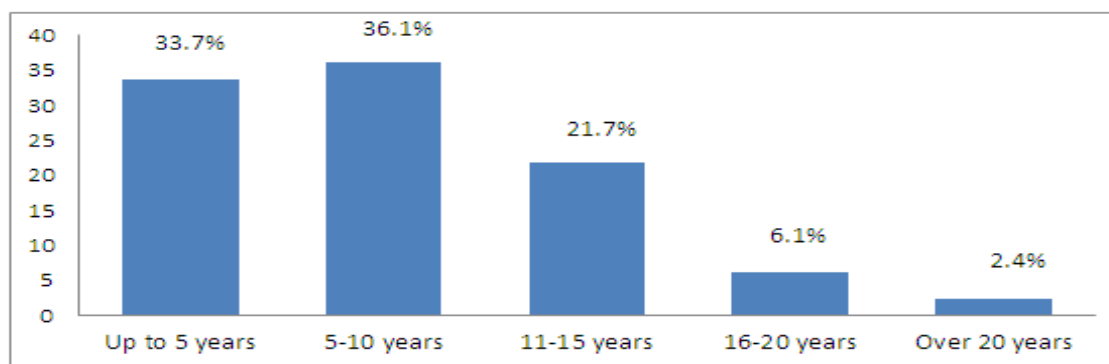
This study adopted a descriptive research design, deemed suitable for providing an in-depth understanding of the effects of strategic direction, employee empowerment, and resource integration on service delivery, alongside the moderating influence of firm characteristics within public health facilities in Nyeri County (Mugenda & Mugenda, 2003). The population comprised all public health facilities listed in the Nyeri County CIDP—specifically one level 5 hospital, four level 4 hospitals, and 102 health centers and dispensaries—with directors or overseeing officers selected as respondents due to their key decision-making roles. A census approach was employed to ensure exhaustive data collection. A structured questionnaire featuring closed-ended items rated on a 5-point Likert scale was used as the data collection tool, chosen for its standardization and ease of administration (Mishra & Alok, 2022). Instrument validity—encompassing construct, content, and face validity—was confirmed through a pilot study involving 10 respondents from

Kirinyaga County, with subsequent improvements made based on expert feedback (Kothari & Gaurav, 2014; Cooper & Schindler, 2018). Reliability testing using Cronbach's alpha yielded a coefficient of 0.786 for the strategic direction scale, surpassing the 0.7 threshold for acceptable reliability (Bell, Bryman, & Harley, 2022; Tabor, 2018). Data were analyzed using SPSS version 2020, with descriptive statistics (mean, standard deviation) and inferential techniques (correlation coefficients, linear regression, VIF, R-square, ANOVA, and beta coefficients) applied to explore the relationship between strategic direction and service delivery, based on the regression model:  $Y = \alpha + \beta_1 X_1 + \epsilon$ . Ethical considerations were strictly observed, including obtaining a research license from NACOSTI and an authorization letter from DeKUT Graduate School, maintaining participant anonymity, and ensuring confidentiality by restricting data access to the principal researcher (Cooper & Schindler, 2018).

## 4.0 Findings

### 4.1 Work Experience of Respondents

Participants were prompted to detail their professional experience at public health facilities within Nyeri County. The findings are illustrated in Figure 1.

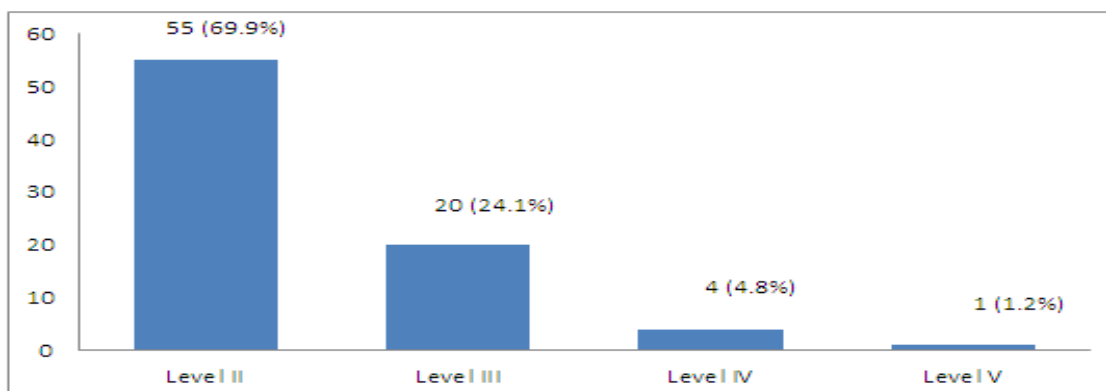


**Figure 1: Working Experience**

Figure 1 shows that most respondents (66.3%) had over five years of experience in public health institutions in Nyeri County. The largest group (36.1%) had served between five and ten years, while only 2.4% had more than twenty years of experience. This indicates that the majority had significant service backgrounds, suggesting they had in-depth knowledge of the link between organizational leadership practices and service delivery.

### 4.2 Size of the Public Health Facility

Respondents were prompted to specify the size of the public facility in which they are employed. The findings are illustrated in Figure 2.



**Figure 2: Size of the public health facility**

Figure 2 reveals that 69.9% of the respondents work in level II facilities, 24.1% in level III, 4.8% in level IV, and 1.2% in level V. These findings suggest that the sample population accurately reflects the distribution of public health facility levels in Nyeri County.

### 4.3 Diagnostic Tests

Before conducting the regression analysis, the researcher verified that the regression model conformed to the necessary assumptions. Key assumptions including a linear relationship between variables and multicollinearity were tested.

#### 4.3.1 Linearity Tests

Linear regression assumes a linear relationship between variables, which was assessed using Pearson's Product Moment Correlation Coefficient ( $r$ ), ranging from -1 to +1 to indicate the strength and direction of the correlation. The variables' parameters were averaged for analysis, and the results are presented in Table 1.

**Table 1 Correlation Analysis**

Variables	Measures	Service Delivery
Strategic Direction	Pearson Correlation	.344**
	Sig. (2-tailed)	.001
	N	83

The findings of the correlation analysis presented in Table 1 reveal that Strategic Direction has a significant and positive impact on service delivery in public health facilities, as indicated by a correlation coefficient of  $r = 0.344$  and a p-value of 0.001, which is below the 0.05 significance level.



### 4.3.2 Multicollinearity Test

The Variance Inflation Factor (VIF) is a diagnostic measure used in regression models to assess multicollinearity (Baguley, 2012). A VIF greater than 5 or a tolerance level below 0.20 indicates multicollinearity, which inflates the variance of predictor error terms. To mitigate this issue, at least one variable with a high VIF should be removed from the regression analysis (Runkle et al., 1994).

**Table 2: Collinearity Statistics**

Model	Collinearity Statistics	
	Tolerance	VIF
(Constant)		
Strategic Direction	.881	1.135

Table 2 confirms that multicollinearity is not a concern, as all variables have tolerance values above 0.2 and VIF values below 5. These collinearity statistics indicate that the model, which include strategic direction, is minimally affected by multicollinearity. As a result, the model is considered robust, ensuring the accuracy of the regression coefficients for analyzing the predictors' relationships with the outcome variable.

### 4.4 Descriptive Analysis for Strategic Direction Data

Participants were requested to specify how well they agreed with several strategic direction variables investigated in the study. A 5-point Likert scale was used to assess this, with 1 denoting not at all, 2 little extents, 3 moderate extent, 4 considerable extent, and 5 very great extent as the options. Table 3 displays the results, including the mean and standard deviation for each statement.

**Table 3: Descriptive Analysis for Strategic Direction**

	Statements	N	Mean	SD
<b>a</b>	<b>Strategic Direction</b>			
1.	The organization's leadership has a clearly articulated organization vision	83	2.99	.80
2.	The health facility management has a well stipulated mission statement	83	3.12	.72
3.	The organization management are committed to the vision and mission	83	2.95	.73
4.	The organization's leadership communicates key decisions to stakeholders	83	2.99	.72
5.	The organization leadership aligns operational objectives with long term objectives to enhance the level of service delivery	83	2.76	.71
6	The organization's vision guides decision-making to improve service delivery.	83	2.92	.74

The findings on strategic direction in public health facilities indicate a moderately positive perception of leadership practices but also reveal areas requiring improvement. The mean scores, ranging from 2.76 to 3.12, suggest that while the leadership's vision and mission are somewhat aligned with organizational goals, there is a need for better articulation and communication of strategic direction. A relatively higher mean score (3.12, SD = 0.72) for the clarity of the mission statement indicates that it is well-defined, yet lower scores on leadership commitment to the vision (2.76, SD = 0.71) suggest inconsistencies in aligning strategic objectives with operational goals. While the communication of key decisions to stakeholders received a moderate rating (2.99, SD = 0.72), the translation of strategic direction into actionable service delivery improvements remains a challenge, as reflected in the mean score of 2.92 (SD = 0.74) for vision-guided decision-making. The consistency of responses, indicated by relatively low standard deviations, suggests that while leadership practices are somewhat stable, enhancing clarity and alignment between strategic direction and service delivery outcomes would be beneficial.

#### 4.5 Regression Analysis

Table 4 shows the findings of a simple linear regression analysis that assessed the influence of strategic direction on service delivery at public health institutions in Nyeri County.

**Table 4: Regression Analysis Results for Strategic Direction and Service Delivery**

a) Model Summary						
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.344 <sup>a</sup>	.118	.107	.30031		
b) ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.981	1	.981	10.876	.001 <sup>b</sup>
	Residual	7.305	81	.090		
	Total	8.286	82			
c) Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.886	.241		7.836	.000
	Strategic Direction	.266	.081	.344	3.298	.001
a. Dependent Variable: Service Delivery						
b. Predictors: (Constant), Strategic Direction						

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The regression analysis results show a moderate positive correlation ( $R = 0.344$ ) between strategic direction and service delivery, with an R Square value of 0.118, indicating that 11.8% of service delivery variation is explained by strategic direction. The ANOVA results confirm the model's significance, with a p-value of 0.001 and an F-value of 10.876, demonstrating that strategic direction is a meaningful predictor of service delivery. The coefficients indicate that for every unit increase in strategic direction, service delivery improves by 0.266 units, supported by a standardized Beta coefficient of 0.344 and a t-value of 3.298. These findings align with studies by Shimengah (2018), Weyland (2017), and Kitonga et al. (2016), which emphasize the importance of strategic direction in enhancing service delivery and organizational performance. However, Owalabi and Makinde (2012) argue that the impact of strategic direction on service delivery varies by context, suggesting that its effectiveness may be limited in certain sectors, such as the Arabian service industry.

### 5.0 Summary of the Finding

The objective of the study was to assess the influence of strategic direction on service delivery at public health facilities in Nyeri County. The researcher used descriptive and regression analysis to examine the relationship between strategic direction and service delivery. At a 5% significance level, the regression results suggest a positive and significant link between strategic direction and service delivery when examined independently ( $\beta = 0.266$ ,  $p = 0.001$ ). Descriptive statistics also indicated that, while there is a general perception of moderate clarity and alignment in the organization's strategic direction, there is a significant degree of neutrality or mild disagreement, particularly regarding leadership commitment, communication, and alignment of objectives. This suggests a need for improvement in these areas to achieve stronger agreement and a more robust perception of strategic direction within the facilities to enhance service delivery.

### 6.0 Conclusions of the Study

The study confirms that strategic direction has a statistically significant influence on service delivery in public health facilities in Nyeri County. Despite the influence of other factors, strategic direction accounts for a meaningful portion of the variability in service delivery outcomes. The results underscore the importance of clear and well-communicated leadership in guiding organizational objectives, as the effective alignment of strategic direction with service delivery goals can lead to improved healthcare services.

### 7.0 Recommendations of the Study

The study recommends enhancing the Upper Echelons Theory by recognizing that leadership composition, qualifications, and experience significantly influence organizational outcomes, and thus, leadership vision and communication effectiveness should be deliberately integrated into strategic planning. Policymakers are encouraged to embed strategic planning frameworks within public health policies to align leadership practices with service delivery goals, especially in resource-constrained environments. Additionally, the study recommends that public health policies emphasize the importance of clear strategic direction and effective communication to strengthen decision-making and implementation processes. Healthcare leaders should ensure that strategic goals are clearly articulated, consistently communicated, and aligned with long-term

service delivery outcomes. Finally, the study recommends that leadership development programs be tailored to build competencies in strategic thinking, informed decision-making, and adaptability to equip healthcare managers with the necessary skills to address service delivery challenges effectively.

## 8.0 Areas of Further Studies

For healthcare managers and leaders, the results emphasize the need for a clear, well-articulated strategic direction that aligns organizational goals with service delivery outcomes. It is recommended that leaders in public health facilities consistently communicate the organization's vision and mission to all stakeholders to ensure that everyone is working towards common objectives. Additionally, strategic objectives should be aligned with long-term service delivery goals, which may improve efficiency and patient satisfaction. Healthcare administrators should also invest in leadership development programs that emphasize strategic thinking, decision-making, and adaptability to ensure that leaders are equipped to navigate the challenges of healthcare management effectively.

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