International Journal of Economics, Commerce and Management
United Kingdom Vol. VI, Issue 5, May 2018
http://ijecm.co.uk/ ISSN 2348 0386

INFLUENCE OF INSTITUTIONAL PRESSURES ON STRATEGY IMPLEMENTATION SUCCESS IN PUBLIC HOSPITALS IN KENYA: A CASE OF ISHIARA LEVEL IV HOSPITAL

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Abstract

Organizations face challenges in their efforts to implement their formulated strategies making it difficult to achieve their strategic goals successfully. There were no empirical research found studying the dynamics of institutional pressures and public hospitals. This informed the current study which sought to find out the influence of institutional pressures (normative and coercive) on strategy implementation success in public hospitals in Kenya with Ishiara hospitals as the case study. The study was guided by institutional theory and adopted a descriptive correlation study design. The study purposively sampled all the 77 members of staff. A structured questionnaire was used to collect data. Descriptive analysis and multiple regression analysis methods was applied using SPSS 23. The results found that at 0.05 significance level, there was statistically significant relationship between normative pressures ($r=0.702$; $p=0.017$) on strategy implementation success and that there was a statistically significant relationship between coercive pressures ($r=0.813$; $p<0.001$) on strategy implementation success. The findings of the study add to the knowledge on this area of study. The healthcare workers and government policy makers should apply these findings to implement positive practices and policies in public hospitals.

Keywords: Institutional pressures, Normative pressures, Coercive pressures, Strategy Implementation, Public Hospitals

INTRODUCTION

Strategy Implementation

In relation to the public sector Stewart (2004) defines strategy as a self-recognizable proof, a method for tackling organization ability to the approach, and to some degree political tasks that needs to be done. Stewart (2004) further identifies three strategies that are important in organizations in the public sector. These are strategic policy, organisational strategy and managerial strategies. Policy strategy is the government agenda and the change they want and the methods in which its agents will work to assist it meet this agenda. Organisational strategy is what the firm does to address the issues and desires of its partners, what it executes to support its future in a competitive world. It is must be developed from policy strategy since this is a conspicuous method for meeting government desires, yet it likewise takes in the qualities based, social and historical characteristics of the public organization itself. Stewart (2004) further explains that managerial strategy involves technical activities with immense range on operational decision making and distribution of resources for achieving set targets in the policy and organization strategy.

Successful strategy implementation has been a challenge for many organizations. Formulating strategies is believed to be hard while its implementation throughout the firm is even harder (Siddique & Shadbolt, 2016). Kalali et al. (2011) while referring to scholarly work of Miller (2002) report that organizations have failed to implement their strategic activities successfully by over 70 percent. In another study, Franken, Edwards and Lambert (2011) reports that researchers found out that organization manage to achieve only 60 per cent of possible value of their strategies due to inadequate implementation. Regardless of the importance of strategy implementation in the area of management and the obvious challenges related with its execution it has widely been neglected by scholars as area of study (Atkinson, 2006).

Franken, Edwards and Lambert (2011) indicate that the success of strategy implementation is difficult to achieve because of some key reasons. One is the continuous pressure from stakeholders for better performance requiring managers to keep on redefining their strategies now and then. Another reason is the difficulties to access adequate resources required to execute the strategy. Public Health Action Support Team (2011) citing Jones (2008) report that within healthcare, capacity building in terms of physical infrastructures, staff and provision of equipment, appropriately education and training of strategy implementors, and communicating the strategy in a good way are some of the requirements for successful implementation of strategies. Resource allocation has been found to be associated with successful strategy implementation (Mango, 2014; Mbaka & Mugambi, 2014). This is consistent

with Swanton and Frost (2007) who report that within healthcare, provision of sufficient financial resources for all components of strategy as a requirement for succesful strategy implementation. Health policies are also key in strategy implementation in public hospitals (Wainaina, Ole Sopia & Cherono, 2016).

Institutionalization includes the methods by which social procedures, commitments, or facts become a rule like condition in social thinking and actions (Buhrman, 2011). As cited in Buhrman (2011), Meyer and Rowan (1977) further explain that firm structures are formed by justified institutional rules, practices and systems characterized by winning defended ideas of firm's work and institutionalized in the public arena. Buhrman (2011) referring to work of Starbuck (1976) explain that these rules might be underestimated or might be backed by opinions of the public or the laws which are in force.

Buhrman (2011), while citing the work of Meyer and Rowan (1977) express that a significant number of the positions, strategies, projects, and methods of present day firms are imposed by opinions of the public, by the perspectives of vital constituents, by learning that is legitimated through education structures, by social status, by the set laws, and by the meanings of disregard and judgment utilized by the courts. According to Gichuke and Okello (2015), many researchers have examined the various institutional pressures that face organizations. These pressures introduce the mechanism by which the institutional pillars pursue their impact (Scott, 1995). Magnus, Anders and Leonard (2006), while referring to scholarly works of Mignerat and Rivard (2005), report that regulative, normative and mimetic pressures are institutional pressures that influence institutional processes.

Public Healthcare in Kenya

World over, government services assume a focal role in any nation's socio-economic development. In a progressively varying global environment, the command, systems and operations of public service must be reshaped and productivity improved to make it more engaged, productive and receptive to the requirements of those it serves (Muthaura, 2010). Etienne (2017) citing World Health Organization (2011) report that progressing towards all-inclusive health requires flexible and working health systems in equitable and feasible financing and fit for providing quality, convenient and individuals focused health services. Building such frameworks is hence a centerpiece in the mission for universal health. Etienne (2017) referring to Pan American Health Organization (2014) further reports that this is not a simple undertaking. Solid health frameworks require proper infrastructures, reasonable and safe pharmaceuticals; qualified professionals sufficient in numbers and distribution; coordinated healthcare services systems; adequate monetary resources; and logical and evidence based choices about what

services to offer. This thus requires continuous political will, solid leadership with clear targets and objectives, regulative systems to guarantee the quality and safety of health mediation, and a legal establishment to advance and secure individuals' entitlement to health.

The Government of Kenya (GoK) recognizes that good health is recognised as a critical pillar in ensuring individual, household, a community's and a country's prosperity (Government of Kenya [GoK], 1994). Individuals seek to maximise their health stock, that is, to ensure they are able to carry out the activities that will improve their overall welfare. The GoK (1994) emphasizes that all persons in a society are responsible for creating the conditions that ensure the health stock available is maximised. The primary responsibility, however, for ensuring the conditions for good health exist for the population lies with the public authorities and administration, the stewards selected by the population to guide them towards improvement in their welfare. According to Kimalu et al. (2006), the GoK has given high priority to improvement of health status of Kenyans through recognition that good health is a prerequisite to socio-economic development.

The evolution of healthcare services in Kenya dates back to the pre-colonial era. According to Oyaya and Rifkin (2003), the history of present day healthcare services and guidelines in Kenya goes back to the foundation of the religious missions and the landing of the Imperial British East African Company in the late nineteenth century. After achieving independence in 1963, the Kenya government assumed liability for the health of its people. One unmistakable change was expanding health facilities in rural areas. Kenya's ratification of World Health Assembly (WHA) 'Health for All by the year 2000' in 1977 and in 1981 WHA 'Global Strategy for Health for All by the year 2000' introduced another policy direction on health matters.

In this manner, in 1986 the Kenya government distributed the National Guidelines for the Implementation of Primary Health Care in Kenya. Oyaya and Rifkin (2003) further report that the new health policy brought about significant redesign and reorientation of the current health frameworks and structures in view of the standards of decentralization, participation by the communities, and partnership among sectors. While focusing on the government's dedication in giving healthcare services to the whole populace, the policy moved from simply free government healthcare services to cost sharing for those seeking those services.

Following the release of the World Development Reports 'Investing in Health' in 1993, there was shift of health policy towards reforming institutions and structures and orienting healthcare services to the market (Oyaya & Rifkin, 2003). In 1994 the GoK came up with a long term plan, the Kenya Health Policy Framework (1994-2010). This fifteen-year plan was dedicated to the health sector and particularly in investment in health (GoK, 1994). The KHPF of

1994 concentrated on decentralising support from the government to the district level and reinforcing the district as the stage of delivery and improvement of health services (Health Systems Trust, 2017). Under this policy plan, GoK formulated and implemented the National Health Sector Strategic Plan (NHSSP) that ran from 1994 to 2010. It was implemented through two medium term strategic plans, that is, NHSSP-I (1994-2004) and NHSSP-II (2005-2010). The aim of NHSSP was to turn around the downward move in Kenya's health sector markers and adjust the health sector accomplishments to the Economic Recovery Strategy and the Millennium Development Goals (GoK, 2007a).

NHSSP-I had well centered national healthcare policies and change agenda whose main strategies revolved on delivering enhanced healthcare services via effective and efficient health management frameworks and change (Muga, Kizito, Mbayah & Gakuruh, 2005). The general execution of NHSSP-I did not manage to make an achievement as far as changing the demanding health sector mediation and operations towards achieving the most important targets and indicators of health and socioeconomic progress as anticipated in the plan (Muga et al., 2005). NHSSP-II was formulated on the feeling that in the event that the management of health sector strategies proceeded with the same old way in implementation, just like the case in NHSSP-I, it was perceived that the objectives would not be accomplished (GoK, 2007a). In this way NHSSP-II concentrated on changing the attitude of health managers in an all-encompassing way to deal with sector administration, valuing the association and obligation of other actors, orienting to outcomes instead of procedures and processes, and usage of adaptable and learning manners. Regardless of this new approach the midterm review of NHSSP-II showed that it did not meet its overall set objectives. This failed strategy implementation had implications not just within Kenya but in the objectives set in global arena. According to GoK (2013) report, Kenya reported challenges and did not meet Millenieum Development Goals (MDGs) among them MDG number 4, 5 and 6 that were related to health.

These shortfalls in healthcare delivery services have compelled Kenyans to demand for better services through the enactment of the Constitution of Kenya 2010. Article 43 of Constitution of Kenya 2010 makes it a fundamental right for Kenyans to access the highest attainable standards of health care services (GoK, 2010). The GoK has included health sector under the social strategy in its long term plan, Vision 2030 Strategic Plan, which runs from 2008 to 2030 (GoK, 2007b). In line with Vision 2030 Strategic Plan, the GoK has developed Kenya Health Policy 2014-2030 which is a specific health sector centered long term plan (GoK, 2014a). A short term strategic plan, that is, Kenya Health Sector Strategic and Investment Plan (2014-2018) has been formulated and it is under implementation (GoK, 2014b). On the global arena as reported by the United Nations Development Programme (2016), Kenya has committed to

full implementation of Sustainable Development Goals (SDGs). According to the United Nations (2016), the SDG Goal number 3 seeks to ensure health and well-being for all at every stage of life. These SDGs are to be achieved by the year 2030.

In the devolved system of government in Kenya, the national government is involved in health policy and strategy formulation and the county governments through their health facilities to implement them (Murkomen, 2012). The KHSSP (2014-2018) is the first short term strategic plan formulated and being implemented under the devolved system of governance (GoK, 2014b). KHSSP clearly stipulates the roles to be played by different actors in its implementation. Some of the roles of the national government is to formulate policies, develop strategic plans, budgeting, resource allocation, mobilising resources, capacity building at county levels and coordination. The roles of county governments at sub-county levels include, implementing the plans, capacity building through on job training and delivering services in all health facilities under counties. At the public hospital level the bulk of the performance indicators and targets in KHSSP are under the health and other related services outcomes.

Ishiara Level IV Hospital is the second largest hospital in Embu County (Muoki, 2016). It is the largest public hospital in Mbeere North sub-county. Since the KHPF (1994-2010) the GoK has been targeting implementation of its strategies at the district level (GoK, 1994). Reports from Ishiara Level IV Hospital indicate that before devolution the hospital was the largest district hospital within the current boundaries of Embu County. The largest hospital in Embu County which is Embu Level V Hospital was a Provincial General Hospital (PGH) serving Eastern Province. At the district level there are three levels of health facilities which include health sub-centres comprising dispensaries and mobile clinics, health centers and hospitals (Kimalu et al., 2004).

Statement of the Problem

Over the years, GoK has been formulating and implementing strategies geared towards improvement of the public health sector. The reviews of the previous strategies have shown that they were not successful in meeting their set strategic goals (GoK, 2007a). There are continued reports of challenges which these strategies were meant to address. The healthcare workers are inadequate, medical drugs supply is not adequate and physical infrastructures are in poor state (Opon, 2016). Public healthcare workers continue to resign and others participating in industrial strikes due to poor work environments (Ooko, 2015). According to Bourbonnais (2013) only 36 percent of Kenya's public health facilities which offer maternity services had all the needed basic maternity infrastructure and equipment, and that the current

staffing levels in public hospitals meet only 17 percent of minimum requirements needed to effectively operate the public health system.

If the current strategies are not implemented successfully there are consequences expected. Kenyans will continue to suffer due to poor public health services and this will be in violation of the Constitution of Kenya 2010. The GoK will not be able to meet its strategic objectives in KHSSP (2014-2018) and eventually it will not achieve the goals in the Vision 2030. Kenya will fail to achieve its international commitment to achieve Sustainable Development Goals by the year 2030. There is no other study that has been carried out in a public hospital in Kenya to find out the influence of institutional pressures on the success of strategy implementation.

General Research Objective

To establish the influence of institutional pressures in strategy implementation success in Ishiara Level IV Hospital in Kenya

Specific Research Objectives

i. To ascertain the influence of normative pressures on strategy implementation success in Ishiara Level IV Hospital in Kenya.
ii. To find out the influence of coercive pressures on strategy implementation success in Ishiara Level IV Hospital in Kenya.

Research Hypothesis

i. HO_1: There is no statistically significant influence of normative pressures on strategy implementation success in Ishiara Level IV Hospital in Kenya.
ii. HO_2: There is no statistically significant influence of coercive pressures on strategy implementation success in Ishiara Level IV Hospital in Kenya.

Conceptual Framework

The conceptual framework shows the normative and coercive pressures that are the institutional pressures under study and form the independent variables of the study that are thought to have influence on the dependent variable which is the strategy implementation success. Normative pressures were evaluated using specific indicators. These were derived from the professionalism and the general society norms. These indicators informed the questions included in the structured questionnaire. The coercive pressures were assessed using indicators derived from regulations from both national government and county governments.

This is because with devolution the public healthcare is under control under the two level of government (Figure 1).

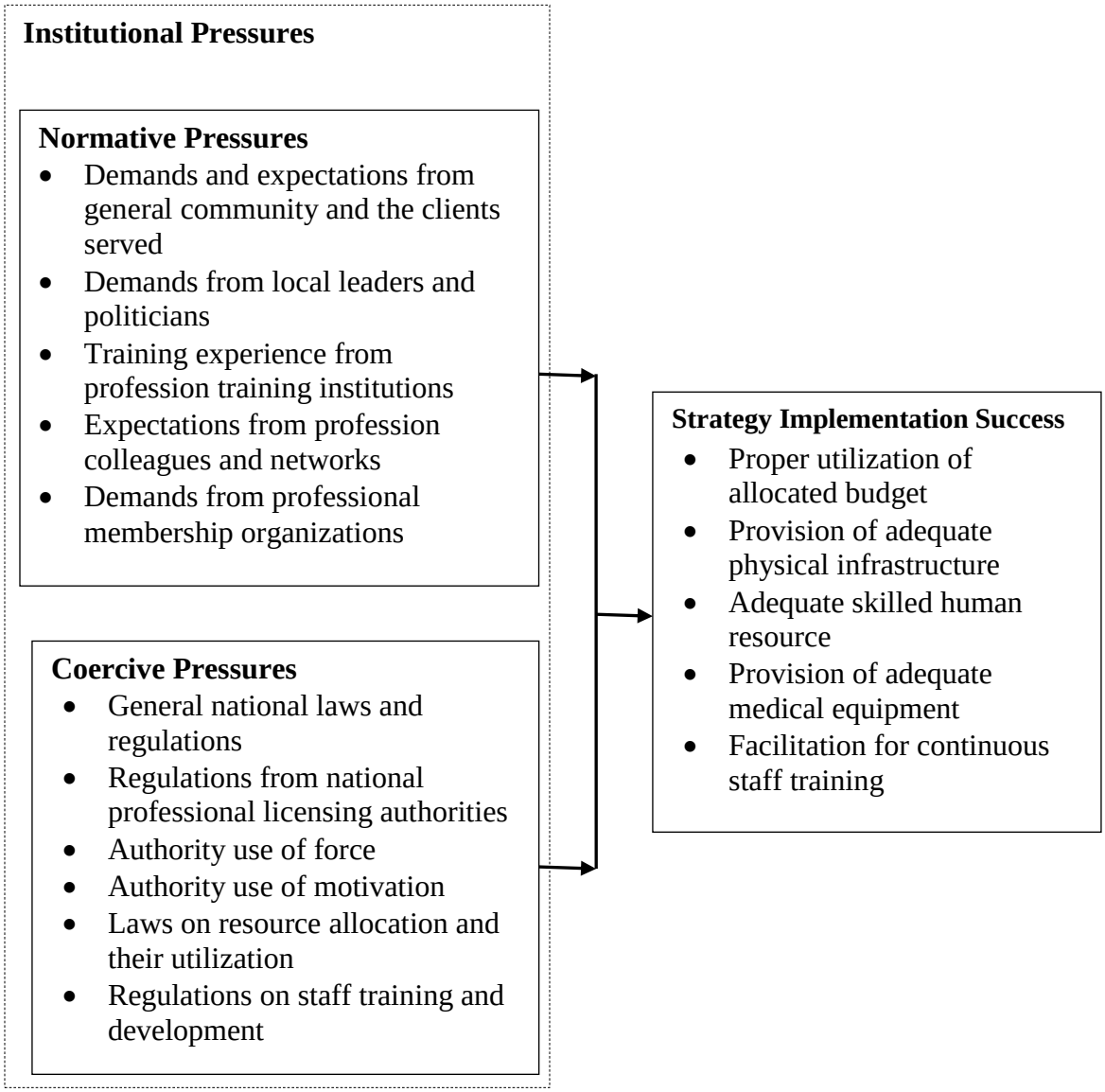

Figure 1. Conceptual framework

THEORETICAL FRAMEWORK

This section discussed the institutional theory that guides this study.

Institutional Theory

From the initial work of social theorists in 19th and early 20th century, institutionalism was revived in 1977 with a paper by John W. Meyer and Brian Rowan and then reformulated in 1983 by Paul J. DiMaggio and Walter W. Powell (Bourgeault, Dingwall, & Vries, 2010). The institution

theory main postulation is that internal and external pressures influence organizations in developing their own structures (DiMaggio & Powell, 1983).

Organizations operating in a similar line of business are organized into a genuine field by rivalry, the state, or the professions, capable strengths rise that lead them to become distinctly more like each other (DiMaggio & Powell, 1983). This similarity among organizations is best explained by institutional isomorphism which according DiMaggio and Powell (1983) citing Hawley's (1968), is a compelling process that constrains one organization in a populace to look like other organizations that are subjected to similar environmental circumstances. There are three institutional isomorphism systems of progress, that is, mimetic isomorphism, normative isomorphism and coercive isomorphism (DiMaggio & Powell, 1983). These form the pillars in which coercive, normative and mimetic institutional pressures are exalted (Palthe, 2014). Mignerat and Rivard (2005) as cited in Magnus et al. (2006) explain that the mimetic pressures represent the component by which the cultural-cognitive pillar applies its energy. Organizations mimic other organizations as a result of uncertainty.

Normative pressures incorporate the social normative pressures which deal with wider societal norms and professional normative pressures which deal in professional norms (Gichuke & Okello, 2015). According to Magnus et al (2006), citing DiMaggio and Powell (1991), normative pressures comprise of social pressures on organizations and its individuals to fit to certain normal standards. Johnston (2013), while citing DiMaggio and Powell (1983), further report that normative pressures are also present as a result of professionalism within certain organisational fields. Scotts (2001), referred to in Magnus et al. (2006), explain that norms form expectations, which fill in as forces on the organization to act in a certain way and that they do not only compel conduct but they can also give particular obligations and benefits to certain players. Normative pressure is passed through proper norms that educational institutions enact on students through formal education, as well as through an individual's relationship with professional networks. In application of this theory, this study will look at the influence of society and professional expectations in strategy implementation.

The coercive pillar is the legal shape and it is involved with the lawful environment inside the organizational field where the firm is situated in, and there is no option to the firms; they have to act fitting to every regulation to prevent punishments for failure to comply (Hoffman, 1999). Conduct is implemented as a result of the cost connected with breaking the laws, that is, administrative authorities name the rules by which firms and individuals operate (North, 1990). The government is the principle actor in enforcing the law and it has to assume unbiased role to balance the connections between all actors of the environment. The government can utilize control by two ways, either by prompting or forcing operators towards consistence. Prompting is

dependent on motivations while forcing is practiced by the use of fear. In the application of this theory, in terms of coercive pressures this study will look at the possibility of the influences of existing laws and regulations in implementation of strategy.

EMPIRICAL LITERATURE REVIEW

This section reviews studies conducted in organization operating in countries around the world, Africa and Kenya in particular relating to influence of institutional pressures on organizations. Included also are review of studies relating to normative and coercive pressures.

Institutional Pressures

A study in New Zealand by Johnston (2013), investigated the institutional pressures affecting National Sports Organizations to bid for a world championship event. The study was based on organization theory and institutional theory. The study employed qualitative study design and used purposive sampling method where interviews were carried out on 6 top members each from 6 National Sports Organizations. The study results ascertained that coercive, mimetic and normative pressures retained a small influence on the decision of these organizations to bid for a world championship event. Wilde (2012) while conducting studies in public universities in United States of America examined whether coercive, normative and mimetic isomorphic mechanisms contribute to the strategies which Master of Business Administration (MBA) programs used to develop and implement in their quests to differentiate from others. The study was guided by institutional theory and organizational theory. The study employed descriptive study design and five public universities were studied where five directors of MBA programs were purposively sampled. The study concluded that coercive, normative and mimetic pressures significantly influenced the strategies employed in MBA programs.

Handgraaf (2012), while carrying out a research in Nigeria explored the institutional pressures and strategic responses focusing on Shell and the Ogoni Struggle in the Niger Delta. The study was guided by institutional theory. The study employed qualitative research design analyzing a single case. Data was collected from secondary sources including academic articles and historical books. The study found out that Shell encountered coercive pressure, social normative pressures, professional normative pressures but did not encounter mimetic pressures during the Ogoni struggle.

Muthuri and Gilbert (2011), carried out a study in Kenya that investigated coercive, normative and mimetic elements as propositions that cultivate an environment that favors use of Corporate Social Responsibility (CSR). The study was guided by institutional theory. The study employed a two stage collection of data method of analysing web content and survey. A non-

random sampling method was used to obtain a heterogenous group of 70 companies in Kenya. All the 54 companies listed in Nairobi Stock Exchange at the time of the study, that is, between May and September 2008 were sampled. Then snowball sampling technique was used to get other companies involved in corporate social responsibilities in Kenya. The study found out that the institutional situations in which organizations work in Kenya absolutely influence the take-up of CSR to fluctuating degrees with certain institutional procedures having more effect than others.

Normative Pressures

De Abreu, Albuquerque and Oliveira (2016) sought to find out how Oil and Gas Companies respond to normative pressures on issues concerning disclosure on carbon control. The study theoretical framework was based on institutional theory. The study adopted a qualitative design where sustainability reports from 35 companies from oil and gas companies placed at the top ranks in 2011 Fortune Global 500 ranking were analysed. The companies analysed were operating in Turkey, USA, India, Japan, Brazil, China, Spain, Russia, Austria, Canada, Colombia, France, Holland, Hungary, Italy, Malaysia, Norwegian, United Kingdom and Thailand. The study concluded that the companies that had high level of disclosures on climate change was predominantly due to normative pressures. The companies sought legitimacy by adopting standards that they derive from social values. In Botswana and Namibia, Gustavson (2012), sought to find out whether it was true that Western theories and practices were not appropriate in the context of African as claimed. The study was guided by institutional theory. The study adopted qualitative case study design and consisted of observations, semi-structured interviews, studies of documents and conversations that were informal in public audit arenas and institutions of supreme audit in Botswana and Namibia. There were 57 interview participants randomly selected during the public arenas. The results showed that the professional norms that had been found to influence professional officials in public offices in Western countries also play a significant influence in the public auditors in African context.

Gichuke and Okello (2015) carried out a study in public universities that sought to evaluate the relationship between normative institutional pressures and strategic responses of public universities in Nakuru County (Gichuke & Okello, 2015). The theoretical background guiding the study was institutional theory and resource dependency theory. Through a descriptive survey study design and using a stratified sampling method, 56 respondents were sampled from a target of 123 administrative and management staff in public universities. Thestudy revealed that there was a positive, strong and statistically significant relationship

between social normative pressures and professional normative pressures on one hand and strategic responses on the other hand.

Coercive Pressures

McQuarrie, Kondra and Lamertz (2013) carried out a research in Canada on post-secondary institutions sought to understand the effects of government's regulative coercion on legitimacy of an organization. The study was guided by institutional theory framework. The study analysed two examples of policies and legislation by the government that relate to legitimacy of Canadian post-secondary institutions. The study found out that social forces which the government cannot control directly has more influence on the discerned legitimacy than the regulatory force which the government directly controls. The set government legislations set the ground in which post-secondary institutions would seek social legitimacy from other stakeholders.

Odubela (2007) carried out a study in Nigeria that sought to conteptualise the coercive isomorphic pressures of the socioeconomic and political environment on public relations practices in Nigeria. The theoretical framework applied in this study was institutional theory. The study design was qualitative and targeted practitioners in public relations and who held positions in management. The sample was arrived at through purposive sampling where 20 participants from both public and private sectors were interviewed through the phone. The study found out that the public relations practitioners especially those in government conform to government in power to be able to benefit from government contracts and financial resources. The study did not find any specific government regulation on public relation practice.

Njibu and Juma (2014) did a survey to find out the influence of institutional pressure on environment management practices used by manufacturing companies in Nakuru County, Kenya. Institutional theory was used to guide the theoretical background in this study. The study employed a survey design and targeted 178 managers of manufacturing industries in Nakuru County. A simple random sampling method was used to get 99 respondents. There was a positive and strong correlation between regulative pressures and practices environment management ($r = 0.752$; $p < 0.01$). It was concluded that manufacturing companies take into account the government laws and regulations when implementing environmental management strategies.

Alienating from these previous studies, this study followed the specific objectives of the influences of normative and coercive pressures in strategy implementation success in Ishiara Level IV Hospital in Kenya. The theoretical framework was institutional theory. It employed descriptive correlation study design in which purposive sampling method was used to sample

respondents from a target population comprising of the administrators of the hospital and the professional staff in the hospital under study.

Knowledge Gap

A review of literature has shown that Johnstone (2013) investigated the institutional pressures affecting a National Sports Organizations to bid for a world championship event in New Zealand while Wilde (20102) examined whether coercive, normative and mimetic isomorphic mechanisms contribute to the strategies in which MBA programs in USA's public universities develop and implement in their quest to differentiate from others. In Nigeria Handgraaf (2012) explored the institutional pressures and strategic responses focusing on Shell and the Ogoni Struggle in the Niger Delta while in Kenya Muthuri and Gilbert (2011) investigated how regulative, normative and cognitive elements as propositions that cultivate an environment that favors use of CSR. De Abreu, Albuquerque and Oliveira (2016) did a research to find out how Oil and Gas Companies respond to institutional pressures, moreso normative pressures, on issues concerning disclosure on carbon control. Gustavson (2012) tried to find out whether it was true that Western theories and practices were not appropriate in the context of Africa as claimed more so in application of the professional norms.

Gichuke and Okello (2015) sought to evaluate the relationship between institutional pressures and strategic responses of public universities in Nakuru County. In Canada a research on post-secondary institutions sought to understand the effects of government's regulative coercion on legitimacy of an organization (McQuarrie, Kondra & Lamertz, 2013). Odubela (2007) conducted a study in Nigeria that sought to conteptualise the coercive isomorphic pressures of the socioeconomic and political environment on public relations practices. In Kenya Njibu and Juma (2014) researched on the influence of institutional pressure on environment management practices used by manufacturing companies in Nakuru County.

There literature that has been reviewed has shown that there is no study that has been carried out in public hospitals on the influence of institutional pressures on strategy implementation success. The study findings are expected to cover the knowledge gap on the influence of institutional pressures on strategy implementation success inIshiara Level IV hospital, which is a public hospital in Kenya.

RESEARCH METHODOLOGY

Research Design

This research adopted a descriptive correlation study design. Descriptive research is a process of data collection for purposes of hypotheses testing that concern the current state of the

subjects being studied (Mugenda & Mugenda, 2003). It determines and reports things as they are.A correlation study shows the interconnectedness among variables (Simon & Goes, 2011). The principle reason for a correlational research is to find out connections between variables, and if a relationship exists, to find out a regression equation condition that could be utilized to make predictions to a populace.

Research Site and Rationale

The research site was Ishiara Level IV Hospital, in Mbeere North Sub-county of Embu County, Kenya. It is the largest hospital in Mbeere North Sub County. Before devolution it was the largest and oldest district hospital within the current boundaries of Embu County. This is because the largest hospital Embu Level V Hospital has been the provincial referral hospital for Eastern Province. According to the GoK (1994), the strategies formulated and implemented in NHSSP (1994-2010) were targeted at the district levels and Ishiara having been a district hospital was one of the key units in strategy implementation. The hospital is among those in Embu county which have been reported to experience shortage of doctors, doctors resignations, lack of staff promotions and political interference including staff intimidation by politicians (Wanyoro, 2016).According to the Githinji (2016), the hospital has not been able to meet it financial obligations and has been experiencing chronic shortage of staff.

Target Population

The study targeted the members of Health Management Team (HMT) and members of staff. Within the public hospitals in Kenya, the top management comprises of a HMT that are authorized to administrate (English et al., 2009).The target population was the members of HMT and other profession staff members in Ishiara Level IV Hospital. There are 77 members of HMT and members of staff from different professions.

Sampling Design

The members of HMT and members of staff formed the subjects under this study. All the 77 members of the HMT and the members of staff were sampled through purposive sampling method by the fact that they are not a large group and that they hold the key information that this research is aiming to find out. According to Mugenda and Mugenda (2003), a researcher may decide to sample all the subjects if the target population is manageable. The sample size for the members of HMT and professional staffwas77 subjects. This is because they are the implementers of strategy in the hospital and the total number is manageable to sample. They hold the key information which is vital in meeting the objectives of the study.

Research Instruments

The research adopted the use of structured questionnaire as the research instruments. A questionnaire is a means of eliciting the feelings, beliefs, experiences, perceptions, or attitudes of some sample of individuals (Key, 1997). The structured questionnaire captured respondent's background information and had Likert scale responses. In a Likert scale, the respondent is asked to respond to each of the statements in terms of several degrees, usually five degrees of agreement or disagreement (Kothari, 2004).The Likert questions were derived from the matrix attached in Appendix II.

Piloting of Research Instruments

A pilot study to test the questionnaire which was the research instruments was carried out in Miathene Level IV hospital, in Tigania West District, Meru County. This is because Miathene Level IV Hospital is a public hospital in the same level with Ishiara Level IV Hospital. Tappin (2014), while referring to scholarly work of Isaac and Michael (2005) and Hill (1998), report that a minimum of 10% of the study sample is required for a pilot study. The pilot study sampled 10 respondents from Miathene Level IV Hospital members of staff. The study sample was 77 subjects therefore 10 subjects for the pilot study sample size was 13% of the study sample size and was considered adequate. This assisted in testing the research tools for their reliability, validity, usefulness, and ease or difficult of completion in collecting data.

Validity of Research Instruments

According to Mugenda and Mugenda (2003), the validity is the degree to which the results acquired from data analysis indeed symbolize the aspects under study. Validity therefore, depends on how accurately the data collected represents the study variables. It is determined largely by systematic error also known as non-random error. Construct and content validity was tested. For assessment of construct validity, a theoretical framework concerning the concept to be measured must exist and the expectations in theory must conform to the measurements. Content validity is a measure of the degree to which the collected data using a specific instrument symbolizes a content of specific concept. Content validity was checked with the help of an expert from the University. Since it is impossible to construct an instrument that all items that can be used to measure a specific concept then sampling validity is done. Therefore, the construct validity was checked and Eigen values greater than 1 were considered valid. The results for construct validity using Eigen values are as in Table 1.

Table 1. Results for Construct Validity Test

Constructs	No. of items tested	Eigen Value
Normative pressures	5	2.502
Coercive pressures	6	2.494
Strategy implementation success	5	3.080

The results show the factors in the study constructs returned Eigen values that were greater than 1 (normative pressures = 2.502; coercive pressures = 2.494; strategy implementation success = 3.080) and were considered to be valid.

Reliability of Research Instruments

Reliability measures the degree to which a study instrument returns data or results that are consistent after repeated trials (Mugenda & Mugenda, 2003). Random error influences reliability and as random error increases, reliability increases. Random error is deviation from the true measurement and may arise due to inaccurate instrument used, inaccurate scoring by the researcher and other unexplained errors. It ultimately affects the reliability of the data collected. Reliability of the questionnaire will be tested by computing Cronbach's Coefficient Alpha to check its internal consistency. A Cronbach's Alpha of 0.7 and above was accepted as reliable (Lone, 2016). The reliability test results are as shown in Table 2.

Table 2. Results for Reliability Test

Constructs	No. of items tested	Cronbach's Alpha Value
Normative pressures	5	0.883
Coercive pressures	6	0.764
Strategy implementation success	5	0.821

The results show that all the three study variables generated Cronbach's Alpha above 0.7 (normative pressures = 0.883; coercive pressures = 0.764; strategy implementation success = 0.821) and were accepted as reliable.

ANALYSIS AND FINDINGS

Response Rate

A total of 77 questionnaires were distributed and 68 of them were properly filled which means there were no inconsistencies, no missing data and no invalid responses. For example, there were no multiple responses given for one single question or there was no response that was left

unfilled. This proper filling may be explained by the fact that all the respondents were literate healthcare workers who had a minimum tertiary education qualification. The properly filled questionnaires made up 88% response rate and it was considered to be very good. According to Mugenda and Mugenda (2003) a response rate of over 70%is considered to be very good.

Descriptive Analysis for Normative Pressures Indicators

The researcher wanted to find out the responses for the indicators used for the normative pressure variable. Five indicators were used requiring the respondents to indicate the extent to which they concurred or differed with the normative pressures indicators by filling a 5 - Likert scale where in each indicator they were required to choose from one of these responses, strongly agree -1, agree - 2, not sure - 3, disagree– 4 and strongly disagree - 5. The minimum value 1 corresponds to "Strongly agree" response and the maximum value 5 corresponds to "Strongly disagree."The descriptive statistics for normative pressures are as shown in Table 3.

Table 3. Descriptive Analysis for Normative Pressures

	INDICATORS	N	Maximum	Minimum	Mean	Standard deviation
i.	Our hospital faces demands from local community and the patients	68	4	1	1.54	0.584
ii.	Our hospital staff DO NOT experience intimidation from leaders and politicians	68	5	1	3.41	1.352
iii.	The professional training we get in colleges determine how we work	68	5	1	1.90	0.917
iv.	Our professional membership bodies influence our work	68	5	1	2.26	1.045
v.	Interacting and networking with other professional colleagues influence our work	68	5	1	1.91	0.876

The results found out that most respondents, (mean= 1.54; SD=0.584) felt that the hospital face demands from local community and the patients, that majority of respondents, (mean =3.41; SD=1.352) agreed that the hospital staff do not experience intimidation from local leaders and politicians while most respondents (mean=2.24; SD=1.002) agreed that the professional training they get in colleges determine how they work. Further the results found out that most respondents, (mean=2.26; SD=1.045) concurred that the professional membership bodies influence how they work while majority of respondents, (mean=1.54; SD=0.876) agreed that interacting and networking with other professional colleagues influence their work.

Descriptive Analysis for Coercive Pressures Indicators

The second independent variable for this study was coercive pressures. The indicators for this variable were studied and the respondents were required to indicate the extent to which they agreed with coercive pressures indicators by filling a 5 Likert scale with similar grading as above. The descriptive statistics for coercive pressures indicators are as shown in Table 4.

Table 4. Descriptive Analysis for Coercive Pressure

	INDICATORS	N	Maximum	Minimum	Mean	Standard deviation
i.	We strictly follow laws and regulations from the government	68	5	1	2.21	1.045
ii.	Regulations from the licensing bodies influence our work	68	5	1	2.28	1.005
iii.	The government uses authority on our staff	68	5	1	2.25	0.853
iv.	The government motivates our staff	68	5	1	3.62	1.258
v.	The laws and regulations on allocation of resource and their utilization affect our hospital	68	4	1	1.97	0.828
vi.	The government facilitates on staff training and development	68	5	1	2.97	1.382

The results indicate that majority of respondents, (mean=2.21; SD= 1.045) agree that they strictly follow laws and regulations from the government, majority of respondents, (mean= 2.28; SD= 1.005) agree that regulations from the licensing bodies influence their work while majority of respondents (mean= 2.25; SD= 0.853) concur that the government uses authority over their staff members. Further, the results show that most respondents, (mean= 3.68; SD= 1.258) disagree that the government motivates their staff members, most respondents, (mean=1.97; SD=0.828) agree that the laws and regulations on allocation of resource and their utilization affect their hospital while majority of respondents, (mean= 3.58; SD= 1.249) disagree that the government facilitates on their staff training and development.

Descriptive Analysis for Strategy Implementation Success Indicators

The dependent variable for this study was strategy implementation success. The indicators for this variable were studied and the respondents were required to indicate the extent to which they agreed with coercive pressures indicators by filling a five Likert scale.In the analysis

percentage responses in firmly concur and differ were combined together as well as firmly differ and differ. The findings are as summarized in Table 5.

Table 5. Descriptive Analysis for Strategy Implementation Success

	INDICATORS	N	Maximum	Minimum	Mean	Standard deviation
i.	There is proper utilization of allocated budget by government	68	5	1	4.16	0.891
ii.	Our hospital has sufficient physical infrastructures	68	5	1	3.99	0.801
iii.	Our hospital is provided with adequate medical equipment	68	4	1	4.03	0.992
iv.	We have adequate skilled professional staff	68	5	1	3.74	1.167
v.	There is facilitation for regular staff training	68	5	1	3.78	0.960

The results found out that most respondents (mean=4.16; SD=0.891) disagreed that there was proper utilization of allocated budget by the government, most respondents (mean=3.99; SD= 0.801) differed that their hospital has sufficient physical infrastructure while majority of respondents (mean=4.03; SD= 0.801) disagreed that the hospital is provided with adequate medical equipment. The results further show that majority of respondents (mean=3.74; SD=1.167) disagree that the hospital has adequate skilled professional members of staff while most respondents (mean=3.78; SD=0.960) disagree that there is facilitation for regular staff training.

Correlation between the Independent Variables and the Dependent Variable

Normative Pressures Relationship with Strategy Implementation Success

The study sought to find out the relationship of normative pressures and strategy implementation success. The summary results of correlation of normative pressures and strategy implementation success is shown in Table 6.

Table 6. Normative Pressures Correlation with Strategy Implementation Success

		Strategy Implementation Success
Normative pressures	Correlation coefficient	0.702
	Sig. (2 tailed)	.017
	N	68

The results show that at 0.05 significance level, there is a positive, strong relationship (r=0.702) and statistically significant relationship (p=0.017) between normative pressures and strategy implementation success.

Coercive Pressures Relationship with Strategy Implementation Success

The study sought to find out the relationship between coercive pressures and strategy implementation success. The correlation of coercive pressures and strategy implementation success generated the findings as indicated in Table 7.

Table 7. Coercive Pressures Correlations with Strategy Implementation Success

		Strategy Implementation Success
Coercive pressures	Correlation coefficient	0.813
	Sig. (2 tailed)	.000
	N	68

The results show that at 0.05 significance level there is a positive, strong correlation (r=0.813) and statistically significant relationship (p<0.001) between coercive pressures and strategy implementation success.

Relationship between Institutional pressures and Strategy Implementation Success

Further the relationship of the institutional pressures and strategy implementation success was tested using a multiple regression model.

Model Formulation

The following regression model adopted from McDonald (2014) was applied in this study.

$Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \varepsilon$

Where in this study;

Y = is the predicted value of the dependent variable (Strategy Implementation success)

α = is a constant, that is the value of Y when the predictor value (X_1 and X_2) are zero

X = Predictor values of the independent variables (X_1 is normative pressures and X_2 is coercive pressures)

β_1 = is the estimated slope of a regression of Y on X_1

β_2 = is the estimated slope of a regression of Y on X_2

ε = error term

The regression results are as shown in the Table 6

Table 8. Multiple Linear Regression Coefficients Results

	Unstandardized Coefficients		Standardized Coefficients
Model	B	Standard Error	Beta
Constant	41.474	28.875	
Normative pressures	3.704	1.347	0.379
Coercive pressures	4.611	1.629	0.405

Dependent variable: Strategy implementation success

The regressions equation $Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \varepsilon$ is interpreted as follows;

$Y = 41.474 + 3.704X_1 + 4.611X_2$

A unit change in the normative pressures (X_1) changes strategy implementation success (Y) by a factor of 3.704 and a unit change in coercive pressures (X_2) changes strategy implementation success by a factor of 4.611. With both normative pressures and coercive pressures at zero, the strategy implementation success constant (α) remains at 41.474.

Hypothesis testing

The study sought to test the hypothesis by finding out if there is any relationship between the institutional pressures and strategy implementation success.

HO_1: There is no statistically significant influence of normative pressures on strategy implementation success in Ishiara Level IV Hospital in Kenya

With a correlation coefficient value (r = 0.702) at 0.05 significance level the result shows that normative pressures have a positive and strong relationship on strategy implementation success. This relationship is statistically significant (p=0.017). Therefore, there is statistically significant positive relationship between normative pressures and strategy implementation success in Ishiara Level IV Hospital in Kenya. Therefore, th enull hypothesis is rejected.

HO_2: There is no statistically significant influence of coercive pressures on strategy implementation success in Ishiara Level IV Hospital in Kenya

The test for correlations shows that the correlation coefficient between coercive pressures and strategy implementation success is positive(r = 0.813) and statistically significant (p<0.001) at 0.05 level of significance. This shows that there is statistically significant correlation between coercive pressures and strategy implementation success in Ishiara Level IV Hospital in Kenya and therefore, the null hypothesis is rejected.

DISCUSSION

The first objective of the study was to ascertain the influence of normative pressures on strategy implementation success in Ishiara Level IV Hospital. The study found out that there was influence of normative pressures on strategy implementation success and that the relationship was positive, weak and statistically significant relationship. The results are consistent with the findings by De Abreu, Albuquerque and Oliveira (2016) whose study revealed that normative pressures had influence on Oil and Gas Companies in 19 countries around the world in relation to carbon emission disclosures. The companies high level of disclosures was as a result of normative pressures.

The results also agree with the findings by Gustavson (2012) who found out that normative pressures had influence on the professional officers in Botswana. The normative professional pressures had a great influence on professional officers in public offices. The results were also consistent with Gichuke and Okello (2015), who found out that there was a positive, strong and statistically significant relationship between normative pressures and strategic responses by Public Universities in Nakuru County in Kenya.

The research second objective sought to find out if coercive pressures have influence in strategy implementation success in Ishiara Level IV Hospital in Kenya. In relation to coercive pressures the study found out that coercive pressures had influence in strategy implementation success. There was a positive, moderate and statistically relationship between the two variables. The findings are consistent with McQuarrie, Kondra and Lamertz (2013), who found out that coercive pressures had influence in public institutions in Canada and Odubela (2007) who found out that public relations officers in Nigeria conform to coercive regulations. The findings conform to Njibu and Juma (2014) who found out that there was a relationship between coercive pressures and environment management practices by manufacturing companies in Nakuru County in Kenya. Njibu and Juma (2014) found that there was a positive, strong and statistically significant relationship ($r = 0.752$; $p < 0.01$) between the variables.

The findings show that there is influence of combined institutional pressures to institutional pressures. This is consistent with Wilde (2012) who found out that institutional pressures had influence on strategies used in MBA programs in USA and the results by Handgraaf (2012) who found out that normative pressures and coercive pressures had influence in strategic responses used by Shell and the Ogoni Struggle in Niger Delta. The findings are also consistent with results of a study done in Kenya by Muthuri and Gilbert (2011) who found out that institutional pressures influenced the use of CSR by companies.

RECOMMENDATIONS

Recommendations for Practice

It is recommended that in the healthcare practice it should not be noted that the normative and coercive pressures have influence on strategy implementation success. The normative pressures influence by society norms and professional norms have influence on the success of implementation of strategy and therefore should be considered and taken care of when these strategies are being implemented.

Recommendations for Policy Making

At the policy level the study recommends that the Kenya national government through the Ministry of Health and the county government of Embu to consider the findings of this study to be able to take any necessary measures to correct on these findings. This may enable achieve the strategic targets as envisioned in Kenya Health Policy 2030 and the health pillar targets in Vision 2030. Internationally, Kenya may be able to meet the health related Sustainable Development Goals by the year 2030.

LIMITATIONS AND FURTHER RESEARCH

By choosing to use Ishiara Level IV hospital the outcome of the findings are suggestive of what may be found in other public hospitals, however they cannot be generalized. Therefore, to mitigate on this limitation the study findings are not intended to be generalized to all public hospitals in Kenya. The study employed a structured questionnaire with closed ended questions. This gave respondents limited choice of responses even though they may have other information to share. This was mitigated by developing and testing the questionnaire that considered the views of most of the respondents.

The study was conducted using Ishiara Level IV hospital and cannot be generalised therefore more research on other public health hospitals should be carried out under related objectives. Other indicators that may influence on normative pressures and coercive pressures on strategy implementation success need to be explored and studied.

REFERENCES

Bourbonnais, N. (2013). Implementing Free Maternal Health Care in Kenya: Challenges, Strategies, and Recommendations. Kenya National Human Rights Commission.

Bourgeault, I., Dingwall, R.,& Vries R. (2010). The SAGE Handbook of Qualitative Methods in Health Research (Vol. 32). London: SAGE Publications Ltd.

Buhrman, G. (2011, June). Institutional Pressures and Strategic Responses: Case of BP Oil Spill. Retrieved February 9, 2017, from Vrije University Amsterdam, Faculty of Economics and Business Administration: https://www.feweb.vu.nl/en/Images/2012_Buhrman_G__BP_Oil_spill_tcm258-377961.pdf

De Abreu, C., Albuquerque, C., & Oliveira, C. (2016). Institutional Pressures on Disclosure of Carbon Control issues by Oil and Gas Companies. Unisinos Management and Accounting Magazine, 13(1), 79-91.

DiMaggio, J., & Powell, W. (1983, April). The Iron Cage Revisited: Institutional Isomorphism and Collecetive Rationality in Organizational Fields. American Sociological Review, 48(2), 147-160.

English, M., Ntoburi, S., Wagai, J., Mbindyo, P., Opiyo, N., Ayieko, P., Opondo, C., Migiro, S., Wamae, A., & Irimu, G. (2009, July). An intervention to improve paediatric and newborn care in Kenyan district hospitals: understanding the context. Retrieved May 22nd, 2016, from National Center for Biotechnology Information, U.S. National Library of Medicine: http://www.ncbi.nlm.nih.gov/pubmed/19627588

Etienne, F. (2017). Health systems reform in the quest for universal health. Pan American Journal of Public Health.

Franken, A., Edwards, C.,& Lambert, R. (2011). Executing Strategic Change: Understanding the Critical Management Elements that Lead to Success. California Management Review, 51(3).

Gichuke, R.,& Okello, B. (2015). Relationship between institutional pressures and strategic responses of Public Universities in Nakuru County, Kenya. International Journal of Economics, Commerce and Management, 3(11).

Githinji, R. (2016, August 20). Two level four hospitals in Embu owe suppliers Sh16m, want help to pay debt. Retrieved February 15, 2017, from The Star: http://www.the-star.co.ke/news/2016/08/20/two-level-four-hospitals-in-embu-owe-suppliers-sh16m-want-help-to-pay_c1406269

Government of Kenya. (1994). Kenya's Health Policy Framework. Nairobi, Kenya: Ministry of Health.

Government of Kenya. (2007a). Reversing the Trends: The Second National Health Sector Strategic Plan Midterm Review Report. Nairobi: Ministry of Health.

Government of Kenya. (2007b). Kenya Vision 2030. Government of Kenya.

Government of Kenya. (2010). The Constitution of Kenya. Nairobi: Government of Kenya.

Government of Kenya. (2013). Millenium Development Goals: Status Report for Kenya. Nairobi: Ministry of Devolution and Planning, Government of Kenya.

Government of Kenya. (2014a). Kenya Health Policy 2014-2030. Nairobi: Ministry of Health, Government of Kenya.

Government of Kenya. (2014b). Kenya Health Sector Strategic and Investment Plan 2014-2018. Nairobi: Ministry of Health, Government of Kenya.

Gustavson, M. (2012, October). Professional Norms in African contexts: The forgotten dimension in development theory. The Quality of Government Institute, Working Paper Series 2012:10. Goteborg: University of Gothenburg.

Handgraaf, A. (2012, June 13). Institutional Pressures & Strategic Responses: The Case of Shell and the Ogoni Struggle. Retrieved February 12, 2017, from VU University Amsterdam: https://www.feweb.vu.nl/en/Images/2012_Handgraaf_A_M__Shell_Niger_Delta_tcm258-377962.pdf

Harington, J., & Kendall, W. (2006). Strategy Implementation Success: The Moderating effects of Size and Environmental Complexity and the Mediating Effects of Involvement. Journal of Hospitality and Tourism Research, 30(2), 207-230.

Health Systems Trust. (2017). Questionable assumptions - why health sector reforms have failed to deliver in Kenya. Retrieved February 8, 2017, from Health Systems Trust: http://www.hst.org.za/news/questionable-assumptions-why-health-sector-reforms-have-failed-deliver-kenya

Hoffman, J. (1999). Institutional Evolution and Change: Environmentalism and the U.S. Chemical Industry. Academy of Management Journal, 42(4), 351-371.

Johnston, M. (2013). Mimetic, Coercive and Normative Influences and the Decision of National Sport Organizations to Bid for World Championship Events. Retrieved May 22, 2016, from Auckland University of Technology: http://aut.researchgateway.ac.nz/bitstream/handle/10292/7182/JohnstonM.pdf?sequence=3

Kalali, N., Anvari, A., Pourezzat, A.,& Dastjerdi, D. (2011, October 7). Why does strategic plans implementation fail? A study in the health service sector of Iran. African Journal of Business Management, 5(23), 9831-9837.

Key, P. (1997). Research Design in Occupational Education. Retrieved May 23rd, 2016, from Oklahoma State University: http://www.okstate.edu/ag/agedcm4h/academic/aged5980a/5980/newpage16.htm

Kimalu, P., Nafula, N., Mada, D., Bedi, A., Mwabu, G.,& Kimenyi, M. (2004). A Review of the Health Sector in Kenya. Nairobi, Kenya: Kenya Institute for Public Policy Research and Analysis.

Kothari, C. (2004). Research Methodology, Methods and Techniques 2nd edition. New Delhi: New Age International Publishers Ltd.

Magnus, G., Anders, S.,& Leonard, W. (2006). Institutional Pressures and Organizational Response Evidence from Sub-Saharan Africa. Bachelors Thesis. Sweden: Jonkoping University.

Mango, R. (2014, February). Determinants of Successful Strategy Implementation: A Survey of Selected Public Schools in South Africa. International Journal of Business and Management Invention, 3(1), 41-46.

Mbaka, M.,& Mugambi, F. (2014). Factors affecting successful strategy implementation in the Water Sector in Kenya. IOSR Journal of Business and Management, 16(7), 61-68.

McQuarrie, E., Kondra, Z.,& Lamertz, K. (2013). Government, coercive power and the perceived legitimacy of Canadian post-secondary institutions. Canadian Journal of Higher Education, 43(2), 149-165.

Miller, D (2002). Successful Change leaders: What Makes Them? What Do They Do

That Is Different? Journal of Change Management., 2(4): 359-68.

Muga, R., Kizito, P., Mbayah, M.,& Gakuruh, T. (2005). Overview of health systems in Kenya. Retrieved May 2016, from The Demographic and Health Surveys, USAID: http://dhsprogram.com/pubs/pdf/spa8/02chapter2.pdf

Mugenda, O., & Mugenda, G. (2003). Research Methods. Nairobi: Acts Press.

Muoki, C. (2016, August 22). Orthopedic ward to be established at Ishiara Level 4 Hospital. Retrieved February 15, 2017, from Kenya News Agency: http://kenyanewsagency.go.ke/en/orthopedic-ward-to-be-established-at-ishiara-level-4-hospital/

Murkomen, K. (2012, October 24). Devolution and the Health System in Kenya. Retrieved February 15, 2017, from Health Policy Project: https://www.healthpolicyproject.com/ns/docs/Kenya_Kipchumba_Presentation.pdf

Muthaura, F. (2010). The Role of Kenya Public Service in a Changing Global Environment: Opportunities and Challenges – What is working and what is not? KAPAM Annual Dinner. Hilton Hotel, Nairobi: Government of Kenya.

Muthuri, J.,& Gilbert, V. (2011, February). An Institutional Analysis of Corporate Social Responsibility in Kenya. Journal of Business Ethics, 98(3), 467–483.

Njibu, P., & Juma, A. (2014). Influence of Institutional Pressures on Environmental Management Practices Adopted by Manufacturing Companies: A Survey of Manufacturing Companies in Nakuru Town, Kenya. International Journal of Science and Research, 3(5), 1640-1645.

North, C. (1990). Institutions, Institutional Change and Economic Performance. Cambridge: Cambridge University Press.

Odubela, O. (2007). Contextualized Qualitative Research in Nigeria: Coercive Isomorphic Pressures of the Socioeconomic and Political Environment on Public Relations Practices. Retrieved March 12, 2017, from The Pennsylvania State University: http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.466.6266&rep=rep1&type=pdf

Ooko, S. (2015, October 26). Devolved healthcare turns sour as doctors quit service. Retrieved February 8, 2017, from Business Daily: http://www.businessdailyafrica.com/Corporate-News/Devolved-healthcare-turns-sour-as-doctors-quit-service/539550-2929750-item-0-knqbksz/index.html

Opon, O. (2016). Provision of essential health package in public hospitals: a case of Homabay County hospitals, Kenya. Retrieved February 8, 2017, from The Pan African Medical Journal: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4992368/

Oyaya, O., & Rifkin, B. (2003). Health sector reforms in Kenya: an examination of district level planning. Retrieved February 2017, from Elsevier Science Ireland Ltd: http://www.healthpolicyjrnl.com/article/S0168-8510(02)00164-1/abstract

Palthe, J. (2014). Regulative, Normative, and Cognitive Elements of Organizations: Implications for Managing Change. Management and Organizational Studies, 1(2).

Public Health Action Support Team. (2011). Strategy communication and strategy implementation in relation to health care. Retrieved February 11, 2017, from Health Knowledge, Public Health Action Support Team: https://www.healthknowledge.org.uk/public-health-textbook/organisation-management/5d-theory-process-strategy-development/stragtegy-communication-implementation

Scott, R. (1995). Institutions and Organizations. London: Sage Publications.

Siddique, I.,& Shadbolt, N. (2016, March). Strategy Implementation Literature Review. Retrieved February 9, 2017, from AgriOne Limited: http://www.onefarm.ac.nz/system/files/resource_downloads/Strategy%20Implementation%20Literature%20Review%20Final%20_0.pdf

Simon, K.,& Goes, J. (2011). Correlational Research. Retrieved March 12, 2017, from Dissertations Recipes: http://dissertationrecipes.com/wp-content/uploads/2011/04/Correlational-ResearchX.pdf

Stewart, J. (2004, December 9). The meaning of strategy in the public sector. Australian Journal of Public Administration, 63(4).

Swanton, K.,& Frost, M. (2007). Lightening the load: Tackling overweight and obesity. London, UK: National Heart Forum.

Tappin, M. (2014, May 14). How to figure out an appropriate sample for the pilot study? Retrieved February 22, 2017, from ResearchGate: https://www.researchgate.net/post/How_to_figure_out_an_appropriate_sample_for_the_pilot_study

United Nations. (2016). Sustainable Development Goal 3. Retrieved February 8, 2017, from Sustainable Development: https://sustainabledevelopment.un.org/sdg3

United Nations Development Programme. (2016, September 14). Kenya Government Gives Road Map to implementation of SDGs. Retrieved February 9, 2017, from United Nations Development Programme: http://www.ke.undp.org/content/kenya/en/home/presscenter/pressreleases/2016/leave-no-one-behind--kenya-government-gives-road-map-to-implemen.html

Wainaina, P., Ole Sopia, I.,& Cherono, V. (2016). Factors Influencing the Strategic Implementation of Change Management in the Devolved Public Health Services in Kenya: A Case of Nakuru Provincial General Hospital. International Journal of Science and Research, 5(4), 1707-1713.

Wanyoro, C. (2016, July 28). Public hospitals hit as Embu doctors go on strike. Retrieved February 17, 2017, from Daily Nation: http://www.nation.co.ke/counties/embu/Public-hospitals-hit-as-Embu-doctors-go-on-strike/3370188-3319464-xpya9q/index.html

Wilde, A. (2012). Theory versus practice: A study of Strategy Making in Five Public MBA programs. Retrieved May 22nd, 2016, from University of Nevada, Las Vegas: http://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=2790&context=thesesdissertations