



## Influence of Organizational Culture on Public Health Service Delivery in County Governments in Western Kenya Region

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### ABSTRACT

Poor health service delivery has been linked to the devolution of health services, with some health workers walking off the job due to inadequate pay and unsafe working conditions. This research aimed at establishing the influence of organizational culture on public health service delivery in County Governments in Western Kenya Region. Taking a positivist approach, the study was anchored on Organizational Culture Theory. Descriptive survey and causal-comparative research designs were adopted with a target population of 966 personnel consisting of the CECMs, Chief Officers, Directors and County Nursing Officer for Health, Medical Superintendents, Hospital Administrator, Human Resource Officer, Head of Pharmacy, Head of Nursing, Health Records Information Officer, Head of Laboratory, Head of Clinical Services and number of patients admitted, treated and discharged drawn from all the four Counties of Bungoma, Busia, Kakamega and Vihiga. Primary data was collected using both structured questionnaires and interview schedules. Qualitative data was analysed by content analysis while quantitative data was analysed using both descriptive and inferential statistics. The SPSS Software version 26 was used for statistical analysis which was both descriptive whereby frequencies, percentages, means and standard deviation were clearly shown in the form of both tables, models and charts. The hypothesis tested for significance of the study at 5% significance level. From the regression model, the  $R^2$  value was 0.761. This shows that organizational culture could explain 76.1 % of variance in public health service delivery. Under regression coefficients, organizational culture could statistically significantly predict public health service delivery in County Governments in Western Kenya Region ( $t=30.529$ ,  $p<0.05$ ). Therefore, the hypothesis was rejected. This shows that for one-unit increase in organizational culture, public health service delivery increased by 0.873 units. With regard to organizational culture, it is suggested that policymakers develop policies that encourage a culture wherein all employees and stakeholders are actively engaged in the strategic implementation process. Management of the strategy's implementation should not be the sole purview of change specialists and upper management. The people leading the shift were also responsible for making conditions more amenable to the desired transformation.

**Keywords:** Organisational Culture, Public Health Service Delivery, Western Kenya

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### I. INTRODUCTION

The Sustainable Development Goals (SDGs) recognize universal health care as a significant and laudable objective. The goal of universal health coverage is to ease the way toward more prosperous and fair societies and economies by ensuring that all people, regardless of their ability to pay, have access to the healthcare they need. Without prioritizing health care quality, universal health coverage should not even be considered, much less implemented. Care must be efficient, risk-free, and tailored to the wants and requirements of the communities they are meant to benefit. In addition, care delivery should be timely, equitable across populations, coordinated across the care continuum and across the life course, and resource-efficient at all points (World Bank, 2018).

Lu et al. (2013) state that the healthcare industry is one of the largest in the service sector, and that the provision of healthcare services is an integral aspect of service delivery for the economic and social well-being of any nation. The provision of health services is important to every health system and is widely recognized as a key factor in reaching the SDGs (World Health Organization, 2016). Costly service provision, speedy service delivery, easy access to health facilities, and healthcare providers that fulfill their service mission all contribute to health service delivery in the health business (Akachi & Kruk, 2017). The promotion of universal health coverage (UHC) is a core tenet of the healthcare sector's infrastructure for delivering healthcare services to everyone who need them (Zodpey et al., 2018).

According to Wang (2016), the main causes of inefficient service delivery in Chinese hospitals were a lack of coordination, insufficient staff, a lack of enthusiasm, and the absence of supportive legislation. In India, researchers Mohanan et al. (2016) showed that enhanced health service delivery may be achieved by strengthening institutional



capacity, increasing financial resource mobilization, enhancing governance, and implementing data-driven policies. Healthcare personnel in Switzerland are more productive when they have access to sufficient resources, positive working relationships, social amenities, and modern infrastructure, as pointed out by Gilles et al. (2014).

Africa as a continent faces a significant difficulty in the delivery of healthcare services because the vast majority of its poor population does not have access to these services (Akokuwebe & Adekanbi, 2017). Although many African countries signed the Abuja declaration, which urged governments to devote at least 15% of their budgets to healthcare and guarantee universal health coverage, few have met even these modest goals (Ahenkan & Osei-Kojo, 2014). Assefa (2017) conducted research in Ethiopia and found that the country's impressive progress in broadening health sector growth has been bolstered by comprehensive initiatives aimed at enhancing investments in healthcare. Health care access has been limited by a number of factors, including a failure to reach marginally-alienated communities, insufficient poverty reduction, and inadequate educational opportunities. According to research by Akokuwebe et al. (2017), service delivery in Nigerian hospitals is significantly impacted by corruption and inadequate distribution of medical supplies.

Kenya (2016) notes that customers are dissatisfied when their expectation of the health service surpasses their assessment of the health care got. Public hospitals in Nairobi County, he found, were hampered in their ability to provide health care due to issues with information system integration, drug supply, decision making, and responsibility delegation. This research aimed to determine if and how public health service delivery in health facilities in Western Kenya's Region was affected by the leadership style of its managers, the availability of its human resources, and the strength of its culture.

In contrast to the principles and customs of other groups, an organization's culture is what makes it stand out (Ortega-Parra & Sastre-Castillo, 2013). According to King (2012), a company's culture is the unstated set of principles that quietly affects employee behavior. In the business environment, organizational culture and corporate culture are often used interchangeably to mean the same thing (Childress, 2013). Magee (2002) defines organizational culture as the common values and standards held by the members of an organization. The assumptions rely heavily on one's beliefs and ideals. Values are based on ideals that are desirable and worth aiming for, whereas beliefs focus on the reality and which comes from experience.

The norms that employees observe and characterize as present in their own workplaces are all part of an organization's culture (Schneider, 2013). Members' actions and level of flexibility in achieving organizational goals are shaped by such standards. Members' interactions with one another and the organization's external stakeholders are key components of its culture (Simoneaux & Stroud, 2014). According to Robbins (2012), the culture of an organization is one of the most striking differences between businesses.

Govindarajan (2016) argues that in order to successfully fulfill a task, it must first be fully described and then integrated into the service delivery process. When a service is clearly defined, the people who will be using it can learn about its benefits and drawbacks, whether they are eligible to get it, how much it will cost them, what restrictions it has, how to access it, and how to obtain help if they need it (Buong & Ayugi, 2017). Good internal procedures that can back up service provision are essential for success.

The devolution of healthcare in Kenya began with the devolution of power between the national and county governments following the adoption of a new constitution in 2010 (Wahome, 2019). In Kenya, healthcare is one of the areas that have been given more authority to county governments under the Transition to Devolved Government (Waithaka & Barasa, 2018). It is proposed in the National Health Policy (2012) that County Health Departments be reformed, with one of its primary responsibilities being the establishment of an effective institutional framework to ensure the safe administration and distribution of healthcare services across the County (Gitonga & Keiyoro, 2017).

UHC ensures that everyone has access to the primary, secondary, tertiary, and quaternary care they need to live a healthy and productive life, including the services necessary to maintain and improve health without causing undue financial hardship (World Health Organization, 2016). Despite significant health investments, health outcomes remain unsatisfactorily low, especially in large parts of the developing globe. It is completely unacceptable that half of the world's population lacks access to basic healthcare (Achia et al., 2015). Generally speaking, the best healthcare service delivery models can be found in more developed countries like the United Kingdom, Canada, Norway, and Sweden. These models are supported by the implementation of universal health coverage, the nationalization of health services, and a robust health system (Papanicolas et al., 2018).

The Constitution of Kenya, adopted in 2010, ensures that all Kenyans have access to quality healthcare that is based on their individual rights. It means Kenyans have a right to the best possible health, which includes access to medical care and reproductive services (Article 43). Local governments are responsible for providing basic healthcare services, but the federal government continues to set health policy, provide technical help to counties, and manage national referral health centers. In order to better meet the specific health needs of their constituents, foster greater citizen engagement, and expedite the allocation of scarce resources, County Governments were given authority over



this sector. Yet, the industry is currently plagued with enormous difficulties in virtually all Counties, such as capacity gaps, human resource shortages, a lack of crucial legal and institutional infrastructure, widespread corruption, and a contentious relationship with the central government (Kimathi, 2017). Healthcare as a whole has been unable to move forward, and some health indicator data suggests that it may have even gone backwards, as a result of these difficulties (Kimathi, 2017).

Andove and Nzulwa's (2018) research in Machakos County on the barriers to the strategic delivery of public health services found that ineffective management of the healthcare system inside the facility, issues with management, a failure to adopt a supply-driven approach to healthcare management, and a lack of resources that promote the efficiency of public health service management were all factors impeding service delivery. Whether or if the facility's bad management style hinders its employees' ability to adapt to a changing environment was not made clear. According to Ochola's (2016) research on the determinants of strategy implementation in public health facilities in Mombasa County, Kenya, he discovered that staff lacked enough training in the evaluation and monitoring of the strategy's progress.

On the other hand, despite the adoption of the Constitution's fourth schedule, Counties nevertheless face ongoing issues that have a negative effect on health service delivery (Achia & Mageto, 2015). Poor health services, a lack of contemporary equipment and facilities, and a lack of accessible health facilities are just a few of the many obstacles that make it difficult to gain access to healthcare in the Public Sector (Ministry of Health, 2014). These problems inspired us to investigate what influences strategy implementation and how counties in Western Kenya's region provide public health services.

### **1.1 Statement of the Research Problem**

Reluctance to recognize existing problems is one of the greatest barriers to health care progress. Another challenge is identifying and implementing effective interventions competently. Leadership is a cliché in the field of health care quality improvement, but without it, there is no way to instill the notion that improvement is feasible in order to motivate collective action (Dixon-Woods et al., 2012). The legal framework established by the Constitution of 2010 ensures a comprehensive, rights-based approach to the provision of healthcare services to Kenyans. It indicates that Kenyans are entitled to the greatest achievable health standards, which includes the right to healthcare services and reproductive health care (Article 43). The principal human resource concerns are shortages, failure to develop enough numbers of healthcare professionals, maldistribution of current employees, and inadequate skills of many healthcare personnel (Holtz & Elsayw, 2013), and these issues have undermined the government's capacity to deliver important healthcare projects, such as access to healthcare for all, at the levels it wishes to maintain (Ataguba et al., 2012). It is believed that the decentralized government will provide better public health services than the central government. With the devolution of the health services sector, incidences of health workers resigning due to bad working conditions and a lack of equipment, among other issues, have been observed, resulting in inadequate health service delivery.

The research by Kariuki (2021); Andove and Nzulwa, (2018); and Ochola (2016) had contextual gaps because they focused on Kasarani Sub County, Kenya, Machakos County, and Mombasa County, Kenya, whereas Western Kenya County Governments were the focus of the present research. In light of these gaps in understanding of the conceptual, methodological, and contextual factors influencing the delivery of public health services by County Governments in Western Kenya Region, the present study aimed to identify and quantify the elements that influence these outcomes. The studies by Kariuki (2021), Andove and Nzulwa (2018), Ochola (2016), Thuku (2020), and Kiana, (2016) were also conceptually incorrect and had a limited scope because they only addressed organizational cultures and styles, organizational communication, organizational structures, and the capability of the health facilities, as well as ineffective and inconsistent management of the healthcare system in the facility, management issues, and a driven style of providing healthcare services. None of these researches have focused on the leadership styles and public health service delivery in the County Governments of Western Kenya Region.

### **1.2 Purpose of the study**

The study sought to establish the influence of organizational culture on public health service delivery in County Governments in Western Kenya Region.

### **1.3 Research Hypothesis**

H<sub>0</sub>1: Organizational culture has no statistical significant influence on Public Health Service Delivery in County Governments in Western Kenya Region.



## II. LITERATURE REVIEW

### 2.1 Theoretical Review

The Organizational Culture Theory was also applied to the research. Dr. Elliott Jaques, in his work "The Changing Culture of a Factory," is credited with coining the term organizational culture or culture in the context of an organization (Jaques, 1951). Organizational culture refers to the shared values and practices that have been developed and refined by a team as they've faced and adapted to both internal and external pressures (Schein, 2005). Some believe that an organization's culture is the most important factor in determining its success or failure (Lynch, 2012; Schneider & Barbera, 2014; Andrews, 2017). Corporate culture refers to cultures that are established by management in order to achieve certain strategic goals, whereas organizational culture refers to the fundamental beliefs regularly held, shared, and learned by a group that govern individuals' perceptions, emotions, thoughts, and behaviors (Hill & Jones, 2013; Prenestini & Lega, 2013).

Employees will have a clear idea of what is expected of them in terms of their actions and behaviors as they implement the plan if the organization's culture is consistent and helpful in this regard (Carlopio & Harvey, 2012; Acar & Acar, 2014). Successful managerial leadership requires harmonizing an organization's culture with strategy to maximize the effectiveness of the strategy (Lynch, 2012; Hussein et al., 2016).

The theory of organizational culture stands to benefit from this study. Organizational culture was analyzed in terms of its beliefs and values, routes of communication, policies, and attitudes. This study set out to answer the question, "To what extent do employees in the health sector of county governments have a culture that depicts team effort and commitment to public health service delivery in the county governments?" by examining whether or not county government health sector employees have a strong desire to work together to complete a certain assignment or task in order to better support the implementation of county government strategies. The quality of public health services provided by County Governments in Western Kenya was the focus of this study's analysis. This is connected to the study's central hypothesis and the third independent variable.

### 2.2 Empirical Review

Bruno (2021) investigated the impact of private hospitals' cultures on patient care in Nairobi County, Kenya. The research in this article was grounded in two theories: the Service quality model and the theory developed by Deal and Kennedy. There are 55 private hospitals in Nairobi City County, which served as the primary audience. It was shown that staff recognition and leadership are highly valued at private hospitals in Nairobi, whereas diversity and open dialogue are moderately fostered. It was shown that there is a favorable association between company culture and service quality. According to the results, workers need to be involved in the implementation process for a plan to be successful. This study also suggests a set of product quality characteristics known to entice repeat purchases. Whereas the previous research was conducted in a public hospital, the current investigation took place in Western Kenya. Since it is unclear from the study who was asked to participate, any conclusions can only be made on a case-by-case basis.

Al-Otaibi and Common (2018) evaluated the role of organizational culture in Saudi Arabia's health care system. This research applies the CVF to Saudi Arabian healthcare workers to better comprehend the local culture and effect good change. Given the breadth of this use of the CVF beyond its Western origins, an examination of Saudi culture is warranted. According to a close reading of Hofstede's framework, this culture displayed characteristics of great power distance, collectivism, femininity, and risk aversion. Many facets of society are reflected in the healthcare system and hospital cultures. With the help of the CVF, it became clear that both the actual and ideal state of Saudi Arabia's healthcare system included elements of each of the four organizational culture types. The results also revealed that in the current context, a hierarchical culture was somewhat more prevalent than other types, however in the ideal context; a clan culture was slightly more prevalent. To improve health care delivery in Saudi Arabia, all four forms of culture (clan, adhocracy, market, and hierarchy) must be developed. Study was conducted among Arabs, whose business culture is vastly apart from that of Kenya. Generalizing the findings was difficult due to the inadequacy of the study's population and design methods.

Chi and Chia (2018) investigated the relationship between hospital organizational culture and organizational commitment among Taiwanese hospital nursing executives. Researchers in this study chose 106 nurse administrators from 24 different hospitals in Taiwan using a stratified random sample technique. Descriptive statistics, Pearson's Correlation coefficients, and a hierarchical regression analysis are used to examine the data. This study reports a beneficial connection between hospital organizational culture and employee loyalty. The total score on the hospital's cultural dimensions is also a strong predictor of loyalty to the organization, as shown by regression analysis. Only the normative and emotional dimensions of organizational commitment were found to be statistically significant. The present research was concerned with the provision of high-quality services, while the previous one measured



organizational commitment. Hospital culture was not operationalized in this study.

Carney (2018) aimed to determine if there was a shift in the relationship between cultural factors and healthcare quality, and whether this shift might be reflected in certain components of corporate culture. Fifty professional clinicians and non-clinician managers in the capacity of head of department in Irish acute care hospitals were interviewed for this study. A total of 850 managers were used in the original survey, and from that pool, this sample was drawn. The complexity of an organization's culture has been underestimated up until now. Many cultural factors were identified as important cultural determinants of quality care delivery, including ethical values, engagement, professionalism, value for money, cost of care, commitment to quality, and strategic thinking. Managers in the healthcare industry recognize that balancing the competing priorities of reducing costs and providing high-quality treatment presents a significant challenge, but believe that doing so is essential to their success. Due to its lack of a positivist philosophical underpinning, this qualitative study may not be as reliable as one that takes a more scientific approach. The research did explain how 50 participants were culled from an initial pool of 850.

Chepkonga and Nyaga (2019) examined the impact of leadership culture on the quality of service delivery in public hospitals. Two hundred seventy hospital workers and ten thousand patients in the Mbagathi region of Nairobi City County were the subjects of this research. The 398 workers and patients were selected using a simple random selection method, while the 8 management personnel were counted during a census. Both quantitative and qualitative primary data were employed in this investigation. A questionnaire was used to collect primary data from the relevant parties, and responses were recorded using a 5-point Likert scale. Because Likert scales allow for easy quantitative data analysis in packages like Statistical Package for the Social Sciences, they were the chosen method of survey design (SPSS). The administration of the district hospital was interviewed using an interview guide as well. Drop and pick up later was the method of choice for the self-administered questionnaires. A small percentage (5%) of the total population was used in a pilot research. The results showed a favorable and statistically significant correlation between leadership culture and service provision in Kenya's public hospitals. The researchers ignored all other forms of company culture in favor of studying the culture at the top.

### III. METHODOLOGY

#### 3.1 Research Philosophy

This study utilized the positivist research philosophy, which is consistent with the notion that realism is stable.

#### 3.2 Research Design

This study employed both causal-comparative and descriptive survey research designs. Causal-comparative research is a feasible research method that can be employed when other methods fail. The descriptive survey approach was chosen because it enables the researcher to collect information systematically using questionnaires, compile it, present it, analyze it using SPSS, and interpret it. Often, descriptive research requires the collection of information by data analysis, surveys, interviews, or observation. The design also aids the researcher in providing accurate descriptions of goods.

#### 3.3 Study Location

The research was carried out in the county governments of Former Western Province. Bungoma, Kakamega, Vihiga, and Busia are the counties.

#### 3.4 Target Population

The total target population for this study consisted of nine hundred and sixty six staff from the four (4) County Referral Hospitals and 29 Sub-County Hospitals. These were four (4) CECMs - Health, four (4) Chief Officers-Health, four (4) Directors-Health, four (4) County Nursing Officers, 33 Medical Superintendents, 33 Hospital Administrators, 33 Human Resource Officers, 33 Head of Pharmacy, 33 Head of Nursing, 33 Head of Laboratory, 33 Head of Clinical Services, 33 Health Records and Information Officers and 686 patients who were admitted, treated and discharged between July-September, 2022). These patients were selected from the Health Records and Information Officers' records. The study focused only on the Referral and Sub County Hospitals since they were well equipped in terms of facilities and specialists and offer variety of serviced to the patients (See Table 1).



**Table 1**  
*Sampling Frame*

S/N	Categories of Respondents	Bungoma	Kakamega	Busia	Vihiga	Total
	<b>Ministry of Health</b>					
1	CECM – Health	1	1	1	1	4
2	Chief Officer – Health	1	1	1	1	4
3	County Director	1	1	1	1	4
4	County Nursing Officer	1	1	1	1	4
	<b>Sub Total</b>					<b>16</b>
	<b>Referral Hospital</b>					
1	Medical Superintendents	1	1	1	1	4
2	Hospital Administrators	1	1	1	1	4
3	Human Resource Officers	1	1	1	1	4
4	Head of pharmacy	1	1	1	1	4
5	Head of Nursing	1	1	1	1	4
6	Head of laboratory	1	1	1	1	4
7	Head of Clinical Services	1	1	1	1	4
8	Health Records and Information Officers	1	1	1	1	4
	<b>Sub Total</b>					<b>32</b>
	<b>Sub-County Hospitals</b>					
1	Medical Superintendents	9	10	6	4	29
2	Hospital Administrators	9	10	6	4	29
3	Human Resource Officers	9	10	6	4	29
4	Head of Pharmacy	9	10	6	4	29
5	Head of Nursing	9	10	6	4	29
6	Head of laboratory	9	10	6	4	29
7	Head of Clinical Services	9	10	6	4	29
8	Health Records and Information Officers	9	10	6	4	29
9	Number of Patients Admitted, Treated & Discharged (July-September, 2022)	175 (18)	215 (22)	153 (15)	143(14)	686(69)
	<b>Sub Total</b>					<b>918</b>
	<b>TOTAL</b>					<b>966</b>

Source: County Human Resource Departments (2022)

### 3.5 Sampling Techniques and Sample Size

The population of the four counties and the people who lived there were split up into several groups. Researchers employed stratified random sampling because it allows them to collect data from a subset of the population that is representative of the whole. The study adopted census method for the 264{32 + (29x8)} staff since the number was small and accessible and 10% of 686 (69) patients who were selected through simple random sampling technique, thus giving a total sample size of 333 respondents who responded to the questionnaires. A total of 16 staff comprising CECMs, Chief Officers, County Directors and County Nursing Officers were interviewed and therefore did not respond to the questionnaires.

### 3.6 Data Collection Instruments

The study included primary and secondary sources. Primary data is information that the researcher collects himself through questionnaires and interviews. Secondary data means data collected by someone else earlier, for example data from the patients kept by the Health Records and Information Officers. The researcher used both structured and unstructured questionnaires and the use of interviews which elicited appropriate responses for the study. Primary and secondary sources were used to compile quantitative and qualitative data, respectively.

### 3.7 Validity and Reliability of Research Instruments

The data collecting instrument's content validity was established after being reviewed by a panel of experts who offered their thoughts on each question and indicated whether they found it to be pertinent or not. Construct and



face validity were also employed in the research. Construct validity was achieved by investigating multiple facets of the construct of interest through a sequence of interconnected questions. The questionnaire was found to have high face validity because it only asked about topics that were actually of interest to the respondents.

Internal consistency reliability was calculated using the Cronbach alpha formula (Kim & Cha, 2002). This study followed Gupta's (2004) recommendation that a minimum alpha value of 0.7 be used for item loadings. The purpose of this was to make sure that the measurements obtained from the data gathering instruments were correct (valid) and reliable (consistent) throughout several uses. Using the SPSS statistical program, data generated during the pilot study was analyzed to determine the reliability of the instrument.

**Table 1**

*Reliability Analysis Results*

Reliability Statistics		
Variables	Cronbach's Alpha	No. of Items
Organizational Culture	0.880	05
Public Health Service Delivery	0.853	10

### 3.8 Descriptive Statistics

The researcher employed descriptive statistics such as the mean, standard deviation, and range of values to characterize the data.

### 3.9 Hypothesis Testing

As each hypothesis is predicated on a single response variable that linearly depends on a set of predictor variables, we tested them all by employing a multiple regression model. The starting point for any hypothesis test is the null hypothesis, or  $H_0$  (Kaur, 2015). The T-test and the F-test were used to examine the hypotheses. Table 3 outlines the methodology used to examine the four hypotheses.

**Table 3**

*Hypothesis Testing*

	Hypothesis Statement	Hypothesis Testing	Model
i	$H_{01}$ : Organizational culture has no significant influence on the service delivery of County Governments in Western Kenya Region	$H_{01}: \beta_1 = 0$ $H_{0A}: \beta_1 \neq 0$ Reject $H_{01}$ if $\beta_1 \neq 0$ and P value $\leq 0.05$ otherwise fail to reject $H_{01}$ if $\beta_1 = 0$ and P value $> \alpha$ $\alpha = 0.05$	$Y = \beta_0 + \beta_1 X_1 + \epsilon$

Source: Author Computation (2023)

## IV. RESULTS AND DISCUSSION

### 4.1 Response Rate

The study ascertained the response rate so that the researcher could assess whether or not it was adequate for interpreting and reporting the results. With a sample size of 333 people, a total of 333 questionnaires were sent out; 264 went to medical professionals, and 69 were given out to patients (via telephone). There was a response rate of 93.6% from healthcare providers and 68.1% from patients, for a total of 294 completed surveys. There were 39 non-responses, including 22 from patients and 17 from medical staff. Gibson (2017) argues that any response rate of 50 per cent or more is adequate for drawing conclusions from the study. Hence, the response rates of 247 (93.6%) for health professionals and 47 (68.1%) for patients were adequate to provide credible data.

### 4.2 Demographic Characteristics of the Sample

This section gives the conclusions regarding the respondents' demographic profiles. The study's data were assessed for gender disparities, age, educational backgrounds, length of public health care delivery experience, job roles of respondents in County Governments in the Western Kenya Region, and other factors. The demographic characteristics resulted in the following:



#### 4.2.1 Gender Distribution in the Sample

The study sought to establish the respondents' gender. Table 4 depicts the study results.

**Table 4**

*Gender of Respondents*

Indicate your Gender		
Gender	Frequency	Percentage
Male	174	59.2
Female	120	40.8
<b>Total</b>	294	100.0

According to the data presented in Table 4, 174 (59.2%) of the respondents were male, while 120 (40.8%) were female. The data analysis revealed a significant gender gap between the responders, with the majority being male. That's why it's crucial for organizations like the Ministry of Health to strictly adhere to gender parity guidelines when hiring new staff. As a result, we can rest assured that no service delays will occur because we have sufficient numbers of women on staff to deal with the problems that arise because of gender. This is significant since scholars such as Eden and Ackermann (2013) have identified gender as one of the cultural factors influencing service delivery within organizations. Others agree that service delivery in community execution of strategic plans needs to include both sexes to be successful (Demirkaya, 2015)

#### 4.2.2 Age Distribution in the Sample

According to findings, respondents were between the ages of 25 and 34, while 31% were in the 35-44 age brackets. A sizable percentage of the sample (39% to be exact) also fell between the age ranges of 45 to 54. Recruitment, training, deployment, succession planning, and overall strategic direction are all affected by the age of the respondents. These results corroborate the claims of (Mwendo, 2009) that the vast majority of people working for county governments are either nearing the end of their careers or are planning to retire in the coming decade because of their advanced age. Furthermore, 31% of respondents were between the ages of 35 and 44, suggesting that people in this age range are typically active, experienced, responsible, and knowledgeable (Kimani, 2015).

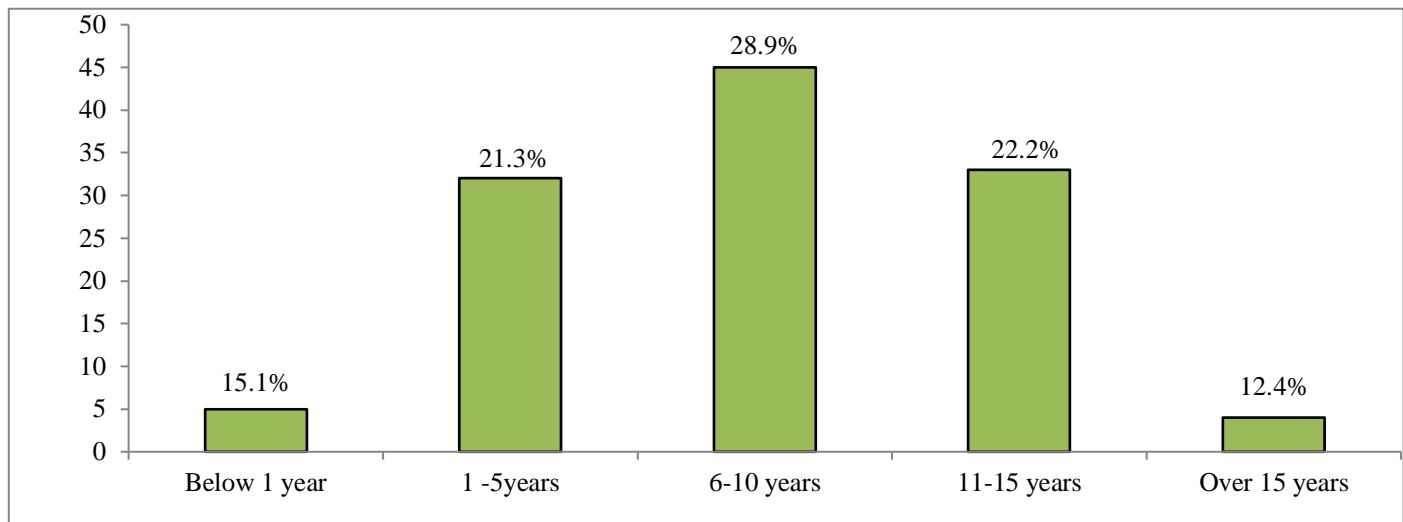
#### 4.2.3. Educational level Distribution in the Sample

Respondents represented a diverse spectrum of academic pursuits and levels of completion. The respondents' degree of schooling was of particular interest to the researcher. Findings from the question on respondents' highest level of education reveal that nearly half (43%) of respondents had completed at least one year of college. Twenty-four percent of respondents held a master's degree, 33 percent held a diploma/Higher National Diploma, and 3.6 percent held a PhD. The fact that most respondents have at least a bachelor's degree suggests that human capital development efforts by county governments in Western Kenya Region have been fruitful. The efficacy and efficiency with which services are provided are enhanced when competent workers are readily available.

#### 4.2.4 Length of Service

The study sought to determine the respondents' period of service. Figure 1 shows that most respondents had served long enough to provide credible responses on the strategy implementation determinants and public health service delivery in the Public Health Facilities. This is because 28.9% of respondents had 6-10 years of experience and another batch of 22.2% had been in the service between 11-15 years. This, together with the fact that the vast majority of respondents have been with their current employer for more than 11 years, suggests that they have the requisite experience to comprehend workplace events, are more competent in their roles, and are highly valued by their clients. Just over a quarter (21.3%) of employees had been with the company for between 1 and 5 years, while nearly one-fifth (15.1%) had been with the company for less than a year. Employees with extended service translate into useful experience in the execution of service delivery, as noted by Ghafoor (2013), whose research is supported by the results shown in Figure 1.



**Figure 1**

*Length of Service Distribution in the Sample; N = 247*

#### 4.2.5 Job Designation of the Respondents

The respondents were designated as shown in the Table 5. These are job positions for the various staff that took part during data collection exercise.

**Table 5**

*Job Designation of the Respondents*

What is your current designation?		
Job Designation	Frequency	Percentage
Medical Superintendents	25	10.1
Hospital Administrators	35	14.2
Human Resource Officers	14	5.6
Head of Pharmacy	36	14.6
Head of Nursing	31	12.6
Head of Laboratory	38	15.4
Head of Clinical Services	33	13.3
Health Records Information Officers	35	14.2
<b>Total</b>	<b>247</b>	<b>100.0</b>

There were 25 medical superintendents (10.1%), 35 hospital administrators (14.2%), 14 human resource officers (5.6%), 36 heads of pharmacy, 31 heads of nursing, 38 heads of laboratory, 33 heads of clinical services, and 35 heads of health records information officers (14.2%). These officers were fairly portrayed, as they are the ones in charge of running the hospitals and are consequently familiar with their daily operations. Observations on the ground revealed that Human Resource Officer roles were unfilled in a number of institutions, with Hospital Administrators doing their duties in their absence. Given the hospital administrators' apparent lack of resources, HR departments often fall short in areas such as talent management, pay and benefits, staff development, regulatory compliance, and workplace safety.

#### 4.3 Descriptive Results

##### 4.3.1 Organisational Culture

Researcher set out to examine the impact of company culture on providing public health services to comply with the third goal. This was accomplished by first computing some descriptive statistics about the culture of the organization, and the findings are displayed in Table 6.

**Table 6***Organizational Culture on Public Health Service Delivery*

Statement	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Mean/SD
The hospital has instilled shared beliefs and values among all departments	15	42	25	95	117	3.87
	5.1%	14.3%	8.5%	32.3%	39.8%	1.23
The hospital has clear channels of communication between staff and management	24	36	17	84	133	3.90
	8.2%	12.2%	5.8%	28.6%	45.2%	1.32
The hospital has created clear policies to ensure that all personnel follow prescribed ethos and behaviors	14	41	25	125	89	3.80
	4.8%	13.9%	8.5%	42.5%	30.3%	1.16
The hospital staff undertake their duties and responsibilities with a positive attitude	20	39	25	116	94	3.77
	6.8%	13.3%	8.5%	39.5%	32%	1.22
Punctuality and commitment is observed by all staff	16	55	50	69	104	3.65
	5.4%	18.7%	17%	23.5%	35.4%	1.28
<b>Average of Organizational Culture</b>	<b>Mean = 3.80</b>	<b>%Mean = 76%</b>	<b>Std. Deviation (SD) = 1.22</b>		<b>Variance = 1.54</b>	

The variable on organizational culture had five (5) items. The means and standard deviations of the respondents' responses were computed from the five point Likert Scale of Strongly Agreed (SA = 5), Agree (A = 4), Neutral (N = 3), Disagree (D = 2), strongly disagree (SD = 1). At the hospital, 95 (32.2%) of respondents agreed, 117 (39.5%) of respondents strongly agreed, and 57 (19.4%) had various opinions on whether or not the hospital has established shared beliefs and values among all departments (mean: 3.87, standard deviation: 1.23) in the workplace. There was a mean score of 3.90 and a standard deviation of 1.32 on the question of whether or not the hospital provides open lines of communication between employees and upper management. As a whole, 84 people (28.6%) agreed, 133 people (45.2%) strongly agreed, and 60 people (20.4%) disagreed. With a mean of 3.80 and a standard deviation of 1.156, 125 (42.5%) of respondents agreed, 89 (30.3%) of respondents strongly agreed, and 55 (18.7%) had dissimilar views on whether or not the hospital had established clear policies to ensure that all workers followed specified ethos and behaviors. The mean response to the question of whether or not hospital staff members approach their work with a can-do attitude was 3.77, with the standard deviation being 1.22%. One hundred and sixteen (116) people, or 39.5%, agreed, while 94 people, or 32.5%, strongly agreed, and 59 people, or 20.1% disagreed. Finally, on the statement 'all staff members are punctual and committed,' the mean was 3.65 (SD = 1.282), 69 (23.5%) of respondents agreed, 104 (35.4%) of respondents strongly agreed, and 71 (24.1%) had different opinions. The mean score for all five questions was 3.80, which equates to 76%, and the standard deviation was 1.24, while the variance was 1.54.

When asked to weigh in on matters of human resource capacity and public health service delivery, members of the County Health Staff shared similar perspectives. This includes the County Executive Committee Member (CECM) for health, as well as the County Director and County Nursing Officer:

*The respondents were positive that the hospital instills shared beliefs and values among all departmental staff and that they have clear communication channels between staff and management which at times are violated by the staff. Respondents indicated that the hospitals have created clear policies to ensure that all personnel follow prescribed ethos and behaviors to some good extent. They held views that some of the policies are never implemented as are supposed to be and therefore negatively affect the operations of the hospitals (public health service delivery).*

These findings indicated that there was little to no variation between respondents' perspectives on questions concerning organizational culture as it relates to the provision of public health services by County Governments in Western Kenya Region. So, it was possible to infer that County Governments in Western Kenya's cultural norms affected the quality of their citizens' access to public health care. Organizational culture in Saudi Arabia's health care system was evaluated by Al-Otaibi and Common (2018). A hierarchy culture was found to be somewhat more prevalent than other types in the current scenario, while a clan culture was shown to be slightly more prevalent in the ideal environment. Strengthening all four types of culture (clan, adhocracy, market, and hierarchy) uniformly was necessary to improve Saudi Arabia's health care system. In 2018, Chi and Chia looked into how the culture of hospitals affected the dedication of its top nursing executives in Taiwan. This study found a positive correlation



between hospital organizational culture and employee loyalty. In a similar vein, Chepkonga and Nyaga (2019) looked into how organizational culture affected the standard of care provided by public hospitals. The results showed a favorable and statistically significant correlation between leadership culture and service provision in Kenya's public hospitals.

#### 4.3.2 Public Health Service Delivery

The purpose of this study was to use a Likert-type scale to compile descriptive statistics on the quality of public health services provided by County Governments in the Western Kenya Region. The responses were rated as shown in Table 7.

**Table 7**

*Public Health Service Delivery*

Statement	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	Mean/ SD
Health services are well managed resulting in higher customer satisfaction	39	12	22	90	131	3.89
	13.3%	4.1%	7.5%	30.6%	44.6%	1.37
Discharge of services by staff is satisfactory	6	15	24	98	151	4.26
	2%	5.1%	8.2%	33.3%	51.3%	0.96
Health services are delivered in a timely manner to the patients	34	48	27	84	101	3.58
	11.6%	16.3%	9.2%	28.6%	34.4%	1.40
Services are direct and accessible with no undue barriers of cost, language, culture, or geography	11	22	22	92	147	4.16
	3.7%	7.5%	7.5%	31.3%	50%	1.10
Quality of medical care received is good	6	52	35	96	105	3.82
	2%	17.7%	11.9%	32.7%	35.7%	1.16
Services may be provided in the home, the community, the workplace, or health facilities as appropriate	7	53	39	107	88	3.73
	2.4%	19%	13.3%	36.4%	29.9%	1.14
There is transparency and good communication between care provider (doctors/nurses/attendants) and patient(s)	20	46	23	102	103	3.76
	6.8%	15.6%	7.8%	34.7%	35%	1.27
The program targets and deadlines are executed within the stipulated timeframes	5	51	51	104	83	3.71
	1.7%	17.3%	17.3%	35.4%	28.2%	1.11
There is good accessibility to doctors and other medical professionals	00	00	149	122	23	3.57
	0.0%	0.0%	50.7%	41.5%	7.8%	0.64
Services offered are affordable	00	18	129	129	18	3.50
	0.0%	6.1%	43.9%	43.9%	6.1%	0.71
<b>Average of Public Health Service Delivery</b>	<b>Mean= 3.80</b>	<b>%Mean 76%</b>	<b>Std. Deviation (SD) = 1.09</b>		<b>Variance = 1.07</b>	

With a mean score of 3.89 and standard deviation of 1.37, 221 (75.2%) of respondents agreed that well-managed health services lead to increased customer satisfaction, whereas 39 (13.3%) strongly disagreed and 12 (4.1%) disagreed. With a mean of 4.26 and a standard deviation of 0.96, most respondents (151, or 51.3%) agreed that staff performance was satisfactory, while 98, or 33.3%, agreed and 6 (or 2%), or 5.1%, severely disagreed. The average rating for how promptly patients receive health care services was 3.58, with a standard deviation of 1.40. Sixty-three percent (63%) of those surveyed had a favourable opinion, while 82 (27.1%) did not.

The mean score was 4.16 with a standard deviation of 1.10. This indicates that services are straightforward and easily accessible, with no unnecessary obstacles of price, language, culture, or location. Almost eighty-three percent (239) of respondents gave their assent, while only eleven percent (33) voiced their disagreement. With a mean of 3.81 and a standard deviation of 1.16, 201 (68.4%) of respondents agreed that the quality of medical treatment received is good, while 58 (19.7%) held negative opinions.

A total of 205 (69.7%) of respondents agreed with the statement that there is openness and good communication between the care provider (doctors/nurses/attendants) and the patient(s), with 46 (15.6%) strongly disagreeing and 20 (6.8%) disagreeing. The mean score for this item was 3.76, and the standard deviation was 1.27.



The average score on the question of whether or not the program's goals and deadlines are met within the allotted period was 3.71, with a standard deviation of 1.11. One hundred eighty-seven (187) people (or 63.6% of respondents) had positive opinions, whereas 56 people (19%) had negative opinions. With a mean of 3.57 and a standard deviation of 0.64, 145 respondents (49.3%) agreed that access to doctors and other medical professionals is excellent. As a final metric, the mean value for the provision of reasonably priced services was 3.50, with a standard deviation of 0.71. 147 (50%) of respondents felt that the prices were fair, while 18 (6%) disagreed. The average value for this variable was 3.80, which is around 76% of the time, and the average standard deviation was 1.09.

The County Executive Committee Member (CECM) health, Chief Officers, County Director and County Nursing Officer for health when interviewed on the related to public health service delivery, the following were their responses:

*The respondents said that the health services in Hospitals were well managed with a minimum wastage of resources to some good extent. The respondents gave their views that Hospital Managers were allocated the necessary authority and are held accountable for overall performance and results. They further said that some of the officers who have been found culpable usually take responsibility of their actions, some have even been suspended. The Hospital Managers are doing their best to ensure public health services are delivered timely to the patients. The public health services to some good extent are accessible to the patients though some remote areas are negatively affected since they don't have adequate resources and therefore deliveries of health services are hampered.*

Given these findings, it was clear that public health care delivery was being provided to a certain degree, albeit not completely. Millennium Development Goals (MDGs, 2015) found that in low and middle-income countries, overall, child mortality fell by 53%; maternal mortality fell by 42%, and new HIV infections declined by more than 38%, so these findings are also consistent with the views on the extent of providing public health service delivery. Uneven improvement was also a problem. Preventable mortality rates remained high in low-income, rural, and inaccessible groups. Quality-adjusted (effective) coverage was significantly lower than crude service coverage in a study of eight countries in sub-Saharan Africa, with averages of 28% for prenatal care, 26% for family planning, and 21% for sick child care (Leslie et al., 2017). In five countries in sub-Saharan Africa, primary care facilities saw over 40 percent of all facility-based births despite severe shortages in both resources and technical skill (Kruk et al., 2016). These reports show that the County Governments in the Western Kenya Region still have insufficient resources to provide adequate public health services.

#### 4.4 Hypotheses Testing

The study sought to determine the relationship between organizational culture and public health service delivery in County Governments in Western Kenya Region. It was hypothesized that:  $H_0$  There is no significant influence between organizational culture and public health service delivery in County Governments in Western Kenya Region.

**Table 8**

*Model Summary for Organizational culture on Public Health Service Delivery*

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.873 <sup>a</sup>	.761	.761	.27468	.761	932.011	1	292	.000

a. Predictors: (Constant), organizational culture

a. Dependent Variable: public health service delivery

b. Predictors: (Constant), Organizational culture

To test the Hypothesis, the study fitted the model  $Y = \beta_0 + \beta_1 X_1 + \varepsilon$ . Table 8 illustrates the model summary for the regression analysis between organizational culture and public health service delivery. An R-squared of 0.761 indicates that 76.1% of public health service delivery was explained by changes in organizational culture. This implies that other factors which are left out in the model explained 23.9% of public health service delivery.

**Table 9***ANOVA between Organizational Culture and Public Health Service Delivery*

ANOVA <sup>a</sup>					
Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	70.320	1	70.320	932.011	.000 <sup>b</sup>
Residual	22.031	292	.075		
Total	92.351	293			

a. Dependent Variable: public health service delivery

b. Predictors: (Constant), organizational culture

Table 9: shows ANOVA results between organizational culture and public health service delivery. The F test gave a value of  $F(1, 292) = 932.011$ ,  $p < 0.05$ , which supports the goodness of fit of the model in explaining the variation in the dependent variable. It also means that organizational culture is a useful predictor of public health service delivery in the County Governments in Western Kenya Region.

**Table 10***Regression coefficients between Organizational Culture and Public Health Service Delivery*

Coefficients <sup>a</sup>					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	$\beta$	Std. Error	Beta		
(Constant)	2.001	.059		34.194	.000
Organizational culture	.452	.015	.873	30.529	.000

a. Dependent Variable: Public health service delivery

Table 10 shows that the regression coefficients between organizational culture and public health service delivery. The results illustrated a statistically significant link between organizational culture and public health service delivery: ( $\beta = 0.452$ ,  $\beta = 0.873$  and  $t = 30.529$ ,  $p < 0.05$ ); hence, concluded that organizational culture significantly influences Public health service delivery. The results from the regression model showed that the model could be used to predict the level at which organizational culture influences public health service delivery. The regression model between organizational culture and public health service delivery was:  $Y = 2.001 + 0.452X_1 + 0.059$ .

Since  $\beta_1$  is significantly different from zero, the null ( $H_0$ ) was rejected and it was concluded that there was a significant influence of organizational culture on public health service delivery. Increasing organizational culture by one unit resulted in a 0.873 unit rise in the quality of public health services provided. Similar results were found by Bruno (2021), Chi and Chia (2018), Carney (2018), Al-Otaibi and Common (2018), and Chepkonga and Nyaga (2019), all of whom found that organizational culture positively impacted the provision of public health services by county governments in Kenya's Western Region.

Bruno (2021) investigated the effect of company culture on service provision in Nairobi City County Kenya's private hospitals. Service quality was observed to increase when an organization prioritized its culture. Organizational culture in Saudi Arabia's health care system was evaluated by Al-Otaibi and Common (2018). The results also showed that in the current condition, a hierarchy culture was somewhat more prevalent than other types, whereas in the ideal environment, a clan culture was slightly more prevalent. Strengthening all four types of culture (clan, adhocracy, market, and hierarchy) in Saudi Arabia is necessary to improve the country's health care system as a whole. Similarly, Chi and Chia (2018) investigated how hospital culture affected the dedication of hospital executives in Taiwan. They found a favorable correlation between hospital culture and dedication to the institution. Public hospital service quality was studied by Chepkonga and Nyaga (2019), who looked into the effect of leadership culture. The results showed a positive and statistically significant connection between leadership culture and service provision in Kenya's public hospitals.

#### 4.5 Summary

The researcher sought to determine the influence of organizational culture on public health service delivery. To achieve this, first descriptive statistics of organizational culture were computed. Results from the five (5) questions had an average mean of 3.88, though the respondents gave varied views on the question asked on the organizational culture in relation to public health service delivery in County Governments in Western Kenya Region. An R-squared of 0.761 indicates that 76.1% of public health service delivery was explained by changes in organizational culture.



This implies that other factors which are left out in the model explained 23.9% of public health service delivery. The F test gave a value of  $F(1,292) = 932.011$ ,  $p < 0.05$ , which supports the goodness of fit of the model in explaining the variation in the dependent variable. It also means that organizational culture is useful forecasters of public health service delivery in County Governments in Western Kenya Region. The results illustrated a statistically significant link between organizational culture and public health service delivery: ( $\beta = 0.452$ ,  $\beta = 0.873$  and  $t = 30.529$ ,  $p < 0.05$ ); hence, concluded that organizational culture significantly influences public health service delivery. For one-unit increase in organizational culture, public health service delivery increased by 0.873 units.

## V. CONCLUSIONS & RECOMMENDATIONS

### 5.1 Conclusions

The findings of the study indicated that organizational culture was a significant factor in relation to public health service delivery. Subsequently, the null hypothesis that there is no significant influence of organizational culture on public health service delivery was rejected in favor of the alternative hypothesis that is, there was a significant influence of organizational culture on public health service delivery. It was therefore concluded that instilling shared beliefs and values among all departments and having clear channels of communication between staff and management would improve public health service delivery in the County Governments in Western Kenya Region.

### 5.2 Recommendations

With regard to organizational culture, the study suggests that County Governments develop training and communication strategies, as they are the key to overcoming strategic implementation obstacles. Also, the organization must seek out better consultants, preferably those that have handled this type of installation previously or have greater experience.

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