INFLUENCE OF STRATEGIC LEADERSHIP ORIENTATION ON IMPLEMENTATION OF COMPETITIVE STRATEGIES IN KIJABE HOSPITAL, KENYA

BY

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ABSTRACT

There is growing recognition that the most important problems in the field of strategic management are not related to strategy formulation, but rather to strategy implementation. High failure rate of organizational initiatives are in dynamic business Leadership like strategic leadership, which is widely described as one of the key drivers of effective strategy implementation. Many faith based organization implement diverse programmatic interventions which have benefited the communities as well as improved their living standard. But tough economic times by global recession have affected global funding. This calls for proper strategic leadership aimed at implementing competitive strategies to achieve the goals of the health care institutions. The purpose of this study was to investigate the influence of strategic leadership orientation on implementation of competitive strategies in Kijabe Hospital, Kenya. The specific objectives of the study were to: establish the influence of organization culture on implementation of competitive strategies, establish the extent to which ethical practices influence implementation of competitive strategies, determine the influence of strategic direction on implementation of competitive strategies and establish the extent to which organizational controls influence implementation of competitive strategies. The study adopted both descriptive and correlation designs. The target population was 706 employees of Kijabe Hospital. The study used primary data which was collected by use of questionnaires. Data was analyzed by use of descriptive and inferential statistics tools and presented in tables. The study found out that organization culture, ethical practices, strategic direction and organizational control it totality explain only 87.8% of the implementation of competitive strategies at Kijabe Mission Hospital , it was established that organization culture was a significant positive predictor of the implementation of competitive strategies ($\beta_1 = 0.214$, $p<0.05$), ethical practices was a significant negative predictor of implementation of competitive strategies ($\beta_2 = -.112$, $p<0.05$), strategic direction was a significant negative predictor of the implementation of competitive strategies ($\beta_3 = -.294$, $p<0.05$) and organization control was a significant positive predictor of the implementation of competitive strategies ($\beta_4 = 0.0016$, $p<0.05$) . The study concluded that both organization culture and organizational control had positive influence while ethical practices and strategic direction had negative influence on implementation of competitive strategies. It was recommended that organizations should enhance their organization culture and organizational control while limit their resources on ethical practices and strategic direction. The study may help in policy formulations in areas of strategic leadership orientation and competitive strategies. By advancing a model that can predict competitive strategies based on strategic leadership orientation, the study helped in theory building.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The field of strategic leadership focuses on the way top-level leaders (i.e., executives) have an impact on organizational performance through their leadership. One of the seminal works in strategic leadership illustrates the importance of strategic leadership by asserting that organizations are a reflection of their top leader (Hambrick and Mason, 2004). Subsequent research has found strategic leadership associated with numerous positive organizational outcomes.

However, very little of the research in the field of strategic leadership has considered the sector in which leadership occurs (Boal, 2007). As a result, most of the theory development in strategic leadership has assumed that it occurs in the for profit sector. This leaves nonprofit leaders to either interpret the empirical findings regarding strategic leadership to fit the nonprofit sector, or to reject the findings as inapplicable. Evidence suggests that strategic leadership in nonprofits may be different (Thach and Thompson, 2007).

The global health care industry is going through a period of "glocalization," a term that combines the words "globalization" and "localization" to describe the adaptation of global products or services to accommodate the needs of people in a specific locale. Total global health spending was expected to rise by 2.6 percent in 2013 before accelerating to an average of 5.3 percent a year over the next four years (2014-2017). Healthcare development in Africa has been long overdue, fast-paced economic growth is the driving force behind the huge recent increase in investment. Sub-Saharan Africa accounts for 11 percent of the world's population, yet bears 24 percent of the global disease burden and commands less than one percent of global health expenditure. It also faces a severe shortage of trained medical personnel, with just three percent of the world's health workers deployed in Sub-Saharan Africa.

At the strategic leadership level, leaders must make wise business decisions and effectively engage their followers in pursuit of a shared goal; often assessed through tangible performance outcomes. Several decades of research have shown leadership as vital to organizations. Extant studies have found that one particularly important type of leadership that influences organizational development, growth, and competitive advantage is strategic

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leadership (Hambrick & Mason, 2004; Hitt & Ireland, 2002). Strategic leadership, referring to styles and skills executives use to influence the strategic orientation of organizations, includes behaviours that show vision, direction, purpose, and context for employees and propels the latter to follow strategic, tactical, and operational policies (Ireland & Hitt, 2005). It positively influences organizational change, learning, innovation, and performance as leaders use change-oriented behaviours to restructure organizations (Vera and Crossan, 2004).

Currently, African countries are transitioning from state-controlled to capital market structures (Ikaria, 1999). As a result, organizations are exposed to intense competition particularly from multinational corporations taking advantage of economic liberalization programs. Strategic leadership, therefore, seems important because it is more likely to enable African organizations to integrate effectively in the global economy (Ikaria), learn, and gain legitimacy (Zoogah and Abbey, 2008). The extent to which strategic leaders provide strategic direction and motivation determines not only the effective transition of the organizations but also their growth and development. In other words, strategic rather than traditional leadership seems critical to African organizations.

The above mentioned challenges and other global mega-trends are leading to increasing levels of complexity, dynamism and uncertainty in the health sector (Bullinger, Lentes and Scholtz, 2000). In an uncertain economy, organisations need effective strategies that will enable it to thrive (Cap Gemini, Ernst & Young, 2000). Traditional leadership approaches have been rendered insufficient by the rapid changes in the knowledge economy (Leibold, Probst and Gibbert, 2002). Businesses need to practice systemic innovation in this fast-changing, knowledge-driven global business landscape in order to remain competitive Beinhocker, 1999; Pascale, 1999. This calls for strategic leadership which is focused on how top leadership makes decisions in the short term that guarantees the long-term viability of the organisation. The best performing organisations are consciously strategic in their leadership planning. These top leaders also have the ability to align human resources in an effective way directly to the business strategy House and Aditya, 1997.

Researchers have many ways of defining faith based organizations (FBOs). The efforts to define FBOs as problematic flagging that FBOs are sufficiently varied that treating all as one class for analytic purposes is often uninformative (Kramer *et al*, 2005). In all instances, there is lack of a straightforward definition and all that can be gathered is more of the generally accepted parameters (Scott, 2003;Sider & Heidi,2004) .It is claimed that this lack of clarity

creates problems for studying, funding, and making policies as it hampers comparative research. There is risk of overstating or understating the role of faith in program outcomes. The pair of researchers also specified that studies may also miss the relationship between particular religious characteristics and other key variables such as resource level or organizational capacity (Unruh,2004)

Ferris observed that faith-based organizations share many characteristics with their secular counterparts and are influenced by the same political, social and economic contexts. FBOs are classified as part of the "not-for-profit" sector suggesting that FBHOs conduct no profit making business (Banda, 2006). Majority of Christian health facilities are located in rural and remote marginalized areas (Goffin et al, 2011). Life expectancy in Kenya fell from a peak of 60 years in 1989 to 55 years in 2009, largely due to increased AIDS-related adult mortality. Similar findings were made by Boulenger who observed that Faith-based health facilities play an important role in African health systems, especially in rural areas. Leadership is a central and enduring phenomenon in organizational life. Through selection and promotion processes, organizations attempt to advance employees who will enhance organizational outcome criteria such as effectiveness, attitudes, behaviours, and cognitions (Hiller, DeChurch, Murase, & Doty, 2011).

Competitive Strategy is defined by Michael Porter's five forces analysis is a framework for industry analysis and business strategy development. This five forces analysis is just one part of the complete Porter strategic models. The other elements are the value chain and the generic strategies. Porter developed Five Forces analysis in reaction to the then-popular SWOT analysis, which was found unrigorous and ad hoc. Porter five forces threat of new entrants, threats of substitute, bargainining power of buyers, bargaining power of suppliers and intensity of competitive rivalry analysis is a framework for industry analysis and business strategy development formed by (Porter, 1997) . This study will seek to pursue the role played by strategic leadership orientation in the implementation of competitive strategies in church based facilities in Kenya.

1.1.1 Company Profile

AIC Kijabe Hospital is one of the major Mission hospitals in Kenya. Since its establishment 100 years ago, the hospital has developed from a small medical clinic into a large, tertiary, teaching and referral hospital. It now serves not only the local community but the larger Kenyan community and surrounding countries. Currently, the Hospital has a 293 bed capacity and a staff establishment of over 700. From the hospital statistics provided in the AIC Kijabe

Hospital's 2013 Annual Report, the various hospital departments came into contact with over 130,000 patients of different categories.

But all is not well at the hospital. According to one senior manager, the hospital has had a lack of continuity and sustainanability hence depending on donor rather employing strategic leadership orientation and implementing competitive strategies. There is lack of strategy formulation and strategic planning and its implementation thus loosing on opportunities to expand, financial growth and sustainability. Due to those multiplicity of factors there has been large staff turnover and customer dissatisfaction is rampant with patients and visitors complaining of unexplained delays and long queues. The hospital has therefore been losing out to neighboring hospitals like AIC Cure hospital Nazareth Hospital, PCEA Kikuyu Hospital, and hospitals within Nairobi.

1.2 Statement of the Problem

Strategic management is viewed as the set of decisions and actions that result in the formulation, implementation and control of plans designed to achieve an organisation's vision, mission, strategy and strategic objectives within the business environment in which it operates. In addition, there is growing recognition that the most important problems in the field of strategic management are not related to strategy formulation, but rather to strategy implementation. High failure rate of organisational initiatives are in dynamic business Leadership, and specifically strategic leadership, which is widely described as one of the key drivers of effective strategy implementation. Many faith based organization implement diverse programmatic interventions which have not only benefited the communities but has also improved the standard of living. But tough economic times buoyed by global recession have in one way or another affected global funding. In profit based organisation, effort has been put in strategic implementation with the aim of achieving set objectives and remaining in business. This means that the leadership of such organisations have a clear understanding of the strategic management process and the drivers of it successful implementation.

Unlike their profit motivated counterparts whose competitive strategies system reflects the results of economic activities, expressing the efficiency with which the objective has been achieved, most faith based organization have developed dependency syndrome which is threatening the sustainability of their programmes and their survival as institutions. A number of strategies that have been adopted non-profit organization have equally not been successful. This lacuna represents a significant gap in knowledge that must be bridged since faith based institution provide an important component of health, education and other social

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developments in Kenya .This study therefore sought to establish the influence of strategic leadership orientation on implementation of competitive strategies in church based health care facilities in Kenya.

1.3 Objectives of the study:

1.3.1 General Objective

The general objective of the study was to investigate the influence of strategic leadership orientation on implementation of competitive strategies in church based health care facilities in Kenya.

1.3.2 Specific Objectives

The study was based on the following specific objectives

i) To establish the influence of organization culture on implementation of competitive strategies in Kijabe hospital

ii) To establish the extent to which ethical practices influence implementation of competitive strategies in Kijabe hospital

iii) To determine the influence of strategic direction on implementation of competitive strategies in Kijabe hospital

iv) To establish the extent to which organizational controls influence implementation of competitive strategies in Kijabe hospital

1.4 Research Questions

The study sought to respond to the following research questions

i) What is the influence of organization culture on implementation of competitive strategies in Kijabe hospital?

i) To what extent has ethical practices influenced implementation of competitive strategies in Kijabe hospital?

ii) What is the influence of strategic direction on implementation of competitive strategies in Kijabe hospital?

ii) To what extent has organizational controls influenced implementation of competitive strategies in Kijabe hospital?

1.5 Significance of the Study

This study will benefit Academia by contributing to knowledge of how strategic leadership orientation impacts the implementation of competitive strategies in church based hospitals

like Kijabe Hospital. Kijabe hospital staff would be benefited by the research in that they will know how their ethical practice and maintaining of church mission and culture would affect the organizations success.
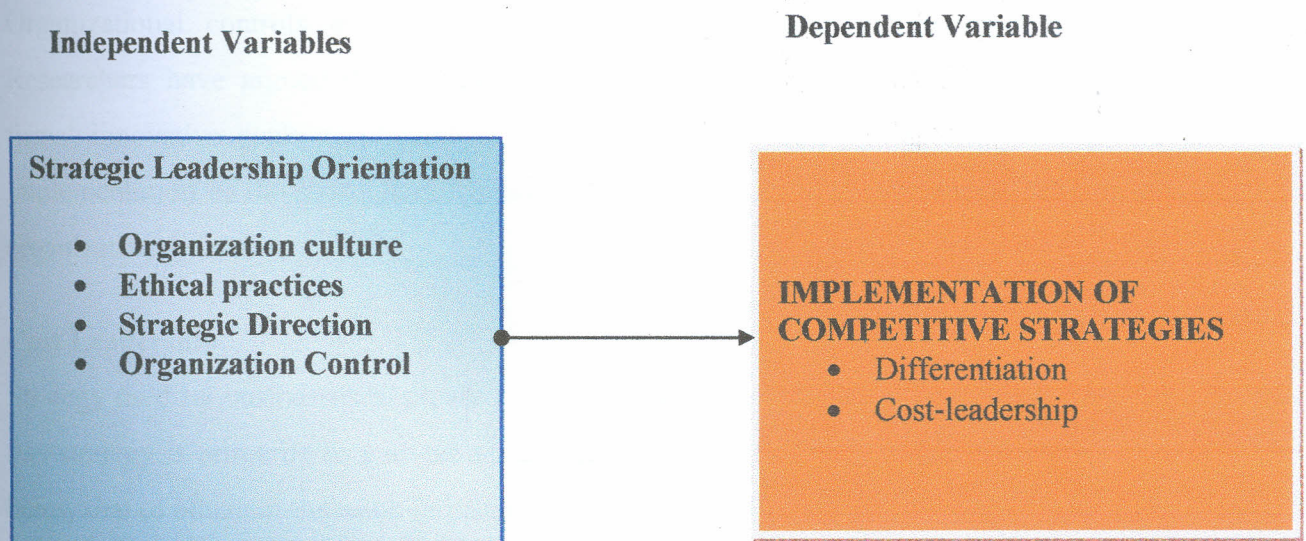
1.6 Scope of the study

The study was carried out in AIC Kijabe Hospital, AIC Kijabe hospital partners resident in Kijabe town and Kijabe hospital satellite clinics. The population of the study was the management of the hospital, employees and satellite clinics of the hospital. The geographical location was a radius of 40 kilometers from AIC Kijabe hospital and the study took three months.

1.7 Conceptual Framework

Mugenda and Mugenda (2003), define a conceptual framework as a hypothesized model identifying the concepts under study and their relationships. It provides an outline of the preferred approach in the research and also outlines the relationships and the desired effects, forming independent and dependent variables respectively. In this study, the independent variables will be organizational culture, ethical practice, strategic direction and organizational control whereas dependent variable is implementation of competitive strategies in church based health care facilities. The conceptual framework is as shown below

Independent Variables   **Dependent Variable**

Strategic Leadership Orientation

- **Organization culture**
- **Ethical practices**
- **Strategic Direction**
- **Organization Control**

IMPLEMENTATION OF COMPETITIVE STRATEGIES
- Differentiation
- Cost-leadership

Source: Author (2015)

Figure 1.1 Conceptual framework of the relationship between strategic leadership orientation and implementation of competitive strategies in church based health care facilities in Kenya .

Organizational Culture

The success of an organization is contingent on the psychological contract, which details shared expectations of job responsibilities between the follower and the leader (Kline, 2008) .The culture and success of an organization is closely linked to its management and the quality of leadership.

Ethical practices.

Organizational ethics studies organizational culture, and the standards that are relevant in guiding behavior. Organizational ethics perceives an organization as a community or culture, focusing on its strengths both past and present. (Hartman, 2001).Ethical practices have to be upheld if the organisation is to be successful in implementing competitive strategies.

Strategic direction.

A course of action that leads to the achievement of the goals of an organization's strategy .Strategic management is congruent with the quality movement's emphasis on continuous improvement. Indeed, the emphasis on anticipating the needs of stakeholders is a critical component of external analysis (Beatty, 2005).

Organizational control.

Organizational control is an inherently communicative activity that consists of verbal and physical actions designed to overcome resistance and exercise authority over others. Organizational controls are necessary to enhance efficiency in innovation processes. Researchers have argued that organizational controls can ensure the accomplishment of firms' innovative goals as planned beforehand (Robbins, 2001). Therefore for successful implementation of the strategies of Kijabe Mission hospital, there is need to have in place organizational controls

Cost Leadership.

Strategy used by businesses to create a low cost of operation within their niche. The use of this strategy is primarily to gain an advantage over competitors by reducing operation costs below that of others in the same industry

Differentiation.

A differentiation strategy calls for the development of a product or service that offers unique attributes that are valued by customers and that customers perceive to be better than or different from the products of the competition

CHAPTER TWO

LITERATURE REVIEW

This chapter focuses on highlighting different scholarly work related to strategic leadership orientation and competitive strategies. The sources of literature include books, journal and web articles. The review will focus on different theories related or expounding on the influence of leadership strategies orientation and implementation of competitive strategies in church based in health care organizations in Kenya and competitive strategies at AIC Kijabe Hospital.

2.1 Theoretical Literature Review

2.1.1 Organization Strategy

In an early work on strategic leadership, Hosmer (1982) noted that contingency theories of leadership did not account for an organization's competitive position in the industry. Hosmer proposed that the task of the leader was different from that of a manager because a leader must constantly consider the organizational strategy in relation to the external environment. In this way, leadership represents a higher order of capability that involves both developing strategy and influencing others to follow it. Hambrick and Mason (2004) built on this idea and proposed what was then known as upper echelon theory. The central assertion of upper echelon theory is that because leaders operate at a strategic level, organizations are reflections of the cognition and values of their top managers. The specific knowledge, experience, values, and preferences of top managers will influence their assessment of the external environment, and ultimately the choices they make about organizational strategy. Therefore, over time, the organization comes to reflect the top leader.

This theory was adapted and expanded by subsequent authors, and eventually came to be known as strategic leadership theory (Finkelstein & Hambrick, 1996). A fundamental premise of strategic leadership theory is that a leader's field of vision and interpretation of information is influenced by that leader's values, cognitions, and personality (Cannella & Monroe, 1997). Specific expressions of this underlying premise continue to be studied today. For example, Papenhausen (2006) recently found dispositional optimism in top level leaders to be correlated with their problem definition and problem solving activity.

As the theory was refined by subsequent authors, strategic leadership theory grew to address the larger question of how a top-level leader contributes to organizational performance. Relying on the constructive development theory, Lewis and Jacobs argued that a leader's capacity to construct meaning of the organizational environment was more important than other factors such as values or leadership style (Kegan,1982 ;Lewis& Jacobs 1992)This theory was later linked with stratified systems theory, which asserted that the complexity of the leadership task escalates as one moves up the hierarchy(Jaques & Clement's,1991). Taken together, these theories assert that in order to be effective, the developmental capacity of a strategic leader must be well matched to the complexity of the work (Lewis & Jacobs, 1992).

More recently, authors in strategic leadership have described strategic leadership in broader terms. There are six proposed components of effective strategic leadership: determining the organization's purpose or vision; exploiting and maintaining core competencies; developing human capital; sustaining an effective organizational culture; emphasizing ethical practices; and establishing balanced organizational controls. When these elements are in place, they argue, the firm's strategic leadership becomes a source of competitive advantage for an organization (Ireland and Hitt,1999).

In a similar effort focused on providing a broader, more integrative framework to explain how a top-level leader influences organizational outcomes, by looking beyond demographic variables and work instead to integrate research from other fields to describe the process whereby strategic leaders affect organizational outcomes. In keeping with this direction they proposed that at its core strategic leadership is about a leader's ability to create and maintain three capacities within the organization: absorptive capacity (or the capacity to learn), the capacity to change, and the capacity for managerial wisdom(Boal and Hooijberg,2000)

Strategy is a fascinating field of enquiry, both for managers looking for a sustainable competitive advantage and for academic researchers looking for the reasons behind superior firm performance. Strategy can be a fascinating field of mutual learning as well, if practitioners and researchers communicate with each other, exchange ideas and findings and try to understand each other's perspective. Such cross- fertilization can improve the relevance of strategy theory and of the managerial instruments grounded in it.

Leadership is perhaps one of the most important aspects of management (Weihrich, 2008). This is because leadership is a major factor which contributes immensely to the general wellbeing of organisations and nations. Organisations such as General Electric and Chrysler had been turned around from the brink of bankruptcy to become two of the world's most profitable organisations through the effective leadership of Jack Welch and Lee Iacocca (Coulter, 2007).

2.1.2 Organizational Control

Organizational control is an inherently communicative activity that consists of verbal and physical actions designed to overcome resistance and exercise authority over others. As superior and subordinate members negotiate for their particular interests, they create, reproduce, and transform the organizational context in which they interact. Organizational control literature describes control as a process of monitoring and evaluating behaviors and outcomes (Jaworski, 1988). Organizational controls are necessary to enhance efficiency in innovation processes. Researchers have argued that organizational controls can ensure the accomplishment of firms' innovative goals as planned beforehand (Robbins, 2001).

In this study, we focus on two formal control mechanisms: process control and output control; Process control refers to the extent to which managers emphasize procedures and behavioral activities in monitoring and evaluating their employees. In contrast, output control refers to the extent to which managers place emphasis on outcomes when monitoring and evaluating their employees (Li, 2002). Our focus on formal controls is not to deny the importance of social controls such as self-control and cultural controls which are unwritten and typically represent a worker-initiated system that influences workers' behaviour. Process control ensures that employees receive rewards as long as process requirements are met, irrespective of the output achieved (Donde, 2008). It therefore reduces the pressure and risks in developing radical innovations because it is the firm, rather the innovating employee, who assumes much of the performance risks. (Li, 2002).

The medical profession has a long history of self-accountability through the Hippocratic tradition, standard setting, peer review, and accreditation. Professional associations, as definers and guarantors of effective medical practice, have an implied contract with society to hold their members accountable (Cruess, 2000). To a certain extent, accountability relies upon shared values of technical expertise and altruistic commitment to provide quality care to

assure that standards are being met and outcomes achieved. Because of the logistical difficulties of monitoring service delivery and the specialized knowledge required to assess quality, professional associations advocate for self-policing, arguing for trust in professional codes and in training and accreditation standards (Gilson, 2003) . For example, the nursing profession has a long history of self-monitoring for accountability and community service.

The success of an organization is contingent on the psychological contract, which details shared expectations of job responsibilities between the follower and the leader (Kline, 2008) .The culture and success of an organization is closely linked to its management and the quality of leadership (Yadav, 1996). Self starter-leaders value the behaviors they exhibit, how they reward themselves for their performance, and the constructive thoughts that sustain self-analysis (Neck, 2002). Self starter-leaders hold themselves accountable for accomplishing goals related to the organizational strategy. To the self starter-leader, the goals of the organization are important and are kept in the forefront of a self-leaders mind.

In particular, Self starter-leaders are constructive thinkers and concerned about motivating themselves. The organization culture as a leadership concept has been identified as one of the many components that leaders can use to grow a dynamic organization. Leadership in organizations starts the culture formation process by imposing their assumptions and expectations on their followers. Schein states that as organizations stabilize because of success in accomplishing its primary tasks, the leader's assumptions become shared and embedding those assumptions can then be thought of more as a process of socializing new members. Organizational leaders achieve success by being consistent, in sending clear signals about their priorities, values and beliefs.

2.1.3 Organizational Culture

Once culture is established and accepted, they become a strong leadership tool to communicate the leader's beliefs and values to organizational members, and especially new comers. When leaders promote ethical culture, they become successful in maintaining organizational growth, the good services demanded by the society, the ability to address problems before they become disasters and consequently are competitive against rivals. Corporate culture matters because the decisions made without the awareness of the operative culture forces may have unanticipated and undesirable consequences. The leader's success will depend to a large extent, on his knowledge and understanding of the organizational

culture. The leader who understands his organizational culture and takes it seriously is capable of predicting the outcome of his decisions in preventing any anticipated consequences (Schein, 1999).

The concept of organizational culture has been defined from many perspectives in the literature. The topic of organizational culture has been studied from many perspectives and disciplines, such as anthropology, sociology, organizational behavior, and organizational leadership to name a few. Organizational culture is defined as values, beliefs, and behaviors that differentiate one organization from another (Deal, 1999). Organizational culture is defined as a "dynamic phenomenon that surrounds us at all times, being constantly enacted and created by our interactions with others and shaped by leadership behavior, and a set of structures, routines, rules, and norms that guide and constrain behavior"(Schein,2004)

A practical way to define organizational culture is the environment in which we work; these are the member's behaviors, attitudes, beliefs, skills, perspectives, habits and prejudices. Some of these attributes have been molded by past leaders, either good or bad through years of indoctrination, influence, and reinforcement. The truth remains that leaders of organizations are responsible for the climate they create in their organization. To fully understand the meaning of culture, organizational culture is characterized as consisting of three levels. The first level, the behavior and artifacts level represents the most visible level, which is characterized by our behavior and artifacts around us. This observable level of culture consists of behavior patterns and outward manifestations of culture. (Schein,1999)

These values are not observable as our physical behaviors and artifacts. These values are the difference between stated values and operating values. For example, this company values quality, we value our customers and so on. The operating value on the other hand is the actual manifestation of value that is truly in force. Most people in the organization will attribute their behavior to the stated value. To truly understand culture we have to get to the deepest level, the level of assumptions and beliefs. The essence of culture is the learned values, beliefs, and assumptions that become shared and taken for granted as the organization continues to be successful (Schein,1999).

Organizational cultures are created, maintained, and transformed by people. An organizational culture is in part, also created and maintained by the organization's leaders.

Organization founders and leaders at the executive level are the principal source for the generation and reinfusion of organizations ideology, articulation of core values and specific norms. Organizational values express preferences for certain behaviors or outcomes. Moral simply stated "Is concerned with social practices defining right and wrong" (Bowie, 2004). These practices of right and wrong are transmitted within cultures and institutions from generation to generation.

There are many types of organizational culture including adaptability culture, mission culture, bureaucratic culture and entrepreneurial culture. Adaptability organizational culture makes it easy for organizations to adjust during the strategy implementation process. She further notes that flexibility of organizational culture adopted by organizations facilitates coping up with strategy implementation challenges. .Adaptable culture includes risk taking which is valued and rewarded. This confirms the importance of adaptive cycle where managers solve fundamental organizational problems that include; entrepreneurial, engineering, and administrative (Muthoni, 2012).

Bureaucratic culture has empirically been found to attract criticism and support in equal measure. Critics of bureaucratic culture indicate that it serves goals that are not just irrational but unethical, immoral and criminal. History has provided plenty of examples of rationality being used for barbaric ends, Nazi German being a particular repellent case (Lawrence 2001). Arguments in favour of bureaucracies indicate that it is the most efficient, effective, and predictable (Malone 2004).

Mission culture according to American Medical Informatics (2005) only works with informed and intelligent people, it consumes enormous amount of time to install and can foster such strong sense of organizational identity among employees that it becomes a handicap. This approach has strong overwhelming doctrinal air about it and fosters homogeneity and inbreeding. Though mission culture, can play an important role in strategy implementation, studies covered hardly bring out a detailed outlook on the extent to which this kind of culture affects strategy implementation. While Chimhanzie,(2004) says that effective organizational mission is a critical component in strategy implementation, he has similarly to other authors such as Barnat (2005) and Arabi (2004) not revealed the extent to which mission culture facilitates implementation of competitive strategies in faith based organisations

An entrepreneurial organizational set up seeks to open doors for communication (Minkova, 2011). Minkova noted that organizations that create an environment where people can interact with each other, support and recognize each other's efforts and provide positive rewards, makes employees aware of the direction of the company they are working for and facilitates strategy implementation. He further noted that treating employees with respect enables them to do their jobs to the best of their abilities. By challenging people to raise the bar, providing them with fun activities, keeping people informed and humanizing management, an organization gets a culture that allows the company to grow and flourish.

2.1.4 Organizational Ethics

Organizational ethics studies organizational culture, and the standards that are relevant in guiding behavior. These standards are derived from the organizations core values, such as honesty, trust, and loyalty. Organizational ethics perceives an organization as a community or culture, focusing on its strengths both past and present. It addresses the need for an organization to be run in a manner that takes into consideration each member of the organization and how their interactions affect one another as well as the organization (Hartman, 2001). Northouse (2004) states that ethics is central to leadership, leaders who engage followers to accomplish mutual goals by nurturing ethical and moral behaviors in their organizations significantly reinforces organizational values.

Effectiveness of processes used to implement the firm's strategies increases when they are based on ethical practices. Ethical companies encourage and enable people at all organizational levels to act ethically when doing what is necessary to implement the firm's strategies(Katee,2013). For instance Royal Ahold NV, a large international supermarket chain based in the Netherlands had major accounting problems. It overstated its earnings in 2001 and 2002 and also it had illegal transactions in its Argentine subsidiary. Because of these problems the CEO and the CFO of Ahold were discharged (Ball, Zimmerman and Veen, 2003). These incidents suggest that firm's need to employ ethical strategic leaders who include ethical practices as part of their long-term vision for the firm, who desire to do the right thing and for whom honesty, trust and integrity are important (Robertson and Crittenden, 2003).

2.1.5 Strategic Direction

Strategic management is congruent with the quality movement's emphasis on continuous improvement. Indeed, the emphasis on anticipating the needs of stakeholders is a critical component of external analysis. Certainly organizations that adopt a total quality management philosophy will be better prepared to meet the challenge of competing in the global economic marketplace. Strategic planning was pioneered by General Electric in the 1960s, widely adopted in the corporate world in the 1970s, and introduced to educational organizations in the early 80s. In the 1970s, however, when strategic planning was being widely applied, external events were still viewed as relatively stable and planning was typically retrospective, or, at best, present oriented.

Strategic thinking is the process of collecting, interpreting, generating, and evaluating information and ideas to shape organizational sustainability and competitive advantages (Beatty, 2005). Unlike for-profit organizations, non-profit organizations, for the most part, are dependent upon predetermined streams of income, like grants, to sustain their programs and services. Non-profit organizations compete with other non-profits for these limited funds, which can restrict their organizational life cycle and opportunity for growth. This competitive environment forces non-profits to work hard to become market leaders for the services and programs they provide. Few non-profit organizations have alternative streams of income to supplement or support long-term operations in the absence of grant funding.

Successful strategic thinkers have a holistic view of their business and remain intelligently opportunistic about their ability to solve problems in the future (Liedtka, 1998). Strategic thinking results in a strong planning process that scrutinizes every idea and leads to the implementation of a sound strategy. The implementation of a sound strategy allows an organization to continuously monitor the performance and alignment of all business groups and subsidiaries (Micheli, 2011). Strategic thinkers are in constant pursuit of innovative ideas that will create a sustainable future for their organization (Graetz, 2002). Non-profit leaders should replace outdated practices that are not relevant in today's economy and cause inefficiency and replace them with sustainable practices. This will require them to be creative and utilize their professional and personal experiences to develop solutions that answer the question 'How can we sustain our business?' (Graetz, 2002).

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Research suggests coaches are effective in working with clients throughout their employment life cycle, which can result in significant improvements in retention, engagement, productivity, and performance among client, their direct reports, and surrogate coaches (Donde, 2008). Non-profit organizations should be selective and strategic about how they can realistically create additional income streams. In his article "Eight Basic Principles for Nonprofit Entrepreneurs," (Boschee, 2001) provides guidelines non-profit leaders should use to ensure they are pursuing the right business opportunities to sustain their non-profit organization.

In determining the strategic direction for the organization leaders come up with the vision, mission and objectives of the organization that enable all organization's members understand where the company needs to go thus providing a clear attractive picture of the future making organization members to convert intention into action (Lussier and Achua, 2007; Pearce and Robinson, 2007;

Ireland and Hitt, 2005).A study by Kuchio (2010) notes that strategic direction plays a significant role in the implementation of the strategic plans of commercial banks. However, no other study has tested how strategic direction influences implementation of competitive strategies in faith based organizations.

2.2   Empirical Literature Review

2.3.1 Organizational Culture and Competitive Strategies

According to Carter (2007) the effects of bureaucracy are primarily more to be considered disadvantages than advantages. He argues that bureaucracy theoretically provides a service, but the profit motive is removed from this process. This inevitably results in inefficiency within the bureaucratic organization partially because of the misallocation of resources, based on rationales that are random, non-economical, often ideological, and often entirely unrelated to the task at hand. As a bureaucracy ages its primary functional objective becomes its own survival, long after the original objective for its creation has been fulfilled, or is effectively being provided by cheaper, faster, more efficient organizations. It is in these final stages that a bureaucracy becomes a negative, destructive force in society, working openly against public welfare (Beer 2000).

According to Chimhanzi, (2004), the effectiveness of mission culture on strategy implementation depends on among other factors, the purpose and aims of the organization, the organization's primary stakeholders; i.e clients/customers, shareholders and how the organization provides value to these stakeholders. Arabi (2004) asserts that mission culture has a number of advantages which establish an organization wide unity of purpose. It however works best where an organization has resources to absorb the cost of building and maintaining the value system.

Nebojša, 2012 in their study organizational culture and strategy, they analyzed the relationship of strategy and organizational culture as two fundamental concepts in management. The results of recent empirical research are first presented, which prove that there is a relationship of interdependence and influence between strategy and organizational culture. Then, the nature and mechanism of the influence of culture on strategy formulation and implementation are analyzed, as well as the influence of strategy on organizational culture. It is shown that organizational culture influences the strategy formulation by determining the gathering of information, perception and interpretation. Also, organizational culture can, through the process of legitimization, facilitate or disable strategy implementation. On the other hand, implementation of the selected strategy leads to the strengthening or changing of organizational culture through the process of its institutionalization.

2.3.2 Ethical practices and Competitive Strategies

A study by Nthini (2013) noted that emphasizing ethical practices as a component of strategic leadership influences organizational performance specifically in the banking sector. However the same has not been tested in the faith base organization with a particular focus on the implementation of competitive strategies.

Fátima, 2013 analyzed how the interaction between strategy capabilities, strategy types, strategy formulation quality and strategy implementation capability affects organizational performance in the Brazilian textiles companies. A conceptual framework was proposed and tested, with data from 211 firms. It was found a support for links between organizational capabilities and strategies types. It was found an inter-relationship between generic strategies, revealing the use of combined strategies by Brazilian textiles companies. It also found a relationship between strategy implementation capability and strategy formulation quality. It

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was identified that management capability and market performance have a statistically significant relationship with financial performance.

2.3.3 Strategic direction and Competitive Strategies

Ranjit (2010) sought to draw on the strategy implementation approach and the resource-based view of the firm (RB theory) to investigate the relationships among competitive strategies (i.e. differentiation and cost-leadership), responsive market orientation (RMO), proactive market orientation (PMO) and firm performance. The paper designed a mail-survey that was sent to senior executives, which resulted in 189 usable surveys. Data were analyzed using partial least squares (PLS) to test the hypotheses. The findings showed that both competitive strategies influence RMO and PMO, which then influence firm performance. However, the results show that differentiation strategy has a stronger influence on RMO and PMO than cost-leadership strategy, and that PMO has a stronger influence on performance than RMO.

Conant and Varadarajan (1990) studied the strategic process of small- and medium-sized enterprises (SMEs) including strategic reference points (SRP). They identified the strategic positioning of SMEs according to the importance that their managers give to internal and external SRP. Their influence on strategic types and performance are analyzed. This study used information, from 83 SMEs in the Canary Islands (Spain), collected with a questionnaire. They found that SMEs are primarily adaptive firms followed by narcissist ones: numerous SMEs focus their attention on internal SRPs. SMEs strategic positioning determines their strategic orientations to a much lesser extent than their characteristics (sector, size and age) do. The results show that product specialization, the only difference between adaptive SMEs and narcissist and amorphous ones, is not evident in their performance.

Narentheren and Haim, 2013 in their study on Enhancing Organizational Performance through Strategic Alignment of Cost Leadership Strategy and Competitor Orientation. They argued that this study adds the body of knowledge that relates Porter's cost leadership strategy and competitor orientation to organizational performance in context of hotel industry in Malaysia. The existing literatures show that there were limited empirical studies, which considers the alignment between cost leadership and competitor orientation and its impact on organizational performance. A total 475 sets of questionnaires distributed to three to five star rating hotel's managers in Malaysia and only 24% of it, which is 114 returned. Of these 114

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respondents, only 54 hotels implementing cost leadership and the rest follows differentiation strategy. For this paper, the researcher focused on those 54 hotels which implementing cost leadership strategy. The findings show that cost leadership strategy has significant effect on organizational performance and competitor orientation. In addition, competitor orientation has positive impact on performance. Present study found that competitor orientation mediates the nexus of cost leadership and organizational performance. This study is bridging the gap and presenting the significance of aligning cost leadership and competitor orientation in hotel industry. It also provides some practical implications for the decision making process that relates with alignment of cost leadership, competitor orientation and organizational performance nexus.

Sabar *et al*, 2013 in their study on the Influence of Human Capital Investment, Leadership and Strategic orientation on Airport Performance, they developed an equation model with integrative aims: 1) to give total meanings about how the relationship among human capital, leadership and strategic orientation increases company performance and how the variables are related to each other and 2) to give a response to the gap in the previous studies about the influence of human capital investment on company performance. The study was conducted in PT. Angkasa Pura using primary and secondary data. The samples of the study were 25 airports under the management of PT. Angkasa Pura I and II in Indonesia. The sampling technique employed was saturated sampling or census. The results of the study show that human capital investment and strong strategic orientation will increase company performance. Leadership does not give influence either directly or indirectly. This means that human capital investment variable has immersed in leadership variable or has transformed into leadership variable.

2.3.4 Organizational controls and Competitive Strategies

Njeru (2015), in a study on the effect of strategic management processes on the organizational performance reveals that the control of strategy is key to achievement of set objectives through a system of tracking, monitoring and evaluating the effectiveness of the strategies that have been implemented. He further indicates that such control allows for improvements of processes during implementation stage, and therefore greater chances of achieving desired goals.

Rajasekar, 2014 in a study on factors affecting effective strategy implementation in a Service Industry they found that successful strategy implementation is a key for any organization's survival. Many organizations could not sustain their competitive advantages, despite having a robust strategy formulation process, because they lack the processes in implementing the strategies. Considering the higher failure rates in implementation of strategies, he recommended that more attention should be given by executives to implementing the strategy. They proposed seven factors that affect implementation strategy. The results demonstrate that leadership is by far the most important factor influencing successful implementation strategy in the service sector.

Kim (1997) reviewed the relationship between management control systems (MCS) and business strategy. Empirical research studies that use contingency approaches and case study applications are examined focusing on specific aspects of MCS and their relationship with strategy. These aspects include cost control orientation, performance evaluation and reward systems, the effect of resource sharing, the role of MCS in influencing strategic change and the choice of interactive and diagnostic controls. More contemporary approaches to the relationship between performance measurement systems and strategy are also considered. It is concluded that our knowledge of the relationship between MCS and strategy is limited, providing considerable scope for further research.

Faith (2010) studied the effect of competitive strategies on firm performance is empirically inspected by considering value chain activities in Gaziantep carpeting industrial cluster. The findings of research revealed that there is no significant relationship between competitive strategies and firm performance in Gaziantep carpeting industry. The results of research suggested that in order to improve firm performance and to get sustainable competitive advantage in global markets, competitive strategies should be used resolutely and cost and differentiation strategies implemented simultaneously by decision makers.

2.3 Summary of Literature Gap

This study used organization culture, ethical practices, strategic direction and organizational control as independent variables while reviewed studies used effectiveness of culture, organizational culture, strategy capabilities, strategy types, strategy formulation quality, strategic leadership, management control systems competitive strategies as independent variables. The study adopted differentiation and cost leadership and dependent variables

while reviewed studies adopted organizational performance, Cost Leadership Strategy, Competitor Orientation, strategy implementation capability, firm performance and organization's survival as dependent variables. To add, this study applied descriptive and regression methods while reviewed studies used correlation, qualitative and partial least squares (PLS) to test the hypotheses.

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CHAPTER THREE
METHODOLOGY

3.1 Introduction

This chapter focuses on the research design, the study area, target population, sample size and sampling procedure, data types and data collection methods, validity and reliability checks, data analysis and data presentation methods and closes with the ethical considerations in the research process.

3.2 Research Design

The study utilized both descriptive and correlation research designs. Descriptive studies, according to Koul (1984) are concerned with gathering facts rather than manipulation of variables. They obtain information concerning the current status of phenomena and describe "what exists" with respect to variables or conditions in a situation (Best and Kahn 1993; Kinoti 1998) while correlation design attempts to gauge the causation between study variables.

3.3 Study Area

The study was carried out in AIC Kijabe Hospital and its satellite clinics in Marira and Naivasha area. It is within Kijabe Mission Station, Lari Division, and Kiambu district. The study area was selected because the researcher is a neighbor of the hospital and a beneficiary of its services. It was therefore convenient and economical for the researcher in terms of time and financial resources.

3.4 Target Population

The target population for the study was 706 employees comprising 10 Top level Managers, 200 Middle level Managers and 596 Lower level managers. The population distribution is as shown in table 3.1 below

Table 3.1 Target Population

Category	Number	Percentage
Top management	10	01
Middle Level Management	200	29
Lower Level Management	496	70
Total	**706**	**100**

Source: HR, AKH (2015)

3.5 Sampling Technique and Sample Size

3.5.1 Sampling Technique

A number of sampling techniques were used in selecting a sample for the study. These sampling techniques included stratified random sampling; purposive sampling and simple random sampling Purpose sampling helped in targeting those respondents who had a clear understanding and responsibility in the strategy implementation.

3.5.2 Sample Size

The researcher used Slovene's formula to get the sample size. The confidence level of 90% was used, which gives a margin error of 0.1.

$n = N / (1 + Ne^2)$

n = Number of samples

N = Total population

e = Error tolerance

$= 706 / (1 + 706 * 0.1^2)$

$n = 85$

Thus 12% of target population was used since is sufficient enough to make inferences from. The sample size is as shown below

Table 3.2 Sample Size

Category	Number	Sample =12%
Top management	10	01
Middle Level Management	200	24
Lower Level Management	496	60
Total	**706**	**85**

Source: Field data (2015)

3.6 Data Collection

3.6.1 Sources and Type of Data

The study utilized primary data. The data was collected using a questionnaire. The questionnaire was divided into 5 Sections. Section A covered the respondent's profile, Section B covered sustaining organization culture, Section C covered ethical practices, Section D covered evolving strategic direction and Section E covered organizational controls
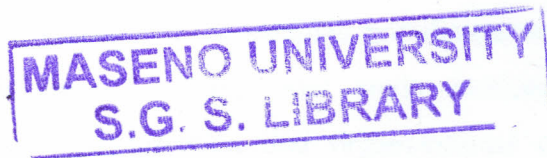
3.6.2 Data Collection Procedure

The questionnaire was administered by researcher to the employees at the staff gate and on the selected managers at their workstations in the respective hospital departments. In order to increase the response rate, the respondents were reminded to complete the questionnaires via telephone calls and physical visits.

3.6.3 Instrument for Data Collection

The instruments for data collection included questionnaires. Orodho (2003) holds that questionnaires provide reliable, valid and theoretically satisfactory results in cases where the respondents have first-hand information on a phenomenon.

3.6.4 Piloting of Research Instruments

A pilot study covering 5 employees and not included in the sampled population was done before commencement of the study. The results of the pilot study indicated that organizational culture, ethical practices, strategic direction and organizational controls influence implementation of competitive strategies in church based health care facilities in Kenya. This was supported by the regression model:

Y (Implementation of competitive strategies)$=-7.31+0.214X_1+0.112X_2+0.016X_3-0.294X_4+\varepsilon$

Where X_1, X_2, X_3, X_4 and ε represent organization culture, ethical practices, strategic direction and organizational controls and error term respectively.

This showed that the research was feasible.

3.6.5 Reliability Test for Data Collection Instrument

The reliability of instruments measure the consistency of instruments, Best and Kahn (2000) considers the reliability of the instruments to be the degree of consistency that the instruments or procedure demonstrates. What it measures it does so consistently. The cronbach's alpha reliability coefficient of four independent variables was 0.73. In general, reliabilities less that 0.60 are considered poor, those in the 0.7 range acceptable and those over 0.8 are good (Sekaran 2003)

3.6.6 Validity Test for Data Collection Instrument

Validity is the degree to which a test measures what it purports to measure. Mugenda & Mugenda (2006) defines validity as the accuracy and meaning fullness of the inferences which are based on the research results. It is the degree to which results obtained from the analysis of the data actually represents the phenomena under study. Mouly (1978) adds that the validity of the questionnaire data depends on a crucial way the ability and willingness of

the respondents to provide the information requested. To enhance validity the researcher consulted the supervisor for verification and appraisal of the instruments.

3.7 Data Analysis

The data collected from primary sources was systematically organized in a manner to facilitate analysis. Data analysis involved preparation of the collected data, coding, editing and cleaning of data so as to facilitate processing. The result was presented using tables, graphs and charts for ease of understanding. This allowed for interpretation of findings generated and recommendations from the findings.

Multiple regression model was used in this study as it allowed simultaneous investigation of the effect of two or more variables Zikmund (2003). The model established the relationship between strategic leadership orientations on implementation of competitive strategies in church based health care facilities in Kenya. Data collected was analyzed using multiple regressions. The significance of each independent variable was tested at a confidence of 95%. In this study, dependent variable is implementation of competitive strategies and independent variable was organization culture, ethical practices, strategic direction and organizational controls. The equation representing the algebraic expression of multiple regression model of the form bellow was applied;

Implementation of competitive strategies = f(strategic leadership orientation)

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \varepsilon$$

Where:

Y = Implementation of competitive strategies

β_0 = Constant or intercept which is the value of dependent variable when all the independent variables are zero.

$\beta_1, \beta_2, \beta_3, \beta_4$ = Regression coefficient for each independent variable.

ε = Stochastic or disturbance term or error term.

X_1 = Organization culture

X_2 = Ethical practices Training

X_3 = Strategic direction

X_4 = Organizational controls

3.8 Data Presentation

Table presentations were used to present the study results.

CHAPTER FOUR

RESULTS AND DISCUSSIONS

This chapter is a presentation of results and discussion of the findings on an investigation of the influence of strategic leadership orientation on implementation of competitive strategies in Kijabe mission hospital.

4.1 General Information

4.1.1 Response rate

The researcher distributed 82 questionnaires to respondents .The response rate is as summarised in the table below

Table 4.1 Response rate

Questionnaires	Frequency	Percent
Returned	72	88
Unreturned	10	12
Total	**82**	**100**

Source: Field data (2015)

From table 4.1 above, the response rate was 88%.This response rate was considered adequate enough for to permit data analysis.

4.1.2 Gender

The study sought to establish the given of the respondents involved in the study. The information obtained was presented in the table below

Table 4.2 Respondents' gender

Gender	Frequency	Percentage
Male	31	43%
Female	41	57%
Total	**72**	**100%**

Source, Field data (2015)

The data presented in table 4.2 above indicates that 57% of the respondents were female, while 43% were Male.

4.1.3 Age of the respondents

The study sought to establish the age of the respondents involved in the study. The information obtained was presented in the table below

Table 4.3 Respondents' Age

Age Bracket	Frequency	percent
21-30 Yrs	22	30
31-40 Yrs	28	40
41-50 Yrs	14	20
51-60 Yrs	07	09
Over 61 Yrs	01	01
Total	**72**	**100**

Source, Field data (2015)

The data analysed in table 4.3 above shows that majority (40%) of the respondents were aged between 31 and 40 years. It is further shown that that 30% of the respondents were aged between 21 and 30 years, 20% aged between 21 and 30 years, 9% aged between 51 and 60 years and 1% aged above 61 years.

4.1.4 Education Level

The study sought to establish the education level of the respondents involved in the study. The information obtained was presented in the table below

Table 4.4 Respondents' Education Level

Education Level	Frequency	percent
Diploma	30	42
Degree	22	30
Masters	18	25
PhD	02	03
Total	**72**	**100**

Source, Field data (2015)

The data analysed in table 4.4 above shows that 42% of the respondents have diploma, 30% have a degree, 25% have masters and 03% have a PhD qualification.

4.1.5 Years of Service

The study sought to find out the number of years the respondents have worked with Kijabe Mission hospital. The information obtained was presented in the table below

Table 4.5 Respondents' Years of Service

Education Level	Frequency	percent
Less than 1 year	15	21
1 – 3 years	02	02
4 - 8 years	33	46
Over 8 years	22	31
Total	**72**	**100**

Source, Field data (2015)

The data summarized in table 4.5 above shows that 21% of the respondents have worked for Kijabe mission hospital for a period of less than on year, 02% have worked with the institution for a period of between 1 and 3 years, 46% have worked at Kijabe Mission Hospital for a period of between 4 and 8 years and 31% have worked for the hospital for a period of over 8 years.

4.2 Regression Analysis

To determine the influence of strategic leadership orientation on implementation of competitive strategies, regression analysis was conducted. The researcher conducted a multiple regression analysis so as to test the influence of organization culture, ethical practices, strategic direction and organizational controls on implementation of competitive strategies in Kijabe Hospital. The research applied the statistical package for social sciences (SPSS) to code, enter and compute the measurements of the multiple regressions for the study.

As shown from the ANOVA table presented in Table 4.6, the F-test was highly significant ($F_{0.05; 4, 20}=8.8207$, $p<0.05$). This indicates that the hypothesized multiple regression model was statistically adequate. Thus, the observed R^2 was significantly different from zero and the multiple regression equation was a better predictor of competitive startegy.

Table 4.6: ANOVA Table

	Sum of Squares	Df	Mean Square	F	P value
Regression	161.038	4	7138.24	8.8207	0.000284
Residual	16185.2	20	809.26		
Total	44738.16	24			

a Dependent Variable: Competitive strategy

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Since the p- value is less than $\alpha = 0.05$, null hypothesis, H_0 is rejected:H_0: there is no significant relationship between organization culture, ethical practices, strategic direction and organizational controls and implementation of competitive strategies in church based health care facilities in Kenya. This means that sustaining organization culture, ethical practices, strategic direction and organizational controls influence the implementation of competitive strategies at Kijabe mission hospital
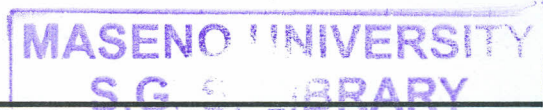
Table 4.7 Model summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.937	0.878	0.865	0.65244

a. Independent variables: Organization culture, ethical practices, strategic direction, organization control
b Dependent Variable: Competitive strategy

Coefficient of determination explains the extent to which changes in the dependent variable can be explained by the change in the independent variables or the percentage of the variation in the dependent variable (implementation of competitive strategies in Kijabe Mission Hospital) that is explained by all the four independent variables (organization culture, ethical practices, strategic direction and organizational controls). The independent variables studied explain only (87.8%) of the influence of strategic leadership orientation on implementation of competitive strategies at Kijabe Mission Hospital as represented by R^2. This means that the other factors not studied in this research contributed (12.2%) and thus further research should be conducted to investigate the influence of these other factors on the implementation of competitive strategies in church based health care facilities in Kenya

Table 4.8: Multiple linear regression analysis

Model	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	T	Sig.
2 (Constant)	-7.31	.175		4.847	.000
Organization culture	.214	.082	.586	7.835	.024
Ethical practices	-.112	.083	-.246	-2.806	.006
Strategic direction	-.294	.063	.223	2.583	.011
Organizational controls	.0016	.082	.132	1.739	.034

a Dependent Variable: Competitive strategy

b Predictors: (Constant), Organization culture, ethical practices, strategic direction, organization control

Source: Research data, 2015

Table 4.8 indicates that organization culture ($ß_1$ = .214, $p<0.05$) and organizational control ($β_4$=0.0016, $p<0.05$) were found to be positive and significant predictors of competitive strategy while ethical practices ($ß_2$= -.112, $p<0.05$) and strategic direction ($ß_3$=-.294, $p<0.05$) were found to be negative and significant predictors of competitive strategy.

Besides, the value of R^2 indicates the prediction power of the proposed model. Consequently, 87.8% of the variance in competitive strategy was accounted for by the four strategic leadership orientations used. The regression equation therefore was modeled to be:

$$Y=-7.31+0.214X1-0.112X2+0.016X3-0.294X4.$$

4.2.1 Influence of organization culture on implementation of competitive strategies

Objective one sought to establish the influence of organization culture on implementation of competitive strategies in Kijabe hospital. From the results above, it was established that $ß_1$ = 0.214, $p<0.05$ which implied that a unit standard deviation increase in organization culture was likely to increase the standard deviation of in implementation of competitive strategies by 0.214. The effect was found to be significant. This means that as the hospital continue to enhance on the organization culture, the implementation of competitive strategies improved.

The findings that organization culture positively influence competitive strategies supports those of Nebojša, 2012 in their study organizational culture and strategy where they analyzed the relationship of strategy and organizational culture as two fundamental concepts in management. It is shown that organizational culture influences the strategy formulation by determining the gathering of information, perception and interpretation. Also, organizational culture can, through the process of legitimization, facilitate or disable strategy implementation. On the other hand, implementation of the selected strategy leads to the strengthening or changing of organizational culture through the process of its institutionalization..

It further supports the findings by Chimhanzi, (2004), who argues that the effectiveness of mission culture on strategy implementation depends on among other factors, the purpose and aims of the organization, the organization's primary stakeholders; i.e clients/customers, shareholders and how the organization provides value to these stakeholders.

The findings also support Arabi (2004) who asserts that mission culture has a number of advantages which establish an organization wide unity of purpose. It however works best where an organization has resources to absorb the cost of building and maintaining the value system.

However the findings contradict those of Carter (2007) who argues that the effects of bureaucracy are primarily more to be considered disadvantages than advantages. He argues that bureaucracy theoretically provides a service, but the profit motive is removed from this process. This inevitably results in inefficiency within the bureaucratic organization partially because of the misallocation of resources, based on rationales that are random, non-economical, often ideological, and often entirely unrelated to the task at hand.

4.2.2 Influence of ethical practices on implementation of competitive strategies

Objective two sought to establish the extent to which ethical practices influence implementation of competitive strategies in Kijabe hospital. From the results above, it was found that $\beta_2 = -.112$, $p < 0.05$ which implied that a unit standard deviation increase in ethical practices was likely to decrease the standard deviation of in implementation of competitive strategies by 0.112. The effect was found to be significant. This means that as the hospital

continue to enhance on ethical practices, there was a declining trend on implementation of competitive strategies.

This finding contradicts those by Nthini (2013) who noted that emphasizing ethical practices as a component of strategic leadership influences organizational performance specifically in the banking sector.

The results further contradicts Fátima, 2013 who analyzed how the interaction between strategy capabilities, strategy types, strategy formulation quality and strategy implementation capability affects organizational performance in the Brazilian textiles companies. It was found an inter-relationship between generic strategies, revealing the use of combined strategies by Brazilian textiles companies. It also found a relationship between strategy implementation capability and strategy formulation quality. It was identified that management capability and market performance have a statistically significant relationship with financial performance.

4.2.3 Influence of strategic direction on implementation of competitive strategies

Objective three sought to determine the influence of strategic direction on implementation of competitive strategies in Kijabe hospital. The results revealed that $ß_3$=-.294, $p<0.05$ implying that a unit standard deviation increase in strategic direction was likely to decrease the standard deviation of in implementation of competitive strategies by 0.294. The effect was significant. This means that as the hospital continue to improve on strategic direction, there was a declining trend on implementation of competitive strategies.

The findings contradicts those by Ranjit (2010) who sought to draw on the strategy implementation approach and the resource-based view of the firm (RB theory) to investigate the relationships among competitive strategies (i.e. differentiation and cost-leadership), responsive market orientation (RMO), proactive market orientation (PMO) and firm performance. The findings showed that both competitive strategies influence RMO and PMO, which then influence firm performance. However, the results show that differentiation strategy has a stronger influence on RMO and PMO than cost-leadership strategy, and that PMO has a stronger influence on performance than RMO.

The finding further contradicts the findings by Narentheren and Haim, 2013 in their study on Enhancing Organizational Performance through Strategic Alignment of Cost Leadership Strategy and Competitor Orientation where they showed that cost leadership strategy has significant effect on organizational performance and competitor orientation. In addition, competitor orientation has positive impact on performance. Present study found that competitor orientation mediates the nexus of cost leadership and organizational performance. This study is bridging the gap and presenting the significance of aligning cost leadership and competitor orientation in hotel industry. It also provides some practical implications for the decision making process that relates with alignment of cost leadership, competitor orientation and organizational performance nexus.

The finding is in agreement with those of Sabar *et al*, 2013 in their study on the Influence of Human Capital Investment, Leadership and Strategic orientation on Airport Performance, they developed an equation model with integrative aims: 1) to give total meanings about how the relationship among human capital, leadership and strategic orientation increases company performance and how the variables are related to each other and 2) to give a response to the gap in the previous studies about the influence of human capital investment on company performance. The study was conducted in PT. Angkasa Pura using primary and secondary data. The samples of the study were 25 airports under the management of PT. Angkasa Pura I and II in Indonesia. The sampling technique employed was saturated sampling or census. The results of the study show that human capital investment and strong strategic orientation will increase company performance. Leadership does not give influence either directly or indirectly. This means that human capital investment variable has immersed in leadership variable or has transformed into leadership variable.

The findings support those by Conant and Varadarajan (1990) who studied the strategic process of small- and medium-sized enterprises (SMEs) including strategic reference points (SRP). They identified the strategic positioning of SMEs according to the importance that their managers give to internal and external SRP. Their influence on strategic types and performance are analyzed. This study used information, from 83 SMEs in the Canary Islands (Spain), collected with a questionnaire. They found that SMEs are primarily adaptive firms followed by narcissist ones: numerous SMEs focus their attention on internal SRPs. SMEs strategic positioning determines their strategic orientations to a much lesser extent than their characteristics (sector, size and age) do. The results show that product specialization, the only

difference between adaptive SMEs and narcissist and amorphous ones, is not evident in their performance.

4.2.4 Influence of organizational controls on implementation of competitive strategies

Objective four sought to establish the extent to which organizational controls influence implementation of competitive strategies in Kijabe hospital. The results revealed that $\beta_4 = 0.0016$, $p<0.05$ implying that a unit standard deviation increase in organization controls was likely to increase the standard deviation of in implementation of competitive strategies by 0.0016. The effect was significant. This means that as the hospital continues to improve on the organizational control, there was a reversing trend on implementation of competitive strategies.

The findings contradicts those of Njeru (2015), in a study on the effect of strategic management processes on the organizational performance reveals that the control of strategy is key to achievement of set objectives through a system of tracking, monitoring and evaluating the effectiveness of the strategies that have been implemented. He further indicates that such control allows for improvements of processes during implementation stage, and therefore greater chances of achieving desired goals.

The findings further contradicts that of Rajasekar, 2014 in a study on factors affecting effective strategy implementation in a Service Industry they found that successful strategy implementation is a key for any organization's survival. Many organizations could not sustain their competitive advantages, despite having a robust strategy formulation process, because they lack the processes in implementing the strategies. Considering the higher failure rates in implementation of strategies, he recommended that more attention should be given by executives to implementing the strategy. They proposed seven factors that affect implementation strategy. The results demonstrate that leadership is by far the most important factor influencing successful implementation strategy in the service sector.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter presents the summary of the findings, the conclusions and recommendations from the current study based on the investigation of the influence of strategic leadership orientation on implementation of competitive strategies in Kijabe mission hospital.

5.1 Summary of findings

Objective one sought to establish the influence of organization culture on implementation of competitive strategies in Kijabe hospital. It was established that as the hospital continue to enhance on the organization culture, the implementation of competitive strategies improved.

Objective two sought to establish the extent to which ethical practices influence implementation of competitive strategies in Kijabe hospital. It was established that as the hospital continue to enhance on ethical practices, there was a declining trend on implementation of competitive strategies.

Objective three sought to determine the influence of strategic direction on implementation of competitive strategies in Kijabe hospital. It was found that as the hospital continue to improve on strategic direction, there was a declining trend on implementation of competitive strategies.

Objective four sought to establish the extent to which organizational controls influence implementation of competitive strategies in Kijabe hospital. It was established that as the hospital continues to improve on the organizational control, there was a increasing trend on implementation of competitive strategies.

5.2 Conclusions

Based on the findings of objective one that as the hospital continue to enhance on the organization culture, the implementation of competitive strategies improved, it is concluded that the organization culture positively influence implementation of competitive strategies

Based on the findings of objective two that as the hospital continues to enhance on ethical practices, there was a declining trend on implementation of competitive strategies, it is concluded that the organization ethical practices negatively influence implementation of competitive strategies

Based on the findings of objective three that as the hospital continue to improve on strategic direction, there was a declining trend on implementation of competitive strategies, it is concluded that strategic direction negatively influences implementation of competitive strategies

Based on the findings of objective four that as the hospital continues to improve on the organizational control, there was a increasing trend on implementation of competitive strategies, it is concluded that organizational control positively influences implementation of competitive strategies

5.3 Recommendations

Based on the conclusion of objective one that the organization culture positively influences implementation of competitive strategies, it is recommended that organizations should put more resources on improving on their culture.

Based on the conclusion of objective two that the organization ethical practices negatively influence implementation of competitive strategies, it is recommended that organizations should not invest much on ethical practices when their core function is implementation of competitive strategies

Based on the conclusion of objective three that that strategic direction negatively influences implementation of competitive strategies, it is recommended that not much attention should be given to strategic direction at the expense of implementation of competitive strategies.

Based on the conclusion of objective four that organizational control positively influences implementation of competitive strategies, it is recommended that organizations should work to ensure control as it has positive influence on implementation of competitive strategies.

5.5 Suggestions for Further Research

The same study should be carried out in other church based health care facilities in Kenya like Kaplong Mission Hospital and Chogoria Mission hospital to find out if the same results would be obtained. This study will help in benchmarking the findings.

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