

**INFLUENCE OF STRATEGIC MANAGEMENT
PRACTICES ON SUSTAINABLE GROWTH OF
PRIVATE HOSPITALS IN KENYA**

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**Influence of Strategic Management Practices on Sustainable Growth
of Private Hospitals in Kenya**

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DECLARATION

This thesis is my original work and has not been presented for a degree in any other University

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This proposal has been submitted for examination with our approval as University Supervisors

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DEDICATION

To the Almighty God for giving me strength and guidance that I continue to receive in my lifetime. To my beloved parents, Mr. Gabriel Nyamu Magiri and Mama Jane Nyambura Nyamu. who worked hard to ensure that I got an education. They are my constant source of inspiration and continue to be so.

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ABBREVIATIONS AND ACRONYMS

CBO	Community Based Organization
CPIS	Chartered Institute Of Procurement and Supplies
FBO	Faith Based Organization
GOK	Government Of Kenya
HRM	Human Resource Management
IFSM	Institute for Supply Management
KHSSP	Kenya Health Sector Strategic and Investment Plan
KMDB	Kenya Medical and Dentist Board
KMO	Kaiser Meyer Olkin Measurer
PKMG	Klynveld Peat Marwick
MOH	Ministry of Health
MRI	Magnetic Resonance Imaging
NACOSTI	National Commission for Science, Technology and Innovation
NGO	Non-governmental Organization
NHIF	National Hospital Insurance Fund
NHSSP	National Health Sector Strategic Plan
OPD	Outpatient Patient Department
Ph.D	Doctor of philosophy
PHP	Private Health Providers
PNFP	Private-Not-For-Profit
RB	Resource Based View
SHRM	Strategic Human Resource Management
SRM	Supplier Relationship Management
TCE	Transaction Costs Economics
WHO	World Health Organization

OPERATAIONAL DEFINITIONS

Accredited Hospital	Defined as a whole or part of a public or private institution, building or place, whether for profit or not, that is licensed to operate or designed to provide in-patient or out-patient treatment, diagnostic or therapeutic interventions, nursing, rehabilitative, palliative, convalescent, and preventative or other health services (GOK, 2017).
Practice	Refers to where strategy occurs interdependently, and is the result of cooperation and interrelations among participants as agents in charge of the actions that take place in organizations (Lucilaine et al, 2010).
Practices	It refers to the infrastructure through which micro strategy and strategizing occurs, generating an ongoing stream of strategic activity that is practice. (Whittington, 2001).
Private Health Sector	Defined as comprising of all providers who exist outside the public sector, whether their aim is philanthropic or commercial, and whose aim is to treat illness or prevent disease. (Mills, Brugh, Hanson & McPake, 2002).
Strategic Procurement Practice	Defined as those as a process of creating alignment and consistency of action in which procurement function fulfills organization objectives (Brandon-Jones, Ramsay, and Wagner, 2010)
Strategic Human Resource Management Practice	Refers to those practices specifically developed implemented and executed based on a deliberate linkage to an organization's Strategy, (Huselid, 2007). These represent the total of the inherent abilities, acquired knowledge and skills as exemplified in the talents and aptitude of its employees. (Megginson, 2010).
Strategic Management	Major intended and emergent initiatives taken by general managers on behalf of owners, involving utilization of resources, to enhance the performance of firms in their

external environments(Kavale, Mugambi & Namusonge, 2017)

Strategic Management Practice

Management practices involves a set of processes that are employed to ensure that significant changes are implemented in an orderly, controlled and systematic fashion (Onyango, 2012) to effect organizational change

Strategic Planning

Defined as the ability of an organization to dominate its environment in order negotiates outcomes with its environment and to adapt to environmental changes. (Bakar et al., 2011)

Strategic Capability

Refers to the knowledge capacity, specifically to individuals, teams and even the hospital at large. Items for hospital capabilities include; knowledge of senior managers, knowledge of non-managerial employees and collective knowledge in building and maintaining external relationships (Galbreath & Galvin, 2008).

Strategy

Refers to the process that matches resources and activities of an organization to the environment in which it operates on (Pearce & Robinson, 2005)

Sustainable Growth

Refers to a maximum growth rate a business can achieve by increasing increase in sales turnover, increase in profitability levels, increase in the number of employees, production lines, services and total capitalization (Mbiti et al., 2015).

ABSTRACT

The study sought to establish the influence of strategic management practices on sustainable growth of private hospitals in Kenya. To achieve this aim, the study assessed Strategic Management Practices of level three to level six accredited hospitals in Kenya. The specific objectives were to examine the influence of Strategic Planning Practice, Strategic Procurement Practice, Strategic Capability Management Practice and Strategic Human Resource Management Practice on Sustainable Growth of Private hospitals in Kenya. The target population was all 647 Private Hospitals offering comprehensive inpatient and outpatient services in Kenya as listed by NHIF. The sample size was 251 hospitals derived using simplified Cochran's (1977) formula. Stratified random sampling technique was used to obtain samples from the Private Hospitals in Kenya based on bed capacity. The study used self-administered questionnaires to collect data. Descriptive statistics, reliability and validity tests of the constructs, correlation, factor and regression analysis models were used to analyze the collected data. The findings of the study showed that strategic planning practice, strategic capability management and strategic human resource management had a statistically significant positive influence on sustainable growth of private hospitals in Kenya. However, Strategic Procurement Practice was not statistically significant in influencing sustainable growth of Private Hospitals even though its influence was positive. Future studies could also shift the emphasis to strategic management practices to derive more precise evidence regarding the influence of management practice on other areas related to hospital performance. Further research is, therefore, recommended on the influence of other unexplored strategic management practices that have not been addressed in this study. Such clarification would provide additional valuable guidance to strategic management practitioners and the hospital managers as well.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

From historical viewpoint, the idea of strategy originates from its earliest appearance in military use, and was later applied in the context of organizations. According to Ikaualko (2005) despite decades of being used in organizational contexts, the concept of strategy has maintained its original meaning: to compete (with the enemy) to win (the war). The concept of strategy implies that all the multitudinous individuals who make up an organization can be united around the effective pursuit of a coherent goal (Gates, 2010). In practice, organizations tend to perceive their activities as processes, and activities around strategy are Hence, the uniting activities chasing a coherent goal can be captured as processes. Special consideration in this study is given to the school of strategy-as-practice and to a focus on the sustainable growth of private hospitals in Kenya. From a practice perspective, practice refers to the actual strategizing and organizing work, which is constructed through practices (Onyango, 2012). Practice approaches view practices as arrays of human activity that acknowledge the dependence of activity on shared understanding and a connection with materialist entities (Schatzki, 2001).

According to Mulei (2016), Practice is concerned with the work of strategizing, all the meeting, the talking, the form-filling and the number crunching by which strategy actually gets formulated and implemented. Strategy involves getting things done, the nitty gritty which is often tiresome and repetitive routines of strategy. According to Namusonge and Warren (2016), a practice perspective on strategy shifts concern from the core competence of the corporation to the practical competence of the manager as strategies. Jarzabkowski (2003) asserted that Strategic practices may sustain or change patterns in strategic activity over time. Galad et al. (2015) established that there are several benefits that have been cited for organization that is appropriately practicing strategic management. Cited benefits of strategic

management practice include; competitive tool (Nyaraki, 2011) Organizational performance (Muhoho and Margaret, 2016), organizational growth (Muogbo, 2013).

Strategic management practices provide tools for firms' survival, growth and help them to maintain a sustainable competitive advantage over their competitors. In today's business world of aggressive competition, firm growth is an ambiguous phenomena and it can be measured and interpreted in different ways. The growth of firms is something inherent to their actual existence. Throughout their life, firms must grow continuously if they want to sustain their competitive position within an environment where other rival firms may be growing at a faster pace. While some surveys show that growth is not an objective for all firms, the ability of firms to grow is important, because it has been suggested that firms with low or negative growth rates are more likely to fail (Uwizeye, Namusonge, & Mwirigi, 2019)

A firm can emphasize activities that drive down its costs, respond aggressively to competitors, seek to provide maximal customer value, or seek to speed up the pace of technological innovations. According Hakkert and Kemp (2006), firm growth refers to the increase in the organization attributes including profit and sales over a specified period. Firm growth reflects the degree of success achieved in terms of stated objectives and as the objectives differ widely so does the concept of firm growth. (Aggarwal, 2012). McGrath, et al., (2000) suggest that the strongest companies are those that recognize and understand the importance of both innovation and improvement. These companies never stop growing.

Du and Temouri (2015) stated that the growth and the increase in resource acquisition capabilities provide a positive feedback loop, which continues until the organization matures. The firm can use these resources to reinvest for expansion, to gain more market control, and make even more profits. This positive feedback continues until limiting factors like an increase in competition or the depletion of resources takes effect. Therefore, firms must seek continuous growth with the aim of increasing and maintaining their sales and profit levels, so that their survival can be guaranteed. However, this does not mean that the growth of firms takes place in an unplanned way; it actually occurs in a premeditated, organized way and is the fruit of

conscious strategic decisions taken by a firm in the ever-changing business environment.

1.1.2 Kenyan Healthcare System

The Kenyan healthcare system is made of three subsystems; the Public Sector, Commercial Private Sector and Faith Based Organizations (KHF, 2016). The private health sector is the largest in terms of the number of healthcare facilities, followed by public sector and then faith based organizations (FBO) (NHIF, 2017). According to the Kenya Medical Practitioners and Dentists Board (kmdpb), health care system is classified into four tiers. The lowest tier is community or level one units that comprise of community based organizations (CBO) and village health committees (VHC) whose primary role is to mobilize individuals, households and communities to participate in government healthcare programs as well as identify cases that need to be managed by higher levels of care (GoK, 2017).

Tier two health facilities comprise of the primary level facilities namely the dispensaries and private clinics (Level two), health centers and nursing homes (Level three). The primary level is the most basic and first point of contact for majority of patients. They are mainly responsible for health promotion and prevention, basic outpatient and emergency services awaiting referral (Mohajan, 2014). There are a total of 3,356 dispensaries, 1,941 clinics, 721 health centers and 155 nursing homes in Kenya (Luoma et al., 2010).

Tier three contain of county level hospitals (previously referred to as level 4 or district and sub-district hospitals), private hospitals, mission and FBO hospitals. The tier three public hospitals provide specialized care and coordinate all health activities in the Sub County and county level (KHF, 2016). The other private and FBO hospitals supplement the services of public hospitals as well as provide specialized diagnostic and curative services.

Tier four is the highest level of healthcare in Kenya and comprise of county referral hospitals (Level 5) and National referral hospitals (Level 6). They are bases of excellence, providing advanced diagnostic, therapeutic and rehabilitative services.

They also have the highest skilled medical personnel and most complex medical technology (Mohajan, 2014). In Kenya there are two public national referral hospitals namely Kenyatta National Hospital in Nairobi and Moi Referral and Teaching Hospital in Eldoret. The private referral hospitals are Nairobi Hospital and Aga Khan Hospital in Nairobi (Mohajan, 2014). By 2010, there were a total of ten county referral hospitals in Kenya (Luoma et al., 2010).

The private hospitals in Kenya consists of hospitals whose purpose is making profit and those that are nonprofit making (NHIF, 2017). Private hospitals contribute to the economy by employing large number of employees and also paying taxes from income as they continue to operate in the market. The government of Kenya has continued to make improvements in the Health sector but a inclination is seen where people are continuing to favor the Private hospitals for the provision of the different services. Private hospitals are then mandated to improve their services to ensure that they continue to provide services that are of quality in comparison to the Public Hospitals. There is the willingness of the Patients in the private hospital to pay an extra cost as long as they are assured of quality services is one of the main purpose of their existence.

To fulfil this research aim, the study collected data from level three to level six private hospitals that offered comprehensive inpatient and outpatient services and operated under some level of autonomy. Private hospitals generated their own spending plans and budget obligations and therefore competent of implementing strategies with very little interference from government and regulators (Mohajan, 2014)

1.1.3 Concept of Strategic Management Practice

Globalization and internationalization of world markets have been seen to upset the economic dynamics of African countries by allowing the private sector to become the predominant player in wealth creation Ouedraogo, (2012). This has contributed to new management practices, new concepts and new strategic management tools which are biggest factors in influencing how well firms perform with a view to improving accountability, transparency, efficiency and effectiveness as part of efforts to improve

quality delivery of public services(Lufunyo, 2013). According Bakar et al (2011) strategic management is a set of managerial decisions and actions that determine the long term organizational performance. The process includes strategy formulation, strategy implementation, strategic evaluation and strategic control (Pearce & Robinson, 2008).Strategic management as practice perspective emphasis on micro activities of process where actual strategizing and organizing work, is constructed through practices (Jarzabkowski 2004). Practice approaches view strategic management as arrays of human activity that acknowledge the dependence of activity on shared understanding and a connection with materialist entities (Schatzki 2001).

In practice, organizations tend to perceive their activities as processes, and activities around strategy are not an exception. Hence, the uniting activities chasing a coherent goal can be captured as processes. The concept of strategy implies that all the multitudinous individuals who make up an organization can be united around the effective pursuit of a coherent goal (Onyango, 2012).Following this perspective, strategic management practices in this study are defined as routines where strategies are created and implemented. The perspective acknowledges more plural units of analysis and an extended notion of the dependent variable in the field of strategy research. In other words, a significant intellectual achievement of the emerging field has been to shift strategy research from a preoccupation with the firm and its performance to include a concern for people, tools and their performance. (Whittington, Johnson & Melin 2004)

Strategy as practice suggests goes both above and below this central core of the strategic management discipline. According to Porter(2004),Strategic management explains the commitment of the organization and the plans and actions to achieve that purpose . As a practices firms are able to value and prioritize certain strategically relevant actions over others (Kavale, Mugambi and Namusonge,2017) The strategic actions chosen help firms to drive down its costs, respond aggressively to competitors, seek to provide maximal customer value, or seek to speed up the pace of technological innovations (Kibicho, 2015). The purpose of this

study is to explore how strategic management practices influence sustainable growth of private hospital in kenya

1.2 Statement of the Problem

For many years, the primary motivation of the private hospital has been to provide patients with the best quality of care. Hospital management is an ever-progressing system, the development in healthcare is quite rapid and new techniques are developed almost around the clock. Recently, with the increasing cost of health care delivery(Hsihui, Wen-Jing &Somnath, 2004), increased regulatory requirement, employee turnover (Madungu & Kagwe, 2016) and the severe competition among healthcare providers, the pressure on hospital managers to operate more cost-efficiently without compromising the high patient care standards has significantly increased. Private Hospitals also face significant, constant change as a result of technological innovation, new legislation, the need for highly-skilled professionals and the increase in operational costs according to Pascuci, Meyer Junior, & Crubellate, (2017)

To keep pace with this growing system, Hospital managers have to accept and adapt to these changes while bringing the best for the human race. Hospitals as social institutions are more important to the society,(Kinuthia and Owuor,2013). Private hospitals are also struggling to retain their market due to competition, discriminating modern consumers who have less disposable wealth than their parents fuelled by skyrocketing costs in the dynamic environment Kenya.

To survive in business, private hospitals are adopted strategic management practices and becoming more business like. The hospital managers are now able to slow the onslaught of pressures from stakeholders and the environment.The strategic management practices seek to align internal operations, with new expectations imposed by the environment.Those that adapt successfully achieve sustainable growth.According to Rajasekar (2014), the dynamic and turbulent environments,requiresanalyzing and understanding the uncertainties, threats and constraints in turbulent environments, making business corporations to be under great pressure and struggle to sustain healthy survival.

Perhaps the greatest challenge for private hospitals is to carry out their social mission to provide high-quality health services at a reasonable cost while sustaining its growth. All these factors emphasize the need for talented administrators who are able to craft strategies to meet their challenges, contain costs, and meet the expectations of diverse stakeholders. The study postulates that by adopting Strategic planning practices, strategic procurements practices, strategic capability management and strategic human resource management may influence sustainable growth of private hospitals in Kenya. This perspective suggests that in response to environmental discontinuities, hospitals undertake strategic management practices to enhance their sustainable growth. Dyllick (2016) argues that for sustainable growth in turbulent environments, business must proactively incorporate strategic management practices that integrate social, economic, political and environmental issues and explore possible emerging opportunities for sustainable development. There study therefore sought to establish the influence of strategic management practices on sustainable growth of private hospitals in Kenya

1.3 Research Objectives

The research was guided by the following general and specific objectives;

1.3.1 General Objective

The main objective of the study was to examine the influence of strategic management practices on sustainable growth of private hospitals in Kenya

1.3.2 Specific Objectives

The study will seek to achieve the following objectives:

1. To asses the influence of strategic planning management practice on sustainable growth of Private Hospitals in Kenya
2. To examine the influence of strategic procurement management practice on sustainable growth of Private Hospitals in Kenya
3. To evaluate the influence of strategic capability management practice on sustainable growth of Private Hospitals in Kenya

4. To evaluate the influence of strategic human resource management practice on sustainable growth of Private Hospitals in Kenya

1.4 Research Hypotheses

The null hypotheses to be tested in this study are:

H₀₁: Strategic planning practice has no significant influence on sustainable growth of private Hospitals in Kenya

H₀₂: Strategic procurement practice has no significant influence on sustainable growth of private Hospitals in Kenya

H₀₃: Strategic capability management has no significant influence on sustainable growth of Private Hospitals in Kenya

H₀₄: Strategic human resource management practice has no significant influence on sustainable growth Private Hospitals in Kenya

1.5 Significant of the Study

This study is important and essential to private hospital managers, policy makers, scholars and researchers.

1.5.1 Managers of the Private Hospitals in Kenya

The executives in private hospitals may greatly benefit from the study as they will understand the influence of strategic management practices on sustainable growth of private hospitals which can ultimately lead to better management approach.

1.5.2 Policy Makers in Private Hospitals

The study will provide valuable findings to hospitals and other health institutions on the importance of strategic management practices as a means of enhancing sustainable growth. The study will also be instrumental to the policy makers such as the government, regulatory authority, professional bodies and advocacy groups in

health sector as they will be able to use the research findings to improve regulatory and management policies of the hospital

1.5.3 Scholars and Researchers of Strategic Management

The findings of this study may be valuable to researchers and scholars in providing more knowledge on contributions of strategic management practices on sustainable growth of private hospitals in Kenya.

1.6 Scope of the study

The study focused on the influence of strategic management practice on sustainable growth of private hospitals in Kenya. In order to fulfil this aim, the study the effects of Strategic Planning Practice, Strategic Procurement Practice, Strategic Capability Management And Strategic Human Resource Management Practice on Sustainable Growth of the Private Hospitals in Kenya. The study further focused on service sectors as opposed to manufacturing sector, specifically the Private Hospital Institutions in Kenya only.

1.7 Limitation of the study

The contextual aim of the study was to investigate the Influence Of Strategic Management Practices On Private Hospitals in Kenya. The study therefore limited its research findings to private hospital institutions that offered both in-patient as well as out-patient services and were categorized as level three to level six accredited hospitals in Kenya. The reason behind this choice was due to logistical and time constraints. However, given the fundamental identity and standardization of hospital operations across the world, the findings of this research can therefore be inferred to other hospitals with similar size and services all over the world.

The study also was limited by failure of the respondents to provide information on time, failure to cooperate effectively and missing responses. These limitations were mitigated by ensuring that the researcher used research assistants to reach a bigger response, respondents were assured of data confidentiality by illustrating researcher's willingness to sign confidentiality forms provided by the respondents and always

ensuring that the research assistants went out of their way to accommodate the tight
The research permit from NACOSTI and introduction letter from the County
Commissioner and the university worked in hand to assure the respondents on the
purpose of the study, thus they provided all the needed information.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviewed the theoretical and empirical literature on the influence of strategic management practices on sustainable growth of private hospitals. This empirical literature review presents the important concepts and debates underlying this work, reviewing other studies; and conceptual frameworks showing relationship of variables of this study.

2.2 Theoretical Framework

Organizations social constructs created by groups of people in a society to achieve specific purposes by means of planned and coordinated activities (Farnham, Horton, & White, 2003).L'Huillier, (2014) explained that organizations are structures of people that form an integral part of the society, and exist to provide satisfaction to their member. To understand the concept of strategic management practices, various theories were adopted. According to Wilson (2014), a theory is a set of correlated definitions, propositions and ideas that present a systematic view of phenomena by indicating the relationship of variables with the intention of explaining or predicting the phenomena. The theoretical frameworks below are the prominent theories of strategic management practices in this study.

2.2.1 Resource-Based Theory

According to Barney (1991) as cited and Maina (2018), Resource-Based view envisage factors that sustain competitive advantage and generate superior performance which nature persist overtime. The theory combines the internal core competences and external industry structure perspectives on strategy of competitive advantage. The Theory supports strategic management practices because it assumes that a firm's system of production and its efficiency play a critical role in competition as compared to its products in the market place (Wanjiru, 2018). According to Waiganjo (2013), Resource-based approach improves resource

capability and helps a company to achieve a strategic fit between resources and opportunities as well obtain added value to its performance by effective utilization of resources. Nimwegen et al. (2008) argued that how organization views the state of its internal and external resources and coordinates the deployment of these resources dramatically affects strategic decision making and fulfillment of strategic goals. Same applies to private hospitals since they have to deploy their resources so that they can fulfill the strategic goals.

The Resource-Based Theory which stems from the principle that the source of firms competitive advantage lies in their internal resources, as opposed to their positioning in the external environment (Abok, Gakure, Waititu & Ragui, 2013). The Theory endeavours to determine the value of an organization's resources and capabilities and how organizations can acquire, maintain, deploy and develop resources in a manner capable of establishing and maintaining a competitive advantage (Ortega, 2010). According to the Resource-Based view of the firm predicts that certain types of resources owned and controlled by firms have the potential and promise to generate competitive advantage and eventually superior firm performance. These valuable and rare resources can create a sustainable competitive advantage if it is also inimitable and non-substitutable (Barney & Clark, 2007). It should be clear by now that the search for strategic capability that provides sustainable competitive advantage is not straightforward. It involves identifying capabilities that are likely to be durable and which competitors find difficult to imitate or obtain.

Resource Based view, further contend that organizational performance will primarily be determined by internal resources that can be grouped into three all-encompassing categories: physical resources, human resources, and organizational resources. Physical resources include all plant and equipment, location, technology, raw materials, machines; human resources include all employees, training, experience, intelligence, knowledge, skills, abilities; and organizational resources include firm structure, planning processes, information systems, patents, trademarks, copyrights, databases, and so on. These resources are actually what help a firm exploit opportunities and neutralize threats (Barney, 1991).

According to Waganjo, Mukulu and Kahiri (2013), the aim of a Resource-based approach is to improve resource capability by achieving strategic fit between resources and opportunities and obtaining added value from effective development of resources. The hospital unique capabilities in terms of technical know-how and managerial ability are important sources of heterogeneity that may result in sustained growth. In particular, distinctive competence and superior organizational routines in one or more of the hospital functions may enable it generate returns from a resource advantage. It is also worth to note that the hospital will not sustain its growth because it has better resources, but rather the organization's distinctive competence involves making better use of its available strategic capabilities. Most importantly the mix, type, amount, and nature of a firm's internal resources are important when devising strategies that can lead to sustainable growth. Managing strategically, according to the RBV involves developing and exploiting a firm's unique resources and capabilities, and continually maintaining and strengthening those resources (Mesa, 2018). The theory asserts that it is advantageous for a firm to pursue a strategy that is not currently being implemented by any competing firm. When other firms are unable to duplicate a particular strategy, then the focal firm has a sustainable competitive advantage, according to RBV Theorists (Johnson, Scholes & Whittington, 2005).

Penrose (1959) cited by Vanessa and Xavier (2013) noted that the growth of a firm considers all resources and particularly productive and administrative globally. Therefore, Resource-Based Theory influences managers to new business models. In order to create value, firms must acquire, accumulate, combine and exploit resources. Further, Penrose (1959) cited by Vanessa and Xavier (2013), considers optimal growth of a firm as limited only in the long-run by its internal management resource which involves a balance between exploitation of existing resources and development of new resources. Resource-based approach explanations for the direction of a firm's strategy will basically be related to its available resources and the market opportunities in the environment.

The task of strategic management practices is to constantly championing the search for ways in which the firm's unique resources can be redeployed in changing

circumstances. According to the theory, organizations which control rare but valuable resources that are imperfectly imitable and not substitutable have a sustainable competitive advantage (Barney, Wright & Kitchen, 1991). Therefore Resource based theory has been adopted in this study to form the frame of reference when analyzing how private hospital strategically develop and exploit unique resources and capabilities and continually maintaining and strengthening those resources to help achieve desired outcome. In this study, resources included are skilled and knowledgeable employees, technical systems and superior values and norms.

2.2.2 The Agency Theory

Agency Theory was first written by Alchian and Demsetz (1972) and further developed by Jensen and Meckling (1976) as cited by Lukio and Wahome (2018). Agency Theory addresses the relationship in a contract where one or more persons (the principal) engage another person (The Agent) to perform some service on their behalf which involves delegating some decision making authority to the agent (Lukio & Wahome, 2018) The Agency Theory tends to take precedence against other strategic management theories since it is applicable at all the levels of the strategic management process from the corporate strategy to operational strategy (Muraguri & Wagoki, 2016). Strategic management programs require top managers to provide clear and visible support to the program.

The Agency Theory stresses the importance of mutual and excellent relationship between the shareholders and management of the organization in ensuring the organizational business success. Strategic management research examines how the firms' internal mechanisms and attributes influence firm strategy and performance. As the agent, the chief executive officer should embrace synergy by searching for information resulting in an evaluation of the task to be carried out (strategy formulation) and secondly he proposes a strategy to the board (principals), for their agreement and then carries out the agreed task (strategy implementation) in order to gain competitive advantage.

According to Mesa (2018), Agency Theory stresses the importance of mutual and excellent relationship between the shareholders and management of the organization in ensuring the organizational business success. In day-to-day encounters, the agents reproduce the structures that enable and constrain their actions. The role of the agent (CEO) discretion in the sustainable growth of hospital can be concluded that creating structures which are pivotal to the success or failure of a firm. Organizational structure should provide the overall framework for strategy formulation. Pearce and Robison (2004), indicated that successful strategy implementation depends on the organizational structure. The chief executive officer has to make sure that all necessary organizational functions are being created in order to be able to fulfill the operational needs of the new strategy. Ikavalko, (2005) explained that the structure of the organization should be consistent with the strategy to be implemented. Without support of the CEO as the Agent, the synthesis between the individual and the organization goals does not develop. CEO creates an inspirational parts for executing strategies which come from his team in the role of the Agent, for instance getting ideas, spotting of opportunities, grasping of situations and also coordinating the routines of budgeting and planning as they unwind over the year, sitting in expenditure and strategy committees, twriting of formal documents, making of presentations. This creates routines in the organization which are regarded as practices. The meaning of practices are therefore considered manifestations of the institutionalized structure.

Based on Agency theory, the chief executive officer, as the Agent, as the responsibility of reproducing the structures that will enable and sustain strategic management practices actions. The Theory further form a point of reference in analysis of objectives design at all these levels and how they are supervised by the agents or managers for the organization to achieve its objectives. This is because the motivation for sustained strategic management practices are driven by desire to provide more complete and better services, as well as the excitement of associating with a growing organization in employment sizeincreased revenue, asset base and optimal service provision.

2.2.3 Transaction Cost Economics Theory

According to Mesa (2018) Transaction Cost Theory was set by Coase in 1937. The theory concerns itself with direct organizational economic factors. According to William *et al.* (2006) the goal of the firm is to optimize its flow of goods and services, while minimizing the transaction costs. The firms that manage transaction costs are predicted to survive and prosper, and the firms that manage these costs poorly are predicted to decline and go out of business. According to Rindfleisch and Heide (1997) as cited by William *et al.* (2006). TCE view all economic activity revolving around a transaction, which is simply some form of exchange of a good or service between two or more economic actors between firms. These may include coordination costs, monitoring costs, negotiating costs, governance costs, etc. The basic premise of TCE is that markets and hierarchies are alternative governance mechanisms for completing transactions. To the extent that the price system fails to provide accurate and reliable market signals, hierarchies become a superior mechanism over arms-length market transactions. In the TCE framework, the unit of analysis is the firm-level dyadic transaction, wherein minimization of transaction costs is the efficient outcome.

TCE logic is premised on a set of assumptions about human behavior and attributes of transactions that affect transactions between different firms. From TCE perspective, hospital transactions are exceedingly complex; they involve physical, mental and even spiritual aspects on the buyer's side and technological, regulatory, medical and financial aspects on the supplier's side. The hospital operations are exceptionally fragmented, and the TCE perspective offers a framework for coordinating care more efficiently. This is because the nature of the business demands more highly-qualified medical and administrative personnel, along with modern and costly technology while governments and society pressure them to reduce costs and humanize service which increases the cost of managing the health sector. The political and emotional concerns often guide healthcare sector design to the exclusion of economic realities (WHO, 2004).

TCE is built on the assumptions that human (or managerial) behaviors and attributes of transactions affect modes of transaction and outcomes. Consequently strategic management researchers have heavily borrowed from transaction costs logic to examine a number of substantive topics. The turbulent environment for private hospital providers has been inundated by declining margins, increased patient demands, restrictive legislation, and constant revisions to current legislation hence resulting in reexamining how various transactions are carried out in the private health sector. Change is inevitable over the life of most private hospitals, and it is necessary to first define the driving factors and the extent to which their effects can be foreseen and challenged. The rising pressure from growth in need and demand and the emerging awareness of the limited availability of resources (Muir Gray, 2007) would require additional caution to 'the use the minimum resources to produce the maximum feasible output for a fixed level of inputs' (O'Neill et al., 2008). The theory offers a framework for coordinating health-care more efficiently. This is because the nature of the business demands more highly-qualified medical and administrative personnel, along with modern and costly technology even while governments and society pressure them to reduce costs and humanize services which increases the cost of managing the health sector (Muraguri & Wagoki, 2016).

This theory is therefore adopted in this study to help analyze the major step that private hospital managers are taking to manage cost since the major goal of any firm is to optimize flow of goods and services, while minimizing the transaction costs. According to Mesa (2018), the theory assumes that organizations spend less when they conduct business internally in comparison to externally in the market place. Given an uncertain hospital operating environment, a wide variety of governance mechanisms have been offered to reduce transaction costs such as better purchasing practices that are particularly effective in lowering costs rapidly. In practice, private hospital seek to adopt strategic procurement practices that create consistency in carrying out their operations internally hence reduce transaction cost which depletes organization resources. In this study, the adoption of strategic procurement practice is presumed to reduce internal transaction costs and improve efficiency and effectiveness in private hospital and therefore creating an enabling environment for sustainable growth.

2.2.4. Growth Theory

Growth is an important indicator of successful firms. The growth and survival prospects of firms depend on their ability to learn about their environment, and to link changes in their strategy choices to the changing configuration of that environment (Erik, 2010). The growth of firms is something essential to their actual survival. Several opinions underline the crucial importance of studying firms' growth. According to Gupta, Guha, and Shiva, (2013), firm growth is related very closely to firm survival. Specifically, firm growth is positively associated with the likelihood of survival. Hence firms that experience sustainable growth will have a higher probability of surviving in the market.

Mutua, (2013) suggested that a firm's growth has consequences for employment. This is because a positive rate of growth indicates a net creation of new jobs, while a negative rate implies the net destruction of jobs. Another factor that suggests the importance of firm growth is its effect on economic growth. Backward and forward linkages will be higher or lower depending on the evolution of active firms. An increase in firm growth may increase its demand towards other sectors, thus generating an increase in the economic activity of a region.

According to Tohidi, Hamid & Jabbari, Mohammad. (2012), firm growth is a way to introduce innovation. Conversely, if a firm wants to grow and survive in a competitive industry, it needs to incorporate new technologies in order to be more efficient. In this sense, growth is a challenge a firm must meet by introducing innovation. Throughout a firm's life, they must grow uninterruptedly if they want to withstand their competitive position within an environment. This can be achieved by crafting and effectively executing strategies that can help them create sustainable competitive advantage where other rival firms may be growing at a faster pace (Tapera, 2014). Firms must develop strategies that will be adopted during the growth process. Namusonge (2010), identified barriers and incidents which facilitate or hinder the growth of Small and Micro Enterprises during the growth process according to Coad (2010) affirmed that a firm's growth is a stochastic process and is randomly distributed across firms, and that it is independent of firm-specific characteristics such as firm

size and firm age. Not only firm-specific characteristics, principally size and age, but also other characteristics, such as research and development, innovation, strategy and finance, affect firm growth.

As firms keep growing, so does their ability to acquire resources, which creates more capacity in resource acquisition. Matthias, Antje, Thomas and Dennis, (2011), suggested that growth and the increase in resource acquisition capabilities provide a positive feedback loop, which continues until the organization matures. Acquired resources can be used for expansion and to gain more market control, and make even more profits. In fact, the empirical literature uses a wide range of measures whose use depends on the purpose and subject of the data. Some of these indicators are financial or stock market value, number of employees, sales and revenue, the productive capacity, value of production and added value of production.

Further, a firm's growth and survival depends on its capacity to learn and adapt its strategies to the changing environment (Uwezeye, 2019). Mateev & Anastasov (2010) established that a firm's growth is related to its size as well as other specific characteristics like financial structure and productivity. Lorunka et al., (2011) highlighted that apart from human capital resources, the growth of an enterprise can be predicted on the basis of commitment of the person starting a new enterprise. Other factors have also been considered as contributors of growth (Muthaih & Venkatesh, 2012). For example reinforcement skills, self-commitment, risk-taking capacity, vision, and administrative mastery are necessary in the first few stages of an enterprise development Masurel & Monfort (2006). Masurel & Monfort (2006) suggest that the growth of an organization is a result of many discrete efforts. According to Uwezeye, Namusonge & Mwirigi (2019), growth may be achieved quickly, slowly, or not at all. It depends on the strength of the growth aspirations and growth-enabling factors of an enterprise. The growth theory is relevant and very key to this study which will determine the influence of strategic management practices on sustainable growth of private hospitals in Kenya. This theory is therefore relevant to the dependent variable; sustainable growth in private hospitals in Kenya. This is in relation to the assertion that the sustainable growth is measured by increase in sales turnover, increase in profitability levels, increase in the number of employees,

production lines, services and total capitalization as a consequence of adoption of strategic management practices in the Private Hospital.

2.3 Conceptual Framework

According to Kothari, (2014), a conceptual framework is theorized representation that guide researcher to identify the model and the relationship between the dependent and independent variables. Independent variable also known as the explanatory variable as the presumed cause of the changes of the dependent variable, while a dependent variable refers to the variable which the researcher wishes to explain. Following the findings of the past research, the study, the independent sub variables for strategic management practices were strategic planning practice,(Kiptoo & Mwirigi,2014), strategic procurement practice (Odero et al 2017), strategic capability management practice(Wang et al 2015) and strategic human resource management practice(Makhamara,Waiganjo, & Kwasira, 2017) while the dependent variable considered was sustainable growth. The indicators for sustainable growth were; optimal service utilization, employee retention and revenue growth. These variables were developed based on the literature review and the purpose of this study. A conceptualization of the relationship between independent variables, the dependent variables, the dependent variable is illustrated in Figure 2.1 as shown below.

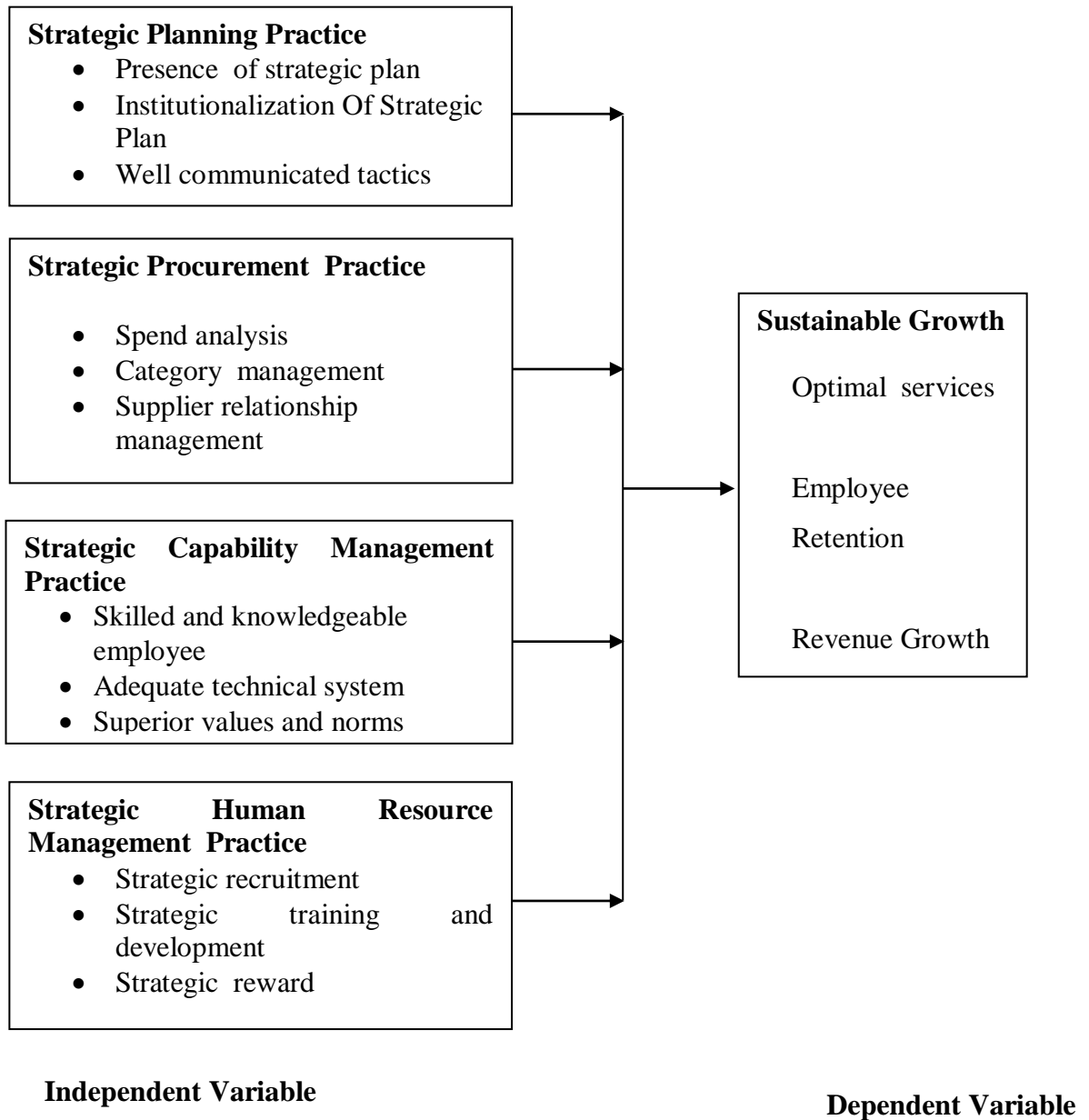


Figure 2.3.1: Conceptual Framework

2.4 Review of study Variables

This section focused on how the independent variables are related to the dependent variable

2.4.1 Strategic Planning Practice

Strategic planning is described as a process of environmental awareness, the existence of the idea or formal documentation of a future strategic course of action, and awareness of both short and long term implications of these. The Strategic planning practice creates a vision of the hospital's future, and uses this vision to set a strategic direction that defines values and directs actions. According to Huskisson (2014), strategy planning is primarily concerned with the actions organizations take to achieve competitive advantage and create value for the organization and its stakeholder's Strategic direction is materialized by setting goals and objectives that create competitive advantage. While Gates (2010) argues that the purpose of strategic planning is to coordinate planning efforts and measure progress on strategic goals Kotler (1997) cited by Maina (2018), noted that the purpose of strategic planning is to shape and reshape the company's businesses and products to earn target profits and growth. A strategic plan not only creates a road map for sustainable growth, it also provides single or unified direction for the organization.

The premise of the strategy as practice approach is that organizations do not have strategies but people do (Whittington, 1996). Within this perspective strategy is an activity undertaken by people in organizations, the strategist is the center of the strategic scenario and the focus is on what actors actually do and the activities they carry out as strategists. According Linda et al. (2006), Strategic planning is the periodic process of developing a set of steps for an organization to accomplish its mission and vision by using strategic thinking. In essence it creates a vision of the hospital's future, and uses this vision to set a strategic direction that defines values and directs actions which brings together a group of individuals and unifies their strengths so they can capitalize on the power of being in a group. The process of strategic planning defines where the organization is going and sometimes where it is not going. It defines the organization and provides focus. Strategic planning practice helps the firms in selecting an appropriate strategy which requires top management to examine organizational inventory of its internal strengths and weaknesses as well as evaluate the opportunities and constraints the environment presents. Branka (2004) concluded that Strategic planning is important in driving small firm growth.

Catalin et al. (2014) argued that poor planning and leadership are major barriers of implementing Strategic Management Practices within organizations. Large commitment from executives and senior managers, whether the strategic planning is occurring in a department or in a complete organization is equally important. According to Kibicho (2015), there are many different frameworks and methodologies for strategic planning hence no absolute rule regarding the right framework because most of them follow a similar pattern and have common attributes. Strategic planning begins by proposing the mission, vision, core values, short and long term plans then a strategy is formulated, where high level strategy is developed and documented (Aithal, 2016). Vision, mission, objectives and core values play a major role in setting up sustainable organizations. Vision and mission statements describe the organization's goals. It contains the broad picture and the ultimate goal of the institution by keeping the objective of the institution in mind. In simple terms, it is a clear description of what it intends to become within a certain timeframe.

The vision statement defines the institution's strategic position in the future and the specific elements of that position in relationship to the mission statement. According to Wang and Lin (2011), a mission statement explains in brief the reason for organization being, its purpose, what it wants to accomplish in the larger environment. A clear mission statement is very important for organization's survival and development and the basic function of which is setting organization direction, guiding decision-making and incentive organization members to Strategy execution stage is where the high level plan is translated into more operational planning and action items. Mission statement is the base of an organization's strategy goal, policy, planning outcome and so on.

According to Krueger (1996), cited by Monyoncho, (2014) core values are a set of beliefs that influence the way people and groups behave; they are the "soul" of the organization; effective values are deep rooted. They help form a social psychology that can support or overcome individual psychology. Another important aspect of strategic planning includes objectives and strategic goals. Aithal (2016), argued that objectives and goals of an institution are general directions of the organization, its horizontal and vertical divisions to follow the mission. Objectives help set a course

by giving a general direction, but they do not usually contain the specifics of its own completion, whereas the goal connotes specific achievement, a target reached and checked off. It is a brief description of the characteristics different from other organizations. However, Allio (2018) strategic planning process in many firms is compromised from onset because the management team is not able to put together all issues and opportunities the firm faces. Kutllovci, & Shala (2013) concluded that SMEs in Kosovo are using the strategic plan as an orientation document for long-term development of their businesses, which means that they have a clear vision and mission of where do they want to reach in a forthcoming period which usually includes parameters 3-5 coming years.

2.4.2 Strategic Procurement Practice

Strategic Procurement is the procurement of goods or services (Weele, 2010). It involves the phases that are used in the procurement of goods and services and it is the most important aspect characterizing an organization's supply chain as well as the aspect of supply management which provides some of the most value-added benefits to the organization. According to Kosgei (2014), procurement may be viewed as significant given the high cost expended as well as the criticality of the procurement to the operations of the buying firm. While cost considerations do not require further elaboration, the conditions which contribute to enhancing the strategic importance of any procurement include the extent to which the procurement contributes to: the maintenance and enhancement of competitive advantage; efficient exchanges, and, longer term, adaptive relationships according to Kiplagat (2010).

Odero, Jackline, Shitseswa and Ayub (2017) Identified procurement practices have; customer orientation, strategic supplier partnership, level of information sharing, quality of information sharing, Reverse Logistics and Knowledge management. Brandon-Jones, Ramsay, and Wagner, (2010), inferred that strategic procurement relates to those senior executive decisions which determine the 'make/buy' option. In this research Strategic procurement Practice is defined as a process of creating alignment and consistency of action in which procurement function fulfills organization purposes. According to Giunipero and Sawchuck (2000) as cited by

Muiga and Kwasira,(2016) argued that procurement comprises the actions taken by the purchasing organization to integrate supply chain in order to reduce costs and time and to increase productivity. Zhou and Wangyue, Chong, Alain and Zhen, Cao, Bao and Haijun. (2016), pointed out that procurement practices is concerned with working with external groups namely; customers and suppliers and a strategic partnership between the supply chain partners is required. Although procurement is usually not a primary activity of an organization, it is identified by Porter (1985) as a distinct support function. Kraljic (1983) underscores the importance of purchasing by recommending organizations to view procurement as a strategy rather than as an operational function. Better procurement practices are particularly effective ways of lowering hospital costs rapidly.

Hadi and Adavi (2016) argued that barriers in implementing strategic procurement in organization was attributed to lack of skillful workers in the strategic procurement process. However Kheni and Ackon (2015), identified lack of top management understanding and commitment as barriers to strategic procurement process. In the hospital, the procurement practice includes the sourcing of medical, dietary pharmaceutical supplies and custodial supplies. Technical and non-technical support services are also procured which include diagnostic services such as radiology, and functional support services, such as dietary and house-keeping services. Kiplagat (2010), argued that procurement may be viewed important given the high cost expended as well as the criticality of the procurement to the operations of the buying firm and particularly to extent to which the procurement contributes to the maintenance and enhancement of competitive advantage; efficient exchanges; and, long term, adaptive relationships.

Hospitals that invested in the strategic procurement system have aggressively improved their purchasing capabilities, in return for its efforts, the hospitals have lowered their cost for the product by more than 25 percent and increased competition in the market, which has enabled them to obtain reduced prices in adjacent categories (Linda et al., 2006). Some of the approaches that hospitals have adopted to enhance purchasing are creating a prototype, which allows the manufacturer to use it as a reference with other potential customers and guarantees a minimum purchase

volume; The guarantee makes it easier for the company to underwrite the product's manufacturing startup costs, formation of an alliance with a leading implant vendor to improve supply chain performance. Through strategic purchasing, private hospitals can reduce cost substantially. Some hospital systems eliminate branded medical products in certain basic- and medium-technology categories.

The primary focus of strategic procurement Practice is to ensure effective cost and asset infrastructure in support of the desired strategic position of the firm and assure sustainability in a more comprehensive sense. However, Wanyoike (2016) research revealed that due to inadequate strategic procurement processes the completion rate among government sponsored projects were approximated to be 35.6% which were below the expected results. Strategic procurement can be approached from three main dimensions namely: spend analysis, category management and supplier relationship management.

Spend analysis is the first step in developing and achieving an overall strategic procurement strategy for the organization. Spend analysis was defined as the process of identifying current spend to determine what is being spent, with whom, and for what (IFSM, 2019). When done correctly, it allows the organization to identify opportunities to leverage buying power, reduce costs, improve operational performance and provide better management and oversight of suppliers, while improving relationships with internal and external stakeholders. Category Management concept analysis the range of products purchased by a business organization and then broken down into discrete groups of similar or related products. These groups are known as product categories. According to CPIS, (2019) Category management broadly viewed as organising the resources of the Procurement team in such a way as to focus externally onto the supply markets of an organisation (as against having a focus on the internal customers or on internal Procurement departmental functions) in order to fully leverage purchasing decisions.

Supplier relationship management means development and management of key suppliers. According CPIS, (2019) Supplier Relationship Management (SRM) is a comprehensive approach to procurement managing and capturing the post contract

value from key business relationships. SRM enables procurement to operate at a strategic level and by adopting a more collaborative approach and developing a closer relationship; this generates more value from the relationship in terms of innovation and efficiency. However, this does involve more time therefore assessment should be carried out as to whether the potential value is greater than the cost of the time required .It is seen as one of the critical function of an organization with the potential to; save cost, improve operational efficiency, access to trusted suppliers, and improve in quality of product or service, sharing of best practices among others (Magnus, 2006). Supplier Relationship Management (SRM) provides a consistent way of interacting and managing suppliers that promotes collaboration and continuous improvement from the supply base.

Major challenges in private hospitals, unlike managers in the manufacturing industry, are unable to predict patient mix and the demand for a particular item; hence they are unable to control or project their schedules (Jarrett, 1998). Improvements in the procurement practice in hospitals can lead to excellent operating room and pharmaceutical management, better inventory management, enhanced vendor relationships, more satisfied patients and more effective work flow for hospital employees(Burt, 2006). Therefore, service effectiveness can be enhanced by understanding procurement practices and managing them as it plays a major role in the outcome of patient management. Replenishments, purchasing activities and supplier deliveries should be well scheduled so that resources are available and stock-outs are avoided. In conclusion strategic procurement activities are important activities in hospitals and significant cost reduction can be achieved through good procurement practices.

2.4.3 Strategic Capability Management Practice

Hospitals like any other firm are made up of a group of capabilities.A firm is considered as a collection of productive resources,the disposal of which between different uses and over time is determined by administrative decisions. Resources can provide a variety of productive services. Hospital capability differentiate between resources and the services they render. In turn, the provision of these

services can be modified to enable the delivery of new services. Strategic capability management can be viewed as the hospital ability to successfully employ competitive strategies that allow it to grow by increasing its value over time.

Manoj (2014), believes that the success of the organization to achieve quality control depends on strategic capability and attitude of the top management. The notion of strategic capabilities is conceptually linked to the Resource Based Theory (RB). Firms strategic capability forms the major component in remaining financially viable and growing despite the presence of competitors in a free market. Muturi, Maranga and Getecha (2013) pointed out that the level of strategic capability practices implementations among Kenyan's small and medium manufacturing industries has been far below expectations though they have undoubtedly provided some indications on the extent of achievements.

While strategic capability does take into account the strategies a business uses, it focuses on the organization's assets, resources and market position, projecting how well it will be able to employ strategies in the futures. According to Simon and Batchem (1997) firms capabilities are based on four postulations: - Resources are passive until enacted by interaction between parties, what is considered to be a strategic asset in one context may not necessarily be so in another, Capabilities emerge through processes of interaction between individuals, groups and organizations and Capabilities are founded on knowledge creating processes. Four dimensions have been identified to form the basis of a core capability. These are the skills and knowledge base of employees; technical systems; managerial systems; the values and norms associated with the various types of embodied and embedded knowledge within the organization which incorporates human, social and organizational resources alongside economic and technical resources in the analysis of strategic capability.

Strategists should seek to shape, transform, and combine these resources into strategic capabilities, which in turn drive strategic success (Makanga & Munyoki, 2011). Many elements can potentially contribute to a business' strategic capability. Assets such as cash, property and patents all contribute to a business' ability to

formulate and employ strategies. Other elements of strategic capability include human resources and organizational structure, since employee skills and leadership mechanisms all contribute to a business' competitiveness. Such capabilities or core competences are not built on discrete independent skills but are the synthesis of a variety of skills, technologies and knowledge streams (Hamel & Prahalad, 1994).

A hospital's ability to deploy resources and competencies usually in combination to produce desired services that meet the customer needs and expectation is known as its capability. Hospital managers should possess the ability to effectively and efficiently coordinate resources and competencies to achieve integrative synergies through leadership and management which represents strategic capability (Nelson et al., 1982) Ability of Managers and leaders to muster resources, skills and knowledge in unique ways, coordinate diverse operational skills, and integrating multiple streams of technologies will create strategic capability. As earlier noted, strategic capability makes organizations to grow in the operating environment.

Private hospitals that lack superior resources or unique competencies may still develop sustainable competitive advantages if they are extraordinarily competent at converting ordinary resources and skills into genuine strategic assets. In order to grow, hospital managers must appreciate the importance of strategic capabilities and how it employs and deploys these capabilities effectively. There would be no point in having state-of-the-art equipment or valuable knowledge or a valuable brand if they are not used effectively. The efficiency and effectiveness of physical or financial resources, or the people in an organization depends on not just their existence, but how they are managed, the cooperation between people, their adaptability, their innovatory capacity, the relationship with customers and suppliers, and the experience and learning about what works well and what does not. The directions set by their capabilities and slowly expand and change according to Penrose, (1959); Richardson, (1972) cited by Yasemin and Joseph, (2013). Developing resources and capabilities which are rare, valuable, non-tradable, that form the basis of the core competencies of the firm; make those resulting advantages sustainable by precluding imitation or substitution from competitors.

To sustain growth, private hospitals need to address the environmental and regulatory challenges and in particular it must be able to perform in terms of the critical success factors that arise from demands and needs of its customers. The strategic capability is dependent on the resources which they have to manage in a way that competitors find difficult to imitate or obtain the competences it has. These must reach a threshold level for the organization to survive. Hospitals must manage strategic capability that will give it a competitive edge in the market, consequently these Strategic capabilities will make the hospitals sustain their growth if they are not inimitable by the competitors .

2.4.4 Strategic Human Resource Practice

According to Armstrong (2009), cited by Waiganjo, Mukulu and Kahiri (2013), Strategic Human Resource Management (HRM) underscores the need for the HR plans and strategies to be formulated within the context of overall organizational strategies and objectives and to be responsive to the changing nature of the organization's external environment. This will make employee behavior support organizational objectives and strategy because human factor is central to healthcare. As complex systems, hospitals house an assortment of professionals, medical and administrative personnel, with varying backgrounds and affiliations who exchange ideas, experiences and information, make decisions and to them.

Njagi and Kombo (2014) argued that there should be a strong relationship between strategy management and competitiveness of human resource practices of the organization. This is because the nature of hospital work is intangible human oriented as it deals with life-and-death decisions daily. Khatri (2006) observed that healthcare organizations are service oriented and knowledge based and therefore HR will likely play an even more significant role in healthcare organizations than it will in other organizations. Like most countries in Africa, the shortage of healthcare workers is not unique to Kenya. Indeed, Kenya is one of the countries identified by the WHO as having a "critical shortage" of healthcare workers (KPMG, 2013).

Majumdar (2016) , agrees that collaborative relation with the qualified professionals is required for effective management which results in good control over the qualities

of the services offered to the client. WHO has set a minimum threshold of 23 doctors, nurses and midwives per population of 10000 as necessary for the delivery of essential child and maternal health services. Kenya's most recent ratio stands at 13 per 10,000. This shortage is markedly worse in the rural areas where, as noted in a recent study by Transparency International, under-staffing levels of between 50 and 80 percent were documented at provincial and rural health facilities. Like most other service industries, the healthcare industry is labor-intensive. One reason for hospital's confidence on an extensive workforce is that it is not possible to produce a service and then store it for later consumption. In hospital's, the production of the service that is purchased and the consumption of that service occur simultaneously.

Thus, the interaction between healthcare consumers and healthcare providers is an integral part of the delivery of health services. Mirawati et al. (2015) observes that there is an agreement among scholars that healthcare consumers and healthcare providers' relationships can affect quality of services offered by the hospitals and affect their long term performance as quality services by an organization fosters a long term association with healthcare consumers which is based on mutual respect and trust. Given the need on healthcare specialists to deliver service, the possibility of wide variations in service quality must be recognized within an employee (as skills and competencies change over time) and among employees (as different individuals or representatives of various professions provide a service). The intensive use of labor and the variability in professional practice require that leaders in the hospitals set up to manage the performance of the people involved in the delivery of services. Effective management requires that hospital executives understand the factors that influence the performance of their employees. These factors include the traditional human resources management (HRM) activities (recruitment and selection, training and development, appraisal, compensation, and employee relations) and the environmental and other organizational aspects that impinge on human resources

The workforce, arguably the most important input to any health system, has a strong impact on overall hospital performance. The quality of patient care may be related in an important way to the quality of life experienced by staff at work. Matata and

Wafula (2015) argued that for organizations to be successful, workforce ought to be an integral part of any organization's strategic management practices to improve organization's performance through quality service delivery and production enhancing organization competitive edge over its competitors. Successful private hospital executives are expected to understand human behavior, work with employees effectively, and should be knowledgeable about numerous structures and practices available to put together a skilled and motivated workforce.

Alghamdi (2016), established that poor training of staff, lack of encouragement and satisfied staff members, lack of recognition and appreciation of staff's success impacted negatively to successful implementation of strategic management practices. Executive officers should be familiar of economic, technological, social, and legal issues that affect human resources and, in turn, facilitate or constrain efforts to attain strategic objectives. Therefore, in this research, strategic human resource management will be broadly analysed in three perspective ; strategic recruitment (planning, recruitment, selection and placement), strategic training and development and strategic reward (salary administration and employee incentives and benefits).

2.4.5 Strategic Management practices And Sustainable Growth

Private Hospital characterized as loosely articulated systems. They are structures where multiple agents which are connected and interact sharing common aspects, while protecting their identities. Interaction of professionals from different areas of knowledge, grouped in semi- autonomous units of decision and action, which preserve their autonomy and independence forming a complex network of interactions, whose actions and results are unpredictable. Management of these organizations has been increasingly challenged to seek greater efficiency, quality and social relevance of their service which has lead to adoption of strategic management practices.

Strategic management practices has significant effect result in favorable outcomes such as corporate growth (McKelvie & Wiklund, 2010).Growth reflects the degree of success achieved in terms of stated objectives and as the objectives differ widely so does the concept of corporate growth (Aggarwal, 2012).Corporate sustainable

growth is not a continuation of the status quo. It is a continuous process of progression with a changing environment. It is a dynamic process underpinned by learning and creating new structures and ways of working to adjust and to continue adjusting to a changing set of conditions through developing organizational strategies. Further, firms growth can be determined by the firm strategies, firm specific resources, the effectiveness and capabilities of the company's resources such as labor, capital and knowledge acquired, organized and transformed into products and services through the activities of the organization, practices and structures.

Kivuva (2015) asserts that in order to gain a competitive edge in a dynamic business environment businesses must incorporate strategies which has immense benefits that can be experienced in an organization. This call for adoption of strategic management practices in private hospitals. Conventional wisdom about the health care industry says that competition is minimal among health care providers. However, the truth is that Hospitals compete intensely. The more rapid hospital costs escalate, the more rapidly these alternative methods of delivering care will grow, those that do not respond to these changes by their mix of services and by developing more flexible distribution systems to bring in patients are likely to experience difficulties competing in this sector.

According Rui and Liu (2009), sustainable growth is the necessary condition for the survival and the development of the enterprise, and it is thought as the scale to measure the strength of the enterprise. Firm sustainable growth is not a continuation of the status quo; it is a continuous process of co-evolution with a changing environment. It is a dynamic process underpinned by learning and creating new structures and ways of working to adjust and to continue adjusting to a changing set of conditions through developing organizational strategies. Organizational strategy is dependent upon a defined mission or set of objectives that are intended to help direct an organization towards a desired outcome (Rangan, 2004). Conventional wisdom about the health care industry says that competition is minimal among health care providers. However, the truth is that Hospitals compete intensely.

Economic viability and survival depends on making sound strategic choices regarding the mission and structure of the hospital, its operations, its relationships with its customers, and its relationships to other entities in the healthcare, business and regulatory environments. According to Indian Institute of Management-Bangalore, (2018), Managing hospital strategic growth involves an unwavering focus on patient experience which requires a thorough understanding of who the hospital customer is and how to customize and optimize hospital offerings. American College of Physicians (2009), identified the rising costs of medical care as a result of increased pressure on hospitals to control patient care costs through the adoption of more efficient management techniques, as those commonly employed by manufacturing firms. Thorough understanding of who the hospital customer is and how to customize and optimize hospital offerings the managers will come with strategies that minimize the cost of hospital services and therefore increasing the facility utilization.

Muia (2011) identified profitability, industry concentration, sales growth, stock market index, and Gross Domestic Product growth as the major factors influencing growth of firms in Kenya. Saxena and Maru, (2016) classified determinants of growth into three dimensions: individual, organizational, and environmental determinants they recommended that interlinks between different growth indicators should be investigated further. However, under the organizational determinants they failed to identify how strategic management practices influences corporate growth. Jr, Victor & Pascuci, Lucilaine & Murphy, (2012), Established that implementation of strategies in the hospitals has to do with the practices and processes that are adopted (how) and the practitioners (strategists) involved (who). The findings reinforced the importance played by the strategizing process in the implementation of strategies.

It is in the backdrop of these factors that Strategic management practices such as strategic plan practices, strategic purchasing, strategic capability and strategic human resource management concept strategies are viewed as important variables that will

influence the sustainable growth of private hospital. Sustainable growth in the health systems is presumed to apply when the hospitals are able to deliver effective, safe, quality health services to those in need, with a minimum waste of resources while ensuring compliance to the government regulations.

According to Kavale, Mugabe and Namusonge (2017), there is no one best measure of firm growth. Researchers have advocated composite measures using multiple indicators to measure heterogeneity in firm growth. The two basic approaches commonly used in literature to measure firm growth are the absolute and relative growth. Davidsson et al. (2006) stated that growth can be measured with a range of different indicators, the most frequently suggested being sales, employment, assets, physical output, market share and profits (Delen, Kuzey & Uyar, 2013; Nyamita *et al.*, 2015), while Namusonge, (2010), introduced the concept of entrepreneurship in growth and pointed out that returns on investment and the number of employees are key metrics of growth. Based on various theories discussed in this research, it is hypothesized that sustainable growth will be based on how well the management applies strategic management practices to achieve the optimal service utilization, increased revenue Growth and organizational effectiveness, increased number of employess .

2.5 Empirical literature Review

Strategic management practices have been associated with superior organizational performance and have become one of the important areas of management according to Mbugua (2018). According to Jr, Victor & Pascuci, Lucilaine & Murphy, J.. (2012). Strategy-as-practice approach is that organizations do not have strategies but people do. Within this perspective strategy is an activity undertaken by people in organizations. Strategists are the center of the strategic scenario and the focus is on what actors actually do and the activities they carry out as strategists. Strategic activity is activity, related or unrelated to the formal, intended strategy, that affects the strategic outcomes, directions, survival and competitive advantage. According to Balogun, Julia, Beech, and Johnson, (2015), practices are actors responsible for action or strategizing. Practices are routines, norms and typical procedures carried

out by strategists while thinking and acting. Praxis refers to the actual activity that actors do in practice or strategizing. Based on this approach strategic practices are done either formally and informally by agents within the organization who are thinking, acting, and making sense of what they do. Typical activities include making decisions, setting directions for workers, allocating limited resources, monitoring results, and exchanging thoughts and experiences (Vera & Whittington, 2012). Various research studies have looked at influence of strategic management practices on organizational performance in different industries. This has created interest among scholars to explore the area of strategic management practices in relation to hospitals. For instance, Njenga (2006) carried out a study on strategic management practices at the Mater Hospital. Research findings concluded that the hospital had formulated a vision and mission statements and annual business plans which were in place. Kariuki (2008) studied Strategic management practices at the Karen Hospital. The research established that Karen hospital has a clearly stated vision and mission statement, is very keen on its' corporate social responsibility, regularly performs environmental scanning and has clearly defined strategic objectives. Amakoye (2010) carried out a study on Strategic Management practices at the Maseno Mission Hospital . the research established that Maseno Mission Hospital had a clearly stated vision and mission statement and had also formulated its strategic plan through the assistance of an external consultant.

Waganjo and Okibo (2018) established that the Strategic Management Practices are important in influencing superior organizational performance in mission hospitals in Kenya. Muhindi, (2012) concluded that mission hospitals adopt strategic planning practices to improve their organizational performance. Issack and Muathe (2017) suggested that strategic management practices contribute 59.9% variation in performance of public health institutions in Mandera County. Junior and Pascucci (2012) suggested that strategic evaluation is rarely done in organizations, however.

Muhindi (2012) established that that mission hospitals adopt strategic planning practices to improve their organizational performance, while Mutie and Irungu (2014) observed that despite this adoption, only 25% of all strategic plans are realized; and that organizational performance declines despite their adoption. Junior

and Pascucci (2012) concluded that strategic evaluation is rarely done in organizations. According CHAK (2009) strategic evaluation as a major weakness in Mission hospitals, requiring intervention by the hospital management. Strategic management Practices is an foundation through which micro strategy and strategizing occurs, generating an ongoing stream of strategic activity that is practiced. Strategic planning practices in this research will be specifically referring to the patterns of interaction and interpretation involved in the strategic activity through which the stream of strategic activity is constructed to influence sustainable growth of private hospitals in Kenya.

Bitu, Aaron, Larry and Christopher, (2014), examined how two large health systems formulate and implement strategy with a specific focus on differences and similarities in the nature of strategic initiatives across systems. The research found that due to the good strategic management practices in place, the hospital was also able to attract donors who continued to fund projects within the hospital that greatly benefitted patients.

Silas (2015) did a research to establish the existence and strength of certain factors that affect strategy implementation at St. Monica's mission hospital, in Kisumu County, Kenya. The study found out that structure, leadership, top-level commitment, and administrative systems were critical in strategy implementation at St. Monica mission hospital.

Lucilaine et al. (2010), did a study on the strategic practices developed by a non-profit hospital in Brazil to balance the social mission with financial sustainability of the organization. The findings of the study revealed the importance of strategic practices developed by managers, other professionals, and volunteers, all unified by the glue of the mission as key factors to generate stronger revenues that provide sustainability.

Bridget, Rugami and Ngigi, (2014), established that Strategic management practices and performance of small scale enterprises in kitui town in Kenya. The research involved a survey of 99 small enterprises in kitui town out of a population of 7,246. The study findings revealed that investment in personnel and skills, competitor

responses, management of customer loyalty and product differentiation are some of the strategies that can be used to manage performance of small enterprises. Communication was also found to act as a pertinent element of customer loyalty. Product differentiation ensures that a small enterprise is relevant and successful even in a highly competitive environment. Delegation of duties is also a crucial aspect that facilitates for excellent standards of motivation.

Kirimi, (2017) examined the Effect of Strategic Planning on Performance of Public Hospitals in Kenya as a Case Study of Mama Lucy Kibaki Hospital .The study concluded that strategic plan implementation at Mama Lucy Kibaki had improved the general Performance of the Hospital especially cost management, customer satisfaction, employee motivation and resource mobilization.

2.6 Critique of the Existing Literature

Strategic management practice has become an important aspect of management that elicits research interest among scholars and practitioners (Ujunwa & Nwanneka, 2012). This could be attributed to the universal application of this aspect of management discipline. One of the recent conceptual strategic management identified strategic management as a tool for improving the competitiveness (Muogbo, 2013), performance (Gavrea, 2011), growth of firms (Branka & Boštjan, 2004)Environmental changes and fierce competition for scarce resources frustrate private hospitals. They must improve management practices if they want to survive as the complex and socially-relevant institutions they are. Hospitals cannot sustain themselves on mission alone, no matter how important their contributions to society are. Adoption of strategic management practices is also distinguished by its irregular and episodic character ensconced in specific rituals and often limited to a group of privileged actors. The intentionality that strategic management discourse brings is a practical intentionality linked to the continuation of activity in an abstract, formalized intentionality attached to daily practices, operations and contexts). Strategic management practices brings alignment with greater consensus among decision makers which enhance sustainable growth

2.7 Research Gaps

The theoretical and empirical literature reviewed show that despite extensive research studies on strategic management practices on organizational performance, There is also limited empirical literature on the influence of strategic management practices on sustainable growth of private hospitals.

Manguru (2011) did a research on influence of strategic management practices on performance of Naivas Limited. The study findings established that organizations apply strategic management practices in their operations which has a lot of influence on market conditions, employee knowledge and diversification of production line. The firm success rests upon effective strategic management practices. Despite focusing on strategic management practices, this study did not focus on the on specific strategic management practices that have direct contribution on sustainable growth.

Oyedijo (2012) analyzed the effects of product and market diversification strategy on corporate financial performance and growth in Nigeria. The study concluded that the financial performance and sales growth of firms in Nigeria were significantly affected by the mode of diversification used and recommended that Nigerian firms that were seeking a sustainable fast growth and superior performance should pursue a related product-markets diversification strategy.

Saad(2001), carried out research on strategic performance evaluation; descriptive and prescriptive analysis. The findings showed the use of qualitative and quantitative performance indicators in strategy evaluation. The conclusion of the study is that performance evaluation is perhaps the most powerful tool for strategic deployment in both private and public settings. The study also established that evaluation outcomes differed as a function of the evaluation criteria used, the weights assigned, and the meaning given to each criterion. The use of the same evaluation criterion with different weights resulted in different outcomes. This study, however, focused on influence of strategic management practices on sustainable growth in private health sector.

Uzel, Namusonge and Obwogi (2014), carried out a research on the effect of strategic management drivers on organizational performance of the hotels in the Kenyan Coast. The study established that organizational structure, organizational culture, organizational communication, and organizational leadership in Kenya have an influence on hotel performance. The study was limited to tourism state corporations and hotels in Kenya, which is a different study the current study area of strategic management practices in private hospitals in Kenya.

A study conducted by Muogbo (2013) in Nigeria showed that in Africa strategic management practices has significant effect on competitiveness and productivity of business firms, the research finding were general despite the fact that strategy is determined by sector and the environment. the current study will establish the influence of strategic management practices on sustainable growth in private hospitals in kenya

Juma and Okibo (2016) carried out a study on the effects of strategic management practices on the performance of public health institutions in Kisii County, Kenya. the study established that technology creates innovation leading to product quality and high value of the company's offerings hence competitiveness.

Theuri et al. (2014) carried out a study of the strategic management determinants of value addition in the seafood industry in developing countries in the Kenyan context. Resrach identified strategic planning, technological competitiveness, the level of market competition and corporate policies as key determinants. The study suggested the need for continuous study if necessary redefine the chain to rid it of unnecessary bottlenecks and operational challenges. While this study concentrated on sea food industry ,This study was therefore an effort to fill this gap will examining the influence of strategic management practices on sustainable growth of private hospitals in kenya.

2.8 Summary

Complex organizations like hospitals are subject to the bounded rationality of human beings as described by Speziale, (2015) This is characterized by autonomy practioners, the interdependence in the services delivery as well as intense

relationships among their members where everyone holds different interests and beliefs. In practice then, strategy management practices occurs interdependently, and is the consequent of cooperation and interrelations among participants as agents in charge of the actions that take place in organizations .Geroski (1995) mentioned that one of the most interesting subjects in firm dynamics is the ability to learn and respond to their changeable environment. The implication is that the growth and survival prospects of new firms will depend on their ability to learn about their environment, and to link changes in their strategy choices to the changing configuration of that environment.Sustianble growth has practical consequences for policy-makers' decisions.Firstly it increases employment and economic activity and policymakers can control these macroeconomic variables using firm growth policies. However, as the growth is heterogeneous between firms, and therefore is important to know the internal and external characteristics of firms that affect their performance in the market which can be done through strategic planning.

Good business growth aims at increasing profitability and efficiency of organizationsand their enhanced ability to create wealth for shareholders, increased employment opportunities with better terms for workers and increased benefits to stakeholders.Hospitals have to grow in order to promote economic development and social.These factors have highlighted the need for especially-talented administrators, who can employ careful planning to align external demands with internal needs and expectations of multiple stakeholders with resources available to enance the sustianble growth of hospital. To better meet these complexities, hospitals have sought to adopt or enhance new managerial approaches using strategic management practice. In this chapter therefore, the theories related to the study were Resource Based Theory, Agency Theory and Transaction Economies Theory and Growth Theory.Also covered is strategic management Practices and their influence on sustainable growth of private hospitals in Kenya. The conceptualized strategic management practices were; strategic planning practices, strategic procurement practices, strategic capability management practices and strategic human resource management pratices.The linkages among the variables were determined and a conceptual framework was hypothesized and relevant gaps explained.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter contains the research philosophy, research design, study population, sampling procedures, data collection methods, questionnaire development and administration, reliability and validity of the measurement scales, data analysis techniques and presentation.

3.2 Research Philosophy

Mackenzie et al. (2006) describes research philosophy as the approach to understand and transfer the knowledge gained through research. Saunders et al. (2012) define philosophy as a central term relating to the knowledge development and the nature of that knowledge in relation to research. Kothari (2011) advised that positivism philosophy adheres to the view that only factual knowledge gained through observation including measurement is trustworthy.

According to Mungai (2012), a positivist paradigm which is somewhat quantitative in nature, is concerned with phenomena that can be measured, observed, and validated. Also, positivists attempt to identify the causes which influence outcomes; and they assume a useful research is based on theory, hypothesis, and quantitative data (Creswell, 2014; Gibson, 2017). The interpretivism paradigm, on the other hand, is more qualitative in nature, and is an epistemological position that advocates the need to appreciate the differences between humans in their roles as social actors (Saunders et al., 2012). In addition, the role of the researcher is limited to data collection and interpretation in an objective way. Saunders and Lewis (2014), affirms that positivism depends on quantifiable observations that lead to statistical analysis. The study adopted the positivism philosophy. Positivists believe that reality is stable and can be observed and described from an objective viewpoint without interfering with the phenomena being studied (Wilson, 2010). The study adopted the positivism philosophy which involved the use of existing theories to develop hypothesis to be

tested during the research process. This allowed the study to come up with various assumptions.

3.3 Research Design

Kothari, (2012) describes research design as the conceptual structure within which research is conducted. Waiganjo (2013) explains that the purpose of research design is to provide a road map for data collection and analysis as well as acquire answers to different questions. This study adopted cross-sectional and descriptive research design because it was useful in establishing the nature of existing situation and also analysing such situations and conditions. Fowler (2013) explains that descriptive research design is concerned with identifying and describing relationship or causation as they are. The current study being in the field of social science fits well in the design since the descriptive research is used widely in social science, psychology and educational research to provide a rich data set that often brings to light new knowledge or awareness (Wang, 2015; Creswell & Creswell, 2017).

According to Mugenda (2013), cross-sectional studies are appropriate where overall objectives is to establish whether there is significance association among variables at some point. The design was therefore appropriate for the current study because the design is useful in observing and describing a research subject or problem without influencing or manipulating the variables in any way. As such, the data of variables in a descriptive research can be correlated according to Disatnik & Sivan, (2016); in view that the study aimed at assessing the influence of strategic management practices on sustainable growth of private hospitals, the appropriateness of the cross sectional survey was from background that the research problem was based on the information provided at the time of data collection and the existing records.

3.4 Target population

A target Population is a group of events, individuals or items of interest who have one or more characteristics in common that are of interest to a the researcher. (Kothari, 2012). The target population was all level three to level six private hospitals in Kenya offering comphresive inpatient and outpatient services as listed by the National Hospital Insurance Fund (NHIF, 2017).

The study purposely concentrated on selected accredited private hospital that have comphresive inpatient and out patient services based and licensed according to the Kenya Medical and Dentist Board(KMDB) directory of the 2017.According to NHIF(2017), there were 647 Accredited hospitals offering comphresive inpatient and outpatient services in Kenya. The choice of hospitals offering these services were premised on the fact that these hospitals are usually categorized as level three to level six by Kenyan government and therefore have autonomy in their management and prepare independent budgets KMDB (2017),therefore can be able to make independent decisions regarding the hospital strategic decesions .

Also, the study assessed incese in number of employees, revenue growth , optimal service provision the services as to provide a comphresive view of the influence of strategic management practices on the sustainable growth of the private hospitals in kenya.Comprehesive outpatient services are the backbone of any hospital operation and therefore improvements in this area can result in huge savings and general quality improvements. Comphresive inpatient service provides critical services that need to be assessed regularly to ensure quality operations since they directly impact on perception about performance of hospitals. Further, hospitals that have registered with NHIF have met all regulatory and standard requirements of offering comphresive inpatient and outpatient services (NHIF, 2017). These standards are mandatory requirements so that the government sponsored scheme can it be able to cushion the patient against higher costs of service. Therefore, these hospitals are required provide efficient and quality care at reasonable costs and the study finds them appropriate for this study.

The unit of analysis was the private hospitals in Kenya offering comprehensive inpatient and outpatient services as listed by the NHIF (Appendix iii). The unit of observation on the other hand was any senior managers or equivalent working in the private hospital. The senior most manager or equivalent was due to the consideration that the managers were familiar with strategic decisions that are made in the respective private hospitals .

Table 3.1: Target population

Bed capacity	Target population
1-99	568
100-199	53
200above	26
Total	647

Hospitals selected were from Forty Seven counties.Respondents’ population comprised any top manager from six hundred forty seven private hospitals in Kenya.Senior managers were targeted because they are more knowledgeable about strategic issues.Senior managers undertake strategic responsibilities in their hospitals and as well as acting as the agents. The choice of respondent was in support of Hung,(2006), suggestion that top managers are considered the most appropriate persons to answer questions ranging from aspects of structure, strategy, and organizational competitiveness.

3.5 Sampling Frame

A sampling frame refers to a list of sampling units from where population of the study is derived from (Fowler, 2013). The sampling frame for this study was level three to level six hospitals listed by NHIF as offering comprehensive inpatient and outpatient services for the year 2017.The sampling frame has a total of 647

hospitals categorized into eight regions as follows; Western (50 hospitals) ; Rift Valley (182 hospitals);Nairobi (85 hospitals), Central (97 hospitals), Eastern (111 hospitals), Coast (116 hospitals), North Eastern (25 hospitals), Nyanza (107 hospitals), (NHIF, 2017).

3.6 Sample Size and Sampling Technique

Kothari (2013) defines a sample as a subset of a large population and argues that a good sample should have the characteristic of the population.Sampling is the process of choosing the smallest number of units of the population (Vos,Strydom,Fouche and Delport, 2014). Creswell (2015) argue that sampling is that part of the statistical practice concerned with individual selection or observation. The purpose of sampling is to gain an understanding about some features or attributes of the whole population based on the characteristics of the sample.

3.6.1 Sample Size

According Cooper and Schindler (2011), a sample size with a range of 10% to 30% is a good representative of the target population in social science studies. According to Kothari(2013), if the target population is heterogeneous then stratified random sampling is recommended due to its statistical representation and efficiencies it gives adequate data for analyzing sub-populations. The private hospitals respondents sample two hundred and fifty one top managers was drawn from the population respectively using Slovin's Formula (1960). Using the same formula, Mbugua (2018) successfully did a research on influence of strategic management practices on organizational performance of mission hospitals in Kenya. Sample size larger than 30 and less than 500 is deemed appropriate for most research according to Sekaran and Bougie (2010).in this research, a managers or equivalent in each category were selected to respond to a questionnaire as the units of inquiry or main informants. Cochran's (1977) formulato be used to calculate sample size. The same formulae was adopted in this research as illustrated under

The hospital sample size:-

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

Where

n = sample size

N = Total population

e = error of tolerance with a confidence level of is set at 5% meaning 95% confidence level. The population of the study was 674 units(hospitals)

Thus

$$N = 674 / (1 + 674 * 0.5^2) = 251$$

The sample size therefore was 251 accredited hospitals in Kenya.

3.6.2 Sampling Technique

Stratified random sampling method was used to select a sample for each level of the hospital as per the technical classification. To obtain the desired sample size from each stratum, stratified random sampling formula was used $n_i = KN_i = 251/674 = .039$ hence as recommended by Kothari, (2011); the sample size was therefore divided into three stratum as shown in the table below :-

Table 3.2: Sample Size

Bed capacity	No of hospitals	Hospital sample 39%
1-99	568	220
100-199	53	21
200 above	26	10
Total	647	251

The study employed stratified random sampling technique in the selection of hospitals in each strata based on the bed capacity in Kenya. Sampling procedure for selection of hospitals visited in survey was randomization in each stratum. The hospital list was imported to Strata from the excel and random number assigned to them using the uniform command i.e. using uniform distribution.

3.7 Data Collection Instruments

Kothari (2013), contended that that research topics, problem questions, subjects, objectives, research designs, data to be collected and expected results, determine the choice of instruments and tools to be used in a study. According to Waiganjo, (2013), there are several data collection instruments that a researcher can engage in the process of collecting data for a study. Amongst them include questionnaires which can be structured and unstructured. Questionnaires were used to collect primary data from the sampled respondents to capture the various variables of the study.

Questionnaires were considered because they are effective method of collecting data on samples and can easily be analyzed (Cooper & Schindler 2011). Mugenda and Mugenda (2009) describes a questionnaire as a suitable tool designed to address the specific objectives and test hypothesis. Structured questions give precise information which minimizes bias and facilitates data analysis while an unstructured question allows respondents to express themselves freely and make suggestions where possible. Krishnaswamy, Sivakumar and Mathirajan, (2006) cited by Mbui, Namusonge and Mugambi (2016) suggested that questionnaires are good because they are standardized and impersonal formats of a questionnaires and uniformity help in getting data objectively, information on facts, attitudes, motivation and knowledge can be obtained easily. All questionnaire items were based on a five point scale with 5 = Greatest extent, 4 = Greater extent 3 = Moderate extent 2 = Smaller extent 1 = no extent This five-point Likert scale measures the respondents' level of agreement or disagreement.

3.8 Data Collection Procedure

Data collection is defined as a means by which information is obtained from selected subjects of investigation (Mugenda & Mugenda 2003). Therefore, the process of collecting data is vital in any study since information collected can accurately be disseminated and also assist in the advancement of important platforms. Embarking on the research; the researcher obtained approval from the university after successful defense of the proposal, a research permit was sought from the Ministry of Higher Education Science and Technology of Kenya and National Commission for Science, Technology and Innovation (NACOSTI) as this is a government requirement. There after the research permit was then presented to the management of the selected private hospitals for permission to carry out research.

The written permission was important because it enabled the researcher to have access to the informants from the private hospitals under study. The two hundred and fifty six questionnaires were dispatched to the respondents accompanied with an introductory statement to emphasize confidentiality and other ethical considerations. Personal follow up was done to ensure full completion of the questionnaires by the respondents was done. Later on, the questionnaires were picked from the respondents by use of research assistants

3.9 Pilot Study

After the development of the questionnaire, a pilot study was carried out to ensure that the items in the questionnaire were stated clearly, have the same meaning to all the respondents, and also to give the researcher an idea of approximately how long it would take to complete the questionnaire. Pre-testing of research instruments is a pre-requisite step to be followed during instrument design as it aids in the identification of potential problems with the instrument exposing what works and what does not (Mugenda & Mugenda, 2003).

According to Cooper and Schindler (2013), the respondents in a pilot test do not have to be statistically selected when testing the validity and reliability of the instruments. In this study, data collection instrument which is a questionnaire was tested on 5%

of the sample of the questionnaires to ensure that it was relevant and effective. Cooper and Schilder, (2011) argued that 5% to 10% of the target sample should constitute the pilot test. In this case eleven (11) questionnaires were piloted by issuing to the top managers from the private hospital that were not included in the final study sample. The eleven questionnaires were then coded and responses input into SPSS which were used to generate the reliability coefficient. The researcher used the common most internal consistency measure known as Cronbach's Alpha (α) generated by SPSS where a recommended value of 0.7 was used as a cut off of reliability for this study.

3.9.1 Validity

Saunders (2007) , validity as the ability of the questionnaire to produce accurate results after measuring what it was supposed to measure. Mugenda and Mugenda (2003) argued that validity is the accuracy and meaningfulness of inferences, which is based on research results. It is therefore concluded that the degree to which results obtained from analysis of data may actually represent the phenomenon under study. Validity exists if the data measures what they are supposed to measure. A thorough review of the literature was done to ensure content validity. Whereas, to ensure face validity, the questionnaires were given to business research experts to review and critique, their suggestions and inputs were included.

3.9.2 Reliability

According to Mugenda and Mugenda (2003), reliability as the measure of degree to which a research instrument yields consistent results or data after repeated trials. A measure is considered reliable if a person's score on the same test given twice is similar. Therefore, from the definitions it means that if respondents answer a question the same way on repeated occasions, then the instrument is said to be reliable. To determine its reliability, raw data was entered as it appeared in the questionnaire and the Cronbach's Alpha scores were as presented. Alpha – α (Cronbach), the model is used to test internal consistency based on average inter-item correlation to test scaled items. Brown (2002) Contended that Cronbach's alpha reliability coefficient normally ranges between 0 (if no variance is consistent) and 1

(if all variance is consistent). The closer the coefficient is to 1 the greater the internal consistency of the items in the scale. An alpha (α) score of .70 or higher is considered satisfactory (Gliem & Gliem, 2003). To determine its reliability, raw data was entered as it appeared in the questionnaire and the Cronbach's Alpha scores were as presented. All the items tested for reliability posted a score above the recommended 0.7 an indication that there was internal consistency in the questions. The instrument was therefore reliable for research. The reliability coefficient was computed as:

$$\text{Where: } \alpha = \frac{k}{k-1} [1 - \frac{\sum(S^2)}{\sum S^2 \text{ Sum}}]$$

α = Cronbach's Alpha

k = Number of responses

$\sum S^2$ = Variance of individual items summed up

$\sum S^2 \text{ Sum}$ = Variance of summed scores

3.10 Data Analysis and Presentation

Data Analysis is defined as a mechanism for reducing and organizing data to provide findings that require interpretation (Burns, Grove, & Gary, 2015) Data analysis process involved examining the data after collection to ensure its completeness, consistency and usability. Once data was attained through questionnaires, it was organized and prepared for analysis using Statistical Package for Social Sciences (SPSS) version 23 which provides a comprehensive set of data transformation and manipulation and compares between variables of interest. The statistics generated included frequencies, descriptive and inferential statistics. Microsoft excel was used to complement SPSS where necessary. Descriptive statistics in the form of means and standard deviations were computed on the strategic management practices. Sustainable growth scales provided an initial outline of the distribution of the participants' responses on these variables as well as gauging the respondents' attitudes regarding their extent of agreement or disagreement on the construct measurement items.

To draw conclusions about a population, a regression analysis was performed on sample data. Testing the underlying assumptions for multiple regression analysis is significantly essential, given the complication of the relationship between variable according to Hair et al., (2010).

3.10.1 Statistical Model

The Multiple regression models were used to express the final relationship between the Strategic management practices and sustainable growth of growth of private Hospitals in Kenya. According to Mugenda and Mugenda, (2003), a multiple regression model attempted to determine whether a group of variables together predict a given dependent variable. For this research, the model was chosen because it could help to establish a multilinear relationship between the attributes concerned and/or being measured. Multiple linear regression analysis provided a predictive equation.

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon \dots \dots \dots (3.1)$$

Given

Y = Sustainable Growth of Private Hospitals

X_1 = Strategic Planning Practice

X_2 = Strategic Procurement Practice

X_3 = Strategic Capability Management Practice

X_4 = Strategic Human Resource Management Practice

ϵ = Random term

β_0 , - Constant

$\beta_1, \beta_2, \beta_3, \beta_4$, = Slope; how the unit change in the independent variable influences the dependent variable.

The descriptive analysis of the data was presented using means where a mean score of between 1 and 2 represented disagreement, while a mean score of 3 indicated neutral responses and a mean score of between 4 and 5 represented agreed responses. In addition the significance level of the independent variables was also tested using Fischer distribution test also called F-test. The significance of the overall model was determined from a 5 percent confidence level. The p -value for the F -statistic was applied in determining the robustness of the model. The conclusion was based on the basis of p value where if the null hypothesis of the beta is rejected then the overall model was significant and if null hypothesis accepted the overall model was insignificant. In other words if the p -value is less than 0.05 then it was concluded that the model is significant and has good predictors of the dependent variable and that the results are not based on chance. If the p -value is greater than 0.05 then the model was not significant and cannot be used to explain the variations in the dependent variable

3.10.2 Test of Hypothesis

The study was based on the premise that strategic management practices have an influence on sustainable growth of private hospitals in Kenya. Accordingly, relevant hypothesis were set to guide the study in the conceptual framework. All the hypotheses were tested at 95 percent confidence level (level of significance, $\alpha = 0.05$).

Table 3.3: Hypothesis Testing

Hypotheses	Hypothesis Test	Decision Rule
Hypothesis 1: x_1	$\beta_1 = 0$	Reject H_{01} if P-value < 0.05
H₀₁ : Strategic Planning Practice has no significant influence on sustainable growth of private Hospitals in Kenya	$\beta_1 \neq 0$	Accept H_{01} if P - > 0.05
Hypothesis 2: x_2	$\beta_2 = 0$	Reject H_{01} if P ₂ -value < 0.05

H₀2: Strategic Procurement Practice has no significant influence on sustainable growth of private Hospitals in Kenya	$\beta_2 \neq 0$	Accept Ho ₂ if P - >0.05
Hypothesis 3:x ₃	$\beta_3 = 0$	Reject Ho ₁ if P ₃ -value<0.05
H₀3: Strategic Capability Management has no significant influence on sustainable growth of Private Hospitals in Kenya	$\beta_3 \neq 0$	Accept Ho ₃ if P ->0.05
Hypothesis 4:x ₄	$\beta_4 = 0$	Reject Ho ₁ if P ₄ -value<0.05
H₀4: Strategic Human Resource Management Practice has no significant influence on sustainable growth Private Hospitals in Kenya	$\beta_4 \neq 0$	Accept Ho ₄ if P ->0.05

3.10.3 Measurement of Variables

Strategic Management Practices: Strategic Management can be considered as a set of decisions and actions that result in the formulation and implementation of plans designed to achieve private hospitals objectives. Strategic management practices involve the art and science of formulating, implementing, and evaluating cross-functional decisions that enable an organization to achieve its objectives. It is the formal process, or set of processes, used to determine the strategies (actions) for the organization A five-point Likert scale (5 = Greatest extent , to 1= No extent) was used for each of the statements corresponding to the various parameters of strategic management practices adopted by the private hospitals.

Sustainable Growth: Hospital sustainable growth is not a continuation of the status quo; it is a continuous process of co-evolution with a changing environment. It is a dynamic process underpinned by learning and creating new structures and ways of working to adjust and to continue adjusting to a changing set of conditions through developing organizational strategies. In this study, sustainable growth was based on the views of respondents measured by optimal service utilization, employee retention, Increased revenue Growth.The researcher used a five point response scale (5 =greatest extent , to 1= no extent).

Table 3.4: Variable Definition and Operational Measurement of Sustainable Variables

Determinants	Nature	Variable	Variable Measure
Sustainable Growth	Dependent	Optimal service utilization Increased revenue Growth Organizational effectiveness	Overall, on a scale of 1-5; where 5 represents the highest score with 1 representing the least extent
Strategic Planning Practice	Independent	Clear Mission Clear Vision Long and Short term plans	Overall, on a scale of 1-5; where 5 represents the highest score with 1 representing the least extent
Strategic Procurement	Independent	Increased efficiency Supplier relationship Category Management Spend Analysis	Overall, on a scale of 1-5; where 5 represents the highest score with 1 representing the least extent
Strategic Capability	Independent	Skilled and Knowledgeable employees Superior values and norms	Overall, on a scale of 1-5; where 5 represents the highest score with 1 representing the least extent
Strategic Human Resource Management	Independent	Strategic recruitment strategy Strategic training & development Strategic reward	Overall, on a scale of 1-5; where 5 represents the highest score with 1 representing the least extent

3.10.4 Diagnostic Tests

The tests carried out for this study were normality, autocorrelation and multicollinearity tests. The test for normality was conducted to ascertain whether the data collected and used in the analysis was normally distributed. Normality test was undertaken tested by use of One Simple Kolmogorov Smirnonov Test . Hair et al. (2006) stresses that normality is the most basic assumption in multivariate analysis. Assumption of normality refers to the shape of the data distribution for an individual metric variable and its correspondence to the normal distribution, the benchmark for statistical methods (Hair et al., 2006). Normality in the data is often a

conventional assumption in the estimation process (Bai, 2005). This indicates that the error term follows a normal distribution, thus meeting the assumption of normality.

Test for Autocorrelation was also carried out to establish how independent variables correlate with each other and the effect of the relationship amongst the variables. Autocorrelation describes the assumption about errors of prediction that are normally independent of each other (Hair et al., 2010; Tabachnick & Fidell, 2014). Durbin-Watson statistic was used to measure the autocorrelation of the variables. Gujarati (2009) attested that regression analysis requires presence of little or no autocorrelation in the data.

Pearson's Product Moment Correlation (r) was derived to show the nature and strength of the relationship. Coefficient of determination (R^2) was used to measure the amount of variation in the dependent variable as explained by the independent variable. Multicollinearity was determined by the level of Variance Inflating Factor (VIF) and Tolerance. Preferably, the level of VIF should be less than 10 while the level of tolerance should be greater than 0.1, in order to show low levels of multicollinearity (Bryman & Bell, 2015; Hair et al., 2010; Malhotra & Birks, 2007). Field (2013) also advised that appearance of multicollinearity threatens the internal validity of multiple regression analysis and increases the likelihood of errors in hypothesis testing. To conclude the absence of multicollinearity, the VIF and the tolerance values are allowed if they fall below 10 and over 0.1 respectively (Hair et al., 2010; Tabachnick & Fidell, 2014).

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter represents the empirical findings and results of the variables using techniques mentioned in chapter three. Data analysis was in line with specific objectives where patterns were investigated, interpreted and implications drawn on them. The general objective of this study was to establish the influence of strategic management practices on sustainable growth of private hospitals in Kenya. In an attempt to address the specific objectives of the study, this chapter provides detailed description of descriptive and inferential statistics, research findings and discussions, clearly outlining how each of the hypothesis as stated in chapter three was tested.

4.2 Response Rate

The study sought to collect data from 251 senior hospital managers of private hospitals in Kenya. However, the study managed to collect data from 200 key respondents and 51 respondents were non-responsive. Therefore, the study realized a response rate of 80% as shown in Figure 4.1. This response rate is good in accordance to Garg and Kothari (2014) who posited that a response rate of more than 70% is good to conduct data analysis. Therefore, the study continued with analysis as the response rate was sufficient.

Table 4.1: Response Rate as per Category

Bed capacity	Sample Number (n)		%
1-99	220	180	81.8
100-199	21	12	57.1
Over 2000	10	8	80
Total	251	200	

According to the findings, private hospitals with bed capacity between 1-99 recorded a respondents rate of 180(88.1%), followed by private hospitals with bed capacity between 100-199 with 12(57.1%) and the private hospitals with bed capacity of 200 above 8(80%). Yielding a response rate of 80 %. According to Bryman (2016) and Walliman (2016) as cited by Mbugua (2018) response rate of 85% and above is considered excellent, 70%-85% is very good, 60%-69% is acceptable, and 50%-59% barely acceptable, while below 50% is not acceptable. The response rate of 80.1 % in this study was therefore very good.

Based on the understanding that employees (people) in general are becoming busier nowadays, a good introduction to explain the purpose of the data collection was done to entice them to participate. The respondents were pre-notified of the intended survey. Finally, constant follow ups to the late respondents were made to remind them complete the questionnaire. The results suggest that our findings will accurately estimate the influence of strategic practices in private hospitals in Kenya because it is not suffering from the consequences of non-response bias.

4.3 Reliability Test Results of Pilot Data

Reliability Analysis is a measure of the degree to which a research instrument yields consistent result or data after repeated trials (Mugenda and Mugenda, 2003). This survey used Cronbach alpha model for internal consistency based on average inter-item correlation to test scaled items. Cronbach's alpha score takes values between 0 –1, where 0 is the weakest and 1 the strongest (Sekeran, 2010). The closer the coefficient is to 1.0 the greater the internal consistency of the items in the scale. The results of the pilot test are as depicted in Table 4.1

Table 4.2: Reliability Test of Constructs

Strategic Management Practices	Cronbach's Alpha	Comments
Strategic Planning Practice	.822	Accepted
Strategic Procurement Practice	.816	Accepted
Strategic Capability Management Practice	.786	Accepted
Strategic HRM Practice	.788	Accepted
Sustainable Growth	.742	Accepted
Combined Average Constructs	.791	Accepted

From the Table 4.2, The study conducted a Cronbach's alpha reliability test for 5 variables (Strategic Planning Practice, Strategic Procurement Practice , Strategic Capability Management Practice, Strategic HRM Practice , and Sustainable Growth) consisting of 49 items. The findings showed that Strategic Planning Practice had a coefficient of 0.822 (7 items), Strategic Procurement Practice had a coefficient of 0.816 (13 items), Strategic Capability Management Practice had a coefficient of 0.786 (11 items), Strategic HRM Practice had a coefficient of 0.788 (9 items), Sustainable Growth had a coefficient of 0.742 and Average of 5 variables consisting of 49 items had a coefficient of 0.791. These variables have a coefficient of Cronbach's Alpha above the suggested value of 0.7. Reliability coefficient of 0.70 or higher is considered "acceptable" in most social science research situations (Lavrakas, 2008). Therefore, the results suggested that the questionnaire was reliable to capture and collect data without any considerable degree of biasness and hence acted as a good guidance to carry out other statistical analysis for the data collected.

4.4 Demographic Characteristics of the Respondents

The study sought to establish the demographic data of the respondents. Wiersema and Bantel (1992), Contended that the top managers' cognitive perspectives, as reflected in a team's demographic characteristics, are linked to the team's propensity to change corporate strategy. For this research the demographic data from the respondents included:-Age, Gender of respondents, Job Category, Department, Job Title, Education, Hospital Ownership, Hospital Category and Hospital Bed Capacity. Frequency tables were generated for respondent's response. The study targeted 712 participants to collect data on the influence of Strategic Management Practices on Sustainable Growth of Private Hospitals in Kenya

4.4.1 Respondent's Age

The study explored 200 respondents, and evaluated respondent's ages. The findings as showed below in Table 4.3.

Table 4.3: Respondents Age

Age Distribution	Frequency	Percentage
18-25	8	4
26-30	21	11
31-35	45	23
36-40	55	28
41-45	38	19
46-50	21	11
51 and above	12	6
Total	200	100

According to the findings, 8 (4%) of the respondents were aged between 18 - 25 years, 21 (11.0%) between 26 - 30 years, 46 (23.0%) between 31 - 35 years, 56 (28.0%) between 36 - 40 years, 38 (19.0%) between 41 - 45 years, 22 (11.0%) between 46 - 50 years, and 13 (6.0%) were between 51 - 55 years and above.

The age distribution seems to be normally distributed at mean value lying between 36 and 40 (the modal class) years of age. The distribution suggests that the hospitals embrace age diversity. The result suggests that a significant proportion of the employees are youths, that is, 38% are aged 18 to 35 years of age and not an aging population of employees. Again, more than half of private hospital's employees in Kenya are in working age as opposed to retirement age. Large work force with increasing age diversity also has many benefits that are often overlooked. Age diversity in the workplace provides a larger spectrum of knowledge, values, and preferences. For example the older employees fall back on their experience while the younger employees on the other hand fall back on their academic skills. This results to formation of a classic mix of strategic human skills and abilities. This creates a useful tool to achieving innovation and creative solutions in an institution.

4.3.2 Respondent's Department

The study investigated the respondents' work department at Private Hospital in Kenya. The results showed that majority of the respondents 47 (23.5%) and 46

(23.0%) worked in administration and finance department respectively, followed by 42 (21.0%) and 35 (17.5%) working in medical practices (others) and human resource department respectively and the rest 30 (15.0%) worked in procurement department as shown in Table 4.4. The findings suggested that employees dealing with strategic management practices in private hospitals were well distributed in all the senior position. This was an assurance that data was collected from the people who were well informed and had the relevant information needed for the study.

Table 4.4: Respondents Department

Departments	Frequency	Percent
Human Resource	35	17.5
Finance	46	23.0
Procurement	30	15.0
Administration	47	23.5
Others(Medical Practice)	42	21.0
Total	200	100.0

4.3.3 Respondent's Job level

The study sampled 200 respondents, and evaluated the respondents' job titles. The findings showed that, 19.5% of the respondents were in top management 27% were middle management, 28.5% were at supervisory level and 25% were in corporate(head of department).The results show that all levels of management were well represented in Table 4.5.

Table 4.5: Respondents Job level

Respondents Job level	Frequency	Percentage
Top Management	39	19.5
Middle Management	54	27
Supervisory Level	57	28.5
Corporate(Head of Department)	50	25
Total	200	100

4.3.4 Respondent's Education Qualification

The study sampled 200 respondents, and evaluated the respondent's highest education level achieved so far. According to Table 4.6 majority of the employees are first degree holders at 55% ,followed by diploma at 20% and, 18% held Master degrees. The result suggests that the hospitals surveyed have adequately educated workforce. Therefore, the hospitals benefits from having educated human resource on the belief that educated employees are more trainable than less educated ones.

The results also suggested that the hospitals management appreciate the importance of education of an individual during selection in the hospital's success plan. This view is supported by some empirical study findings conducted by the Census Bureau for the Federal Department of Education in USA (USA, 2018). The established that an increases in workers' education levels produce twice the gain in workplace efficiency as comparable increases in the value of tools and machinery. Specifically, it found that a 10 percent increase in the educational attainment of a company's workforce resulted in an 8.6 percent increase in productivity (Robert & Stefanie, 2018). Again,10 percent increase in the value of capital stock such as tools, buildings and machinery, produced only a 3.4 percent increase in productivity.

Further, these findings supports the views expressed by King and McGrath (2002) who indicated that in today’s constantly fluctuating business environment, education is one of the factors that impact positively on growth of firms and that those entrepreneurs with larger stocks of human capital, in terms of education and vocational training, are better placed to adapt their enterprises to such unexpected fluctuations. The high level of education of respondents indicates that many employees in the hospitals had attained university level of education hence more knowledge on strategic management practices in the hospitals.

Table 4.6: Respondents Qualification

Respondents Qualifications	Frequency	Percentage
Certificates	4	2
Diploma	40	20
Undergraduate	110	55
Masters	36	18
PhD	10	5
Total	200	100

4.5 Hospital Ownership

The ownership structure of the hospital has an important influence on the priorities set by the board. The ownership structure defined the type of governing board which is charged with the responsibility of developing both strategic plans and short-term policies, motivating departments to meet their targeted managerial and clinical goals and evaluating their performance, and serving internal and external stakeholders (Taylor, 2000).

In this section, the study sought to establish the hospital ownership structure as per the respondent. The descriptive statistics showed 57.0% of the respondents were from hospitals registered as private-profit hospitals, 26% were faith-based hospital and 26% not for profit based hospitals as shown in Table 4.7.

Table 4.7: Ownership Type of the Private Hospital

Hospital Ownership Type	Frequency	Percentage
Faith Based	65	26
Not For Profit	42	17
Private For Profit	144	57
Total	251	100

4.6 Descriptive Statistics for Sustainable Growth of Hospitals

The study sought to determine the influence of Strategic management practices on the sustainable growth of hospitals in Kenya. Strategic management practices in this study were strategic planning practices, strategic procurement practice, strategic capability management practice and strategic human resource management practice.

4.6.1 Total Explained Variance on Sustainable Growth

The general objective of factor analysis is to help in understanding the relationships and patterns as it regroups variables into a limited set of clusters based on shared variance (Yong & Pearce, 2013). Total variance explained is a measure of goodness of fit in multivariate data analysis and it is the percentage of explained variance.

According to Hair et al. (2012), the idea is that the higher the percentage of variance a proposed model manages to explain, the more valid the model seems to be. Further explained that the acceptable variance explained in factor analysis for a construct to be valid is sixty per cent. However Chatfield (2018) proposed the use of number of components one wants to retain. In this study the later criterion was adopted; three components were considered adequate.

4.6.2 Sampling Adequacy for Sustainable Growth

Kaiser-Meyer-Olkin (KMO) measure of sample adequacy has been used in this study to measure the sustainable growth of the data for factor analysis. KMO is a measure that gives the proportion of variance in the variables that might be caused by underlying factors. The KMO index always ranges between 0 and 1. An index measure of at least 0.5 indicates that the data is suitable for factor analysis, *Ali et al.*, (2016). The Bartlett's Test of Sphericity is another important tool in factor analysis. It tests the hypothesis that the correlation matrix is an identity matrix which will imply that the variables are unrelated and therefore not ideal for further analysis. Small values (less than 0.05) of significance level indicate the factor analysis may be useful with the data at hand as seen in Table 4.8.

Table 4.8: KMO and Bartlett's Test

Indicator		Coefficient
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.512
	Approx. Chi-Square	81.795
Bartlett's Test of Sphericity	Df	28
	Sig.	.000

Table 4.8 gives a KMO measure of sampling adequacy of 0.512. This indicates that factor analysis could be carried out as the KMO index of more than 0.5 (Field, 2000). The *P* value of the Bartlett's test of Sphericity result is 0.000 which was within the acceptable level to test for significance and validity of the data. These two measures are within the proposed limits of Rusuli, Tasmin, Takala, and Norazlin, (2013) who explained that Measure of Sampling Adequacy should exceed 0.5 and for Bartlett's test of Sphericity *P* value should be less than 0.05.

Table 4.9: Principal Component Analysis

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.580	19.748	19.748	1.580	19.748	19.748
2	1.318	16.473	36.221	1.318	16.473	36.221
3	1.205	15.062	51.283	1.205	15.062	51.283
4	.975	12.186	63.469			
5	.914	11.430	74.899			
6	.789	9.865	84.764			
7	.621	7.767	92.531			
8	.598	7.469	100.000			

Principal component analysis was used to reduce the data on sustainable growth variables. In Principal component analysis constructs are subjected to a variance tests. Sustainable growth had four measures which were subjected to factor analysis. Results showed that there were three factors extracted explaining the sustainable growth. These factors accounted for a total of 51.28% of the total variance. Factor one had the highest contribution of 19.748%, factor two contributed 16.473% while factor three had a contribution of 15.062%. The three factors had Eigen values greater than 1 as shown in Table 4.9. All the remaining factors were found to be insignificant and therefore were dropped.

4.6.3 Sustainable Growth Rotation Component Matrix Results

The results of an orthogonal rotation of the solution are shown in Table 4.10. When loadings less than 0.30 were excluded, the analysis yielded a three-factor solution with a simple structure. From the result, three factors loaded highly to component 1, these factors are ‘through strategic management practices, the hospital is able to satisfy their customer needs, give a sense of direction to all stake holders and hospital management is able to control cost in this hospital. These factors relate to optimal services provision and therefore labeled as ‘optimal services’ for the rest of the reporting in the research.

Three factors loaded to component 2. These factors are ‘sustainable growth is the ability to satisfying the customer needs’, by ensuring that they retained employees despite increasing cost of doing business. These factors were labeled ‘employee retention’ However, two factors loaded to component three. The factors are; ‘strategic management practices helps the hospital to Increase revenue Growth needed for hospital sustainable growth, and through strategic management practices. The component 3 was labeled “Revenue Growth’. All the constructs had a loading factor of at least 0.4 which is consistent with the work of Rusuli et al. (2013) supporting high interrelation among the components.

Table 4.10: Rotation Component Matrix for Sustainable Growth

Statement	Component		
	1	2	3
We have more outpatient and inpatient attendance in the last three years			.820
Our services are appreciated by our clients			.686
Hospital capacity is maximimuly utilized	.667		
There has been an incease in number of employees	.756		
More equipment have been purchased to cater for the inceased cutomer demand	.542		
More corperate clients are patronize our facility		.668	
branch network established		.537	
Employee turn over reduced in the last three years		.699	

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 5 iterations.

4.6.4 Descriptive Results of Sustainable Growth

Sustainable Growth was assessed using three measures namely, Optimal Services , Employee Retention and Revenue Growth. The results of the descriptive results are summarized in Table 4.11.

Table 4.11: Descriptive Results of Sustainable Growth

Variable	Mean	Std. Deviation	Cronbach's Alpha
Optimal services	4.51	.415	.798
Employee retention	4.31	.410	.713
Revenue Growth	4.40	.354	.726

From the results, the reliability analysis results indicate that employee retention construct was reliable ($\alpha=.713$, $n=3$). The respondents agreed that the services the hospitals provide are optimal (mean=4.31, SD=.410). The results imply that the private hospitals in Kenya patient are satisfaction with no adverse effects on quality of care or patient outcomes (Rifat,2004). Reliability analysis results indicate that the revenue growth is reliably measured by the questionnaire items ($\alpha=.726$, $n=3$). Respondents were of the view that there is the hospital revenue were inceasing (mean=4.40, SD=.354) The hospitals are characterized by higher profits and sound client base compared with business counterparts. Again, from the results, the respondents approved that the hospitals are operating optimamly to render services needed by their clients (mean=4.51, SD=.798) in other words, most of the hospitals have strategies in place to increase with enhanced general effectiveness throughout the hospital. Optimal services variable is reliable ($\alpha=.789$, $n=3$) in overall, the findings suggest that hospitals are have sustainable growth strategies. This enable them to operate and plan for the future with certainty to provide quality healthcare which is a critical component for a Kenya's vision 2030,which recognizes the requirement for provision of quality health care. The Constitution affirms "the highest attainable standard of health" as a fundamental right of every citizen

4.7 Strategic Planning Practices

4.7.1 Understanding of Strategic planning Practice

The respondents were required to select one of the options in multiple choice questions as shown in Table 4.12. The objective of the question was to assess the understanding of strategic planning. The correct choice was ‘all of the above’.

Table 4.12: Understanding of Strategic Planning Practice

Which one of the following best describes understanding of strategic planning?	Frequency	Percent
Practices that transform thinking into an action	30	15
Practices that inform management’s approach to implement business idea	62	31
Strategies action that form the core values of a firm	23	12
All of the above	85	43
None of the above	0	0
Total	200	100

From the results, 43% correctly indicated that all the statements describe strategic planning. According to the statement, strategic plan were Practices that transform thinking into action, and second question indicated that strategic planning practices inform management’s approach to implement business Strategies, and are action that forms the core values of a firm. On the other hand, the remaining proportion chose a correct aspect of strategic planning. That is; 15% of the respondents indicated that strategic planning Practices transform strategy into action, 32% Practices that inform management’s approach to implement business plan while 12% noted that strategic plans are Strategies action that form the core values of a firm. The finding implies that the respondents were familiar with the meaning and concept of strategic planning.

4.7.2 Sample Adequacy Results on Strategic Planning Practices

One of the objectives of this study was to determine the influence of Strategic planning practices on the sustainable growth of hospitals in Kenya. This objectives were guided four sub-variables namely ;clear mission, clear vision; long and short term plans and core values. The KMO and Bartlett's tests were used to test the inter-relations between strategic planning practices variables. Table 4.13 shows that the KMO measure of sample adequacy results is 0.619. Since the value is more than 0.5 there is good partial correlation exhibited in the data for this study. The p value of Bartlett's Test of Sphericity is 0.00 which is less than the significance level of 0.05. The study therefore concluded that sampling was adequate for strategic planning practices variables.

Table 4.13: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.619
	Approx. Chi-Square	294.201
Bartlett's Test of Sphericity	df	21
	Sig.	.000

4.7.3 Factor Analysis Results of Strategic Planning Practices

The study further conducted the factor loading analysis to determine the number of variables that were to be retained

The factor analysis results are given in Table 4.14.

Table 4.14: Factor Analysis Results

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.430	34.716	34.716	2.430	34.716	34.716
2	1.402	20.033	54.750	1.402	20.033	54.750
3	1.126	16.087	70.837	1.126	16.087	70.837
4	.667	9.530	80.367			
5	.614	8.775	89.142			
6	.433	6.192	95.334			
7	.327	4.666	100.000			

Seven Likert scale items of strategic planning practices were subjected to PCA (Principal Component Analysis). Three components, with a cumulative variance of 70.837%, were extracted. The first component had three factors strongly loading to it, the factors are; we have shared values in our hospital that make us focus on the same goals, there are short and long terms plans that guide our decisions and employee are aware of the expected cause of action (vision).

These factors relate to company mission, for that reason the component 1 was labeled as ‘mission’. Also, component 2 had three factors strongly loading to it. The factors are; our hospital define goals through planning processes and we determine our plan of action and coordination of activities. These factors relate to company vision, therefore labeled ‘vision’. Again, three factors strongly loaded to component three. They are; the hospital had established plans, Strategic planning provides a framework for the ongoing decision. The component was labeled as “plans”. The

three components are henceforth used as proxies for strategic planning variable in the subsequent analysis. All the remaining factors were found to be insignificant and therefore were dropped

4.7.4 Strategic planning Practice Rotated Component Matrix Results

Results of the rotated component matrix are given Table 4.15 Component 1 was identified to be Mission, Component 2 was Vision while Component 3 was Plans. All the constructs had a value of more 0.4 showing that there is some interrelation among them.

Table 4.15: Rotated Component Matrixes

	Component		
	1	2	3
Decision are based on Strategic Plan		.879	
Our strategic plan is Institutionalization		.816	
Our efforts are well Coordinated	.791		
All Decisions are geared towards hospital strategic objectives	.780		
Every one the Expected to act within the set framework	.849		
Decision making is guided by the set objectives in our strategic plan			.800
Unless in exceptional cases, all decesions are in alignmnet with the hospital set objectives			.835

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 5 iterations.

4.7.5 Descriptive Results of Strategic Planning Practice

Table 4.16 gives the descriptive results related to the components of the strategic planning namely Clear mission, Clear Vision and long and short term values. The results were given on a scale of 1 to 5 (where 5 = greater extent and 1 = No extent).

Table 4.16: Strategic planning Practice Descriptive Results

Variable	Mean	Std. Deviation	Cronbach's Alpha
Mission	4.3025	.6742	.891
Vision	4.3450	.5545	.757
Plans	4.4025	.5080	.840

The influence of strategic plan on sustainable growth of private hospitals in Kenya was sought in the study. Means and standard deviations were used to give the findings under this objective. The means were interpreted as follows; A mean value of 0-1 implied the respondents agreed to the statements to a very small extent, a mean value of 1.1-2.0 implied the respondents agreed with the statements to a smaller extent, a mean value of 2.1-3.0 implied the respondents moderate extent with the statements, a mean value of 3.1-4.0 means that the respondents agreed to the statements to a greater extent and a mean of 4.1-5.0 implied the respondents agreed with the statements to a greatest extent.

The findings shows that respondents were of the opinion to a greater extent that clear Mission influenced sustainable growth of in private hospitals in Kenya (mean=4.30, SD=.674). The reliability coefficient indicates that the clear mission construct is reliable ($\alpha=.891$, $n=3$). The descriptive result suggests that there is a clear mission in influences sustainable growth of private hospitals. Meaning that there are clear mission statements and shared values in Kenyan hospitals that make employee focus on the organizational goals. Again, The private hospitals have vision that influenced sustainable growth , mean=4.345(SD=.554).The reliability test results indicate that the vision construct is within acceptable range ($\alpha=.757$, 3) on average. In this case they define goals through planning process and determine plans of action and coordination of activities. The hospitals have a clear vision that serves as a

guide for all of the company's decision-making, shareholders, leaders and employees to provide superior healthcare services. Plans construct was found to be within acceptable reliability level ($\alpha=.840$, 3) with a mean of 4.4025 (SD=.508) which implies that respondents agreed that there were plans in private hospitals in Kenya. Also it implies there are well defined established plans which provide a framework for ongoing decision in the private hospitals. On overall, it was clear that strategic planning in most hospitals in Kenya is necessary in driving organizational sustainable growth. Mudassar and Hummayoun (2014) argued that strategic planning is dependent upon a clear vision, defined mission and set of objectives that are intended to help direct an organization toward a desired outcome, consequently strategic planning because it majorly influences of sustainable growth in private hospital.

4.7.6 Strategic Planning practices Normality Test Results

One of the assumptions of the linear regression model is that the population from which the data was drawn must have been normally distributed. There are several tests in the literature that can be used to test for normality. One of these tests is the Kolmogorov-Smirnov (K-S) one-sample test. Kolmogorov Smirnov test is one of the non-parametric goodness of fit tests that compares how well the distribution of sample data conforms to some theoretical distribution, Malhotra (2007). In K-S test, the null hypothesis is that the data was drawn from the population with the specified cumulative distribution. The null hypothesis is always rejected whenever the P-value is less than the specified level of significance (in this study $p= 0.05$). In this study K-S one sample test was used to test the normality of the variables under study. The results are summarized in Table 4.17.

Table 4.17: Strategic Planning practice Normality Test Results

		Vision	Mission	Plans
N		200	200	200
Normal Parameters ^{a,b}	Mean	4.3493	4.3335	4.3073
	Std. Deviation	.39292	.35518	.34386
	Absolute	.043	.036	.047
Most Extreme Differences	Positive	.033	.031	.040
	Negative	-.043	-.036	-.047
Kolmogorov-Smirnov Z		.611	.504	.662
Asymp. Sig. (2-tailed)		.849	.962	.773

The results indicate that all the variables were taken from a normal population and therefore the normality assumption is met and therefore regression analysis can be carried out .

4.7.7 Auto Correlation Test: Durbin-Watson Test Results

Generally a strong correlation among residuals of the regressions will always give inaccurate results. Durbin and Watson's test statistic (Yupitun, 2008) is proposed as suitable test for detecting autocorrelation among variables. The Durbin Watson statistic tests takes values between 0 and 4 with a value of two being considered ideal. Makori and Jagongo (2013) considered values between 1.5 and 2.5 to be acceptable level showing no signs of collinearity. Tables 4.18 give the Durbin Watson statistics tests for the various sub variables of the strategic planning practices.

Table 4.19: Auto Correlation Test Auto Correlation Test: Durbin-Watson Test Results

The Durbin-Watson test was used to test autocorrelation among predictor variables. Durbin-Watson statistic ranges in value from 0 to 4: a value towards 0 indicates positive autocorrelation while a value toward 4 indicates negative autocorrelation. A value from 2 and above indicates non autocorrelation

Table 4.18 a Durbin Watson Statistics for Optimal Services

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.668 ^a	.447	.044	.49408	1.948

a. Predictors: (Constant), Plans ,mission, vision

b. Dependent Variable: optimal services

Table 4.18a shows the Models for Optimal services. The Durbin Watson tests was 1.948, the sub variables had tests within the range

Table 4.18 b Durbin Watson Statistics for Employee Retention

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.238 ^a	.057	.042	.51679	2.008

a. Predictors: (Constant), plans,mission, vision

b. Dependent Variable: Employee Retention

Table 4.20 b shows the Models for optimal services results . The Durbin Watson tests was 2.008 and therefore the sub variables had tests within the range

Table 4.18c Durbin Watson Statistics for Revenue Growth

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.201 ^a	.041	.026	.51107	1.719

a. Predictors: (Constant), plans mission, vision

b. Dependent Variable: Revenue Growth

Table 4.18c Shows Models for continuity of Revenue Growth.The Durbin Watson tests was 1.719 The three sub variables had test within the range

4.7.8 Strategic Planning Practice and Sustainable Growth Correlations Results

One of the techniques used in determining the nature and measuring the strength of the relationships between variables is Correlation. In this research Pearson Correlation coefficient was used. Pearson Correlation coefficient ranges between

negative one and positive one. Table 4.19 shows correlation matrix with correlation coefficients between optimal services, employee retention and Revenue Growth on one hand (measures of Sustainable growth) and clear mission, clear vision and plans on the other hand (Strategic planning practice)

Table 4.19: Correlations Results for Strategic Planning Practice and Sustainable Growth

Variable		OS	ER	RG	M	V	P
Optimal services (Os)	Pearson Correlation		1				
	Sig. (2-tailed)						
	N	200					
Employee retention (OS)	Pearson Correlation	.186**	1				
	Sig. (2-tailed)	.008					
	N	200	200				
Revenue Growth (RG)	Pearson Correlation	.104	.019	1			
	Sig. (2-tailed)	.141	.786				
	N	200	200	200			
Mission(M)	Pearson Correlation	.216**	.232**	.050	1		
	Sig. (2-tailed)	.002	.001	.486			
	N	200	200	200	200		
Vision (V)	Pearson Correlation	.151*	.085	.109	.130	1	
	Sig. (2-tailed)	.033	.232	.124	.067		
	N	200	200	200	200	200	
Plans (P)	Pearson Correlation	.016	.011	.168*	.005	.031	1
	Sig. (2-tailed)	.827	.882	.017	.947	.658	
	N	200	200	200	200	200	200

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

* . Correlation is significant at the 0.05 level (2-tailed).

The output indicates a weak positive significant relationship between clear mission and organization effectiveness and optimal services. However, the relationship is very weak and insignificant between vision and Revenue growth. vision only had a significant relationship with employrr retention while plans had a positive significant but week relationship with Revene Growth.

4.7.9 ANOVA Results for Strategic Planning Practice

Table 4.20 presents the analysis of variance of the sub variables of strategic planning and sub variables of sustainable growth. The results show that there is some significant relationship between some sub variables of strategic planning and sustainable growth.

Table 4.20: ANOVA results for Strategic Planning

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	4.153	3	1.384	5.670	.001a
	Residual	47.847	196	.244		
	Total	52.000	199			
2	Regression	4.153	3	1.384	5.670	.001b
	Residual	47.847	196	.244		
	Total	52.000	199			
3	Regression	3.154	3	1.051	3.936	.009c
	Residual	52.346	196	.267		
	Total	55.500	199			

a. Dependent Variable: optimal services Predictors: (Constant established plan , mission,vision

b. Dependent Variable: Employee Retention Predictors: (Constant), established plans,mission,vision

c. Dependent Variable:Revene Growth: (Constant), Plans,mission,vision

Table 4.20 shows that each model there had at least one significant factor affecting the dependent variable.

4.7.10 Strategic Planning Practices Goodness-Of-Fit Model Results

Table 4.21 gives the combined explanatory power of the sub variables of strategic planning practice on the sub variables of sustainable growth.

Table 4.21: Summary Results for Strategic Planning Practice Model

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.668a	.447	.044	.49408
2	.238b	.057	.042	.51679
3.	.201c	.041	.026	.51107

a. Predictors: (Constant), plans ,mission, vision Dependent Variable: optimal services

b. Predictors: (Constant), established plan,mission, vision Dependent Variable: Employee retention

c. Predictors: (Constant), established plan , mission, vision Dependent Variable:

Revenue Growth

The results on Table 4.21 show that mission, clear vision and established plan had explanatory power on the optimal services as they accounted for 44.7% of its variability (R Square = 0.44) on Model 1. There is some moderate positive relationship between the sub variables of the strategic planning and sustainable growth.

On Model 2, the explanatory power of Mission, Vision and plans had an explanatory power of 5.7% of its variability (R Square = 0.42) on employee retention while in Model three the three sub variables had an explanatory variable of 4.1% of its variability (R Square = 0.26) on Revenue Growth .

4.7.11 Regression Results of Strategic planning and Sustainable Growth

To establish the influence of strategic management on sustainable growth, the following hypotheses were stated:

Hypothesis One

H₀₁: There is no statistically significant influence of strategic planning practice on the sustainable growth of private hospitals in Kenya.

H_{0A}: There is statistically significant influence of strategic planning practice on the sustainable growth of private hospitals in Kenya.

Multiple linear regression model was constructed between sub variables of the strategic planning practice and sustainable growth. Further regression was also done between the strategic planning variables and the sustainable growth.

Table 4.22: Regression Analysis Results for Strategic Planning and Optimal Services

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	4.730	.362		13.072	.000
1 Mission	.164	.047	.240	3.475	.001
Vision	.130	.049	.183	2.643	.009
Plans	.018	.055	.022	.327	.744

From Table 4.22 it can be seen that clear vision and clear mission significantly affect optimal services positively. For every 100 percent increase in Mission, optimal services by 0.164 percent and for every 100 percent increase in vision, employee retention increases by 0.13 percent. A multiple regression model between the sub variables of strategic planning practice and organization performance is given as

$$Y_i = 4.730 + 0.164X_1 + 0.13X_2 \dots\dots\dots (4.1)$$

Table 4.23: Regression Analysis Results for Strategic Planning Practices and Employee Retention

Model		Unstandardized		Standardized	t	Sig.
		Coefficients		Coefficients		
		B	Std. Error	Beta		
	(Constant)	5.159	.378		13.630	.000
1	Mission	.158	.049	.224	3.205	.002
	Vision	.041	.052	.056	.802	.423
	Plans	.009	.058	.011	.162	.872

From Table 4.24 only missions significantly affects Employee Retention . The resultant equation is given as

$$Y_i = 5.159 + 0.158X_1 \dots\dots\dots (4.2)$$

Table 4.24: Regression Analysis Results Strategic Planning Practices and Revenue Growth

Model		Unstandardized		Standardized	T	Sig.
		Coefficients		Coefficients		
		B	Std. Error	Beta		
	(Constant)	3.378	.374		9.026	.000
1	Mission	.026	.049	.037	.530	.596
	Vision	.072	.051	.099	1.402	.162
	Plans	.135	.057	.165	2.363	.019

Table 4.24 shows that Plans have significant effect on Revenue Growth.The equation is given as ;

$$Y_i = 3.378 + 0.135X_1 \dots\dots\dots (4.3)$$

Table 4.25: Overall Regression Coefficients

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	5.215	.285		18.308	.000
1 Strategic planning practice	.204	.067	.213	3.063	.002

a. Dependent Variable: sustainable growth

Table 4.25 shows that strategic planning practice has significant influence on sustainable growth of private hospitals in Kenya. The model can be summarized as

$$Y_i = 5.215 + 0.204X_1 \dots\dots\dots (4.4)$$

It can be concluded that Strategic planning practice has a significant influence on sustainable growth of private hospitals in Kenya. The findings agree with that of Matata and Wafula (2015) who argued that for organizations to be successful, strategic planning practices ought to be an integral part of any organization's strategic management. Strategic planning practices improves organization's performance through coordination of activities, proper resources utilization which leads to enhanced organization service delivery and competitive edge over its competitors.

Other supporting studies include, Hadi and Adavi (2016); Kheni and Ackon (2015); study which examined the relationship between strategic planning and small firm's growth. The paper provided evidence that strategic planning does matter in firm growth. Their findings also indicated that the formulation of vision (future orientation) can be more important than formulation of mission (current orientation) for firm growth; Another research by Omolade and Tony (2004) asserted that strategic planning is a panacea to the profitability and sustenance of emerging firms, the researcher indicated that strategic planning has been the success factor and antidote used by emerging firms to engender competitive edge and enhanced bottom

line. Miller and Cardinal (1994) established that there is a positive relationship between strategic planning and firm profitability and growth and Veskaisri *et al.*, (2007) argued that strategic planning is positively associated with the growth of the SME.

4.8 Strategic Procurement Management Practice

The second objective of the study was to determine the influence of Strategic procurement practice on the sustainable growth of hospitals in Kenya. This objective was guided by four sub-variables namely spend analysis, category management; supplier relationship management and increased efficiency.

4.8.1 Sample Adequacy Results on strategic Procurement Practice

The KMO and Bartlett's tests were used to test the interrelations between strategic planning practices variables. Table 4.26 shows that the KMO measure of sample adequacy results is 0.690. Since the value is more than 0.5 there is a good partial correlation exhibited in the data for this study. The p value of Bartlett's Test of Sphericity is 0.00 which is less than the significance level of 0.05.

Table 4.26: Sample Adequacy Results on strategic Procurement Focus

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.690
	Approx. Chi-Square	859.37
Bartlett's Test of Sphericity	Df	78
	Sig.	.000

4.8.2 Factor Analysis Results of strategic Procurement Management practice

This research is intended to determine the influence of strategic procurement management practice on the sustainable growth of hospitals in Kenya. The factor analysis results are given in Table 4.27.

Table 4.27: Factor Analysis Results

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of	Cumulative	Total	% of	Cumulative
		Variance	%		Variance	%
1	4.139	31.837	31.837	4.139	31.837	31.837
2	1.688	12.983	44.820	1.688	12.983	44.820
3	1.349	10.380	55.199	1.349	10.380	55.199
4	1.198	9.214	64.413	1.198	9.214	64.413
5	.872	6.707	71.120			
6	.723	5.565	76.685			
7	.665	5.117	81.801			
8	.581	4.468	86.269			
9	.529	4.073	90.342			
10	.423	3.252	93.593			
11	.368	2.832	96.426			
12	.272	2.096	98.522			
13	.192	1.478	100.000			

Four components extracted from the Strategic procurement management practices were assessed by four sub-variables namely spend analysis, increased efficiency, category management and suppliers' relationship management. Thirteen constructs were tested for factor analysis. From the results in Table 4.27, four factors were identified to have contributed the biggest influence on sustainable growth. The four factors had a cumulative variance of 64.413%. Factor one was the highest with 31.837%, factor two had 12.983% and the third factor contributed 10.380% while factor four contributed 9.214 of total variance. The four factors had Eigen values greater than 1 and had the greatest influence on strategic procurement management practice.

4.8.3 Rotated Component Matrix for Strategic Procurement Practice

Results of the rotated component matrix are given in Table 4.28. Component 1 was identified to be increased efficiency, Component 2 was supplier relationship, and Component 3 was category management while component 4 was spend analysis. All the constructs had a value of more than 0.4 showing that there is some interrelation among them.

**Table 4.28: Results Rotated Component Matrix Strategic Procurement Practice
Rotated Component Matrix**

Statement	Component			
	1	2	3	4
1. There is value for our money				.573
2. purchasing is need based procurement	.680			
3. We get best product/s at the best value				.885
4. Collobartaive approache when dealing with our supplier			.802	
5. Market intelligence provides procurement options			.579	
6. Proactive purchasing is practiced in our hospital		.628		
7. Our procurement personnel are knwolgeable	.565			
8. customers are provided with what they need at the right time	.831			
9. Suppliers are done timely due to short lead time			.709	
10. Satisfactory service level satisfaction	.727			
11. Cost reduction due to good supplier relationship	.545			
12. supplier provide our hospital with supurior services compared to alternative market		.799		
13. Inventory control system is in place		.671		

Extraction Method: Principal Component Analysis.

Rotation Method: Varma with Kaiser Normalization.

a. Rotation converged in 7 iterations.

4.8.4 Descriptive Results of strategic Procurement Management Practice

Table 4.29 shows the descriptive results related to the components of the strategic procurement focus namely increased efficiency, supplier relationship, category management and spend analysis. The results were given on a scale of 1 to 5 (where 5 = Greatest extent and 1 =No extent).

Table 4.29: Descriptive Results for Strategic Procurement Practice

Variable	Mean	Std. Deviation	Cronbach's Alpha
Increased efficiency	4.4020	.43467	.749
Supplier relationship	4.2767	.5102	.702
Category Management	4.2400	.5573	.716
Spend Analysis	4.3875	.4896	.738

Table 4.29 Shows respondents response that Category management had a mean of 4.2400(SD=.557).;increased efficiency with a mean of 4.4020(SD=.435) ,Supplier relationship had a mean of 4.2767(SD=.510) which and Spend analysis had a mean of 4.3875.

Cronbach's alpha was used to test the reliability of the proposed constructs (Ali *et al.*, 2016). The findings indicated that increased efficiency measures had a coefficient of .749, supplier relationship measures had a coefficient of 0.702, category management measures had a coefficient of 0.716 while that of spend analysis measures had a coefficient of .738. Generally the measures of strategic procurement management practice had Cronbach's alpha of above the threshold value of 0.7 hence the study was reliable.

Private Hospitals in Kenya are therefore able to take advantage of reduced costs for growth by taking advantage of the information that spend analysis can provide their supply chain operations. The overall cost to procure materials and services is much lower for organizations with spend analysis programs than their counterparts (Patrice, Luzon, & Ranchi, 2017).This is supported by Mujumdar (2016) who agrees that collaborative relation with the suppliers are required for strategic procurement which results in a good control over the qualities of the supplies as well as first products and services. Mirawati et al. (2015) observes that there is an agreement among scholars that firm-supplier relationships can affect strategic procurement in

firms and affect their long term performance as strategic procurement fosters a long term association with suppliers which is based on mutual respect and trust.

4.8.5: Normality Test Results Strategic Procurement Practice

One of the assumptions of the linear regression model is that the population from which the data was drawn must have been normally distributed. There are several tests in the literature that can be used to test for normality. One of these tests is the Kolmogorov-Smirnov (K-S) one-sample test. Kolmogorov Smirnov test is one of the non-parametric goodness of fit tests that compares how well the distribution of sample data conforms to some theoretical distribution, Malhotra (2007). In K-S test, the null hypothesis is that the data was drawn from the population with the specified cumulative distribution. The null hypothesis is always rejected whenever the P-value is less than the specified level of significance (in this study 0.05). In this study K-S one sample test was used to test the normality of the variables under study. The results are summarized in Table 4.30.

Table 4.30: Normality Test Results for Strategic Procurement Management Practice

		One-Sample Kolmogorov-Smirnov Test			
		Increased efficiency	Supplier relationship	Category Management	Spend Analysis
N		200	200	200	200
Normal Parameters ^{a,b}	Mean	4.44020	4.2767	4.2400	4.3875
	Std. Deviation	.4345	.5102	.5573	.4896
Most Extreme Differences	Absolute	.034	.048	.045	.033
	Positive	.034	.048	.037	.020
	Negative	-.033	-.039	-.045	-.033
Kolmogorov-Smirnov Z		.486	.677	.641	.462
Asymp. Sig. (2-tailed)		.972	.749	.806	.983

a. Test distribution is Normal.

b. Calculated from data.

All the variables were taken from a normal population

4.8.6 Auto Correlation Test: Durbin-Watson Test Results

Generally a strong correlation among residuals of the regressions will always give inaccurate results. Durbin and Watson's test statistic (Yupitun, 2008) is proposed as suitable test for detecting autocorrelation among variables. Durbin Watson statistic tests takes values between 0 and 4 with a value of two being considered ideal. Makori and Jagongo (2013) considered values between 1.5 and 2.5 to be acceptable level showing no signs of collinearity. Tables 4.30 give the Durbin Watson statistics tests for the various sub variables of the strategic procurement practices.

Table 4.31: Durbin Watson Results

Table 4.31: a Durbin Watson Statistics for Optimal Servies

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.237 ^a	.056	.037	.50163	2.085

Predictors: (Constant), category management, supplier relationship, spend analysis, increased efficiency

Dependent Variable: Optimal services

Table 4.31: b Durbin Watson Statistics for Employee Retention

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.137 ^a	.019	-.001	.52844	2.065

Predictors: (Constant), category management, supplier relationship, spend analysis, increased efficiency

Dependent Variable: Employee Retention

Table 4.31: c Durbin Watson Statistics for Revenue Growth

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.091 ^a	.008	-.012	.52092	1.732

a. Predictors: (Constant), category management, supplier relationship management, spend analysis, increased efficiency

b. Dependent Variable: Revenue Growth

Models for optimal services, Employee Retention and revenue Growth have Durbin Watson tests of 2.085, 2.065 and 1.732 respectively. All the three sub variables had tests within the range.

4.8.7 Strategic Procurement Management Practice and Sustainable Growth Correlations Results

One of the techniques used to determine the nature and measuring the strength of the relationships between any variables is Correlation. In this research Pearson Correlation coefficient was used. Pearson Correlation coefficient ranges between negative one and positive one. Table 4.32 shows correlation matrix with correlation coefficients between Optimal services, employee retention increased increased revenue Growth on one hand (measures of sustainable growth) and supplier relationship, category management, spend analysis on the other hand (strategic procurement practice)

Table 4.32: Correlations Results for Procurement Strategic Practice and Sustainable Growth

Variables		OS	ER	CO	IE	SRM	SA	CM
Optimal services (OS)	Pearson Correlation	1						
	Sig. (2-tailed)							
	N	200						
Employee Retention (ER)	Pearson Correlation	.186**	1					
	Sig. (2-tailed)	.008						
	N	200	200					
Revenue Growth (RG)	Pearson Correlation	.104	.019	1				
	Sig. (2-tailed)	.141	.786					
	N	200	200	200				
Increased Efficiency (IE)	Pearson Correlation	.014	.091	.046	1			
	Sig. (2-tailed)	.849	.202	.521				
	N	200	200	200	200			
Supply Relationship Management (SRM)	Pearson Correlation	.019	.069	.007	.399**	1		
	Sig. (2-tailed)	.787	.332	.923	.000			
	N	200	200	200	200	200		
Spend Analysis (SA)	Pearson Correlation	.055	.022	.017	.265**	.219**	1	
	Sig. (2-tailed)	.437	.759	.816	.000	.002		
	N	200	200	200	200	200	200	
Category Management (CM)	Pearson Correlation	.214**	.107	.072	.137	.084	.197*	1
	Sig. (2-tailed)	.002	.133	.314	.052	.238	.005	
	N	200	200	200	200	200	200	200

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

Among all the sub variables of strategic procurement focus and sustainable growth only category management and organization effectiveness have significant relationship. This is in line with Allis (2018); the process of strategic management in many firms is compromised from onset because the management team is not able to put together all issues and opportunities the firm faces. All the other sub variables have in significant relationship.

4.8.8 Strategic Procurement Practices ANOVA Results

Table 4.33 presents the analysis of variance of the study on strategic Procurement management practice and sustainable growth. The results reveal that a significant relationship exists between organization effectiveness and sustainable growth ($F = 2.912, p = 0.023$) as indicated in Model 1.

Table 4.33: Strategic Procurement Practice ANOVA

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	2.931	4	.733	2.912	.023a
	Residual	49.069	195	.252		
	Total	52.000	199			
2	Regression	1.046	4	.262	.936	.444 ^b
	Residual	54.454	195	.279		
	Total	55.500	199			
3	Regression	.440	4	.110	.405	.805 ^c
	Residual	52.915	195	.271		
	Total	53.355	199			

- a. Dependent Variable: Optimal Services Predictors: (Constant), category management, supplier relationship , spend analysis , increased efficiency
- b. Dependent Variable: Employee retention Predictors: (Constant), category management, supplier relationship, spend analysis, increased efficiency
- c. Dependent Variable:Revenue Growth , Predictors: (Constant), category management, supplier relationship, spend analysis , increased efficiency

4.8.9 Strategic Procurement Practice Goodness of Fit Model Results

The results on Table 4.34 showed that strategic procurement management practice measures had very minimal explanatory power on the measures of sustainable growth in private hospitals as indicated in Model 1, 2 and 3. This implies a very weak positive relationship between strategic procurement management practice and sustainable growth.

Table 4.34: Strategic Procurement Practice Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.237 ^a	.056	.037	.50163
2	.137 ^b	.019	-.001	.52844
3	.091 ^c	.008	-.012	.52092

a. Predictors: (Constant), category management, supplier relationship, spend analysis , Optimal Services

b. Predictors: (Constant), category management, supplier relationship, spend analysis, Employee Retention

4.8.10: Regression Results of Strategic Procurement Practice and Sustainable Growth

To establish the influence of strategic procurement focus on sustainable growth, the following hypotheses were stated:

Hypothesis two

H₀₁: There is no statistically significant influence of strategic procurement Focus on the sustainable growth of hospital in Kenya.

H_{0A}: There is statistically significant influence of strategic procurement practice on the sustainable growth of hospital in Kenya.

Multiple linear regression model was fitted between the sub variables of the strategic procurement Focus and sustainable growth. Further regression was also done between the strategic procurement practice variables and the sustainable growth.

Table 4.35: Regression Analysis for Optimal services (Measure of Sustainable Growth) and Measures of strategic Procurement Practice

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	4.127	.473		8.725	.000
Optimal services	.001	.091	.001	.008	.993
Supplier relationship	.023	.077	.023	.297	.767
Spend analysis	.111	.077	.106	1.443	.151
Category management	.179	.055	.233	3.276	.001

a. Dependent Variable: Optimal Services

Table 4.35 shows the regression model between optimal services (Measure of sustainable growth) and measures of sub variables strategic procurement management practice. Only category management has a significant influence on Optimal services (sig value 0.001). This model may be summarized as

$$Y_i = 4.127 + 0.179X_1 \dots \dots \dots (4.4)$$

For one unit increment in Category management, optimal services increases by 0.179.

Table 4.36: Regression Results of Employee Retention and Measures of strategic procurement practice

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	5.103	.498		10.243	.000
Employee Retention	.083	.096	.068	.858	.392
Supplier relationship	.040	.081	.039	.498	.619
Spend analysis	.026	.081	.024	.322	.748
Category management	.078	.058	.099	1.360	.175

a. Dependent Variable: Employee Retention

From Table 4.36 none of the measures of strategic procurement management practice had a significant influence on optimal services.

Table 4.37: Regression Results of Revenue Growth and Measures of Strategic Procurement Practice.

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	4.116	.491		8.381	.000
Revenue Growth	.061	.095	.051	.639	.523
Supplier relationship	.010	.080	.010	.132	.895
Spend analysis	.045	.080	.042	.561	.575
Category management	.058	.057	.074	1.011	.313

a. Dependent Variable: Revenue Growth

From Table 4.37 none of the measures of strategic procurement practice sub variable had a significant influence on employee retention .

Table 4.38: Regression Results of Combined Strategic Procurement Practice and Sustainable growth

Model	Sum of Squares	df	Mean Square	F	Sig.	
1	Regression	.631	1	.631	2.277	.133 ^b
	Residual	54.869	198	.277		
	Total	55.500	199			

a. Dependent Variable: sustainable growth

b. Predictors: (Constant), category management

It can be concluded that Strategic procurement management practice has no significant influence on sustainable Growth. The findings are inconsistent with those of Wampum and Chichi (2014) assertion that procurement practices had positive effect on performance on the levels of ability to meet demand, high quality products, customer satisfaction and stability of prices. Magnus, (2006) also argued that an organization practicing strategic procurement stands to benefits from; an overall reduction of quality costs by ensuring that the selected suppliers deliver a product or service that does not need extensive quality control, contribution to product and service innovation as most innovations in banking industry come from the suppliers and buyers, reduce stock levels by imposing a solid discipline on suppliers and enforce it. However Mature, Maringa and Getecha (2013) pointed out that the level of Strategic procurement management practices among Kenyans' small and medium manufacturing industries have been far below expectations which has been attributed to their poor achievements.

Wheatley (2008), suggested that ineffective procurement can hamper the growth which further contradicts the research finding in Table 4.38 Linda et al. (2006) argued that hospitals that invested in the strategic procurement system have aggressively improved their purchasing capabilities, and in return for its efforts, the hospital have lowered their cost for the product by more than 25 percent and increased competition in the market, which has enabled them to obtain reduced prices in adjacent categories

4.9 Strategic Capability Management Practice and Sustainable Growth

The study sought to determine the influence of Strategic capability practice Management on the sustainable growth of private hospitals in Kenya. Strategic management capability was operationalized by three sub variables namely, skilled and knowledgeable employee, adequate technical system and superior values and norms. A total of ten factors were assessed and tested for factor analysis . results were presented in the below section.

4.9.1 Sample Adequacy Results on Strategic Capability Management Practice

The KMO and Bartlett's tests were used to test the correlation strategic capability management practice sub variables. The KMO measure of sample adequacy results is 0.710 as shown in Table 4.39.

Table 4.39: KMO and Bartlett's Test on Strategic Capability Management Practice

Indicator	Coefficient
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.710
	Approx. Chi-Square 653.696
Bartlett's Test of Sphericity	Df 55
	Sig. .000

In regard to strategic capability management practices , the study found a KMO value of 0.710 and Bartlett's test, $\chi^2 = 653.696$, $p = .000$. The test results indicated that strategic capability orientation met KMO threshold of 0.6 and Bartlett's Test of Sphericity threshold of <0.05 . The study therefore concluded that sampling was adequate for strategic capability management practice variables.

4.9.2 Factor Analysis Results of Strategic Capability Management Practice

Constructs of strategic capability management practice were subjected to component principal analysis. Results showed that there were two factors extracted that were

explaining the strategic capability management practice with a cumulative variance of 53.156% of the total variance.

Table 4.40: Factor Analysis Results of Strategic Capability Management Practice

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.047	38.092	38.092	3.047	38.092	38.092
2	1.205	15.064	53.156	1.205	15.064	53.156
3	.988	12.346	65.502			
4	.886	11.072	76.574			
5	.774	9.680	86.254			
6	.468	5.850	92.104			
7	.323	4.044	96.147			
8	.308	3.853	100.000			

From the Table 4.40 Factor one had 38.092% while factor two had 15.064% influences. Both factors had their Eigen values greater than 1 and were considered to have the greatest influence on strategic capability management practice accounting for 53.156%. All the remaining factors were found to be insignificant and therefore were dropped as shown in table 4.41.

4.9.3 Strategic Capability Management Practice Rotation Component Matrix Results

Table 4.41 shows the rotated component factor loadings for determinants of allocation of strategic capability management measures. Component 1 was identified to be skilled and knowledgeable employees while Component 2 was identified to be superior values and norms. All the variables have a factor loading value of higher

than 0.4. Therefore, the component values indicate that they are highly interrelated to each other.

Table 4.41: Rotation Component Matrix Results for Strategic Capability Management Practice

Rotated Component Matrix

Statement	Component	
	1.	2
1. Skilled and knowledgeable employees		.752
2. There is sufficient technical support		.848
3. Continuously develop our work progress to meet our customer needs		.592
4. Core values bind employees together	.864	
5. Culture and spririt in our hospital are positive	.836	
6. Employee are seen as valuable assets	.726	

Extraction Method: Principal Component Analysis.

Rotation Method: Varma with Kaiser Normalization.

a. Rotation converged in 3 iterations.

4.9.4 Descriptive Results of Strategic Capability Management Practice

Descriptive analysis was done on the sub variables of Strategic capability management and results summarized in Table 4.42.

Table 4.42: Descriptive Results for Strategic Capability Management Practice Descriptive Table

Variable	Mean	Std. Deviation	Cronbach's Alpha
Skilled and Knowledgeable employees	4.4217	.4220	.804
Superior values and norms	4.1283	.5862	.752

From the result in Table 4.42, the respondents agreed that the hospitals have skilled and knowledgeable employees in their ranks. The findings imply that the hospitals hire employees' with basic aptitude and basic skills. These skills are important in determining the ability of an employee to perform his job. The employee development uses an employee's existing skill set and expands on it to help that employee perform his job more efficiently Hassan, (2016). The result further implies that it is critical that each manager understand how each employee's skill affects work performance to develop effective employee development programs.

Also, respondents agreed that there are strong company values and norms in place (mean=4.1, SD=.586) that's the employees have strong values which have become part of hospital tradition and practiced by every employee which are unique and not easy to imitate. Hospital values encourages a sense of purpose and responsibility to one's work.

The results mean that employees are treated as real people and true assets – so they know that their work is appreciated and respected. This gives them the comfort to be themselves and not afraid to voice their ideas, feelings and concerns to management practices the hospital adopts. Norms like respect for each other, transparency, trust humility and accountability are common in organizations that have values as their nerve center (O'Reilly Caldwell, Chatman & Doerr, 2014). Corruption in the workplace is minimal and discouraged by everybody in value-led organization because corruption negatively and heavily impactes on the performance of

institutions. Both measures of strategic capability management practice depicted Cronbach's alpha of above the suggested value of 0.7 indicating that all the items on this questionnaire all reliably measured the intended constructs (that is, Skilled and Knowledgeable employees and values & norms)

4.9.5 Strategic Capability Management Practice Normality Test Results

One of the assumptions of the linear regression model is that the population from which the data was drawn must have been normally distributed. There are several tests in the literature that can be used to test for normality. One of these tests is the Kolmogorov-Smirnov (K-S) one-sample test. Kolmogorov Smirnov test is one of the non-parametric goodness of fit tests that compares how well the distribution of sample data conforms to some theoretical distribution, Malhotra (2007). In K-S test, the null hypothesis is that the data was drawn from the population with the specified cumulative distribution. The null hypothesis is always rejected whenever the P-value is less than the specified level of significance (in this study 0.05). In this study K-S one sample test was used to test the normality of the variables under study. The results are summarized in Table 4.43.

Table 4.43: Normality Test Results

One-Sample Kolmogorov-Smirnov Test			
		Skilled Knowledgeable Employees	Superior Values Norms
N		200	200
Normal Parameters ^{a,b}	Mean	4.4217	4.1283
	Std. Deviation	.4220	.5862
	Absolute	.89	.77
Most Extreme Differences	Positive	.33	.35
	Negative	-.89	-.77
Kolmogorov-Smirnov Z		.546	.806
Asymp. Sig. (2-tailed)		.927	.535

a. Test distribution is Normal.

b. Calculated from data.

It can be seen that in both cases the null hypothesis is accepted hence the data set was normal.

4.9.6 Auto Correlation Test: Durbin-Watson Test Results

Generally a strong correlation among residuals of the regressions will always give inaccurate results. Durbin and Watson's test statistic (Yupitun, 2008) proposed a suitable test for detecting autocorrelation among variables. The Durbin Watson statistic tests takes values between 0 and 4 with a value of two being considered ideal. Maori and Jagongo (2013) considered values between 1.5 and 2.5 to be acceptable level showing no signs of collinearity. Tables 4.44 a, 4.44 b and 4.44c give the Durbin Watson statistics tests for the various sub variables of the strategic management capabilities.

Table 4.44: Durbin -Watson Test Results

Table 4.44a: Durbin -Watson Test Results organization effectiveness

Model Summary					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.630 ^a	.397	.390	.39908	1.883

a. Predictors: (Constant), skilled employees, norms

Dependent Variable: Optimal services

Durbin Watson tests of 1.883, and therefore the sub variables tests was within the range

Table 4.44b: Durbin -Watson Test Results optimal services

Model Summary^b					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
2	.433 ^a	.188	.179	.47840	1.853

a. Predictors: (Constant), skilled employees, norms

b. Dependent Variable: employee retention

Durbin Watson tests of 1.853 , and therefore the sub variables tests was within the range

Table 4.44c: Durbin -Watson Test Results continuity operations

Model Summary^b					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
3	.482 ^a	.232	.224	.45600	1.799

a. Predictors: (Constant), skilled employees, norms

b. Dependent Variable: Revenue Growth

Durbin Watson tests of 1799, and therefore the sub variables tests was within the range It can be concluded that Models for, optimal services and employee retention variables had Durbin-Watson tests within the range (0)-4) and therefore accepted since there no signs of collinearity

4.9.7 Strategic Capability Management Practice and Sustainable Growth

One of the techniques used to determine the nature and measuring the strength of the relationships between any two variables is Correlation. In this research Pearson Correlation coefficient was used. Pearson Correlation coefficient ranges between negative one and positive one. Table 4.45 shows correlation matrix with correlation coefficients between organization effectiveness, Optimal services and continuity of services on one hand (measures of Sustainable growth) and skilled and knowledgeable employees and superior values and norms on the other hand (strategic management capability).

Table 4.45: Correlations Results for Relationship between Capability Management Practice and Sustainable Growth

		OS	ER	RG	N	SE
Optimal services (OS)	Pearson Correlation	1				
	Sig. (2-tailed)					
	N	200				
Employee Retention (ER)	Pearson Correlation	.186**	1			
	Sig. (2-tailed)	.008				
	N	200	200			
Revenue Growth (RG)	Pearson Correlation	.104	.019	1		
	Sig. (2-tailed)	.141	.786			
	N	200	200	200		
Norms(N)	Pearson Correlation	.579**	.423**	.422**	1	
	Sig. (2-tailed)	.000	.000	.000		
	N	200	200	200	200	
Skilled Employees(SE)	Pearson Correlation	.612**	.394**	.477**	.361**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	200	200	200	200	200

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

Results from Table 4.45 shows that optimal services has a strong significant relationship with the two measures of strategic capability management practice (skilled and knowledgeable employees and superior values and norms). The correlation coefficient between optimal services and skilled and Revenue growth and superior values and norms are 0.612 and 0.579 respectively. The measures of the two variables have an average correlation coefficient which are all positive and of statistical significant. This is supported by Kosgei (2014) who observed that lack of skilled and inadequate training of staff has been the major bottleneck in implementing effective strategies in Kenya. Further Hadi and Adavi (2016) concluded that lack of skilled employees was a major hinderance in implementing strategic managements in organization. Research findings revealed that most organizations were experiencing lack of skillful workers in the process of implementing strategic management’s practices.

4.9.8 ANOVA Results for Strategic Capability Management Practice

Table 4.46 presents the analysis of variance of the study on strategic capability management practices measures and sustainable growth measures.

Table 4.46: ANOVA Results for Strategic Capability Management Practice

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	20.624	2	10.312	64.746	.000 ^a
	Residual	31.376	197	.159		
	Total	52.000	199			
2	Regression	10.413	2	5.206	22.748	.000 ^b
	Residual	45.087	197	.229		
	Total	55.500	199			
3	Regression	12.392	2	6.196	29.797	.000 ^c
	Residual	40.963	197	.208		
	Total	53.355	199			

a. Dependent Variable: optimal servies Predictors: (Constant), Predictors: (Constant), skilled employees, norms

b. Dependent Variable: Employee retention Predictors: (Constant), Predictors: (Constant), skilled employees, norms

C .Dependent Variable:Revenue Growth , Predictors: (Constant), Predictors: (Constant), skilled employees, norms

Model 1 Table 4.46 Reveal that a significant relationship exists betweenOptimal services and sustainable growth (F = 64.746, p = 0.000)

Model 2 in Table 4.46 shows that there is a significant relationship between Employee Retention and at least one of the measures of strategic management practices with an (F =22.748 and p= 0.000)

Model 3 in Table 4.46 shows that there is a significant relationship between Revenue Growth and at least one of the measures of strategic capability management practices (with an F =29.797 and p = 0.000)

4.9.9 Strategic Capability Management Practice Goodness-Of-Fit Model Results

The results on Table 4.47 showed that strategic capability management measures had an explanatory power on the measures of sustainable growth as indicated in Model 1, 2 and 3. They explain 39.7%, 18.8% and 23.2% of the variations in organization effectiveness, optimal services and continued operations respectively.

Table 4.47: Model Summary for Strategic Capability Management Practices

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.630 ^a	.397	.390	.39908
2	.433 ^b	.188	.179	.47840
3	.482 ^c	.232	.224	.45600

a. Predictors: (Constant), skilled and knowledgeable employees and superior values and norms.

4.9.10 Regression Results of Strategic capability Management practices and Sustainable Growth

To establish the influence of strategic procurement focus on sustainable growth, the following hypotheses were stated:

Hypothesis three

H₀₁: There is no statistically significant influence of strategic capability management practices on the sustainable growth of private hospitals in Kenya.

H_{0A}: There is statistically significant influence of strategic capability management practices on the sustainable growth of private hospital in Kenya.

Multiple linear regression model was constructed between the sub variables of the strategic capability management practice and sustainable growth. Further regression was also done between the strategic capability management practices variable and the sustainable growth.

Table 4.48: Regression Analysis of Strategic Capability Management Practices and Sustainable Growth

Organization variable Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	-.920	.497		-1.849	.066
1 Superior values and norms	.498	.186	.247	2.673	.006
Skilled employees	.733	.163	.415	4.490	.000

a. Dependent Variable: organization effectiveness

Table 4.48 shows that both superior values and norms and skilled and knowledgeable employees have a significant influence on Optimal services. For every 100% increase in Superior values and norms in the private hospitals in Kenya, organizational effectiveness increases by 50% ($\beta=.498$) and the change is significant since p is less than .05. Also for every 100% change increase in skilled and knowledgeable of the employees in the hospitals, organization effectiveness

increases by 73 % ($\beta=.733$). The change is significant since p is less than .05. The results thus suggest the prediction model is

$$Y_i = 0.498X_1 + 0.733X_2 \dots\dots\dots (4.5)$$

Table 4.49: Employee Retention Coefficients.

Model	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
(Constant)	.352	.596		.591	.555
1 Superior values and norms	.628	.223	.301	2.812	.005
Skilled employees	.379	.186	.253	2.038	.020

a. Dependent Variable: Employee Retention

Table 4.49 shows that both values and norms a, skilled and knowledgeable employees have a significant influence on employee retention. For every 100 percent increase in superior values, Employee Retention increases by a significant 63 percent ($\beta=.628$)

On the other hand, a 100 percent increase in skilled and knowledgeable employees, Employee retention increase by 38 percent ($\beta=.379$) this model can be summarized by equation 4.6 as

$$Y_i = 0.628X_1 + 0.379X_2 \dots\dots\dots (4.6)$$

Table 4.50:Revenue Growth Coefficients

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	.326	.568		.574	.566
Superior values and norms	.227	.103	.111	2.204	.019
1 Skilled employees & knowledgeable employee	.695	.187	.388	3.727	.000

a. Dependent Variable: Revenue Growth

Table 4.50 shows that both superior values and norms and skilled and knowledgeable employees has a significant influence Revenue growth . For every 100 percent increase in superior values and norms, Revenue Growth in the hospitals increases by a 23 percent ($\beta=.227$)But, for every 100 percent increase in skilled and knowledgeable employees, Revenue growth significantly increase by 70 percent ($\beta=.695$). This model can be summarized by equation 4.7 as

$$Y_i = 0.227X_1 + 0.695X_2 \dots\dots\dots (4.7)$$

A further regression analysis of the variable strategic capability management practices on Revenue Growth was done and results given by Table 4.51.

Table 4.51: Regression Analysis of Strategic Capability Management Practice

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
1					
(Constant)	.469	.581		.807	.421
Strategic capability management	.881	.132	.429	6.692	.000

a. Dependent Variable: Sustainable Growth

Table 4.51 shows that strategic capability management practices has significant influence on sustainable growth. For every 100% unit change in strategic capability management practices, sustainable growth of hospitals in Kenya significantly increases by 88% ($\beta = .881$). This relationship is summarized by equation 4.8 as

$$Y_i = 0.881X_1 \dots \dots \dots (4.8)$$

The study confirms of strategic capability management influences sustainable growth of private hospitals. The study findings are in agreement with Wanjiku and Gathungu, (2016) who asserted that the survival and growth of insurance firms is highly dependent on the strategic capabilities they each possess and how well they are executed. The study findings supported Kheni and Ackon (2015) who identified lack of top management understanding and commitment as a barriers to sustainable growth of private hospitals Leonard-Barton, (1992) who view that Firms strategic capability forms the major component in remaining financially viable and growing despite the presence of competitors in a free market. The finding are supported by Nelson et al. (1982) which found that a health care organization’s ability to deploy resources and competencies usually in combination results to the desired services that meet the customer needs and expectation. The findings concluded that Hospital managers should possess the ability to effectively and

efficiently coordinate resources and competencies to achieve integrative synergies through leadership and management which represents strategic capability.

4.10 Strategic Human Resource Management Practice and Sustainable Growth

The study sought to determine the influence of Strategic human resource management on the sustainable growth of private hospitals in Kenya. Strategic Human resource management practice was operationalized by three sub variables namely, Strategic recruitment, strategic training, strategic reward system and strategic employee voice

4.10.1 KMO and Bartlett's Test on sub variables of Strategic Human Resource management Practice

The KMO and Bartlett’s tests were used to test the correlation between Strategic human resource management practice sub variables. The KMO measure of sample adequacy results is 0.756 as shown in Table 4.52.

Table 4.52: KMO and Bartlett’s Test of Strategic Human Management practices and Sustainable Growth

Indicator	Coefficient
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.	.756
Approx. Chi-Square	698.468
Bartlett's Test of Sphericity	Df
	Sig.
	36
	.000

Since the value is more than 0.5 there is good partial correlation exhibited in the data for this study. The p value of Bartlett’s Test of Sphericity is 0.00 which is less than the significance level of 0.05.

4.10.2 Factor Analysis Results of Strategic Human Resource Management Practice

Constructs of Strategic human resource management were subjected to component principal analysis. Results showed that there were two factors extracted that were explaining the Strategic human resource management which had a cumulative value of 57.821% of the total variance

Table 4.53: Factor Analysis Results of Strategic Human Resource management

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.957	43.964	43.964	3.957	43.964	43.964
2	1.247	13.857	57.821	1.247	13.857	57.821
3	.927	10.302	68.123			
4	.763	8.473	76.595			
5	.661	7.346	83.941			
6	.527	5.853	89.794			
7	.415	4.613	94.407			
8	.341	3.792	98.198			
9	.162	1.802	100.000			

Extraction methods: principal component analysis

Factor one had 43.964% while factor two had 13.857% influence. Both factors had their Eigen values greater than 1 and were considered to have the greatest influence on strategic capability management practice accounting for 57.821%.

4.10.3: Rotation Component Matrix Results of Strategic Human Resource Management Practice

Table 4.54 shows the rotated component factor loadings for determinants of allocation of strategic human resource measures. Component 1 was identified to be ‘Strategic Recruitment’ while Component 2 was identified to be ‘Strategic Training and Development’. All the variables have a factor loading value of higher than

0.4. Therefore, the component values indicate that they are highly interrelated with each other.

Table 4.54: Varimax Rotated Component Loading For Nine Strategic Human Resource Management Items

Statement	Component	
	1	2
1. Transparency and fairness is following when recruiting and selecting hiring employee	.637	
2. Employees usually voice their issues in a conducive environment		.746
3. staff development programmes in place		.616
4. Suggestion boxes(schemes) are placed in central places for use by employees to contribute ideas for improvement		
5. Good rewards have a positive effect on the employee performance of the hospital		.419
6. Incentives given to the employees motivates employees and enhances performanc.	.704	
7. Private hospital's salary scales are competataive	.689	
8. Compensation for employees is directly linked to his/her performance	.719	
9. Training employees improves their work performance	.689	
10. Recruitment process ensures that very qualified candidates are attracted	.783	

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 10 iterations.

4.10.4 Descriptive Results of Strategic Human Resource Management practice

Descriptive analysis was done on the sub variables of Strategic Human Resource Management results summarized in Table 4.55.

Table 4.55: Practice Descriptive Strategic Human Resource

Variable	Mean	Std. Deviation	Cronbach's Alpha
Strategic Recruitment	4.1872	.4107	.818
Strategic Training and Development	4.2529	.3361	.724

Strategic recruitment had a mean of 4.2, SD=.411 and $\alpha=.724$ while strategic training and development had a mean of 4.3, SD=.33 and $\alpha=.724$. The items in the questionnaire are all reliable measures of the staff strategic human resource management construct

This implies that the hospitals make the best staffing choices available to address the core business needs the management identifies. In strategic recruitment of hospitals, it's common to find that all the hospital departments work with the management to help forecast their needs well in advance and budget for those staffing shortfalls. The items used in the questionnaire are all reliable measure of the strategic staffing construct.

4.10.5 Strategic Human Resource Management Normality Test Results

One of the assumptions of the linear regression model is that the population from which the data was drawn must have been normally distributed. There are several tests in the literature that can be used to test for normality. One of these tests is the Kolmogorov-Smirnov (K-S) one-sample test. Kolmogorov Smirnov test is one of the non-parametric goodness of fit tests that compares how well the distribution of sample data conforms to some theoretical distribution, Malhotra (2007). In K-S test, the null hypothesis is that the data was drawn from the population with the specified

cumulative distribution. The null hypothesis is always rejected whenever the P-value is less than the specified level of significance (in this study 0.05). In this study K-S one sample test was used to test the normality of the variables under study. The results are summarized in Table 4.56.

Table 4.56: Normality Test Results for Strategic Human Resource Management Practice

One-Sample Kolmogorov-Smirnov Test			
		Strategic Recruitment s	Strategic Training and Development
N		200	200
Normal Parameters ^{a,b}	Mean	4.1872	4.2529
	Std. Deviation	.4107	.3361
	Absolute	.96	.98
Most Extreme Differences	Positive	.69	.78
	Negative	-.96	-.98
Kolmogorov-Smirnov Z		.506	.537
Asymp. Sig. (2-tailed)		.960	.935

a. Test distribution is Normal.

b. Calculated from data.

From the results, it can be seen that the data set were normal

4.10.6 Auto Correlation Test: Durbin-Watson Test Results

Generally a strong correlation among residuals of the regressions will always give inaccurate results. Durbin and Watson's test statistic (Yupitun, 2008) is proposed as suitable test for detecting autocorrelation among variables.

The Durbin Watson statistic tests takes values between 0 and 4 with a value of two being considered ideal. Makori and Jagongo (2013) considered values between 1.5 and 2.5 to be acceptable levels showing no signs of collinearity. Tables 4.57a, 4.57b

and 4.57c give the Durbin Watson statistics tests for the various sub variables of the Strategic human resource management practice.

Table 4.57: Durbin Watson Results

Table 4.57a Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.406 ^a	.165	.156	.46956	1.826

a. Predictors: (Constant), Strategic recruitment, Strategic Training and Development

b. Dependent Variable: Optimal Services

Models for Organization effectiveness has Durbin Watson tests of 1.826, which is within the normal range.

Table 4.57b: Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
2	.261 ^a	.068	.059	.51233	1.966

a. Predictors: (Constant), Strategic training and development Strategy , Strategic recruitment and selection

b. Dependent Variable: Employee Retention

Models for optimal services has Durbin Watson tests of 1.966, which is within the normal range.

Table 4.57c;; Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
3	.225 ^a	.050	.041	.50712	1.683

a. Predictors: (Constant), Strategic training , strategic recruitment and selection

b. Dependent Variable: Revenue Growth

Models for continuity operations has Durbin Watson tests of 1.683, which is within the normal range

Conclusion Models for Optimal services , Employee retention and Revenue Growth have Durbin Watson tests of 1.826, 1.966 and 1.683 respectively. All the three sub variables had tests within the range.

4.10.7 Strategic Human Resource Management Practice and Sustainable Growth Correlations Results

One of the techniques used to determine the nature and measuring the strength of the relationships between any variables is Correlation. In this research Pearson Correlation coefficient was used. Pearson Correlation coefficient ranges between negative one and positive one. Table 4.58 shows correlation matrix with correlation coefficients between Optimal services, employee retention and revenue Growth on one hand (measures of Sustainable growth) and strategic recruitment, strategic training and development on the other hand (Strategic Human Resource Management Practice)

Table 4.58: Correlations Results for Strategic Human Resource Management Practice and Sustainable Growth

Valuable		OE	OS	CO	SR	STD
Optimal services (OS)	Pearson					
	Correlati	1				
	on Sig. (2- tailed)					
	N	200				
Employee Retention (ER)	Pearson					
	Correlati	.186**	1			
	on Sig. (2- tailed)	.008				
	N	200	200			
Revenue Growth (RG)	Pearson					
	Correlati	.104	.019	1		
	on Sig. (2- tailed)	.141	.786			
	N	200	200	200		
Strategic Recruitment(SR)	Pearson					
	Correlati	.405**	.227**	.201**	1	
	on Sig. (2- tailed)	.000	.001	.004		
	N	200	200	200	200	
Strategic Training and Development(STD)	Pearson					
	Correlati	.315**	.234**	.103	.508**	1
	on Sig. (2- tailed)	.000	.001	.146	.000	
	N	200	200	200	200	200

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

Results from Table 4.58 shows that organization effectiveness has moderate positive significant relationship with the two measures of Strategic human resource management; Strategic recruitment ($r=.315$, $p=.000$) and strategic training and development function ($r=.405$, $p=.000$). The results shows that correlation between optimal services and strategic recruitment are .405 and .315 respectively. The measures of the two variables also have an average correlation coefficient which are all positive and statistically significant apart from continuity of operation and Resourcing strategy which does not have a significant relationship. Njagi and Kombo (2014) examined strategy implementation and performance of commercial banks in Kenya, a strong relationship was established.

4.10.8 ANOVA Results for Strategic Human Resource Management Practice

Table 4.59 presents the analysis of variance of the study on Strategic human resource management practice measures and sustainable growth measures. The results reveal that a significant relationship exists between optimal services and at least one of the measures of Strategic human resource management practice ($F = 19.423$, $p = 0.000$) as indicated in Model 1.

Table 4.59: ANOVA Results for Strategic Human Resource Management Practice

Model		Sum of Squares	Df	Mean Square	F	Sig.
a	Regression	8.565	2	4.282	19.423	.000a
	Residual	43.435	197	.220		
	Total	52.000	199			
b	Regression	3.791	2	1.895	7.221	.001 ^b
	Residual	51.709	197	.262		
	Total	55.500	199			
c	Regression	2.692	2	1.346	5.233	.006c
	Residual	50.663	197	.257		
	Total	53.355	199			

a. Dependent Variable: Optimal Services Predictors: (Constant), Predictors: (Constant), strategic recruitment, strategic training and development

b. Dependent Variable: Employee Retention Predictors: (Constant), Predictors: (Constant), strategic recruitment , strategic training and development.

c. Dependent Variable:Revenue Growth,Predictors: (Constant), Predictors: (Constant),strategic recruitment, strategic training and development.

Model 1; Table 4.59a show that there is significant relationship between optimal services and at least one of the measurers of strategic human resource management practices with an (F value of 19.423 and a *p* value 0.00).

Model 2; in Table 4.59 b shows that there is a significant relationship between employee retention and at least one of the measures of Strategic human resource management practice with an (F value of 7.221 and a *p* value of 0.001).

Model 3; in Table 4.59c shows that there is a significant relationship between revenue Growth and at least one of the measures of Strategic human resource management (with an F value of 5.233 and a *p* value of 0.006).

4.10.9 Strategic Human Resource Management Practice Goodness-Of-Fit Model Results

The results on Table 4.60 showed that Strategic human resource management measures had an explanatory power on the measures of sustainable growth as indicated in Model 1, 2 and 3. They had values of 16.5%, 6.8% and 5% of the variations in optimal services and employee retention revenue growth respectively.

Table 4.60: Model Summary for Strategic Human Resource Management Practice

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.406 ^a	.165	.156	.46956
2	.261 ^a	.068	.059	.51233
3	.225 ^a	.050	.041	.50712

a. Predictors: (Constant), optimal services,employee retention and revenue Growth

4.10.10 Regression Results of Strategic human resource management and Sustainable Growth

To establish the influence of Strategic human resource management on sustainable growth, the following hypothesis were stated:

Hypothesis four

H₀₁: There is no statistically significant influence of Strategic human resource management practice on the sustainable growth of hospital in Kenya.

H_{0A}: There is statistically significant influence of Strategic human resource management practice on the sustainable growth of hospital in Kenya.

To test the hypothesis, a multiple linear regression analysis was done between the sub variables of the Strategic human resource management and sustainable growth. Further regression was also done between the strategic management practices variable and the sustainable growth.

Table 4.61: ANOVA Results for Strategic Human Resource Management Practice

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	1.878	.423		4.444	.000
1 Strategic Recruitment	.344	.137	.305	2.511	.009
Strategic Training and Development	.659	.168	.434	3.927	.000

Table 4.61 shows that Strategic recruitment has a significant influence on organization effectiveness. The coefficients results indicate that; for every 100% increase in Strategic recruitment of hospitals in Kenya, optimal services increases

by 34% ($\beta=.344$). The increase is statistically significant ($p=.009$). On the other Strategic Training and development has also positive influence on optima services. In case the hospitals realize a 100% increase instrategic training and development ,optimal services of these hospitals also increase by 66% ($\beta=.659$). The increase is statistically significant ($p=.009$). Thus the regression model is;

$$Y_i = 1.878 + 0.344X_1 + 0.659 \dots\dots\dots (4.9)$$

Table 4.62: Regression Analysis

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	2.655	.471		5.642	.000
Strategic Recruitment	.223	.111	.203	2.001	.032
1 Strategic Training and Development practices	.601	.169	.383	3.561	.000

Table 4.62 shows that both Strategic Recruitment and strategic training and development have a significant influence on employee retention . For every 22.3% unit change in Recruitment strategy and for every 60.1% unit change in strategic training and development strategy, employee retention changes by one unit. This model can be summarized by equation 4.10 as

$$Y_i = 2.655 + 0.223X_1 + 0.601X_2 \dots\dots\dots (4.10)$$

Table 4.63: Regression Analysis for Revenue Growth

Model	Unstandardized		Standardized	t	Sig.	
	Coefficients		Coefficients			
	B	Std. Error	Beta			
1	(Constant)	3.066	.456		6.720	.000
	Strategic recruitment	.215	.148	.170	.446	.150
	Strategic Training and development	.521	.181	.338	2.875	.004

Table 4.63 shows that strategic training and development have significant influence on revenue Growth . In the case there is a 100% increase in Strategic Training and Development staff Revenue Growth significantly increases by 52% ($\beta = .521$).

The regression model can be summarized by equation 4.11 as

$$Y_i = 3.066 + 0.521X_1 \dots\dots\dots (4.11)$$

A further regression analysis of the variable Strategic human resource management on growth was done and results given by Table 4.64.

Table 4.64: Regression analysis Strategic Human Resource Management on sustainable Growth

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	2.826	.434		6.510	.000
1 Human Resource Management	.361	.103	.243	3.523	.001

Table 4.64 shows that Strategic human resource management has significant influence on sustainable growth. In the case the SHRM increases by 100%, the Sustainable growth increases by 36% ($\beta=.361$). This relationship is summarized by equation 4.13 as

$$Y_i = 2.826 + 0.361X_1 \dots\dots\dots (4.12)$$

The finding are in support of other research studies in the literature which suggest that there is a positive relationship between strategic human resource management and overall business strategies for example Alghamdi (2016) established that factors such as human resources barriers poor training of staff, lack of encouragement and satisfied staff members, lack of recognition and appreciation of staff's success impacted negatively to successful implementation of total quality management.

Caliskan (2010) established that Strategic human resource management is concerned with the creation of a linkage between the overall strategic aims of business and the human resource strategy and implementation. The research concluded that the way an organization manages its human resources has a significant relationship with the organization's performance.

According to Eneh and Awara (2016) Strategic human resource management practice enables an organization to achieve optimization of resources, efficiency and

effectiveness, and continuous improvement in realizing its set goals. Bitu *et al.* (2014) examined how two large health systems formulate and implement strategy with a specific focus on differences and similarities in the nature of strategic initiatives across systems. His research found that due to the good strategic human resource management practices in place, the hospital has also been able to attract donors who have continued to fund projects within the hospital and this greatly benefitted patients..

Table 4.65: Overall Regression Analysis Model for All the Variables

Model	Unstandardized		Standardized	t	Sig.
	Coefficients		Coefficients		
	B	Std. Error	Beta		
(Constant)	1.777	.629		2.824	.005
Strategic Planning Practice	.203	.065	.212	3.121	.002
Strategic Procurement Practice	.117	.117	.079	.999	.319
Strategic Capability Management Practice	.910	.152	.443	5.976	.000
Strategic Human Resource Practice	.246	.108	.165	2.279	.024

Table 4.65 gives the overall regression when all the sub variables of the independent variables are put together. It can be seen that all the independent variables have significant influence on sustainable growth apart from strategic procurement practices alpha =.05 (p=.319). This summarized by equation (4.13).

The overall regression model therefore is presented as below:

$$Y = 1.777 + 0.203X_1 + 0.910X_2 + 0.246X_3 \dots \dots \dots (4.13)$$

Where:

X_1 = Strategic Planning Practice

X_2 = Strategic Capability Management Practice

X_3 = Strategic Human Resource Management

Sustainable Growth = 1.777 + 0.203 Strategic Planning Practice + 0.910 Strategic Capability Management Practice + 0.246 Strategic Human Resource Management

The regression intercept is 1.777 which is the predicted value of sustainable growth when all the other 3 regression model variables are 0, implying that without inputs of the independent variables the sustainable growth remains at a constant low 1.777 units.

And the regression coefficient for strategic planning is .203 and it is significant ($p=.002$). It implies that strategic planning has positive and significant influence on sustainable growth in hospitals in Kenya. The Coefficient indicates that, when efficiency in strategic planning increases by 100%, the sustainable growth increases by 20% ($\beta=.203$). Thus hypothesis H_{01} which stated; There is no statistically significant influence of strategic planning practice on the sustainable growth of private hospitals in Kenya, was rejected at .05 significant level. In this regard, this research state that; ‘There is statistically significant influence of strategic planning practice on the sustainable growth of private hospitals in Kenya’

The regression coefficient for strategic procurement management is .117 and it is not statistically significant at alpha =.05 ($p=.319$). It implies that strategic procurement has positive but insignificant influence on sustainable growth in hospitals in Kenya. Also it implies that when efficiency in strategic procurement increase by 100%, the sustainable growth also increases by only 12% ($\beta=.117$). Thus hypothesis H_{02} which stated; There is no statistically significant influence of strategic procurement practice on the sustainable growth of private hospitals in Kenya, was accepted at .05 significant level. In this regard, the research state that; ‘There is no statistically

significant influence of strategic planning practice on the sustainable growth of private hospitals in Kenya’

The regression coefficient for strategic capability management is .910 and it is significant ($p=.002$). It implies that strategic planning has positive and significant influence on sustainable growth in hospitals in Kenya. Also it implies that when efficiency in strategic planning increases by 100%, the sustainable growth also increases but by 91% ($\beta=.910$). Thus hypothesis H_{03} which stated; There is no statistically significant influence of strategic capability practice on the sustainable growth of private hospitals in Kenya, was rejected at .05 significant level. In this regard, this research state that; ‘There is statistically significant influence of strategic capability practice on the sustainable growth of private hospitals in Kenya’

Then for SHRM, the coefficient is .246 and it is significant ($p=.002$). It implies that SHRM strategies have positive and significant influence on sustainable growth in hospitals in Kenya. An increase in strategic planning increase efficiency by 100%, the sustainable growth increases by 20% ($\beta=.203$). Thus hypothesis H_{04} which stated; There is no statistically significant influence of SHRM strategies on the sustainable growth of private hospitals in Kenya, was rejected at .05 significant level. In this regard, this study state that; ‘There is statistically significant influence of strategic SHRM on sustainable growth of private hospitals in Kenya.

All the hypothesis that were tested are summarized in Table 4.66.

Table 4.66: Summary of Research Hypotheses

Null Hypothesis	Comments
1. There is no statistically significant influence of strategic planning practice on the sustainable growth of private hospitals in Kenya.	Rejected
2. There is no statistically significant influence of strategic procurement focus on the sustainable growth of private hospitals in Kenya.	Accepted
3. There is no statistically significant influence of strategic capability management practices on the sustainable growth of private hospitals in Kenya.	Rejected
4. There is no statistically significant influence of strategic human resource management practice on the sustainable growth of private hospitals in Kenya.	Rejected

It can be seen that the null hypothesis was rejected in all the cases apart from hypothesis two (strategic procurement practices)

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary of the study as guided by specific objectives, research questions and hypothesis, conclusions reached based on the findings and recommendations on the influence of strategic management practices on sustainable growth of private hospitals.

5.2 Summary of Findings

The overall objective of this study was to establish the influence of strategic management practices on sustainable growth of private hospitals in Kenya. In particular, the study sought to establish the influence of strategic planning practice, strategic procurement practice, strategic capability management practice and strategic human resource management

5.2.1 Strategic Planning Practice

According to literature reviewed, Strategic planning practice is any activity, related or unrelated to the formal, intended strategy, that affects the strategic outcomes, directions, survival and competitive advantage of a firm Strategic planning creates a vision of the hospital's future, and uses this vision to set a strategic direction that defines values and direct actions. A strategic planning brings together a group of individuals and unifies their strengths so they can capitalize on the power of being in a group. Descriptive analysis showed that strategic planning practice has significant influence on sustainable growth of private hospitals in Kenya. From the correlation analysis the output indicates a weak positive significant relationship between clear mission and optimal services and employee retention. However, the relationship is very weak and insignificant between clear vision and revenue growth Vision only had a significant relationship with Optimal services while plans had a positive significant but week relationship with revenue growth .

Therefore, these findings show that the research which sought to establish the influence of strategic planning practice on sustainable growth of Private Hospitals in Kenya was achieved because it established that that Strategic planning practice has a significant influence on sustainable Growth.

5.2.3 Strategic Procurement Practice

Strategic procurement plays a major role in the outcome of patient management. Replenishments, purchasing activities and supplier deliveries should be well scheduled so that resources are available and stock-outs are avoided. Avoidance of stock-outs can be done through periodic reviews in hospitals. The primary focus of strategic procurement is to ensure effective cost and asset infrastructure in support of the desired strategic position of the hospital and assure sustainability in a more comprehensive sense. Strategic purchasing should also expand in its external scope to include suppliers, customer, and key complementary, thus establishing an extended supply chain.

Strategic procurement management practice has a positive effect on organizational performance and on the levels of ability to meet demand, high quality products, customer satisfaction and stability of prices; however ineffective procurement can hamper the firm growth. This study sought to establish the influence of strategic procurement practice on sustainable growth of private hospitals in Kenya.

The findings in the descriptive statistics showed that average respondents agreed that increased efficiency affects strategic procurement practice. which implies that respondents agreed that it affects sustainable growth Cronbach's alpha was used to test the reliability of the proposed constructs (Ali et al., 2016).correlation coefficients between optimal services, Optimal services, employee retention and revenue growth on one hand (measures of sustainable growth) and supplier relationship, category management ,spend analysis on the other hand (strategic procurement focus) Among all the sub variables of strategic procurement focus and sustainable growth only category management and organization effectiveness have significant relationship.

All the other sub variables have an insignificant relationship. Further Regression Results Of Combined Strategic Procurement practice variables and Sustainable growth was done. The regression results of combined strategic procurement practice variables and sustainable growth concluded that Strategic procurement practice has no significant influence on sustainable Growth. Wheatley (2008) suggested that ineffective procurement can hamper the growth which further contradicts the research fundings.

5.2.4 Strategic Capability Management Practice

Strategic capability management is the ability to transformation of a firm's resources and competences into services and products that match the needs of consumers in the market, which consequently help the organization, sustain its operations. Strategic capabilities are the resources embedded within the firm which cannot be transferred and whose aim is to enhance the productivity of the other resources possessed by the firm. They are distinguished from resources by the fact that while resources can be owned as a possession, capabilities can only be achieved through activity (Grant, 2005).

This study sought to determine the influence of Strategic capability Management practice on the sustainable growth of private hospitals in Kenya. Strategic management capability was operationalized by three sub variables namely, skilled and knowledgeable employee, adequate technical system and superior values and norms Strategic capability refers to a business' ability to successfully employ competitive strategies that allow it to survive and increase its value over time. While strategic capability does take into account the strategies a business uses, it focuses on the organization's assets, resources and market position, projecting how well it will be able to employ strategies in the future. There is no single method or universal metric for measuring or noting strategic capability.

From the descriptive analysis, Respondents agreed that skilled and knowledgeable employees and superior values and norms. Both measures of strategic capability management practice depicted Cronbach's alpha of above the suggested value of 0.7, hence the study was reliable.

A further regression analysis of the all variable strategic capability management practices on sustainable growth was done. The results showed that a strategic capability management practice has significant influence on sustainable growth of private hospitals. The study therefore confirms there is a positive effects of strategic capability management practice on the sustainable growth of private hospitals.

5.2.4 Strategic Human Resource Management

Human resource strategic management capability was operationalized by three sub variables namely;strategic recruitment, strategic training and development and strategic reward management are central to healthcare, yet its proper management has remained beyond the reach of healthcare organizations. Human resources has now emerged as a strategic paradigm in which individual Human Resource functions, such as recruitment, selection, training, compensation, and performance appraisal, are aligned with each other and also with the overall strategy of the organization.

From the descriptive analysis, Respondents agreed that Recruitment strategy and strategic training and development have a significant influence on sustainable growth of private hospitals. Multiple linear regression analysis was done between the sub variables of the Strategic human resource management and sustainable growth.

5.3 Conclusions

The study made several conclusions that were anchored on research findings based on research objectives and hypothesis. Strategic management practices were found to have a significant influence on organizational performance of private hospitals in Kenya Strategic planning practice, strategic capability management practice and strategic human resource management practice, were found to influence sustainable growth in private hospitals in Kenya. However, strategic procurement had no significance influence on sustainable growth of private hospitals in Kenya. This is contrary to the assumptions transaction cost economies which argued that hospital managers will establish a wide variety of governance mechanism so that they

can reduce transaction cost such as better purchasing practices that are effective in lowering cost rapidly

In respect to Strategic planning practice, the study established that clear mission, vision and long and short terms have significance influence on sustainable growth in private hospitals and therefore it does matter in the sustainable firm growth of private hospitals.

On Strategic procurement management practice, the research established that it has no significant influence on sustainable Growth of private hospitals. This could be attributed by various factors such as lack of establishing supplier relations, not carrying our spend analysis or probalably failure to manage their requirement as per category and establish where they can control procurement expenses within the hospital

On strategic capability management practice, it was established that it has significant influence on sustainable growth of private hospitals. Strategic management capability was operationalized by three sub variables namely, skilled and knowledgeable employee, adequate technical system and superior values and norms. Hospital strategic capability management is a major component in remaining financially viable and growing despite the presence of competitors in a free market, direct and positive influence on profitability and an indirect influence through business strategy. From the study it can be concluded that the management of internal resources influences the sustainable growth of hospitals.

Strategic Human resource management practice was operationalized by three sub variables namely strategic recruitment, strategic training and development and strategic reward management. The human resource management is concerned with the creation of a linkage between the overall strategic aims of business and the human resource strategy and implementation. Strategic Human Resource Management Practices enables the organization to achieve optimization of resources, efficiency and effectiveness, and continuous improvement in realizing its set goals. strategic human resource management practice are characterized by valuing employees as essential assets and core partners in creating competitive

advantage in the organization through creating Resourcing strategy, Learning and development Strategy and established performance management system. The research finding established that Strategic human resource management has significant influence on sustainable growth of private hospitals in Kenya.

5.4 Recommendations

5.4.1 Managerial Recommendations

Based on the results, findings and conclusions the following recommendations have been proposed. The findings indicate that the strategic planning practice contribute positively to the sustainable growth of the private hospitals. This conclusion is very significant for hospital managers because it confirms the usefulness and benefits of practicing strategic planning. Strategic planning is important for hospitals because in the time of increased health care demand, informed customers, technological change and increased dynamics in markets including new legislations governing the health sector. Even if several hospitals formulate business plans, the strategic planning and systematic decision-making can be considered a key determinant of survival and success of private hospitals.

The purchasing function within an organization contributes as much to the success of the organization as other functions in areas such as marketing, finance and accounting, engineering, and operations. The impact of its strategic approach to procurement helps in reducing cost of purchases and thus enhances the company's profit. The department should be highly recognized by the top management and its activities are heavily considered in the corporate planning process. Research finding indicate that the strategic planning had no significant influence on sustainable growth of private hospitals in Kenya.

The research findings recommend that managers and hospital administrators need to change their mindset that the purchasing function is a routine clerical function or as a service function concerned with spending. But as explained by Lysons (1996), they need to recognize purchasing as a key strategic activity. An organization's profitability is determined and defined largely, by its strategic procurement

management practice. Strategic capability management was found to be statistically significant to the sustainable growth of private hospitals in Kenya. While strategic capability does take into account the strategies a business uses, it focuses on the organization's assets, resources and market position, projecting how well it will be able to employ strategies in the future. Significance. Hospitals strategic capabilities is a major component in remaining financially viable and growing despite the presence of competitors in a free market. Hospital administrators must track strategic capability, not only for their own companies but also for competitors to better understand the markets in which they operate.

The study found Strategic human resource management practice to be statistically significant in explaining sustainable growth of private hospitals. The way an organization manages its HR has a significant relationship with the organization's results, a revelation that supports the resource-based view, where business competitiveness is related, at least in part, to the investments in company specific assets. Thus, hospitals should emphasize more on implementation of such Strategic human resource practice, to foster organizational growth. HR managers and practitioners should understand the critical nature and utmost importance of understanding the effectiveness of all SHRMPs in creating value for the organization. HR managers should be encouraged to implement these SHRMPs so as to enhance organizational productivity and growth.

5.4.2 Recommendations for policy

From the findings of this result, strategic planning practices, strategic capability management and strategic human resource management practices contributes to sustainable growth of private hospitals. These strategies interact with the management decisions concerning the growth of hospitals differently as evident in the regression models. These findings recommend that hospitals should carefully consider the alignment among strategic management practices and changes in service demand and growth of the private hospitals. In addition, it is proposed that in light of these findings, policy makers in hospitals should emphasize the adoption of strategic management as a practice in all aspects of decision making.

5.4.4 Suggestions for Further Research

The findings of this study provide empirical evidence that strategic management practices influence sustainable growth of private hospitals. The bundle of strategic management practices adopted for this study included strategic planning practice, strategic procurement practice, strategic capability practice and strategic human resource management practice. Strategic management practices are diverse and there is no standard way of choosing a particular bundle. Successful firms create a bundle of practices to reinforce the organizations strategic position. A study should be carried out to explore other strategic management practices which would provide a rich base for researchers to compare the results of this study to determine if they will result to different effects on sustainable growth of private hospitals.

Future studies could also shift the emphasis to strategic management practices to derive more precise evidence regarding the influence of management practice on other areas related to hospital performance. Further research is, therefore, recommended on the influence of other unexplored strategic management practices that have not been addressed in this study.

Clarification would provide additional valuable guidance to strategic management practitioners and the hospital managers as well.

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APPENDICES

Appendix i: Letter of Introduction

Nyamu Henry Muchiri
p.o.box 90434 mombasa
Tell 0713836947
Email; henjuster@yahoo.com

To

.....
.....

Dear sir/madam

RE: LETTER OF INTRODUCTION

I am a PhD student in Business Administration – Strategic Management option at Jomo Kenyatta University of Agriculture and Technology. I am carrying out a research on the influence of strategic management practices on sustainable growth of private hospitals in Kenya. I am in the process of gathering relevant data for this study. Your hospital has been identified as one of the respondents in this study and I kindly request for your valuable assistance towards making this study a success.

I therefore request you to kindly take some time to respond to the attached questionnaire.

All responses given will be treated with utmost confidentiality and for academic purposes only and particularly for this study.

I will be grateful for your time and responses given. I will appreciate if you can complete the questionnaire possibly within the one week to enable me proceed to the next stage of the study.

Your assistance in this matter will be highly appreciated.

Yours sincerely,

Nyamu Henry Muchiri

HD433-2800/2011.

Appendix ii : Reference Letter



**JOMO KENYATTA UNIVERSITY
OF
AGRICULTURE AND TECHNOLOGY
JKUAT MOMBASA CAMPUS**

Tel: 041 2315434
Email: jkuatmombasa@jkuat.ac.ke

OFFICE OF THE DIRECTOR
MOMBASA CAMPUS
P.O. BOX 4330-810
MOMBASA

REF. JKU/MSA/ACA/07/05

09/03/2017

TO WHOM IT MAY CONCERN

SUBJECT: NYAMU HENRY MUCHIRI REG.NO.HD433-C005-2800/2011

RE: COLLECTION OF DATA

The above named is a Doctor of Philosophy in Business Administration student in this campus. He is currently carrying out research on the topic: **Influence of Strategic Practices on Sustainable Growth of Private Hospitals in Kenya**. Kindly allow him into your organization to collect relevant data that we believe will go a long way in helping him to meet the objectives of his study.

Yours faithfully,


MAR 2017
Dr. Fridah Simba
DIRECTOR.



JKUAT IS ISO 9001:2008&14001:2004 Certified
Setting Trends in Higher Education, Research and Innovations


Appendix iii : Nacosti Permit


THIS IS TO CERTIFY THAT:
MR. HENRY MUCHIRI NYAMU
of JOMO KENYATTA UNIVERSITY OF
AGRICULTURE AND TECHNOLOGY,
90434-80100 mombasa, has been
permitted to conduct research in All
Counties County


on the topic: INFLUENCE OF
STRATEGIC MANAGEMENT PRACTICES
ON SUSTAINABLE GROWTH OF
PRIVATE HOSPITALS IN KENYA

for the period ending:
15th March,2018

Permit No : NACOSTI/P/17/74405/16226
Date Of Issue : 15th March,2017
Fee Received :Ksh 2000




.....
Applicant's
Signature


.....
Director General
National Commission for Science,
Technology & Innovation

Appendix iv : Research Questionnaire

This questionnaire aims at collecting information on the influence of strategic management practices on selected private hospitals in Kenya. Your hospital has been selected to form part of the study. All responses given will be treated with utmost confidentiality and are meant for academic purposes only. Please answer the following questions to the best of your knowledge.

Part A:

Personal Details

1. Name (optional).....

2. Please indicate your age

Age Bracket	Tick(√) Where Appropriate
18-25	
26-30	
31-35	
36-40	
41-54	
46-50	
51-55	
over 56	

3. Please indicate your current job level

JOB TITLE	Tick(√) Where Appropriate
Chief Executive Officer	
Head Of finance	
Head Of Procurement	
Head Of Human Resources	
<i>Any other senior position not indicated above , please specify</i>	

5. Please indicate your highest level of education

Highest qualification	Tick(√) where appropriate
certificates	
Diploma	
Undergraduate	
Masters	

Phd	
<i>Any other qualification not indicated above , please specify</i>	

5. Please indicate Hospital Ownership structure of your ownership

Types of ownership structure	Tick(√) where appropriate
Faith based	
Not for profit	
Private for profit	
<i>Any other indicated above , please specify</i>	

7. Please tick your hospital bed capacity according to the NHIF accreditation certificate

Bed capacity	Tick(√) where appropriate
1-99	
100-199	
200- and above	

**Part B
Strategic planning Practice**

1 .Please tick the statement that best describes your understanding about strategic management practice

- Practices that transform strategy into action.....1
- Practices that inform management’s approach to implement business plans.....2
- Strategies action that form the core values of a firm.....3
- All of the above.....4
- None of the above.....5

2. Strategic Planning Practices		Greatest Extent (5)	Greater Extent(4)	Moderate	Smaller Extent(2)	No extent(1)
To what extent do you agree with the following statements regarding the level of strategic planning practice in the hospital						
PL3_1	Decision are based on Strategic Plan					
PL3_2	Our strategic plan is Institutionalization					
PL3_3	Our efforts are well Coordinated					

PL3_4	All Decisions are geared towards hospital strategic objectives					
PL3_5	Every one the Expected to act within the set framework					
PL3_6	Decision making is guided by the set objectives in our strategic plan					
PL3_7	Unless in exceptional cases, all decisions are in alighmnet with the hospital set objectives					

3. Strategic Procurement Practice To what extent do you agree with the following statements regarding the level of strategic procurement practice in the hospital		Greatest Extent(5)	Greater extent(4)	Moderate Extent (3)	Smaller extent(2)	No extent(1)
PR 3_1	We get value for money					
PR 3_2	Our purchasing is need based procurement					
PR 3_3	We get best product/s at the best value					
PR 3_4	There is Collobartaive approache when dealing with our supplier					
PR 3_5	Market intelligence provides us with procurement options					
PR 3_6	Proactive purchasing is practiced in our hospital					
PR 3_7	Our procurement personnel are knolgeable					
PR 3_8	Our customers are provided with what they need at the right time					
PR 3_9	Suppliers are done timely due to short lead time					
PR 3_10	There is an enhanced service level satisfaction					
PR 3_11	Cost reduction due to good supplier relationship					
PR 3_12	Our supplier provide our hospital with supurior services compared to alternative market					
PR 3_13	There is an Inventory control system is in place					

4. Strategic Capability Management		Greatest extent(5)	Greater Extent(4)	Moderate	Smaller Extent (2)	No extent(1)
To what extent do you agree with the following statements regarding the level of strategic capability management in the hospital						
SC1_1	Skilled and knowledgeable employees make our hospital unique					
SC1_2	There is sufficient technical support					
SC1_3	Continuously develop our work progress to meet our customer needs					
SC1_4	Core values bind us together					
SC1_5	Culture and spirit in our hospital are positive					
SC1_6	timely communication enhances feed back					
SC1_7	Every employees understand his/her role					
SC1_8	Feedback from our customers is without exception positive					
SC1_9	All employee are seen as valuable assets					
SC1_10	Employees have opportunity to fully utilize their potential.					
SC1_11	Training and Mentoring system Enhances employee Capacity					
Strategic Human Resource Management		Greatest extent(5)	Greater extent(4)	Moderate	Smaller extent(2)	No extent (1)
To what extent do you agree with the following statements regarding the level of strategic human resource management in the hospital						
HR1_1	Transparency and fairness is following when recruiting and selecting hiring employees					
HR1_2	Staff at the hospital have been trained on use of technology for efficiency					
HR1_3	There is training budget every financial year					
HR1_4	Employees are involved in decision making					
HR1_5	The hospital has a pension scheme facility for its staff					
HR1_6	Good rewards have a positive effect on the employee					

	performance of the hospital					
HR1_7	needs assessment for training is done before choosing employees to be traine					
HR1_8	Promotions are frequently done in a transparent manner					
HR1_9	compensation for employees is directly linked to his/her performance					
6.Sustainable Growth This section asks questions on sustainable growth as a results of strategic management practices.please indicate the level at which you agree with the statement.		Greatest extent(5)	Great Extent	Moderate extent	Small extent(2)	No extent(1)
SG1_1	We have more outpatient and inpatient attendance in the last three years					
SG1_2	Our services are appreciated by our clients					
SG1_3	Hospital capacity is maximimuly utilized					
SG1_4	There has been an incease in number of employees employed					
SG1_5	More equipment have bben purchadsed to cater for the incensed demand					
SG1_6	More coperte clients are using our fcility					
SG1_7	The hospital has expanded its branch netwaork					
SG1_8	Hospital profit /suplus has gone high in the last three years of operations					
SG1_9	Employee turn over has drastically reduced in the last three years					

24. Please write any comments that you think will be helpful to this research.

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Thank You for Your Time and Help in Filling this Questionnaire.

Appendix V: Accrediated Private Hospitals In Kenya

Sl. No.	Name of Hospital	Address	Number of Beds	County	Accreditation Level
1.	ACK MOUNT KENYA HOSPITAL	598 KERUGOYA	90	KERUGOYA	B
2.	AFYA BORA HOSPITAL	24872-0 NAIROBI	42	KERUGOYA	B
3.	AHADI HEALTH AND MATERNITY HEALTH SERVICES	70-0002 KAGWE	6	KIAMBU	B
4.	AIC -CURE INTERNATIONAL CHILDRENS HOS	52 KIJABE	30	LIMURU	C
5.	AIC GITHUMU HOSPITAL	41 THIKA	40	MURANGA	B
6.	ASSUMPTION OF MARY CATHOLIC DISPENSARY	734-010 ITHANGA	40	THIKA	B
7.	BARICHO CATHOLIC HEALTH CENTRE	42 BARICHO	25	KERUGOYA	B
8.	CARE TECH MEDICAL LIMITED	104863 NAIROBI	30	KIAMBU	C
9.	CARITAS COMMUNITY HOSPITAL	1214-00 THIKA	50	THIKA	B
10.	CENTRAL MEMORIAL HOSPITAL (THIKA)	1734 THIKA	29	THIKA	B
11.	COMRADE NURSING HOME	23 WANGURU	60	KERUGOYA	B
12.	CONSOLATA HOSPITAL (NYERI)	25 NYERI	239	NYERI	B
13.	DONYO SABUK MAT & NUR HOME	3601 THIKA	29	THIKA	B
14.	EBENEZER NURSING HOME	1536 10100 NYERI	20	NYERI	C
15.	GAICHANJIRU CATHOLIC HOSPITAL(MURANGA)	483 THIKA	130	MURANGA	B
16.	HOLY FAMILY CATHOLIC MISSION HOSPITAL	9-00216 GITHUNGURI	27	KIAMBU	B
17.	IMMACULATE HEART OF MARY HOSPITAL	7 THIKA	56	THIKA	B
18.	J. K. U. A. T. HOSPITAL	62000 NAIROBI	50	THIKA	C
19.	JAMII HOSPITAL	1230 KARATINA	46	NYERI	C
20.	JUJA MODERN HOSPITAL	24297 KIAMBU	20	THIKA	B
21.	KABETE GARDENS HOSPITAL	22166 00400 NAIROBI	120	LIMURU	B
22.	KAGIO NURSING HOME	809 KERUGOYA	90	KERUGOYA	B
23.	KALIMONI MISSION HOSPITAL	00232 RUIRU	30	THIKA	B
24.	KARATINA MATERNITY AND NURSING HOME	82 KARATINA	20	NYERI	B
25.	KENNETH MATIBA EYE AND DENTAL HOSPITAL	376 01020 KENOL	5	MURANGA	C
26.	KERUGOYA CATHOLIC HEALTH CENTRE	197-103 KERUGOYA	6	KERUGOYA	B
27.	KERUGOYA FORTIS MEDICAL AND CANCER CENTRE	-	35	KERUGOYA	B
28.	KERUGOYA MEDICAL CENTRE	1068 10300 KERUGOYA	180	KERUGOYA	B
29.	KIKUYU NURSING HOME	305 KIKUYU	67	LIMURU	B
30.	KIMENDE ORTHODOX MISSION H/CENTRE	93 00221 MATATHIA	11	LIMURU	B
31.	KIRIAINI CONSOLATA HOSPITAL(MURANGA)	239 KIRIAINI	90	MURANGA	B

32. LANKIA NURSING HOME AND DIALYSIS CENTRE	208 KIKUYU	18	LIMURU	B
33. LIMURU COTTAGE HOSPITAL	21920 LIMURU	12	LIMURU	B
34. LIMURU NURSING HOME	359 LIMURU	55	LIMURU	C
35. MARIE STOPES HOSPITAL (K) LTD	887 MURANGA	15	MURANGA	C
36. MARY HELP OF THE SICK MISSION HOSP.	792 THIKA	79	THIKA	B
37. MARY IMMACULATE HOSPITAL	369 MWEIGA	42	NYERI	B
38. MERCY LIGHT HOSPITAL	2297 00900-KIAMBU	24	KIAMBU	B
39. MUGUMO MEDICAL CENTRE KAGUMO	186 KERUGOYA	5	KERUGOYA	B
40. MWEA COUNTY MEDICAL CENTRE	50-103 WANGURU	96	KERUGOYA	B
41. MWEA MEDICAL CENTRE	187 WANGURU	106	KERUGOYA	B
42. NAIDU HOSPITAL	1746 THIKA	75	THIKA	B
43. NAZARETH HOSPITAL RIARA RIDGE	49682 NAIROBI	210	KIAMBU	C
44. NAZARETH HOSPITAL RUIRU	49682 NAIROBI -00100	45	KIAMBU	C
45. NGURUBANI MEDICAL SERVICES	66 10303 WANGURU	65	KERUGOYA	B
46. NORTH KINANGOP CATHOLIC HOSPITAL	88 NORTH KINANGOP	309	OLKALOU	B
47. OASIS MISSION HOSPITAL	57176 00203 NAIROBI	15	THIKA	B
48. OUR LADY OF LOURDES MWEA HOSPITAL	51 WANGURU	235	KERUGOYA	B
49. OUR LADYS HOSPICE	705 00217 LIMURU	9	LIMURU	C
50. OUTSPAN HOSPITAL	2058 NYERI	40	NYERI	C
51. P.C.E.A HOSPITAL KIKUYU	45 KIKUYU	219	LIMURU	C
52. P.C.E.A KIKUYU ORTHOPAEDIC REH. CENTRE	1010 KIKUYU	30	LIMURU	B
53. PEFA MERCY MEDICAL CENTRE	1225 KIAMBU	5	KIAMBU	B
54. PLAINSVIEW NURSING HOME	208-002 RUIRU	87	RUIRU	B
55. QUEENS & KINGS ACCURATE HEALTH CENTRE	743 10300 NAIROBI	20	KERUGOYA	B
56. RADIANT GROUP OF HOSPITALS-KIAMBU	65973-0 NAIROBI	16	KIAMBU	C
57. ROMKAN MEDICAL CENTRE	386-010 THIKA	5	THIKA	B
58. RUBY MEDICAL CENTRE	66607 NAIROBI	16	LIMURU	C
59. RUIRU PRIVATE HOSPITAL	429 THIKA	25	RUIRU	B
60. SPA NURSING HOME	640-002 RUIRU	20	RUIRU	B
61. ST. JUDE NURSING HOME	59 THIKA	10	RUIRU	C
62. ST. MATIA MULUMBA HOSPITAL	3365 THIKA	40	THIKA	B
63. ST.ANN MEDICAL CENTRE	1523 00902 KIKUYU	8	LIMURU	C
64. ST.PATRICK NURSING HOME	1862-10 NYERI	40	NYERI	B
65. ST.TERESA KIKUYU MATERNITY & NUR. HOME	1370 KIKUYU	35	LIMURU	B
66. SUNVIEW MATERNITY AND NURSING HOME	79430 00200 NAIROBI	15	KIAMBU	B
67. THIKA NURSING HOME (THIKA)	429 THIKA	36	THIKA	B
68. VELMA MEMORIAL MEDICAL CENTRE	405-103 WANGURU	15	KERUGOYA	B

69. VINEYARD HOSPITAL	6249 THIKA - 01000	40	THIKA	B
70. WAKA RURINGU MATERNITY	188 NYERI	120	NYERI	B
71. WHITEROSE MEDICAL CENTRE GATEGI SATELLITE	330 WANGURU	34	KERUGOYA	B
72. AFYA NURSING HOME MOYALE	77-6070 MOYALE	10	MOYALE	B
73. AIC GATAB HEALTH CENTRE	21028 NAIROBI	11	MARSABIT	B
74. AIC MULANGO HEALTH CENTRE	624-902 KITUI	10	KITUI	B
75. AL-BILAL NURSING HOME	210 60700 MOYALE	4	MOYALE	B
76. ALMAS MEDICAL SERVICES	652-603 ISIOLO	12	ISIOLO	C
77. ATHI RIVER HEALTH CENTRE	PVT BAG MACHAKOS	14	MACHAKOS	B
78. BISHOP U KIOKO CATHOLIC HOSPITAL	2240 MACHAKOS	140	MACHAKOS	B
79. CONSOLATA HOSPITAL CHUKA (MERU)	33 MERU	54	CHUKA	B
80. CONSOLATA HOSPITAL KYENI (EMBU)	38-6010 RUNYENJES	221	EMBU	B
81. CONSOLATA HOSPITAL NKUBU (MERU)	205 MERU	270	MERU	B
82. COTTOLENGO MISSION HOSPITAL	1426 60200 MERU	120	MERU	B
83. COUNTY MEDICAL CENTRE	558-601 EMBU	40	EMBU	B
84. COUNTY MEDICARE LIMITED ISIOLO	656-603 ISIOLO	18	ISIOLO	B
85. CROSSROADS NURSING HOME	234-607 MOYALE	10	MOYALE	B
86. DIVINE MERCY KITHATU HEALTH CENTRE	2197 MERU	9	MERU	B
87. DWA HEALTH CENTRE	71 KIBWEZI	11	WOTE	B
88. EMALI NURSING HOME	1362 MACHAKOS	15	WOTE	B
89. EMBU CHILDRENS HOSPITAL	1698-60 EMBU	70	EMBU	C
90. FAMICARE MEDICAL CENTRE	728 TALA	8	MACHAKOS	B
91. GABARTULLA DISTRICT HOSPITAL	20 GARBATULLA	60	ISIOLO	B
92. GALAXY HOSPITAL LIMITED	674 ISIOLO	24	ISIOLO	C
93. IKUTHA MEDICARE CLINIC	83 IKUTHA-90207	34	KITUI	B
94. IQRA MEDICAL CENTRE AND NURSING HOME	131-603 ISIOLO	10	ISIOLO	B
95. ISIOLO COUNTY NURSING HOME	238 60300 ISIOLO	9	ISIOLO	B
96. ISMC SERVICES HOSPITAL	60 60500 MARSABIT	18	MARSABIT	B
97. JORDAN HOSPITAL	1143 KITUI	30	KITUI	C
98. JOY KIM NURSING HOME	1050 EMBU	30	EMBU	B
99. KIKOKO MISSION HOSPITAL (MACHAKOS)	600 NUNGUNI	52	WOTE	B
100. KULAMAWAWE MEDICAL SERVICES	670-60 ISIOLO	8	ISIOLO	B
101. KYUSO NEEMA MEDICAL HEALTH SERVICES	26 KYUSO	15	KITUI	B
102. LAARE NURSING & MATERNITY HOME	89 LAARE-MERU	22	MERU	B
103. LAISAMIS CATHOLIC HOSPITAL	74 ISIOLO	10	MARSABIT	B
104. LIBERTY MATERNITY & NURSING HOME	2051 EMBU	10	EMBU	B
105. LIFESPRINGS HEALTHCARE LIMITED	12215-0 MACHAKOS	12	MACHAKOS	B

106.LIFESPRINGS HEALTHCARE LIMITED	12215-0 MACHAKOS	20	MACHAKOS	B
107.MACHAKOS MEDICAL CLINIC	424 MACHAKOS	12	MACHAKOS	B
108.MAKINDU MEDICAL CENTRE	81 MAKUENI	12	WOTE	B
109.MATUNGULU MEDICAL HEALTH & WELLNESS CENTRE LIMITED	1162 KANGUNDO	8	MACHAKOS	B
110.MAUA METHODIST HOSPITAL (MERU)	63-6060 MAUA	275	MERU	B
111.MIKINDURI CATHOLIC CHURCH HEALTH CENTRE	23-606 MIKINDURI	24	CHUKA	B
112.MILIMANI MATERNITY & NURSING HOME (MERU)	326 MERU	41	MERU	C
113.MITUNGUU MEDICAL SERVICES	238-602 MITUNGUU	57	MERU	B
114.MOYALE NURSING HOME	18 MOYALE	16	MOYALE	C
115.MUKOTHIMA C.C.M HEALTH CENTRE	2897 MERU 60200	32	CHUKA	B
116.MUMBUNI MATERNITY & NURSING HOME	291 MWINGI	23	MWINGI	B
117.MUMONI NURSING HOME	78-904 KYUSO	8	KITUI	B
118.MUTETHIA KIRAONE NURSING HOME	422 MAUA	25	CHUKA	B
119.MUTHALE MISSION HOSPITAL (KITUI)	532 KITUI	75	KITUI	B
120.MUTOMO MISSION HOSPITAL (MUTOMO)	16 KITUI	140	KITUI	B
121.MUTUATI CATHOLIC MISSION HOSPITAL	202 60601 LAARE	60	MERU	B
122.MWINGI MEDICARE CENTRE	622 MWINGI	22	MWINGI	B
123.MWINGI NURSING HOME	139 MWINGI	18	MWINGI	C
124.NEEMA HOSPITAL	638 KITUI	40	KITUI	B
125.NEW NGEI ROAD MATERNITY & NURSING HOME	754 MACHAKOS	40	MACHAKOS	B
126.NYAMBENE CLINICAL SERVICES & NURSING	438 MAUA	20	MAUA	B
127.NYAMBENE MATERNITY AND NURSING HOME	86 NYAHURURU	30	MERU	B
128.P.C.E.A. CHOGORIA HOSPITAL (MERU)	35 CHOGORIA	312	CHUKA	B
129.RAPHA MAKUENI NURSING HOME	520 MAKUENI	48	WOTE	B
130.SHALOM HOSPITAL	1513 MACHAKOS	220	MACHAKOS	B
131.SIKH TEMPLE MAKINDU HOSPITAL	43 MAKINDU	15	MAKINDU	B
132.SOLOLO MISSION HOSPITAL SOLOLO	VIA ISIOLO	84	MOYALE	B
133.ST. ANNE MATERNITY -COTTAGE	24 MERU	43	MERU	B
134.ST. LUCIES HOSPITAL	125 CHUKA	10	CHUKA	C
135.ST. LUKE COTTAGE HOSPITAL KIAMURI	220 60200 MERU	37	MERU	B
136.ST. MICHAEL MATERNITY & NURSING HOME (MA)	0000 MACHAKOS	48	MACHAKOS	C
137.ST. MICHAEL NURSING HOME	2271 EMBU	50	EMBU	B
138.ST. ORSOLA HOSPITAL, MATERI	41 MERU	70	CHUKA	B
139.ST. TERESA RIIJI HEALTH CENTRE	2572-60 MERU	15	MERU	B

140.ST.FRANCIS DE SALES HEALTH CENTRE	736 CHEERA-CHUKA	16	CHUKA	B
141.ST.THERESAS MISSION HOSPITAL-KIIRUA	2095-6 MERU	235	MERU	B
142.TAHIDI NURSING HOME (MWINGI)	-	15	KITUI	B
143.TEI WA YESU HOSPITAL	49 MWINGI	45	KITUI	B
144.THE KITUI MATERNITY & NURSING HOME	44 KITUI	20	KITUI	C
145.				
146.TIGANIA HOSPITAL (MERU)	553-602 MERU	87	MERU	B
147.TUMAINI MATERNITY AND NURSING HOME	33 KIBWEZI	10	KIBWEZI	B
148.TUURU COTTOLENGO HEALTH CENTRE	77 MERU	22	MERU	B
149.WASO MEDICAL SERVICES & NURSING HOME	265 ISIOLO	29	ISIOLO	C
150.WOODLANDS HOSPITAL MERU	497 MERU	27	MERU	C
151.AFYA INTERNATIONAL HOSPITAL	5531-80 MALINDI	30	MALINDI	C
152.ALFAROOQ HOSPITAL MANAGEMENT LTD	84438 MOMBASA	30	MOMBASA	C
153.ANIDANS PABLO HORTSMAN PAEDIATRIC HEALTH CENTRE	249 LAMU	10	LAMU	B
154.BAKARANI MATERNITY & NURSING HOME (MOMBA	12335 MOMBASA	16	MOMBASA	C
155.BAMBA MATERNITY NURSING HOME	7 GANZE	6	KILIFI	B
156.BELMO HOSPITAL LTD	19795-8 MOMBASA	10	MOMBASA	C
157.BLISSFAM HOSPITAL	1842 MOMBASA	10	MTWAPA	B
158.BOMANI DISPENSARY	9 KILIFI	1	MTWAPA	A
159.BOMU MEDICAL CENTER	95683 MOMBASA	52	MOMBASA	C
160.BUXTON HOSPITAL MOMBASA	90502 80100 MOMBASA	40	MOMBASA	B
161.DIANI BEACH HOSPITAL	5074 DIANI BEACH	79	UKUNDA	C
162.GANJONI HOSPITAL MOMBASA LIMITED	94013 MOMBASA	100	MOMBASA	B
163.H.H AGA KHAN HOSPITAL (MOMBASA)	83013 MOMBASA	111	MOMBASA	C
164.HOLA DISTRICT HOSPITAL	38 HOLA	157	HOLA	A
165.IBNUSINA NURSING HOME	159 LAMU	6	LAMU	C
166.JAMBO HEALTHCARE LIMITED	88491 MOMBASA	5	MOMBASA	C
167.JILORE DISPENSARY	4 MALINDI	8	MALINDI	A
168.JOCHAM HOSPITAL	88984 MOMBASA	53	MOMBASA	C
169.KIJANAHERI MEDICAL CENTRE	81 GONGONI	8	MALINDI	B
170.KINONDO KWETU HEALTH SERVICES	5445-80 DIANI MOMBASA	9	UKUNDA	B
171.LANGONI NURSING HOME	366 LAMU	30	LAMU	C
172.MAIMOON MEDICAL CENTRE	985-802 MALINDI	22	MALINDI	C
173.MAINLAND HEALTH CENTRE	93059 MOMBASA	30	MOMBASA	C
174.MARIE STOPES HOSPITAL (K) MOMBASA	84771 MOMBASA	10	MOMBASA	B

175.MARY IMMACULATE MATERNITY & DISP. (MOMBA	98435 MOMBASA	6	MOMBASA	B
176.MEDINA DIAGNOSTIC LIMITED HOLA	126-701 GARISSA	32	HOLA	C
177.MEWA HOSPITAL	98591 MOMBASA	44	MOMBASA	C
178.MLA LEO HEALTH CENTRE	40951 MOMBASA	18	MOMBASA	C
179.MOMBASA HOSPITAL ASSOCIATION	90294 MOMBASA	124	MOMBASA	C
180.MONTANA HOSPITAL	84123-8 KISAUNI	15	MOMBASA	B
181.MTWAPA MEDICAL CLINIC AND NURSING HOME	538-80 MTWAPA	8	MTWAPA	B
182.NAIROBI HOMES NURSING HOME	16650-8 MOMBASA	16	MOMBASA	C
183.NICE VIEW MEDICAL CENTRE	166 MSAMBWENI	16	UKUNDA	B
184.NORTHSHORE MEDICAL CENTRE	41883-8 MOMBASA	12	MTWAPA	B
185.PALM BEACH HOSPITAL	5162 DIANI-MOMBASA	18	UKUNDA	C
186.PANDYA MEMORIAL HOSPITAL (MOMBASA)	90434 MOMBASA	103	MOMBASA	C
187.PREMIER HOSPITAL MOMBASA	34526-8 MOMBASA	82	MOMBASA	C
188.PWANI MATERNITY AND NURSING HOME	114 KILIFI	12	KILIFI	C
189.SALAAM HOSPITAL	83370 80100 MOMBASA	8	MOMBASA	B
190.SAYYID FATMAH HOSPITAL, KISAUNI	1505 MOMBASA	38	MOMBASA	C
191.SIHA MEDICAL HOME LIMITED	5970101 HOLA	30	HOLA	C
192.SIHA MEDICAL HOME LIMITED MPEKETONI	59 MPEKETONI	65	LAMU	C
193.ST. LUKE HOSPITAL KALOLENI (MOMBASA)	16 KALOLENI	140	KILIFI	B
194.ST. THOMAS MATERNITY HOSPITAL	96515 LIKONI	33	UKUNDA	B
195.STAR HOSPITAL	677 MALINDI	52	MALINDI	C
196.SWISS COTTAGE HOSPITAL	668 MTWAPA	10	MTWAPA	C
197.TAHWEED COMMUNITY NURSING HOME HOLA	120-701 HOLA	40	HOLA	C
198.THE RIVER JORDAN MEDICAL CENTRE	772-803 VOI	12	VOI	B
199.TSAVO COMPREHENSIVE MEDICAL ANNEX	34-80 VOI	22	VOI	B
200.TUDOR HEALTHCARE	91291 MOMBASA	15	MOMBASA	C
201.UKUNDA MEDICAL CENTRE	1393-80 UKUNDA	10	UKUNDA	C
202.UTANGE MEDICAL CENTRE	1227-80 MOMBASA	12	MOMBASA	B
203.ABRAR HEALTH SERVICES BANISSA	40 MANDERA	30	MANDERA	B
204.AL MANAR NURSING HOME	527-703 MANDERA	30	MANDERA	B
205.AL-MAQDIS MEDICAL CENTRE	470-701 GARISSA	17	GARISSA	C
206.AL-NAS NURSING HOME	521-703 MANDERA	27	MANDERA	B
207.ALHAYAT NURSING HOME	107 WAJIR	18	WAJIR	B
208.ALLIANCE MEDICAL CENTRE-GARISSA	1808 70100 GARISSA	20	GARISSA	C
209.ALMAARAJ MEDICAL CENTRE	489 WAJIR	15	WAJIR	B
210.ASAD MEDICAL CENTRE	41 DADAAB	15	GARISSA	C

211.BLUE LIGHT NURSING HOME	185 MANDERA	30	MANDERA	C
212.BULLA MPYA NURSING HOME	265-703 GARISSA	15	MANDERA	B
213.BUNA NURSING HOME	16317-0 NAIROBI	18	WAJIR	C
214.BUTE NURSING HOME	26 102180 NAIROBI	40	WAJIR	B
215.CAMEL MEDICAL CENTRE	254-702 WAJIR	30	WAJIR	B
216.EASTGATE MEDICAL CENTRE	516-703 MANDERA	15	MANDERA	B
217.ELWAK COTTAGE NURSING HOME	20-703 ELWAK	36	MANDERA	B
218.EXCEL HEALTH SERVICES, GARISSA	501 70100 GARISSA	12	GARISSA	B
219.GARISSA DOCTORS PLAZA	1558 70100 GARISSA	5	GARISSA	C
220.GARISSA ENT MEDICAL CENTRE	1857-70 GARISSA	7	GARISSA	C
221.GARISSA NURSING HOME	269 GARISSA	18	GARISSA	C
222.GRIFTU NURSING HOME	342-702 WAJIR	30	WAJIR	B
223.HORMUD MEDICARE AND LABORATORY SERVICES	283-702 WAJIR	20	WAJIR	B
224.JEDDAH NURSING HOME	646 70200 WAJIR	45	WAJIR	B
225.LAFEYECARE NURSING HOME	148-703 MANDERA	20	MANDERA	B
226.MANDERA WELLNESS CENTRE	5763-00 NAIROBI	40	MANDERA	B
227.MANDERA WEST NURSING HOME	55 MANDERA	15	MANDERA	B
228.MEDINA DIAGNOSTIC LIMITED	126-701 GARISSA	10	GARISSA	C
229.MEDINA DIAGNOSTICS	-	20	GARISSA	C
230.MIRAJ MEDICAL CENTRE	40 MANDERA	10	MANDERA	B
231.NAWAL MEDICAL CLINICÊ	44-70300 MANDERA	16	MANDERA	B
232.NORTHGATE NURSING HOME	1112 70700 GARISSA	10	GARISSA	C
233.SAPHIRE HEALTHCARE NURSING HOME	567-70 MANDERA	16	MANDERA	C
234.SHAFIN MEDICARE	318 WAJIR	30	WAJIR	C
235.SHAMSU HEALTHCARE LIMITED	77-7010 MSALANI	15	GARISSA	B
236.SIMAHO MCH/FP CLINIC	545 GARISSA	7	GARISSA	B
237.SOUTHGATE MEDICAL CENTRE	7134-00 MANDERA	22	MANDERA	B
238.TAKABA NURSING HOME LIMITED	309 60700 MOYALE	10	MANDERA	B
239.TAWHEED COMMUNITY NURSING HOME	1419 70100 GARISSA	40	GARISSA	C
240.WAJIR NURSING HOME	287-702 WAJIR	18	WAJIR	B
241.WAJIR WEST ROADSIDE MEDICAL CENTRE & LABORATORY	571 WAJIR	15	WAJIR	B
242.ZONAL ANNEX NURSING HOME	186 70300 MANDERA	24	MANDERA	B
243.ACORN COMMUNITY HOSPITAL	165 NTHIWA	13	HOMA BAY	B
244.AFYA HEALTH SYSTEMS ORGANIZATION	871-403 HOMABAY	8	HOMA BAY	C
245.AHAVA MEDICAL CENTRE	128 40601	20	KISUMU	B
246.ALLUC MEDICAL CENTRE	7346-40 KISUMU	24	KISUMU	B
247.ALPHA COMMUNITY AND NURSING HOME	130-404 MIGORI	30	MIGORI	B
248.ASHBURN COMMUNITY NURSING HOME	309-406 SIAYA	20	SIAYA	B
249.AVENUE HOSPITAL-KISUMU	3271-40 KISUMU	70	KISUMU	C
250.AWASI CATHOLIC MISSION	44-4012 AWASI	17	KISUMU	B

DISPENSARY				
251.BAMA NURSING & MATERNITY HOME	76 SIAYA	20	SIAYA	B
252.BETHLEHEM HOME HOSPITAL	304-401 KISUMU	14	KISUMU	B
253.BONDO MEDICAL CENTRE	600 BONDO	25	SIAYA	B
254.BOYA RURAL NURSING HOME	1207 KISUMU	114	KISUMU	C
255.COPTIC NURSING HOME MASENO	419 LUANDA	50	KISUMU	B
256.DISCIPLES OF MERCY HEALTH CENTRE	20-401 KISUMU	7	KISUMU	B
257.DIVINE MERCY ALUOR HEALTH CENTRE	26 AKALA	23	SIAYA	B
258.DOPHIL NURSING & MATERNITY HOME	556 LUANDA	50	SIAYA	B
259.DUNGA MATERNITY & NURSING HOME	1534 KISUMU	59	KISUMU	B
260.E.L.C,K MATONGO HEALTH CENTRE	58-40 SONDU	18	NYAMIRA	B
261.EVANS HEALTHCARE CLINIC LIMITED	392 OYUGIS	30	HOMA BAY	B
262.GEDMED MEDICAL CENTRE AND NURSING HOME	7614-00 SIAYA	20	SIAYA	B
263.GETEMBE ANNEX HOSPITAL	2409 KISII	29	NYAMIRA	B
264.GETEMBE NURSING HOME	153 KISII	83	KISII	B
265.GUCHA COTTAGE MATERNITY & NURSING HOME	573 KEROKA	38	KISII	B
266.H.H AGA KHAN DISP. & MAT. HOSPITAL KISUM	530-401 KISUMU	76	KISUMU	C
267.HELMI JONAS HEALTH CENTRE URADI	26 URANGA	10	SIAYA	B
268.HEMA HOSPITAL	2 KISII	250	KISII	B
269.HOLSOMS NURSING HOME	381 40200 KISII	40	NYAMIRA	B
270.HOLY FAMILY CATHOLIC MISSION HOSPITAL	17 KORU	40	KISUMU	B
271.HOMEGROUND MEDICAL CENTRE	16-4060 UGUNJA	20	SIAYA	B
272.HOPE FOR WIDOWS AND CHILDREN FOUNDATION NURSING HOME	2512-40 KISUMU	40	KISUMU	B
273.INUKA NURSING HOME	233 SIDINDI	22	SIAYA	B
274.ISANA NURSING HOME	1747 KISII	14	KISII	B
275.ITIBO S.D.A HEALTH CENTRE	37-405 NYAMIRA	17	NYAMIRA	B
276.JALARAM NURSING & MATERNITY HOME	990 KISUMU	97	KISUMU	B
277.JANEIRO NURSING HOME	349-403 HOMABAY	77	HOMA BAY	B
278.JOYRIDE MEDICAL CENTRE	1722 KISII	15	NYAMIRA	B
279.KENDU MISSION HOSPITAL (KENDU BAY)	20 KENDU BAY	164	HOMA BAY	B
280.KILIMANI HOSPITAL	7449 40100	20	KISUMU	C
281.KINARA HOSPITAL	143 NYAMIRA	30	NYAMIRA	B
282.KISUMU SPECIALISTS HOSPITAL	7406 KISUMU	47	KISUMU	C
283.LADOPHARMA NURSING HOME LIMITED	603-404 KEHANCHA	15	MIGORI	B

284.LWALA COMMUNITY HEALTH CENTRE	24-404 RONGO	25	MIGORI	B
285.MAMA PILISTA HEALTH CENTRE	479 KISUMU	15	KISUMU	B
286.MAMAS NURSING HOME-RIAT	169 NDHIWA	38	HOMA BAY	B
287.MARBLE HEALTHCARE LIMITED	273-406 RONGO	16	KISII	B
288.MARIE STOPES NURSING HOME	2582 KISUMU	17	KISUMU	C
289.MASENO HOSPITAL	116 MASENO	150	KISUMU	B
290.MATATA NURSING & MATERNITY HOME	27 OYUGIS	150	OYUGIS	B
291.MATIBABU HOSPITAL	230 40607-UKWALA	75	SIAYA	B
292.MIGORI COUNTY REFFERAL HOSPITAL	202-404 SUNA	100	MIGORI	A
293.MILIMANI MATERNITY HOSPITAL	441 KISUMU	15	KISUMU	C
294.MOGUMO MEDICAL CENTRE	1639 KISII	40	KISII	B
295.MOTHER FLORA MEDICAL CENTRE-BUEMBU	1244-40 SUNA MIGORI	33	MIGORI	B
296.MOTHER SOLBRIT HEALTH CENTRE	27 KEGONGA	80	MIGORI	B
297.NEOCARE MEMORIAL HOSPITAL	806 MIGORI	80	MIGORI	B
298.NIGHTGALE MATERNITY & NURSING HOME	1971 KISUMU	40	KISUMU	B
299.NYABONDO CENTRE FOR THE DISABLED	75-401 SONDU	36	KISUMU	B
300.NYAMUSI MEDICAL CENTRE	327-402 KISII	22	NYAMIRA	B
301.NYANCHWA ADVENTIST MEDICAL CENTRE	22 KISII	50	KISII	B
302.NYANGENA HOSPITAL	3492 KISII	150	KISII	B
303.NYANSIONGO MATERNITY AND NURSING HOME	358 NYASIONGO	40	NYAMIRA	B
304.OASIS DOCTORS PLAZA KISUMU	7460-4 KISUMU	20	KISUMU	C
305.OASIS DOCTORS PLAZA KISUMU LIMITED	806 KISUMU	55	KISUMU	C
306.OASIS SPECIALIST HOSPITAL	1574 KISII	100	KISII	C
307.OGEMBO MEDICAL CENTRE	258 OGEMBO	30	KISII	B
308.OGRA MEDICAL CENTRE & COMMUNITY	3050 KISUMU	30	KISUMU	B
309.OJELE MEMORIAL HOSPITAL	355-404 SUNA MIGORI	100	MIGORI	B
310.OLYMPUS MEDICAL CENTRE	78-4061 YALA	22	SIAYA	B
311.ORUBA NURSING & MATERNITY HOME LTD	162 SUNA	91	MIGORI	B
312.OUR LADY HELP OF THE SICK BARKORWA CATHOLIC MDISPENSARY	270 KOMBWA	20	KISUMU	B
313.OUR LADY OF MERCY KEBIRIGO(IBARA) HEALTH CENTRE	86 KIBIRIGO	41	NYAMIRA	B
314.OWENS MATERNITY & NURSING HOME	134 BONDO	42	SIAYA	B
315.PASTOR MACHAGE MEMORIAL HOSPITAL	388 SUNA MIGORI	74	MIGORI	B
316.PEMAH NURSING AND MATERNITY	28-406 SIAYA	13	SIAYA	B

HOME				
317.PORT FLORENCE COMMUNITY HOSPITAL NDHIWA	3417 HOMABAY	35	HOMA BAY	B
318.RACHAR SUGAR BELT NURSING HOME	3680 KISUMU	62	KISUMU	C
319.RAM MEMORIAL HOSPITAL	554 KISII	60	KISII	C
320.RANEN S.D.A HEALTH CENTRE	PVT SARE AWENDO	16	MIGORI	B
321.RANGALA MISSION HOSPITAL	18 UGUNJA	50	SIAYA	B
322.RANGENYO MISSION HEALTH CENTRE	545 NYAMIRA	20	NYAMIRA	B
323.RAPOGI COMMUNITY HEALTH & MAT. CENTRE	435 RAPOGI	30	MIGORI	B
324.ROMAN MATERNITY AND NURSING HOME	432-405 NYAMIRA	20	NYAMIRA	B
325.ROMIEVA MEDICAL CENTRE	36232 NAIROBI	80	KISII	B
326.ROSEWOOD NURSING HOME	50 40404 RONGO	25	MIGORI	B
327.SAGAM COMMUNITY HOSPITAL	905 LUANDA-50307	100	SIAYA	B
328.SAMJOMEN NURSING HOME	671-40 SUNA	49	MIGORI	B
329.SANTA JANE NURSING HOME & MATERNITY SERV	21 40111-PAP ONDITI	46	KISUMU	B
330.SEGA COTTAGE HOSPITAL	145 SEGA	40	SIAYA	B
331.SENGERA MISSION HEALTH CENTRE	433 KISII	40	KISII	B
332.SIAYA COUNTY REFERRAL HOSPITAL	P.B SIAYA	227	SIAYA	A
333.SIAYA MEDICAL CENTRE	1120 SIAYA	99	SIAYA	B
334.SIAYA MEDICAL CENTRE	1120 SIAYA	120	SIAYA	B
335.ST AKIDIVA MEMORIAL HOSPITAL	57 SUNA-MIGORI	100	MIGORI	B
336.ST ELIZABETH MBAGA HEALTH CENTRE	283-406 SIAYA	25	SIAYA	B
337.ST,MARYS MISSION HEALTH CENTRE	185-403 MBITA	20	HOMA BAY	B
338.ST. AKIDIVA MEMORIAL HOSPITAL KEHANCHA	57 40400 SUNA	30	MIGORI	B
339.ST. AKIDIVA MINDIRA MABERA	806 SUNA - MIGORI	100	MIGORI	B
340.ST. CATHERINES ICHUNI MISSION HOSPITAL	17 40202 KEROKA	35	KISII	B
341.ST. CONSOLATA KISUMU HOSPITAL	1168 KISUMU	23	KISUMU	B
342.ST. ELIZABETH CHIGA DISPENSARY	4676 KISUMU	21	KISUMU	B
343.ST. ELIZABETH HOSPITAL LWAK	18 NYILIMA	40	SIAYA	B
344.ST. ELIZABETH NDISI HEALTH CENTRE	85 40302 NDHIWA	21	HOMA BAY	B
345.ST. JAIRUS HOSPITAL	4902 40103 KISUMU	60	KISUMU	B
346.ST. JOSEPHS HOSPITAL (NYABONDO)	341 SONDU	167	KISUMU	B
347.ST. JOSEPHS MISSION HOSPITAL MIGORI	250 MIGORI	164	MIGORI	B
348.ST. LUKES MEDICAL CENTRE	4195 KISUMU	16	KISUMU	C
349.ST. MONICAS HOSPITAL	523 KISUMU	100	KISUMU	B
350.ST.ANNES NYANGOMA HEALTH CENTRE	29-4060 BONDO	13	SIAYA	B
351..ST.CAMILLUS MISSION HOSPITAL	119 40401-KARUNGU	145	MIGORI	B

352.ST.ELIZABETH GEKANO MISSION H.CENTRE	416 NYAMIRA	50	NYAMIRA	B
353.ST.PAULS MISSION HOSPITAL	426 HOMABAY	42	HOMA BAY	B
354.ST.VINCENT DE PAULS HEALTH CENTRE	542 MUHORONI	90	KISUMU	B
355.STAR CHILDREN HOSPITAL	4516 KISUMU	30	KISUMU	B
356.STEKEN NYAROMBO MATERNITY & NURSING HOME	355-404 MIGORI	23	MIGORI	B
357.SUNA MAT & NURSING HOME	977 SUNA-MIGORI	30	MIGORI	B
358.THE NAIROBI FAMILY AND MATERNITY HOSPITAL KISII	1798 40200 KISII	30	KISII	B
359.THE PORT FLORENCE COMMUNITY HOSPITAL	3417 KISUMU	40	KISUMU	B
360.THE SAMARIMED CENTRE	22 40326 RODI KOPANY	12	HOMA BAY	B
361.TOMBE MEDICARE CENTRE	2021-40 KISII	20	NYAMIRA	B
362.TORICS NURSING HOME	33 OYUGIS	30	HOMA BAY	C
363.WORLD YOUTH INTERNATIONAL MAMA ANN ODEDE HEALTH COMPLEX	27 40604 RAGENGNI	24	SIAYA	B
364.A.I.C KAJIADO DISPENSARY	-	5	KAJIADO	B
365.A.I.C KAPSOWAR HOSPITAL (ELDORET)	130 ELDORET	130	ITEN	B
366.AIC KIJABE HOSPITAL NAIVASHA MED. CENTRE	20 KIJABE 00220 KENYA	22	NAIVASHA	B
367.AKEMO VALLEY MATERNITY & NURSING HOME	38 NYANGUSU	69	KILGORIS	B
368.ALEXANDRIA CANCER CENTRE & PALLIATIVE CARE HOSPITAL	10365-3 ELDORET	40	ELDORET	C
369.ALEXANDRIA CANCER CENTRE AND PALLIATIVE HOSPITAL LIMITED	3356 NAKURU	30	NAKURU	C
370.ALPHIL MATERNITY AND NURSING HOME	19246 NAKURU	23	NAKURU	B
371.ARCHERS POST HEALTH CENTRE	359 ISIOLO	31	MARALAL	B
372.ASSISI NURSING HOME	0519 MACHAKOS	15	KITENGELA	B
373.ATHI COMPLEX GALAXY HOSPITAL	626 NAIROBI	50	KITENGELA	B
374.ATHI RIVER MEDICAL SERVICES	336 ATHI RIVER	45	KITENGELA	B
375.ATHI-RIVER SHALOM COMMUNITY HOSPITAL	1523 KAJIADO	278	KITENGELA	B
376.BARAKA HOSPITAL	883-006 NAROK	35	NAROK	B
377.BARAKA MATERNITY NURSING HOME	2705 NAKURU	20	NAKURU	C
378.BARATON JEREMIC COMMUNITY MEDICAL CENTRE	30100 ELDORET	50	KAPSABET	B
379.BARNET MEMORIAL MEDICAL CENTRE	490 KABARNET	14	KABARNET	B
380.BENEDICT XVI CATHOLIC DISPENSARY	842 NYAHURURU	100	NYAHURURU	B
381.BETHANIA MEDICAL CENTRE	14293 NAKURU	19	NAKURU	B
382.CARE GIVERS COMMUNITY	224-002 KITENGELA	45	KAJIADO	B

HOSPITAL					
383.CATHOLIC HOSPITAL WAMBA VIA MARALAL	17-2060 WAMBA VIA MARALAL	200	MARALAL	B	
384.CHARITY MEDICAL CENTRE	1710 NYAHURURU	60	NYAHURURU	B	
385.CHELYMO MEDICAL CENTRE	37 SILIBWET	61	BOMET	B	
386.CHERANGANY NURSING HOME	1881 KITALE	53	KITALE	C	
387.CHESONGOCH HEALTH CENTRE	8409 ELDORET	49	ITEN	B	
388.CONSOлата MATERNITY &CHILDRENS HOSPITAL NANYUKI	25 NANYUKI	60	NANYUKI	B	
389.COUNTY MEDICARE LTD- MARALAL	240 MARALAL	10	MARALAL	B	
390.EGERTON UNIVERSITY HEALTH CENTRE	536 NJORO	30	NAKURU	B	
391.ELDORET HOSPITAL	2234-30 ELDORET	88	ELDORET	B	
392.ELGON VIEW HOSPITAL	8406-30 ELDORET	67	ELDORET	C	
393.ENKITOK JOY NURSING HOME	285 KISERIAN	12	ONGATA RONGAI	C	
394.EVANS SUNRISE MEDICAL CENTRE	15464 NAKURU	44	NAKURU	B	
395.FAMILY HEALTHCARE MEDICAL CENTRE	947 ELDORET	6	ELDORET	C	
396.FATIMA MATERNITY HOSPITAL	15588 00503	32	ONGATA RONGAI	C	
397.FAVOUR MEDICAL SERVICES	4982 NAIROBI	25	KAJIADO	B	
398.FINLAYS MEDICAL CENTRE	314 NAIVASHA	44	NAIVASHA	B	
399.FOUNTAIN HEALTHCARE	5819 30100 ELDORET	24	ELDORET	C	
400.FOUNTAIN MEDICAL CENTRE	12516 20100 NAKURU	14	NAKURU	B	
401.FR. ADRIANO BONFANTI CATHOLIC HEALTH CENTRE	491 90132 S/HAMUD	18	KAJIADO	B	
402.GALAXY MEDICAL CENTRE	626 KAJIADO	20	KAJIADO	B	
403.GALILEE MEDICAL CENTRE MILIMANI KITALE LIMITED	1806-30 KITALE	50	KITALE	C	
404.GOLDENLIFE VICTORS HOSPITAL LIMITED	26540 NAIROBI	50	NAIVASHA	B	
405.GOOD HOPE MEDICAL CENTRE	1267 NYAHURURU	15	NYAHURURU	C	
406.GYNO CARE WOMENS FITSULA HOSPITAL LTD	2326 30100 ELDORET	88	ELDORET	C	
407.IMURTOT HEALTH CENTRE	28 LOITOKTOK	18	LOITOKTOK	A	
408.JOMEC LIMITED	76433-0 NAIROBI	83	NAKURU	C	
409.JOY-ELLEN WOMENS HOSPITAL LTD	15414 NAKUU	25	NAKURU	C	
410.KAIBOI MISSION HEALTH CENTRE	3306 ELDORET	34	KAPSABET	B	
411.KAKUMA MISSION HOSPITAL	26 KAKUMA TURKANA	56	LODWAR	B	
412.KAPKOI HEALTH CENTRE	1890 30100 ELDORET	15	ITEN	B	
413.KAREN HOSPITAL LTD	74240 NAIROBI	102	ONGATA RONGAI	C	
414.KENLANDS HEALTH SERVICES NAKURU MAILI SITA	10571 NAKURU	16	NAKURU	B	
415.KERICHO NURSING HOME LTD.	510 KERICHO	142	KERICHO	B	
416.KIPCHIMCHIM MISSION HOSPITAL	31 KERICHO	40	KERICHO	B	
417.KITALE NURSING HOME	1825 KITALE	62	KITALE	C	

418.KITENGELA MEDICAL CENTRE	29720 NAIROBI	120	KITENGELA	B
419.KITENGELA MEDICAL SERVICES-KAJIADO	352 00242 KITENGELA	120	KAJIADO	B
420.KOBUJOI MISSION HOSPITAL	127 KOBUJOI	30	NANDI HILLS	B
421.LANGAS RACECOURSE HEALTH CENTRE	5094-30 ELDORET	5	ELDORET	B
422.LANGATA HOSPITAL	934 NAIROBI	33	ONGATA RONGAI	C
423.LELMOLOK NURSING HOME	12 MOI UNIVERSITY	13	ELDORET	B
424.LILYON NURSING HOME	340-306 KAPENGURIA	22	KAPENGURIA	C
425.MAASAI NURSING HOME	237 NAROK	26	NAROK	C
426.MAGADI SODA COMPANY HOSPITAL MAGADI	10 MAGADI	50	ONGATA RONGAI	C
427.MAKADARA HEALTH CARE AND MATERNITY HOME	81-0020 ATHI RIVER	36	KITENGELA	B
428.MARY IMMACULATE HEALTH CENTRE - KAPTAGAT	9398 ELDORET	37	ELDORET	B
429.MARYHILL MEDICAL CENTRE	1138 NYAHURURU	12	NYAHURURU	B
430.MATASIA NURSING HOME	185 KISERIAN	23	ONGATA RONGAI	C
431.MEDICATIA HOSPITAL LIMITED	BOX 773 NAROK	27	NAROK	B
432.MEDIHEAL HOSP.& FERTILITY CENTER	7905 ELDORET	90	ELDORET	C
433.MEDIHEAL HOSPITAL	17226 20100	100	NAKURU	C
434.MERCY MISSION HOSPITAL	10 20103-ELDAMA RAVINE	79	KABARNET	B
435.MERRUESHI VILLAGE HEALTH CENTRE	231-901 EMALI	20	KAJIADO	B
436.MESWO(TUNZA) MEDICAL SERVICES	-	20	KAPSABET	B
437.MOI TEACHING & REFERRAL HOSPITAL AMTY	3 ELDORET	29	ELDORET	C
438.MOUNT OLIVE SINAI HOSPITAL LIMITED	52874-0 NAIROBI	32	ONGATA RONGAI	C
439.MT. LONGONOT MEDICAL SERVICES LIMITED	1840 NAIVASHA	27	NAIVASHA	B
440.MULEMI MATERNITY NURSING HOME	20117 NAIVASHA	10	NAIVASHA	B
441.NAIROBI WOMENS HOSPITAL	10552 ONGATA RONGAI	77	ONGATA RONGAI	C
442.NAIROBI WOMENS HOSPITAL KITENGELA MEDICAL CLINIC	10552-0 NAIROBI	62	KITENGELA	C
443.NAIVASHA QUALITY HEALTHCARE SERVICES LIMITED	561-201 NAIVASHA	15	NAIVASHA	B
444.NAKURU HEART CENTRE	2439-20 NAKURU	60	NAKURU	C
445.NAKURU NURSING AND MATERNITY HOME LTD.	1769 NAKURU	67	NAKURU	C
446.NAKURU WAR MEMORIAL HOSPITAL (NAKURU)	240 NAKURU	40	NAKURU	C
447.NAMUNYAK MEDICAL CENTRE	510 KAJIADO	20	KAJIADO	B
448.NANYUKI COTTAGE HOSPITAL	95 NANYUKI	60	NANYUKI	C

(NANYUKI)				
449.NANYUKI MATERNITY AND NURSING HOME	20 NANYUKI	35	NANYUKI	C
450.NAROK COTTAGE HOSPITAL	25485-0 NAIROBI	17	NAROK	B
451.NASHA LENGOT MEDICAL CENTRE	450 KISERIAN	36	NAROK	B
452.NDONYO HEALTHCARE- KWA MUHIA	1049 NAIVASHA	18	NAIVASHA	B
453.NEW HOPE MEDICARE CENTRE	188 SONGHOR	18	NANDI HILLS	B
454.NEW KIMILILI MEDICAL CLINIC	1114 NAIVASHA	20	NAIVASHA	B
455.NEW POINT MEDICAL CENTRE	18803-2 NAKURU	30	NAKURU	B
456.NGONG RAPHA HOSPITAL	87 00502 KAREN	5	ONGATA RONGAI	B
457.NYAHURURU PRIVATE HOSPITAL	2099 NYAHURURU	35	NYAHURURU	C
458.OAK TREE CENTRE FOR KIDNEY & CHRONIC DISEASE LTD	8279 30100 ELDORET	7	ELDORET	C
459.OLCHOBOSEI MEDICAL CENTRE	146-407 KILGORIS	5	NAROK	B
460.OLCHOBOSEI MEDICAL CENTRE	146-407 KILGORIS	10	NAROK	B
461.OLJABET HOSPITAL	543 NYAHURURU	37	NYAHURURU	B
462.OLJABET MEDICAL CENTRE - LAIKIPIA	543 NYAHURURU	25	NYAHURURU	B
463.ORTUM MISSION HOSPITAL (KITALE)	1312 KITALE	104	KAPENGURIA	B
464.P.C.E.A. NAKURU WEST HOSPITAL	7364 NAKURU	8	NAKURU	B
465.PLATEAU MISSION HOSPITAL (ELDORET)	724-301 ELDORET	57	ELDORET	B
466.POLY-CLINIC HOSPITAL	1503 NAIVASHA	40	NAIVASHA	B
467.RAPHA MEDICAL CENTRE NAKURU	3550-20 NAKURU	8	NAKURU	B
468.RAYAAN MATERNITY AND HOSPITAL	5282-00 NAIROBI	9	KAJIADO	B
469.REALE MEDICAL CENTRE	-	127	ELDORET	C
470.RESTORE HOSPITAL	2025-0 RONGAI	17	ONGATA RONGAI	C
471.ROMBO MISSION HOSPITAL	2 LOITOKTOK	25	KAJIADO	B
472.SAMBURU DOCTORS PLAZA	12 MARALAL	12	MARALAL	B
473.SEGERA MISSION CLINIC	1154-10 NANYUKI	8	NANYUKI	B
474.SENIORS MEDICAL SERVICES	835 KAJIADO	15	KITENGELA	B
475.SILOAM HOSPITAL	2181 KERICHO	110	KERICHO	B
476.SINAI HOSPITAL RONGAI	52874 NAIROBI	32	ONGATA RONGAI	C
477.SIPILI MATERNITY & NURSING HOME	74 KINAMBA	16	NYAHURURU	B
478.SISTER FRIDAS MEDICAL CENTRE	696 KITALE	18	KITALE	B
479.SISTER MAZZOLDI DISPENSARY AND MATERNITY	388-201 NAKURU	7	NAKURU	B
480.SISTER MAZZOLDI DISPENSARY AND MATERNITY	388-201 NAKURU	40	NAKURU	B
481.ST ELIZABETH MEDICAL CENTRE	2922 NAKURU	32	NAKURU	C
482.ST GABRIEL MEDICAL AND WELLNESS CENTRE	1517-20 KERICHO	15	KERICHO	B
483.ST. ANTHONY HEALTH CENTRE	3729 NAKURU	15	NAKURU	B

484.ST. CLARES MISSION HOSPITAL (KAPLONG)	4 SOTIK	220	SOTIK	B
485.ST. ELIZABETH LORUGUM HEALTH CENTRE	101 LODWAR	12	LODWAR	B
486.ST. JOSEPH MISSION HOSPITAL	247 KAPSABET	50	KAPSABET	B
487.ST. JOSEPHS HOSPITAL (KILGORIS)	40 KILGORIS	200	NAROK	B
488.ST. LEONARDS HOSPITAL LIMITED	128 KERICHO	124	KERICHO	B
489.ST.BRIGITTAS CATHOLIC HEALTH CENTRE	842-301 ELDORET	23	ELDORET	B
490.ST.PETER CLAVER RC DISPENSARY	751-002 KISERIAN	5	ONGATA RONGAI	B
491.TENWEK HOSPITAL BOMET (SOTIK)	39 BOMET	299	BOMET	B
492.TEXAS CANCER CENTRE ELDORET	13-002 ELDORET	2	ELDORET	B
493.THE LIGHT NAIVASHA DOCTORS PLAZA	141-201 NAIVASHA	15	NAIVASHA	B
494.THE NAIROBI WOMENS HOSPITAL-NAKURU	4698-20 NAKURU	65	NAKURU	C
495.TOPCARE SUBUKIA MEDICAL CENTRE	81-201 SUBUKIA	12	NAKURU	B
496.TRINITY CARE CENTRE LIMITED	1226-00 NGONG HILLS	29	ONGATA RONGAI	C
497.TULAH MEDICAL SERVICES	23 00207 NAMANGA	8	LOITOKTOK	B
498.UNILEVER TEA (K) LTD-CENTRAL HOSPITAL	57 KERICHO	50	KERICHO	B
499.VALLEY HOSPITAL LIMITED	16243 NAKURU	72	NAKURU	B
500.WAMA NURSING HOME	241 0051- ONGATA RONGAI	8	ONGATA RONGAI	B
501.WANANCHI JAMII MATERNITY & NURSING	51015 NAIROBI	12	ONGATA RONGAI	B
502.WESLEY MISSION CLINIC LANET	1803 NAKURU	10	NAKURU	B
503.ACK NAMBOBOTO HEALTH CENTRE	135 50406 FUNYULA	13	BUSIA	B
504.AHMADIYA MUSLIM HOSPITAL	77 SHIANDA	65	MUMIAS	B
505.APPEX HOSPITAL	84-504 MALABA	20	BUSIA	B
506.BLISS MEDICAL CLINIC MUMIAS	644 MUMIAS	30	MUMIAS	B
507.BLISS MEDICAL CLINIC MUMIAS	644 MUMIAS	19	MUMIAS	B
508.BUKAYA MEDICAL CENTRE	28 IMANGA	20	MUMIAS	C
509.BUTULA MISSION HOSPITAL (BUSIA)	PRBAG BUSIA	42	BUSIA	B
510.ELGON VIEW MEDICAL COTTAGE	1747 BUNGOMA	16	BUNGOMA	B
511.EMMANUEL MISSION HEALTH CENTRE	58 50207 BUNGOMA	20	BUNGOMA	B
512.ESHISIRU MEDICAL COTTAGE	409 KAKAMEGA	20	KAKAMEGA	B
513.FOUNTAIN HEALTHCARE LTD BUNGOMA	-	26	BUNGOMA	C
514.FRIENDS LUGULU HOSPITAL	43 WEBUYE	101	BUNGOMA	B
515.HEALTHRIGHT COMMUNITY MEDICAL CENTRE	44-501 MALAVA	25	BUNGOMA	B
516.HOLY FAMILY HOSPITAL NANGINA	57 FUNYULA	80	BUSIA	B
517.ITANDO MISSION OF HOPE AND HEALTHCARE	16-5030 MARAGOLI	23	VIHIGA	B

518.JOINT PARTNERS NURSING HOME	243-503 KAIMOSI	12	VIHIGA	B
519.JUMUIA FRIENDS HOSPITAL	PRV BAG 503403 TIRIKI	100	VIHIGA	B
520.KAKAMEGA ORTHOPEDIC HOSPITAL	2569-50 KAKAMEGA	10	KAKAMEGA	B
521.KARI(TRC)ALUPE HOSPITAL-BUSIA	399 BUSIA	16	BUSIA	C
522.KIMA MISSION HOSPITAL	410 KISUMU	36	VIHIGA	B
523.KORY FAMILY HOSPITAL	1977 BUNGOMA	15	BUNGOMA	B
524.LEBEN MEDICAL SERVICE	898 50100	24	KAKAMEGA	B
525.LIFE CARE HOSPITALS BUNGOMA LIMITED	1883 50200 BUNGOMA	60	BUNGOMA	C
526.LUMINO MATERNITY & NURSING HOME	908 MUMIAS	61	KAKAMEGA	B
527.LUPE MEDICAL CENTRE	-	32	KAKAMEGA	B
528.MARACHI HEALTHCARE	32 SIAYA	12	BUSIA	B
529.MWIHILA MISSION HOSPITAL (YALA)	8 KHWISERO	111	MUMIAS	B
530.NABUALA MEDICAL CENTRE	1001 50200 BUNGOMA	24	BUNGOMA	B
531.NALA MATERNITY & NURSING HOME	560 KAKAMEGA	60	KAKAMEGA	B
532.NAMASOLI HEALTH CENTRE	12 YALA	26	MUMIAS	B
533.NAVAKHOLO SUB-COUNTY HOSPITAL	940 50100 KAKAMEGA	16	KAKAMEGA	A
534.NEW BUSIA MATERNITY AND NURSING HOME	418 BUSIA	101	BUSIA	C
535.NZOIA MEDICAL CENTRE	304 532 BUNGOMA	20	BUNGOMA	B
536.ROYO OUTPATIENT SERVICES	305 MALAVA	84	KAKAMEGA	B
537.SABATIA EYE HOSPITAL	214 WONDANGA	40	VIHIGA	C
538.ST. BAKHITAS MISSION HEALTH FACILITY	38 BUNGOMA	25	BUNGOMA	B
539.ST. DAMIANO MEDICAL HOSPITAL	1769 BUNGOMA	50	BUNGOMA	B
540.ST. ELIZABETH HOSPITAL (MUKUMU)	127 MUKUMU	233	KAKAMEGA	B
541.ST. MARK ORTHODOX HEALTH CENTRE	350311 WODANGA	18	VIHIGA	B
542.ST. MARYS HOSPITAL (MUMIAS)	250 MUMIAS	255	MUMIAS	B
543.STIRLING MEDICAL CENTRE	320-504 BUSIA	15	BUSIA	B
544.TANAKA NURSING HOME	485 BUSIA	45	BUSIA	B
545.THE DAWAMEDS HOSPITAL LIMITED	2448 BUNGOMA	40	BUNGOMA	B
546.THE GREAT LAKES MEDICAL CENTRE	7799-40 KISUMU	30	VIHIGA	B

Source NHIF (2018).