

## **Strategic Interventions and Implementation of Reforms in the Public Health Facilities in Embu County, Kenya**

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### **Abstract**

Implementation of reforms is one of the challenging issues among public organizations and more specifically in Public Health facilities in Kenya. Despite efforts from the National and County Governments, Public Health facilities in Embu County have continued to experience a number of challenges that range from periodical employee strikes and unsatisfactory health care services to the general public. The general objective this study was to establish influence of strategic interventions on implementation of reforms in Public Health Facilities in Embu County. The specific objectives of this study were to; establish the influence of strategic leadership, employee training, resource capability and system automation on implementation of reforms in Public Health Facilities in Embu County. The study adopted a descriptive and cross-sectional research design to establish the problem that was under investigation. This study adopted a census approach and targeted 228 respondents drawn from 77 public health facilities in Embu County. The sample size was 189 employees. The study used primary data. Primary data was collected using questionnaires. Quantitative data was analyzed using descriptive statistics and inferential statistics such as multiple regression analysis method were. The analyzed data was presented using descriptive statistics such as means, standard deviation, percentages and frequency tables. The significance values of the four variables of the study were less than the critical value of 0.05, which indicates that there is a significant statistical relationship between strategic leadership, employee training, resource capability and system automation and implementation of reforms in the public health facilities in Embu County. It was concluded that unless public health facilities adopt strategic interventions to gain competitiveness in the changing business environment will be difficult. The study recommended that the National Government in collaboration with County Governments in Kenya should formulate policies that will facilitate reform implementation. Therefore, this study recommends that other studies should be conducted to address other issues that may contribute to implementation of reforms in Public Health Facilities to achieve vision 2030 goals and benchmark the results of this study by conducting comparative studies.

**Key Words:** *Strategic Interventions, Strategic Management, Implementation of Reforms, Public Health Facilities, Embu County*

### **1. INTRODUCTION**

According to World Health Organization (2015), governments around the world establish health systems that implement different activities aimed at promoting, restoring and maintaining

individuals, physical, mental and social health. Such health systems promote health, help in preventing diseases, and ensure treatment, rehabilitation and nursing in the country (Wessel & Christensen, 2012). These activities also include the community and home based care for individuals across the country. Health systems also perform supervision functions, financing health programs, creating resources for providing health care (KPMG, 2012). Similarly, global, regional, and national health reforms are formulated and implemented in order to create a world where individuals live healthier, safer, and longer lives. As such, governments should address the current health concerns and research to identify and counter emerging global, regional, and national health needs. Through different health agencies, the governments will draw up research and development to meet combined challenges and guarantee greater health impact in the future (KPMG, 2012).

Promoting global health reforms like free health care services, healthcare insurance policies to employed and unemployed population and provision of standardized trainings to medical practitioners will enhance humanitarian values in saving and improving lives (MOH, 2015). In recent years, improving global health has proven its advanced value in promoting security and constructive cooperation between countries. A strategic and long-term global health policy helps countries in advancing their core interests in establishing lasting collaborations that save and improve lives of millions globally. This policy helps in creating an environment that enables countries to possess their goals and programs where assessment, cost-effectiveness, and responsibility assume imperative roles. Health challenges are more acute in sub-Saharan Africa compared to other developed nations. These challenges are embedded in a broader context of poverty, poorly developed infrastructure, politically instigated conflicts and disappointingly managed governmental institutions. The sub-Saharan Africa region remains a target of global public health policies and intercessions (WHO, 2015).

Sama (2004) asserts that implementation of comprehensive healthcare reform like performance contracting to medical practitioners, medical insurance covers to both formal and informal sectors will promote sustainable healthcare services globally. Healthcare providers in the global business environment have shifted from their traditional models of operation to new models that address variations in the care and align clinicians around consumer/patient-centered care. Innovations in the healthcare sector like public and private investments in offerings that integrate drugs and devices with low-cost diagnostics, disease management programs, and clinical decision support (Owino, 1998). In the local context, a number of challenges are experienced by healthcare organizations when striving to implement new reforms (MOH, 2015). Aspects ranging from; research, governance, legal frameworks, technology, leadership, resource management and employees are issues that have contributed to the poor implementation of reforms in developing countries in Africa (Transparency International Report, 2011).

Given the diversity of the health systems across African countries, Kenya is one of the countries that is on the process of implementing new reforms in the public health care sector after the promulgation of the new constitution in 2010 (MOH, 2015). Despite the devolved health care services to County Governments in Kenya, the National Government intervention can take several forms, including direct provision of services, financing of services, regulation of private service provision or a combination of these. Improvement would be contingent upon the convergence of commitment, expertise and resources throughout the system (KPMG, 2012). Ombui, Mwendu and Kariuki (2014) contend that strategic interventions are initiatives used to facilitate new changes in the organization with minimal resistance from employees.

Technology, global competition, changing consumer demand, employee diversity and lean management practices are driving competitive firms to adopt strategic interventions to gain competitive edge. Strategic interventions are unique for each business and organization. A strategy that delivers results for one business or organization environment, need not necessarily deliver same or similar results for another, even within the same industry (Northouse, 2004).

Strickland and Gamble (2008) argue that strategic interventions have been sought by competitive firms as an initiative of trying to realize the long term objectives of the organization. Strategic leadership, organic structures, training, integral communication and reinforcement are among the strategic interventions adopted by organizations to achieve their goals. The overarching purpose of successful reform management is to accelerate the speed at which people move successfully through the change process so that anticipated benefits are achieved faster (Schippmann, 1999). Strategic interventions are the only ways to turn a business around or move it from good to fantastic (Johnson, Scholes & Whittington, 2008). Leaders can make a significant difference in their organizations by developing effective intervention strategies. Strategic interventions are ways to work toward pre-defined goals or to deal with unforeseen circumstances that develop within the organization. Business goals often require change to take place at some level for the business to grow and develop. Organizational issues concerning; personnel, morale and high turnover rates can also warrant the use of business intervention strategy as a means for improving productivity and work relations (Pearce & Robinson, 2007).

Lakein (2005) argues that strategic interventions that can enhance organizational reforms range from strategic leadership, employee training, resource capability and system automation. Participative leadership is one of the interventions contribute to employees becoming more committed to their organization and its goals, and cultivating better labour-management relationships. It also helps bridge the typical chasm that often exists between leaders and their staff, and contributes to a more adaptive, resourceful and resilient behaviour during periods of change. Participative leadership is an essential component of empowered, high-involvement organizations. Employee empowerment has contributed to employee involvement, shared decision-making, redistributed authority and control, and increased organizational flexibility and adaptability. Effective management of key resources has contributed to translation of formulated policies into action. Effective motivation of employees and allocation of adequate funds has contributed to implementation of reforms. In addition, system automation has contributed to overall organizational efficiency and effectiveness thus improved customer service delivery (Mcnamara, 2005). Thomson, Strickland and Gamble (2007) assert that systematic implementation of reforms is intended to impact business basics; beliefs, attitudes, values and cultural challenge. Institutionalization of reforms in any organization is a paradigm shift that has been received with proactive and reactive measures among firms operating in the industry. Implementation of reforms is a concept both private and public organizations strive to achieve despite the challenges experienced from internal and external environment.

Introduction of new reforms in the Public health sector in Kenya like new procurement policies, recruitment of new health workers, devolvement of quality health care services to County levels, beyond zero initiative and financing health care services through Kenya's National Social Health Insurance Fund (NSHIF) will lead to efficiency and efficacy of users, improving public health outcomes and performance. New reforms generates value to patients and the organization, enhance employee satisfaction, morale, and engagement since when people learn new skills they

meet performance expectations, and contribute to a greater good they feel pride in their accomplishments thus improving service quality among customers (Johnson, Scholes & Whittington, 2008). Pearce and Robinson (2007) argue that strategic interventions like technology, leadership and employee development have resulted to organizational competitiveness. Firms are likely to experience minimal costs of operation and increased productivity by implementing strategic decisions formulated. However, on the other hand, many organizations always experience challenges when implementing strategic interventions. Some the challenges range from lack of leadership support, employee resistance to change. This study is motivated by the need to understand how strategic interventions adopted by Public Health Facilities in Embu County will contribute to reform implementation. Effective management of resources by organizations can lead to effective implementation of reforms. Accountability and establishment of control mechanisms can promote implementation of reforms. Automation of systems by organizations can enhance efficiency and effectiveness of processes. With automates systems, customers are likely to receive enhanced services. On the other hand, system automation can enhance employee motivation in the long run.

Health sector reforms were introduced under the umbrella of Structural Adjustment Programmes (SAPs) implemented in the 1980s, necessitated by the debt crisis (MOH, 2015). The reforms in the public health sector in Kenya proposed by Kenya Health Policy 2012-2030 range from; procurement of good and service, terms and conditions of engaging health workers, devolvement of quality health care services to County levels, access of quality maternal services through beyond zero campaigns and financing of health care services through Kenya's National Social Health Insurance Fund (NSHIF). According to KPMG (2012), the government policy since independence has been geared to providing health services within easy reach of Kenyans with emphasis on preventive, promotive and rehabilitative services. There are six types of health facilities in Kenya, namely: hospitals, district /sub-district hospitals, health centres, dispensaries and mobile clinics. Dispensaries and health centres are the first contact facilities for people seeking medical care. Hospitals also serve as primary healthcare institutions for many in the respective catchment areas. The rural poor rarely use hospitals and depend largely on health centres and dispensaries. With the promulgation of the new constitution of Kenya established in 2010, health care services have been devolved to County Governments (MOH, 2015).

Public Health facilities in Embu County have been experiencing a number of challenges ranging from frequent strikes by health workers, unsatisfactory customer services, poor management of health care facilities and misuse of funds allocated to implement new reforms (MOH, 2015). According to GoK (2015), Embu County has adhered to the Ministry of Health policy by providing subsidized services, which are affordable to the community. There exists a waiver/exemption system for those who cannot afford minimized user fees. To improve access and utilization of health services, the County has opened more dispensaries and health centers as a way of rolling out more services to the community. A study conducted in Kenya by Mwendu (2015) established that despite the new reforms of the Ministry of Health in Kenya, majority of the Public Health facilities are experiencing a number of problems ranging from high turnovers, inability to meet patient demands. From the stakeholder perspective, problems of poor leadership, mismanagement of financial resources when implementing projects, inappropriate employee skills to manage health projects has resulted to numerous complaints from the members of the public and other stakeholders including the suppliers, general public, national government, non-governmental organizations and the ministry of health (KPMG, 2012).

Despite Government efforts to improve public health facilities, public health facilities in Embu have been performing poorly in the recent past leading to high resistance to change among employee, high costs of operation, mismanagement of funds allocated to implement initiated health projects and resignation of health workers due to delayed salaries and poor working conditions (KPMG, 2012). According to MOH (2015), introduction of new reforms in the Public health sector in Kenya like new procurement policies, recruitment of new health workers, devolvement of quality health care services to County levels, beyond zero initiative and financing of health care services through Kenya's National Social Health Insurance Fund (NSHIF) will lead to efficiency and efficacy of users, improving public health outcomes and performance. However, despite the new reforms, implementation has been an uphill task among public health facilities. A number of the strategic interventions ranging from employee training, resource capability, strategic leadership and system automation will enhance implementation of reforms among Public health facilities in Embu County. Equipping employees with appropriate skills and knowledge will result to implementation of reforms with minimal resistance. Effective utilization of resources and management will encourage the government and well-wishers to inject more resources to facilitate reforms in the public health in Kenya. Recruitment of visionary leaders whom understand the past, the present and the future will promote implementation of reforms in the long run. In addition, automating systems will lead to improved customer services thus efficiency and effectiveness of public health facilities (KPMG, 2012).

## **2. PROBLEM STATEMENT**

According to WHO (2004) the healthcare sector in Kenya is worsening and the gap between the demand for and supply of health services continues to widen. The sector has not been able to expand as rapidly as the population to ensure adequate coverage, accessibility and acceptable quality of health services. Okibo and Agili (2015) studied on factors influencing implementation of change in selected public universities in Kenya and established that there is a positive correlation between strategic interventions and implementation of reforms among competitive firms. Employee training, corporate governance, technology adoption were strategic initiatives of implementing reforms (KPMG, 2012). A survey by KIPPRA (2013) on performance of public healthcare organizations in Kenya observed that 63% of the projects initiated by Public Health facilities were not completed at the right time. A survey carried out by Transparency International Report (2011) on the Kenya health sector integrity established that implementation of reforms in the public health sector in Kenya is one of the uphill tasks. Public Health facilities in Embu County have been dragging behind in the implementation of the new reforms in the recent past (MOH, 2016). However, it is noted from the findings of previous studies that conceptual and contextual gaps are evident. Firstly, a study by Okibo and Agili (2015) was confined to factors influencing implementation of change in selected public universities in Kenya. A study by Onyango (2012) was limited to factors influencing the implementation of the Kenya sugar industry strategic plan (2010-2014). A study by KIPPRA (2013) was confined aspects that contributed to performance of public health facilities in Kenya but failed to examine variables of this study and a study by Transparency International Report (2011) sought to compare performance of health sectors across East African Countries. Therefore, it is against this background that the proposed study aimed to investigate the effect of strategic interventions on implementation of reforms in Public health facilities in Embu County.

### **3. RESEARCH OBJECTIVES**

The general objective of the study was to investigate the effect of strategic interventions on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

The specific objectives of the study were:

- i. To determine the effect of strategic leadership on implementation of reforms in the Public Health Facilities Embu County, Kenya.
- ii. To find out the effect of employee training on implementation of reforms in the Public Health Facilities in Embu County, Kenya.
- iii. To determine the effect of resource capability on implementation of reforms in the Public Health Facilities in Embu County, Kenya.
- iv. To find out the effect of system automation on implementation of reforms in the Public Health Facilities Embu County, Kenya.

### **4. THEORETICAL REVIEW**

The study adopted Lewin's Change Management Theory as the major theory of making deductive arguments about the study. Other supportive theories were; Open System Theory, Dynamic System Theory and Resource-Based View Theory as discussed:

#### **4.1 Lewin's Change Management Theory**

This theory was established by Kurt Lewin in (1941). The theory proposed that the majority of people tend to prefer and operate within certain zones of safety. The three stages proposed by Kurt Lewin for effective implementation of reforms in any organization are unfreezing, transition and refreezing. First, managers must unfreeze or disrupt any comfort zone that may tend to support the status quo. Managers should discourage old practices among workers and replace them with new practices for effective implementation of reforms. Second, managers should ensure that appropriate policies and initiatives are implemented for the organization to realize transition from old state to the new state. Leaders should manager the change process and identify obstacles that hinder the reform process and suggest appropriate measure to be taken. Third, managers should refreeze or reinforce new behaviours after implementation of reforms (Charles & Gareth, 2007).

Managers should encourage new reforms by training workers, delegating, promoting, rewarding and recognizing employee efforts towards implementation of reforms. According to Kurt Lewin all employees should comprehend what is expected of them correctly during any reform process and keeps a strong focal point in the area of communication, accountability and transparency. The fundamental aspects employees should keep in mind when going through any form of an organizational reform process is that they should be flexible to accept new practices and be part of the reform process (Pearce & Robinson, 2011). Charles and Gareth (2007) assert that to achieve any strategic objectives, reforms are necessary for private and public entities in the competitive business sectors. Effective communication between the top level managers and lower level employees promote implementation of reforms in any organization. Interaction in the planning process for reforms is essential as well as it gives an opportunity to minimize change resistance in the system. For systemic and individual acceptance of reforms, employees are the key determinants of any successful change. The applicability of this theory in this study is based

on the notion that, to implement change in any organization, managers should initiative appropriate mechanisms that will facilitate the change process. To influence employee to work towards the new changes, managers should be role models and promote awareness to institutionalize the new changes. Effective change implementation should be systematic and gradual. To minimize employee resistance to change, managers should initiate participative decision making culture.

#### **4.2 Open System Theory**

Open system theory was initially developed by Ludwig von Bertalanffy (1998). The concepts of the theory were later reviewed by other scholars like Trist and Murray in 1990's. The theory was founded on the notion that firms are open systems that lend themselves to the external environment. All systems have boundaries, although the boundaries can be difficult to identify because systems can be very dynamic (Burnes, 2009). Open systems have porous boundaries through which useful feedback can readily be exchanged and understood. Closed systems, unlike open systems, have hard boundaries through which little information is exchanged. Organizations that have closed boundaries often are unhealthy. The external environment includes a wide variety of needs and influences that can affect the organization, but which the organization cannot directly control. Influences can be political, economic, ecological, societal and technological in nature. A highly effective organization is regularly exchanging feedback with its external environment (Pearce & Robinson, 2013).

Arthur, Strickland and Gamble (2008) suggest that strategic management being an externally oriented management philosophy in the modern context; it helps firms to circumnavigate through the ever-changing business environment in order to be efficient and effective in the long run. The theory argues that organizations should align their strategic practices in order to survive in the dynamic business environment. Internal and external factors should be analyzed when formulating strategic policies. To cope with uncertainty during strategy implementation process, mechanistic thinking organizations are now focusing on becoming leaner, agile, flexible, and right-sized. Charles and Gareth (2007) assert that to survive and thrive in today's unpredictable environment, organizations need to become actively adaptive to internal and external factors that influence strategy implementation. Engrained within their strategic futures they need to have plans and structures that align and realign the organization's values with those of the extended social environment. They need to understand that not only does the environment change their organization, but they themselves can also influence the environment. The applicability of this theory in this study is based on the assumption that Public Health Facilities are open systems that are environmental dependent and should collect information from the competitive business environment to ensure that appropriate strategic intervention are put in place to implement the new reforms

#### **4.3 Dynamic System Theory**

Dynamic System Theory was proposed by Thelen (2008). She proposed that like human beings, organizations also experience undergo developments stages to achieve their goals in the long term period. Development is viewed as constant, fluid, emergent or non-linear, and multi-determined. The theory permits us to understand how cultural difference becomes bodily difference. Systems thinkers consider the dynamic interactions of all the factors contributing to a particular trait of interest; these may balance one another to attain stability, or, when for some reason one or more factors change, the dynamic balancing act can destabilize a system and lead

to change. Change occurs when a system first becomes destabilized but after a time reaches some new stable state.

The theory was founded on the notion that firms are likely to remain competitive if they have the ability to integrate, build, and reconfigure internal and external competences to address rapidly changing environments. Dynamic capability is the capacity of an organization to purposefully create, extend or modify its resource base. Dynamic capabilities enable firms to enter new businesses and extend old ones through internal growth, acquisition and strategic alliances or to create new products and production processes. The ability of the firm to react adequately and timely to external changes requires a combination of multiple capabilities (Burgelman, Grove & Meza, 2007). Arthur, Strickland and Gamble (2008) suggest that dynamic capabilities are built rather than bought in the market. They are formed through routines which have become embedded in the firm over time, and are employed to reconfigure the firms' resource base by deleting decaying resources or recombining old resources in new ways. Dynamic capabilities are made up of four main processes: reconfiguration, leveraging, learning and integration. Reconfiguration refers to the transformation and recombination of assets and resources, Leveraging refers to the replication of a process or system that is operating in one area of a firm into another area, or extending a resource by deploying it into a new domain, integration refers to the ability of the firm to integrate and coordinate its assets and resources, resulting in the emergence of a new resource base. The theory is applicable in this study based on the idea that Public Health Facilities like County referral which are categorized as level five hospitals, district hospitals which are categorized as level four hospitals, health centres which are categorized as level three hospitals and dispensaries categorized as level two hospitals and community health centres specified as level one hospitals are dynamic systems that should align their practices with the changing business environment. Public Health Facilities should have functional structures that will facilitate and coordinate the change implementation process. Leaders of the Public Health facilities should reconfigure key resources gain competitive edge in the changing business environment.

#### **4.4 Resource-Based View Theory**

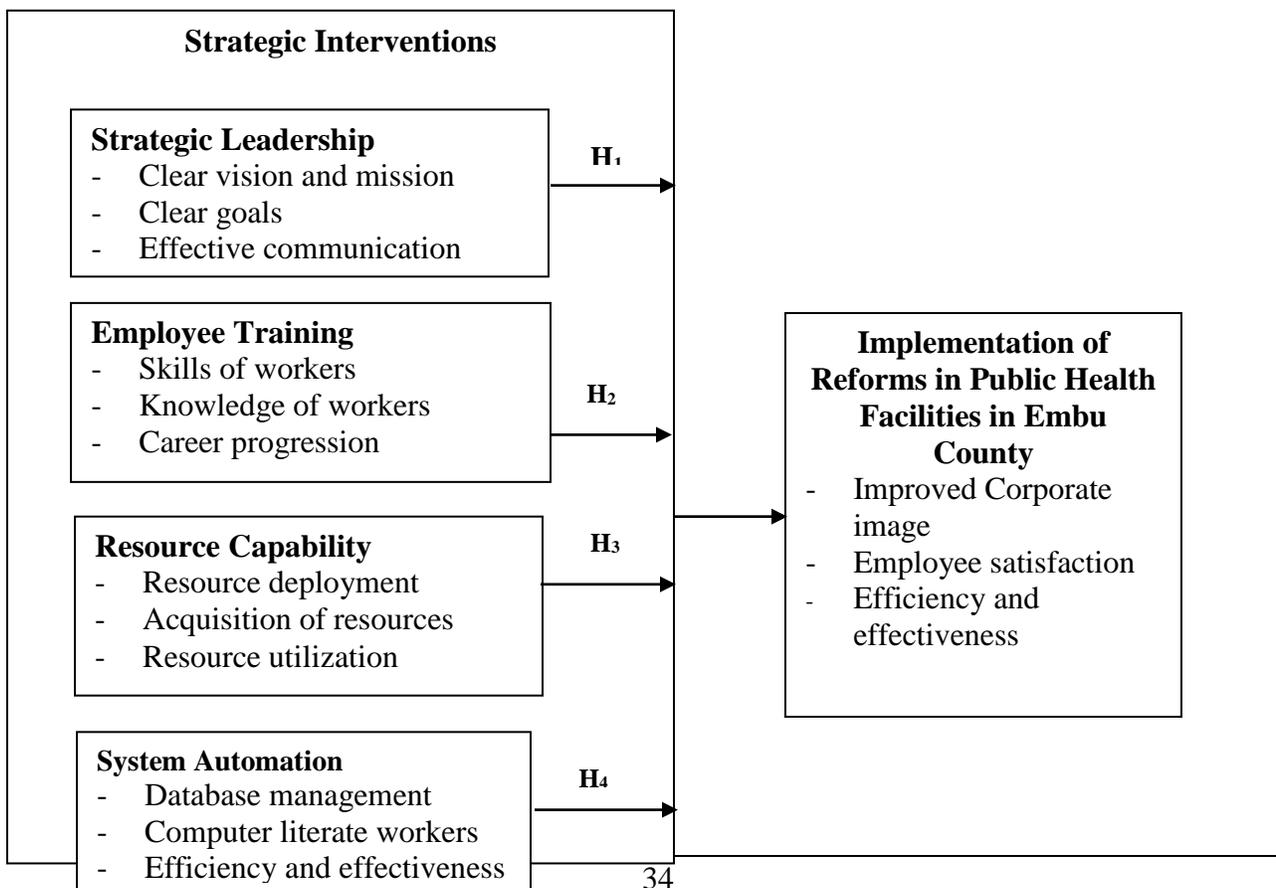
Resource Based View theory was established by Barney (2006). Resource Based View theory of the firm is one of the concepts applied by modern competitive firms in the dynamic business environment when formulating, implementing and monitoring strategies. According to Pearce and Robinson (2013), Resource Based View is a method of analyzing and identifying a firm's strategic advantages based on examining its distinct combination of assets, skills, capabilities and intangibles as an organization. Thompson, Gamble and Strickland (2012) argue that resources as stocks of available factors that are owned or controlled by the firm, which are converted into final products or services. Capabilities, in contrast, refer to a firm's capacity to deploy resources, usually in combination, using organizational processes, to produce a desired effect. Hence, the presence of capability enables resources to begin to be utilized, and the potential for the creation of output arises.

Burgelman, Grove and Meza (2007) argue that resources possessed by a firm are the primary determinants of its performance, and these may contribute to a sustainable competitive advantage of the firm. resources of an organization may range from; all assets, capabilities, organizational processes, firm attributes, information, knowledge, etc. controlled by a firm that enable the firm to conceive of and implement strategies that improve its efficiency and effectiveness. Basically the resource based view states that a firm's internal resources and capabilities are the best source

of competitive advantage over other firms. This view seeks to develop distinctive competencies and resources and apply them to produce superior value. If these competencies can be kept unique to the firm, they can be used to develop a competitive advantage. According to Barney (2006), a firm has a competitive advantage when they have a relative advantage over another firm and when this advantage is not being implemented by any competitor. A firm has a sustained competitive advantage when they have a relative advantage over another firm and when this advantage is not being implemented by any competitor and competitors are unable to duplicate the benefits of this strategy. This theory is applicable in this study based on the notion that Public Health Facilities which comprise of County referral which are categorized as level five hospitals, district hospitals which are specified as level four hospitals, health centres which are categorized as level three hospitals and dispensaries categorized as level two hospitals and community specified as level one hospitals should identify strategic resources that will give them a competitive edge. Investment in employee training, new technology and allocation of adequate funds to implement projects will enhance organizational competitiveness.

## 5. CONCEPTUAL FRAMEWORK

According to Gall and Borg (2003), a schematic diagram is a group of concepts that are broadly defined and systematically organized to provide a focus, a rationale, and a tool for the integration and interpretation of information. The framework describes the interrelationship between the independent variables and dependent variable using concepts of the already existing theories to solve the problem under investigation. As shown in Figure 1, it was revealed that strategic leadership, employee training and resource management had a positive impact on implementation of reforms in Embu County, Kenya.



**Figure 2.1: Conceptual Framework**

As depicted in Figure 1, it was revealed that strategic leadership among Public Health facilities was reflected by clear vision and mission that defined the long term direction and gave employees a sense of direction. Achievement of goals and effective communication were also aspects that reflected strategic leadership among Public Health Facilities. It was established that employee training was one of the strategic interventions that reflected implementation of reforms among Public Health Facilities. Training among officers in charge of Public Health Facilities had a significant effect on implementation of reforms.

Employees with enhanced skills and knowledge are more likely to implement new reforms compared to unskilled workers. Effective resource management by Public Health Facilities is one of the strategic interventions that enhanced implementation of reforms. Effective deployment of resources, utilization and accountability promotes implementation of reforms and vice versa. Automations of systems by Public Health facilities promotes efficiency and effectiveness and enhanced service delivery to customers. Adoption of customer database management had a significant effect on implementation of reforms among Public Health Facilities. It was also revealed that implementation of reforms among Public Health Facilities is measured through improved corporate image, employee satisfaction, efficiency and effectiveness.

**6. RESEARCH METHODOLOGY**

The study adopted a descriptive research design to investigate the Influence of Strategic Interventions on Implementation of Reforms in the Public Health Facilities in Embu County, Kenya. The descriptive study aims at obtaining information that was analyzed, patterns extracted and comparison made for the purpose of clarification and provision of basis for making decisions. The target population of this study comprised of 557 employees selected from 77 Public Health Facilities operating in Embu County. The unit of analysis were Public Health facilities while unit of observation were the officers in charge of the 77 Public Health Facilities in Embu County. Three officers from Maternal Child Care, Pharmacy and Outpatient departments of the 77 Public Health Facilities were selected. Therefore, a total of 557 respondents selected from the, Maternal Child Care and Outpatient departments were the target population of the study. The respondents of the study consisted of doctors, clinical officers, nurses and pharmacists. This study employed stratified sampling technique to select 228 respondents who comprised of doctors, clinical officers, nurses and pharmacists in charge of the 77 Public Health Facilities in Embu County. To arrive at the ideal sample size, Krejcie and Morgan scientific formula was adopted to arrive at the approximate sample size 228 respondents.

Primary data was collected from respondents by the use of semi-structured questionnaires as the main instrument of data collection. Questionnaires were administered to respondents by the researcher during working hours. Drop and pick later method was applied where respondents did not have time to respond immediately. The researcher obtained Authority letter for data collection from Graduate School of Kenyatta University and then permission from National Commission for Science, Technology and Innovation before questionnaire administration. Permission to collect data from Public Health Facilities Embu County and Kenyatta University was sought before data collection. To analyze the data, the Statistical Package for Social Sciences, (SPSS version 21) software was used. The data collected was edited, coded and classified on the basis of similarity and then tabulated. To permit quantitative analysis, data was converted into numerical codes representing attributes or measurement of variables.

## 7. RESEARCH FINDINGS

Multiple regression method was adopted to determine the hypothetical relationship between variables. The analyzed data was presented in form of tables. Multiple regression method of data analysis was conducted at 95% confidence level ( $\alpha = 0.05$ ). The researcher conducted a multiple regression analysis to test effect of strategic interventions on implementation of reforms in Public health facilities in Embu County. The study applied the statistical package for social sciences (SPSS V 21) to code, enter and analyze the data using multiple liner model.

**Table 1: Model Summary, Anova and Regression Coefficients**

<b>Model Summary</b>					
<b>Model</b>	<b>R</b>	<b>R Square</b>	<b>Adjusted R Square</b>	<b>Standard Error of the Estimate</b>	
<b>1</b>	0.923	0.852	0.789	0.6273	
<b>Anova</b>					
<b>Model</b>	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig</b>
<b>Regression</b>	0.003	7	0.001	3.867	0.015
<b>Residual</b>	0.068	182	0.021		
	0.071	189			
<b>Regression Coefficients</b>					
<b>Model</b>	<b>Unstandardized Coefficients</b>		<b>Standardized Coefficients B</b>	<b>T</b>	<b>Sig</b>
	<b>Beta</b>	<b>Standard Error</b>			
Constant	1.139	1.2235	-	1.515	0.000
Strategic Leadership (SL)	0.887	0.1032	0.152	4.223	0.000
Employee Training (ET)	0.752	0.3425	0.154	3.424	0.000
Resource Capability (RC)	0.539	0.1937	0.163	3.147	0.000
System Automation (SA)	0.517	0.1891	0.147	3.111	0.000

The independent factors that were studied explained only 78.9% of strategic interventions on implementation of reforms in the Public Health Facilities in Embu County, Kenya. Implementation of reforms in the Public Health Facilities in Embu County, Kenya was represented by the adjusted  $R^2$ . This therefore meant that other factors not included in this study contributed to 21.1%. Implementation of reforms in the Public Health Facilities in Embu County, Kenya. From Table 4.13, the processed data, the F (2.287) statistics was 3.867 with p-values = 0.015 less or equal to 0.05 indicating the model was significant for further statistical analysis.

As shown in Table 4.13, coefficient of determination explains the extent to which changes in the dependent variable can be explained by the change in the independent variables or the percentage of variation in the dependent variable (Implementation of reforms in the Public Health Facilities in Embu County, Kenya.) that is explained by all the four independent variables (strategic leadership, employee training, resource capability and system automation).

Multiple regression analysis was conducted to determine the effect of strategic interventions on implementation of reforms in Public health facilities in Embu County with the four variables of the study. As per the SPSS generated Table (4.12) above, the equation ( $Y = \beta_0 + \beta_1X_1 + \beta_2X_2 + \beta_3X_3 + \beta_4X_4 + \epsilon$ ) becomes:  $IOR = 1.139 + 0.887SL + 0.752ET + 0.539RC + 0.517SA$ , where IOR represents implementation of reforms, SL represents strategic leadership, ET represents employee training, RC, represents resource capability and SA represents system automation. According to the regression equation established, taking all factors into account (strategic leadership, employee training, resource capability and system automation) constant at zero, implementation of reforms will be 0.139. The data findings analyzed also shows that taking all other independent variables at zero, a unit increase in strategic leadership will lead to a 0.887 implementation of reforms in the Public Health Facilities in Embu County, Kenya; a unit increase in employee training will lead to a 0.752 implementation of reforms in the Public Health Facilities in Embu County, Kenya, a unit increase in resource capability will lead to a 0.539 implementation of reforms in the Public Health Facilities in Embu County, Kenya and a unit increase in system automation will lead to a 0.517 implementation of reforms in the Public Health Facilities in Embu County, Kenya.

At 5% level of significance and 95% level of confidence, strategic interventions (strategic leadership, employee training, resource capability and system automation) had a 0.000 level of significance and this indicated that there was a positive statistical significant effect between independent variables and dependent variable of the study. Pearson's product moment correlation analysis was used to assess the strength of the relationship between the independent variable and dependent variable. The strength of the relationship measures by Product moment correlation ranges between -1 and +1. Table 4.14 shows the strength of the relationship.

**Table 2: Correlations Analysis**

Variables	SL	ET	RC	SA	5
<b>Strategic Leadership</b>	1				
<b>Employee Training</b>	.149	1			
<b>Resource Capability</b>	.136	.092	1		
<b>System Automation</b>	.152	.147	.141	1	
<b>Implementation of reforms in the public health facilities in Embu county, Kenya</b>	.616** 0.01	.642** 0.01	.581** 0.01	.519** 0.01	1

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

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

As shown in Table 2, there is a significant positive effect between strategic interventions and implementation of reforms in Public Health Facilities in Embu County ( $r = .519$ ,  $p < 0.01$ ). Implementation of reforms had significant positive effect with constructs of strategic interventions, strategic leadership ( $r = .616$ ,  $p < 0.01$ ), employee training ( $r = .642$ ,  $p < 0.01$ ), resource capability ( $r = .581$ ,  $p < 0.01$ ) and system automation ( $r = .519$ ,  $p < 0.01$ ). As shown in Table 4.14, the results implies that strategic interventions enhanced the implementation of reforms in Public Health Facilities through strategic leadership, employee training, resource capability and system automation

## **8. TESTING OF HYPOTHESES**

The general objective of the study was to determine the influence of strategic interventions on implementation of reforms in Public health facilities in Embu County. The study tested the model summary in order to find out to what extent strategic interventions contributed to implementation of reforms in public health facilities in Embu County. This was followed by determining the significance of the model in the study by computing F statistics. The coefficients and their corresponding p-values were therefore computed.

The first objective sought to establish the effect of strategic leadership on implementation of reforms in the Public Health Facilities Embu County, Kenya. A null hypothesis  $H_{01}$  was formulated to address this objective:  $H_{01}$ : Strategic leadership has no statistical significant effect on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

The coefficients of strategic leadership was 0.887 (P-value =0.00 < 0.05). This indicates that a unit increase in strategic leadership leads to an increase of 0.887 in implementation of reforms in public health facilities in Embu. The null hypothesis was rejected at 95% confidence level and the study concluded that strategic leadership had a statistical significant effect on implementation of reforms in public health facilities in Embu. These findings are consistent with those of Nyamache (2003) and Kathuku (2004) that revealed that strategic leadership was one of the factors that influenced reform implementation in competitive organizations. Strategic leaders should have their eyes on the horizon by predicting changing trends and aligning organizational mission and vision to organizational objectives.

The second objective sought to establish the effect of employee training on implementation of reforms in the Public Health Facilities Embu County, Kenya. A null hypothesis  $H_{02}$  was formulated to address this objective:  $H_{01}$ : Employee training has no statistical significant effect on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

Form Table 4.13 the coefficients of strategic leadership was 0.752 (P-value =0.00 < 0.05). This indicates that a unit increase in employee training leads to an increase of 0.752 in implementation of reforms in public health facilities in Embu. The null hypothesis was rejected at 95% confidence level and the study concluded that employee training had a moderate statistical significant effect on implementation of reforms in public health facilities in Embu. These findings are in consistent with Mwangi (2006) and Njenga (2006) who revealed that there is a correlation between employee training and reform implementation among private and public organizations. The only way organizations can empower workers to transform formulated policies is through enhancing their knowledge and skills.

The third objective sought to establish the effect of resource capability on implementation of reforms in the Public Health Facilities Embu County, Kenya. A null hypothesis  $H_{03}$  was formulated to address this objective:  $H_{01}$ : Resource capability has no statistical significant effect on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

The coefficients of resource capability was 0.539 (P-value =0.00 < 0.05). This indicates that a unit increase in resource capability leads to an increase of 0.539 in implementation of reforms in public health facilities in Embu. The null hypothesis was rejected at 95% confidence level and the study concluded that resource capability had a moderate statistical significant effect on implementation of reforms in public health facilities in Embu. These results concur with KIPPRA (2013) and Amaoko (2012) which revealed that financial support was the key factor of any reform implementation. Expansion of training budgets and giving necessary support to reform implementers is a key determinant of organization performance.

The fourth objective sought to establish the effect of system automation on implementation of reforms in the Public Health Facilities Embu County, Kenya. A null hypothesis  $H_{04}$  was formulated to address this objective:  $H_{01}$ : System automation has no statistical significant effect on implementation of reforms in the Public Health Facilities in Embu County, Kenya.

The coefficients of system automation was 0.517 (P-value =0.00 < 0.05). This indicates that a unit increase in system automation leads to an increase of 0.517 in implementation of reforms in public health facilities in Embu. The null hypothesis was rejected at 95% confidence level and the study concluded that system automation had a small statistical significant effect on implementation of reforms in public health facilities in Embu. These results concur with KIPPRA (2013); Esther (2008); Hrebiniak (2006) and Amaoko (2012) which revealed that Technology is the only new platform companies are using to be more efficient and effective. Automating production processes can enhance organization competitiveness.

## **9. CONCLUSION**

From the findings of the study, it can be concluded that for reforms to be implemented among public health facilities in Kenya, a number of strategic interventions like leadership, training, resource management and technology integration in the system is key to competitiveness of the health sector in Kenya. Therefore, for effective reform implementation in the public health sector in Kenya, the National and County Governments should develop collaborative policies that will enhance and facilitate reform implementation in the public health sector thus minimizing employee strikes, unreliable quality services among customers and public complaints.

## **10. RECOMMENDATIONS**

The study established that most of the public health workers were not equipped with appropriate skills and knowledge to facilitate reform implementation. Therefore, this study recommends that the Ministry of Health in Kenya should take the initiative of training public health workers in Kenya on strategic management skills to facilitate reform implementation. Therefore, this study recommends that the County Government should develop clear guidelines on how resources allocated to public health facilities should be managed. Installation of system will enhance reform implementation with minimal resistance. Formation of partnerships with external human resource firms to conduct human inventory audit to determine skills that are necessary to public health workers to enhance reform implementation should be a key priority. The National Government in collaboration with the County Governments should expand training budgets

among public health workers to enhance reform implementation. The study further established that the small extent of system automation in public health facilities in Embu County. It was evident that most of the services offered by public health facilities were manual in nature. Therefore, this study recommends that County Governments through the Ministry of Health should invest in new systems ranging from; medical equipment, record management systems, financial management systems and supplier information systems to enhance efficiency and effectiveness. Public health workers should be provided with personal computers to enhance technological culture in the public health sector. Further, public health facilities should partner with ICT firms to have access to internet connectivity to enhance service delivery and minimize operational costs.

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