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STRATEGIC MANAGEMENT PRACTICE AND UNIVERSAL HEALTHCARE SERVICE DELIVERY IN NAIROBI COUNTY, KENYA

[1*] **Elsa Gatwiri Murithi**
elsagatwiri@yahoo.com

[2**] **Anthony Sije**
sijeantony@gmail.com

[1,2] *College of Human Resource and Development, Jomo Kenyatta University of Agriculture and Technology, Kenya*

Abstract

The study aimed at establishing the effect of strategic management practice on universal healthcare service delivery in Kenya focusing on Nairobi County. The study specifically focused on Strategic Leadership, ICT innovation, Human Capital Management and Communication Practices on universal healthcare services in Nairobi County, Kenya. The study was anchored on Resource Based View Theory, Technology Acceptance Model, Human Capital Theory and Communication Theory. A descriptive research design was employed in the study. The target population comprised of 74 public hospitals, public health facilities and dispensaries located in Nairobi County. The unit of observation comprised of two employees from the strategic department of each of the facility involved in the study. A census approach was employed. Five point questionnaires were used in gathering primary data from the respondents. Both descriptive and inferential statistics were used in analyzing the collected data. Both MS Excel and SPSS V22 software were adopted in generating the statistics. The results revealed that Strategic Leadership, ICT Innovation, Human Capital Management and Communication Practices positively and significantly affects universal health care service delivery in Nairobi County, Kenya. The study recommends management of the health institutions to enhance and practice strategic leadership in the management of the health institutions, to implement ICT innovations in the operations of the health institutions, to enhance human capital management practices in the management of the health institutions and to enhance and improve communication practices in the management of the health institutions since the practice positively affects the extent of delivery of universal health care service in the county.

Keywords: *Strategic Leadership, ICT Innovation, Human Capital Management and Communication Practices*

BACKGROUND TO THE STUDY

Strategic management practice entails the science and art of formulating, implementing and assessing cross-functional decisions aiming at enabling an organization to realize its set performance objectives (Tusiime et al., 2015). Lall (2018) further views the practice as a set of processes that an organization uses in determining the strategies for the organization. The significance of strategic management within an organization is manifested on how well the organization performs in a given environment. According to Lall (2018), concise strategic practices plays a role in enabling the organization to overcome uncertainties and risks which culminates to realization of success. Remarkably, the practices enhance the level of quality on business decisions, creates a proactive management stand, unifies organizational teams, promotes continuity in operations which culminates to delivery of sustainable and affordable services and products. n the health care sector, adoption of strategic management approaches while dealing with the health issues bear the possibilities

of enhancing the delivery levels of health services to deserving citizens and increasing reachability. General health care is characterized as mandatory to key preventive, therapeutic and rehabilitative medical cover interventions for all people at a reasonable cost, in this way accomplishing value in access (McKee, et al., 2013). Kenya began steering public universal health coverage in 2018. However, the lack of significant commitment from core stakeholders to what the UHC means and inappropriate strategic approaches is causing concern. In developed countries' efforts to achieve all-inclusive universal health coverage, government policies are widely seen as a major way to cope with health problems. n any case, the present activities on priority are mostly geared towards the improvement of more cost-viability information, and this proof doesn't adequately help the country to settle on ideal health decisions. The explanation is that priority selection is influenced by the political cycle, in which different expectations are periodic and sometimes dispute each other in terms of their long-term meaning (Baltussen, et al., 2016). There are many barriers to all-inclusive healthcare which includes restricted social insurance in case of sickness, lacking financing for basic meds, successive stock-outs in the health level and excessive costs charged by the benefit driven private level (Perehudoff, Alexandrov and Hogerzeil, 2019).

Statement of the Problem

Universal Health Care implies that all citizens have access to suitable preventive, rehabilitative, promotive and preventive health care when in need and within affordable costs. This means that the main aim of UHC is to ensure existence of quality health service to all citizens within a price that does not impose undue financial pressure for the citizens seeking health care (MoH, 2017). Many governments across the world have put in measures to ensure existence affordable health care services through allocating finances in the national budgets. However, this has not been achieved as majority of citizens cannot manage to access or afford to cater for their health care needs. In Kenya, the National government allocates significant amount of funds to the MoH in a bid to boost the accessibility levels of health care services amongst citizens. In financial years 2016/17 and 2017/18, the national government allocated Ksh 60 billion to the ministry of health which was increased to ksh. 90 billion in financial year 2018/19(ROK, 2019).

The total cumulative budgetary allocation to the health sector both from the county and national government stood at ksh.207 billion. These financial allocations have however not translated to delivery of accessible health care amongst the citizens. According to MoH Reports (2019), 24 million Kenyans have no access to basic medical care services. Additionally, more than 14 million Kenyans have no medical covers to shield them from unseen medical needs in course of their lives. The reports imply that despite the desire by the Kenyan government to achieve a full UHC by 2022, the current situation is an indicator that this will not be achievable. According to Kuria and Awour (2018), the challenges facing the government in achieving the desired Universal Health Care can be resolved and managed through adoption of the right strategic approaches in the implementation of the health programs both in the county and national levels. The current study seeks to establish how strategic management affects the delivery of UHC in Kenya.

The study is further necessitated by existence of research gaps from past studies in the theme of the current study such as Wesaya (2017), Mwongeli (2018), and Kuria and Awour, (2018). The current study seeks to fill the existing knowledge gaps by establishing how strategic management affects the delivery of universal health care in Kenya.

Specific Objectives of the Study

i. To evaluate the effect of Strategic Leadership on universal healthcare services delivery in Nairobi County, Kenya

ii. To assess the effect of ICT innovation on universal healthcare services delivery in Nairobi County, Kenya

iii. To evaluate the effect of human capital management on universal healthcare services delivery in Nairobi County, Kenya

iv. To determine the effect of Communication Practices on universal healthcare services in Nairobi County, Kenya

EMPIRICAL REVIEW

Strategic Leadership and Universal Healthcare Services Delivery

The public health is described by constant changes focused on the productive delivery of protected, vulnerable, and great consideration. Powerful management is needed to lead and drive changes at all degrees of the medical cover framework to realize the objectives of the continuous changes in medical services facilities. Initiative leadership in the public health is spread across the executives and clinical labor forces, making unconventional difficulties easier. The public health is mind boggling and is portrayed by constant and changes. Solid and capable management and leading labor forces are in this manner needed to explore the level through the unpredictable snare of cooperating components and lead changes for successful and productive medical care delivery. An additional test to management advancement is that leading is spread across medical cover management and clinical labor forces; while some clinical leaders may work in management parts, for other people, initiative leadership is practiced from a clinical position (Ayeleke et al., 2018).

A significant attribute of a decent leader is the capacity to utilize individual and group thought processes/convictions in achieving a change or vision of achievement. The requirement for a capable Leadership in medical cover has raised interest as reflected in the enormous number of studies inspecting the idea across various countries since the turn of the century. A striking pattern in medical cover the management and leadership is the expanding center around distinguishing proof and appraisal of basic skills needed by leaders from both medical cover the executives and clinical basic improvements for successful delivery in influential aspects of health (Ayeleke, et al., 2018).

ICT Innovation and universal healthcare services delivery

Bankole & Mimbi (2016), utilized a multi-strategy approach information for 27 African countries to survey the appropriation of ICT. The investigation utilized Information Envelopment Analysis, Cluster Analysis and Partial Least Squares to inspect the effect. The revelations demonstrated that the 27 countries could be categorized into three groups dependent on their general productivity scores of ICT and medical cover strategies. Their study also demonstrated that countries that performed well in ICT inputs likewise also had their medical cover strategies improved. Further, revelations show that ICT altogether improves future upon entering the world and lessens newborn child death rate. African countries should essentially put resources into ICT to improve their medical cover strategies to accomplish financial turn of events. The current research has hypothetical, methodological and strategy suggestions. Arrangement of information strategies with authoritative targets and techniques is a key, issue for the medical services industry specifically. Arrangement of information strategies with targets and methodology has arisen as a basic issue in modern facilities. Heads

and directors see arrangement as the way to understanding the estimation of their information strategies ventures since it zeros in on the health sector on accomplishing its duties. It also zeros in on the health sector on achieving its targets and understanding the estimation of the interests in the strategies (Bush, et al., 2019).

Human Capital Management and universal healthcare services delivery

HR for medical cover are focal in interpreting the vision of public universal health cover into the real world. General universal health cover is achievable and is an unavoidable social-political objective. The verifiable, remarkable monetary development in numerous countries makes the occasion to scale up interest in medical cover strategies, instruction and arrangement of HR for medical cover in manners impractical previously. If the resources accessible are upheld up by supported political will ensure the arrangement of levels and voting demographics and limit is satisfactory to plan and execute the improvement of the medical cover workforce (WHO, 2014).

Ngure and Waiganjo (2018), tried to decide if leading style, compensation, advancement, preparing and workplace impact maintenance of medical cover laborers in the health level. A cross sectional review of the medical cover laborers was conducted in Kenyatta Health Hospital. A sum of 400 questionnaires was circulated to the respondents. Multistage examining was embraced in which case delineated testing was utilized in the main stage to guarantee all classifications of medical cover laborers are spoken to. Information gathered was dissected utilizing illustrative measurements and introduced in type of charts. In light of the revelations of their research, leading style, compensation for the medical cover laborers, Training and Promotion affected medical cover laborers' maintenance in open Hospitals.

Communication Practices and universal healthcare services delivery

McAdam et al., (2011) defines communication as a process that involves non-verbal and verbal information transmission where information sender sends a message to a target receiver who receives the message through a channel. Mutiso (2017) notes that communication has been noted as key pillar towards achieving proposed change practices. To effectively implement changes in organization, managers need to be driven by three key attributes: communication, empathy and participation which comprises of the abilities to get involved with those affected by the change. Femi (2014) notes that the ways and means through which the management view proposed change programs positively or negatively affects the level of motivation of employees to take part in the change process. It is therefore important for change managers to encourage open and clear communication that eliminates all sorts of misunderstandings emanating from the change process and mobilizes employees towards accepting and embracing the proposed change. According to Femi (2014), the level of communication effectiveness in an organization forms one of the most important ingredient for accomplishing change practices. Every activity been executed in an organization involves communication and this necessitates establishment of efficient communication channels that ensures proper distribution of roles to employees. This is aimed at ensuring that each employee understands the visions, intentions and objectives of a change in order to support it. Consequently, employees with access to valuable information regarding their roles and responsibilities performs better as compared to those with less or limited information accessibility.

Conceptual Framework

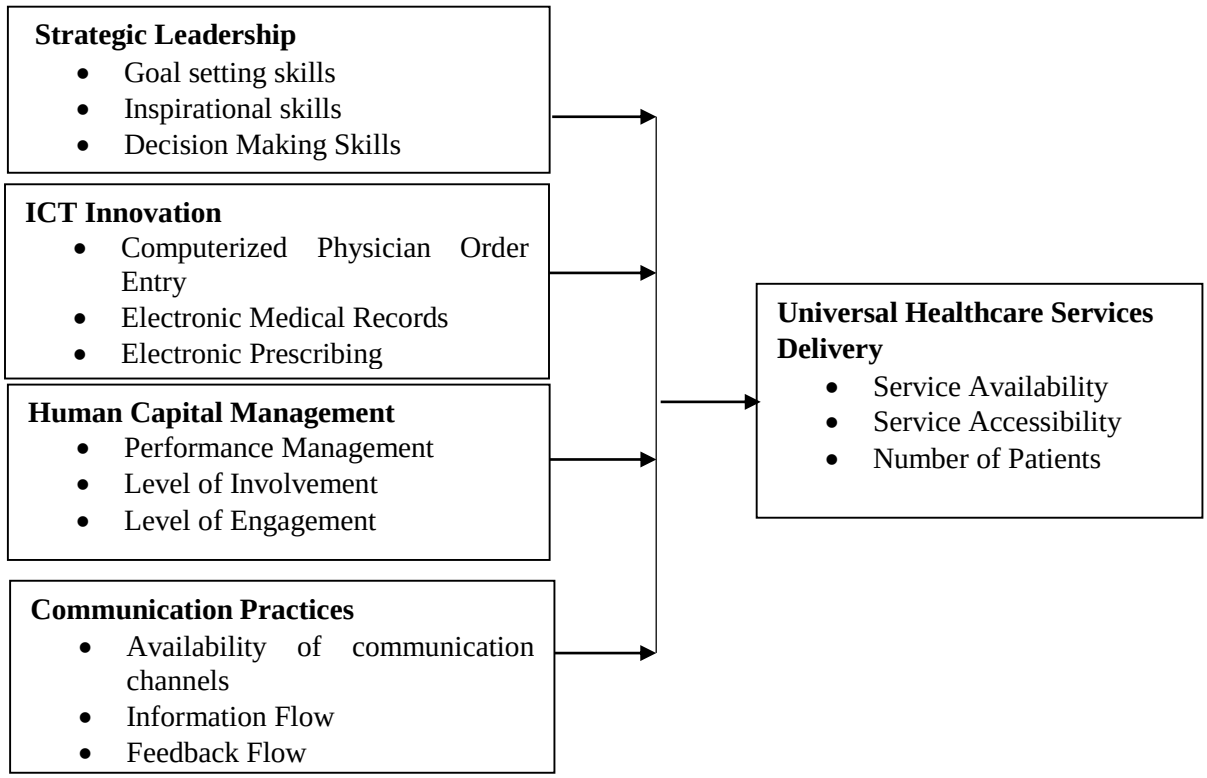

Figure 1: Conceptual Framework

RESEARCH METHODOLOGY

The study adopted a descriptive research design and targeted 70 public hospitals and health centres operating in Nairobi County. The unit of observation comprised of two employees from strategic department of each health institution, one from the management level and one junior staff from each of the institution under study. The study used structured questionnaires to collect both qualitative and quantitative data captured through a 5-point likert scale. Inferential and descriptive statistics was used to analyze data. Results of the analysis were presented by use of tables and figures. Inferential statistics was used to establish the association between independent variables and dependent variable. The study used the following regression model:

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

Y = Universal healthcare services delivery, β_0= Intercept term, β_i= Are the various coefficients of the independent Variables, X_1= Strategic Leadership, X_2= ICT Innovations, X_3= Human Capital Management, X_4= Communication Practices and ε= error term.

Results

Out of 140 questionnaires issued, 101 questionnaires were fully filled and returned representing a response rate of 72.1% which was adequate and sufficient for the study according to assertions by Kombo and Tromp (2011) who noted that a response rate of above 70% is good for conducting analysis.

DESCRIPTIVE FINDINGS AND ANALYSIS

Descriptive Statistics

Descriptive statistics gives the degree of agreement or disagreement with statements formulated under each of the variable. In generating the descriptive statistics, the study first rated the statements in each of the variable in a scale of 1-5 where 1= Strongly Disagree, 2= Disagree, 3= Neutral, 4= Agree and 5= Strongly Agree. Respondents then rated their level of agreement with the statements using the scale. The study the used the average response means and standard deviations in making conclusions.

Strategic Leadership

The descriptive results on table 1 shows that respondents were in agreement with the statements that the leadership bears the appropriate goal setting skills(mean=3.87), that the goals set by leaders fosters performance amongst employees (mean=3.56) and that the leadership encourages staffs in delivering set objectives(mean=3.88). The respondents were however neutral on the statements that leaders in the hospital practice participative leadership thus inspiring other employees(mean=3.38), that the leaders advocate for innovativeness on employees(mean=3.41), that decisions made by leaders enhances employees' performances(mean=3.33) and that the leadership of the hospital accommodates opinions from staffs in making decisions(mean=3.21). On average however, the respondents were in agreement with the statements on strategic leadership as shown by average response mean of 3.52 and average standard deviation of 1.16. The results agree with Ghiasipour, *et al.,* (2017) findings that vulnerable management is an imperative part of medical care strategies and has a broad scope of capacities in improving authoritative viability and performance effectiveness of a health institution.

Table 1: Descriptive Statistics on Strategic Leadership

Statements	Mean	Std.Dev
The leadership bears the appropriate goal setting skills	3.87	0.921
The goals set by leaders fosters performance amongst employees	3.56	1.239
The leadership encourages staffs in delivering set objectives	3.88	1.056
Leaders in the hospital practice participative leadership thus inspiring other employees	3.38	1.255
The leaders advocates for innovativeness on employees	3.41	1.119
Decisions made by leaders enhances employees performances	3.33	1.145
The leadership of the hospital accommodates opinions from staffs in making decisions	3.21	1.381
Average	**3.52**	**1.16**

ICT Innovations

The descriptive results on table 2 shows that respondents were in agreement with the statements that the hospital has a computerized patients order entry(mean=4.11), that patients are able to be served with a single entry at different sections of the hospital(mean=4.15), that the hospital has a computerized patients' records(mean=4.00) and that the computerization of records has reduced time for retrieving patients' records(mean=4.05). Respondents further agreed with the statements that all medical prescriptions are

computerized in the hospital(mean=3.98), that the hospital has an integrated computer system where patient's information is shared(mean=4.03) and that the computerization of processes in the hospital has reduced delays in serving patients(mean=4.07). On average, all respondents agreed with the statements on ICT innovation as shown by average response mean of 4.06 and average standard deviation of 0.615. The results are consistent with Alotaibi and Federico (2017) who believes that medical cover information innovation improves patient's security by lessening prescription mistakes, diminishing unfriendly medication responses, and improving consistence.

Table 2: Descriptive Statistics on ICT Innovation

Statement	Mean	Std. Dev
The hospital has a computerized patients order entry	4.11	0.514
Patients are able to be served with a single entry at different sections of the hospital	4.15	0.801
The hospital has a computerized patients records	4.00	0.708
The computerization of records has reduced time for retrieving patients records	4.05	0.714
All medical prescriptions are computerized in the hospital	3.98	0.651
The hospital has an integrated computer system where patient's information is shared	4.03	0.517
Computerization of processes in the hospital has reduced delays in serving patients	4.07	0.402
Average	**4.06**	**0.615**

Human Capital Management

The descriptive results on outlined in table 3 shows that respondents were in agreement with the statements that the facility assesses the performance of employees routinely(mean=3.96) and that the management involves staffs in decision making process(mean=3.81). Respondents however remained neutral on the statements that gaps identified in the assessments process are timely addressed and implemented(mean=3.41), that the mode of performance management practices tallies with the facility's set goals and objectives (mean=3.48), that the management considers opinions from staffs in the decision making process (mean=3.36) and that there is an inclusive management approach in the facility(mean=3.43). Additionally, respondents were neutral on the statements that the management engages employees in the operational managerial processes(mean=3.47) and that the level of engagement determines the extent to which the facility attains set objectives (mean=3.23). An average response mean of 3.52 and average standard deviation of 0.985 implies that all respondents were in agreement with the statements on human capital management. The results concur with Kumar and Khan (2013) who noted that a differential human resources strategy is recommended to deal with the issues of dissatisfaction and low inspiration among the normal and legally binding staffs.

Table 3: Descriptive Statistics on Human Capital Management

Statement	Mean	Std. Dev
The facility assesses the performance of employees routinely	3.96	0.814
Gaps identified in the assessments are timely addressed and implemented	3.41	0.993
The mode of performance management practices tallies with the facility's set goals and objectives	3.48	0.934
The management involves staffs in decision making process	3.81	1.221
The management considers opinions from staffs in the decision making process	3.36	1.356

There is an inclusive management approach in the facility	3.43	1.003
The management engages employees in the operational managerial processes	3.47	1.213
The level of engagement determines the extent to which the facility attains set objectives.	3.23	0.345
Average	**3.52**	**0.985**

Communication Practices

The descriptive results on table 4 below shows that respondents were in agreement with the statements that the facility have established different channels for conveying information(mean=4.42), that changes in the facility's operations are communicated through circulars and memos(mean=4.34), that the facility issues circulars to employees in case of changes in the operations(mean=4.29) and that the health facility has an established communication flow from top to bottom(mean=4.17). Remarkably, respondents agreed with the statements that communication in the hospital is passed on timely basis(mean=3.98), that the communication flow ensures equity in the distribution of information (mean=3.88), that feedback is timely communicated to employees(mean=3.79) and that the management ensures there is clarity on feedback to employees(mean=3.87). On average, all respondents agreed with the statements on communication practices as shown by average response mean of 4.09 and average standard deviation of 0.706. The results matches with Femi (2014) findings who revealed that every activity been executed in an organization involves communication and this necessitates establishment of efficient communication channels that ensures proper distribution of roles to employees.

Table 4: Descriptive Statistics on Communication Practices

Statement	**Mean**	**Std. Dev**
The facility have established different channels for conveying information	4.42	0.441
Changes in the facility's operations are communicated through circulars and memos	4.34	0.319
The facility issues circulars to employees in case of changes in the operations	4.29	0.332
The health facility has an established communication flow from top to bottom	4.17	0.512
Communication in the hospital is passed on timely basis	3.98	0.776
The communication flow ensures equity in the distribution of information	3.88	0.851
Feedback is timely communicated to employees	3.79	1.112
The management ensures there is clarity on feedback to employees	3.87	1.301
Average	**4.09**	**0.706**

Universal Health Care Service Delivery

The study sought to establish the extent to which universal health care service deliver has been realized by the health facilities involved in the study. Respondents were provided with statements pertaining to universal health care service delivery and were supposed to provide their rate of agreement with the statements. The results provided in table 5 shows that respondents agreed with the statements that their services are easily available to all patient when they need them(mean=4.24), that their services are easily accessible(mean=4.02), that their services are of high quality(mean=4.34), that there is high efficiency in our activities(mean=3.92) and that all patients are treated equally by our health facility(mean=4.23). However, respondents were neutral on the fact that all patients are able to pay for their medical services(mean=3.01) and that they got all the equipment they need(mean=3.25). On average, all respondents were in agreement with statements on universal health care service delivery as shown by average response mean of 3.86 and average standard deviation of 0.862. The results are in tandem with Ministry of Health (2017) assertions that the main aim of UHC is to

ensure existence of quality health service to all citizens within a price that does not impose undue financial pressure for the citizens seeking health care (MoH, 2017).

Table 5: Descriptive Statistics on Universal Health Care Service Delivery

Statement	Mean	Std. Dev
Our services are easily available to all patient when they need them	4.24	0.501
All patients are able to pay for their medical services	3.01	1.419
Our services are easily accessible	4.02	0.491
Our services are of high quality	4.34	0.287
We got all the equipment we need	3.25	1.418
There is high efficiency in our activities	3.92	1.298
All patients are treated equally by our health facility	4.23	0.618
Average	**3.86**	**0.862**

Inferential Statistics

Correlation Results

A correlation analysis was conducted to establish how independent variables relates with each other as well as with the dependent variable. The results outlined in table 6 shows that strategic leadership and universal healthcare service delivery positively and significantly correlates. This is shown by a correlation coefficient value of .403 and sig value of 0.000. The results bears implications that practicing strategic leadership in the management of the health institutions enhances the level of universal health care service delivery. The results are consistent with La Rue *et al.,* (2012) who established that improved leadership and good management ability can add to an expansion in medical cover management delivery. The results further show that ICT innovations and universal healthcare service delivery positively and significantly correlates. This is shown by a correlation coefficient value of .287 and sig value of 0.04. The results bears implications that enhancing ICT innovations in the operations of the health institutions enhances the level of universal health care service delivery. The result concurs with Azlan, Yusof and Razali (2012) that ICT improves business proficiency and helps in every day correspondence and that the medical clinics should anticipate improving ICT aptitudes and information among their attendants to guarantee the occupation effectiveness.

The results also show that human capital management and universal healthcare service delivery positively and significantly correlates. This is shown by a correlation coefficient value of .498 and sig value of 0.000. The results bears implications that efficient management of human capital in the operations of the health institutions enhances the level of universal health care service delivery. The results are tallies with Kumar and Khan (2013) who noted that a differential human resources strategy is recommended to deal with the issues of dissatisfaction and low inspiration among the normal and legally binding staffs. The results finally show that communication practices and universal healthcare service delivery positively and significantly correlates. This is shown by a correlation coefficient value of .206 and sig value of 0.014. The results bears implications that enhancing communication practices in the operations of the health institutions enhances the level of universal health care service delivery. The results are tallies with Bull and Brown (2012) posits that the level of quality of communication bears a significant impact towards achieving change program success since poor exchange of information heightens uncertainty, produces segmented attitude towards work and increases alienation amongst employees.

Table 6: Correlation Analysis

		Strategic Leadership	ICT Innovation	Human Capital Management	Communication Practices	UHC Delivery
Strategic Leadership	Pearson Correlation	1				
	Sig. (2-tailed)					
ICT Innovation	Pearson Correlation	-0.298	1			
	Sig. (2-tailed)	0.109				
Human Capital Management	Pearson Correlation	0.101	-0.276*	1		
	Sig. (2-tailed)	0.097	0.097			
Communication Practices	Pearson Correlation	0.111	-0.198	0.113**	1	
	Sig. (2-tailed)	0.098	0.076	0.066		
UHC Delivery	Pearson Correlation	.403**	.287*	.498**	.206**	1
	Sig. (2-tailed)	0.000	0.008	0.000	0.014	
	N	101	101	101	101	101

Multiple Regression Analysis

A multiple regression analysis was conducted in the study to assess the extent to which independent variables (strategic leadership, ICT innovations, human capital management and communication practices) relates with independent variable (universal health care service delivery). The results outlined in table 4.8 shows that the independent variables strongly relate with the dependent variable. The degree of relationship is shown by R value of .841. The table further shows that the coefficient of determination represented by R Square value was .707. This bears the implications that strategic leadership, ICT innovations, human capital management and communication practices accounts for 70.7% of variations in the deliveries of universal health care services in Nairobi County, Kenya.

Table 7: Model Summary

R	R Square	Adjusted R Square	Std. Error of the Estimate
.841[a]	.707	.687	1.1267159

The study conducted analysis of variance (ANOVA) aiming at testing the statistical significance of the model assessing the relationship between independent and dependent variables. The results outlined in table 8 shows that the value of F-calculated was 15.6544 while the value of F-critical from the F-Statistics tables at (4,96)

and at 5% significant level was 2.46. The value of F-calculated exceeds the value of F-critical thus implying that the model was statistically significant and good fit for the study.

Table 8: ANOVA (Model Significance)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	155.022	4	38.7555	15.6544	0.009[b]
	Residual	237.666	96	2.4757		
	Total	392.688	100			

The results of the model of coefficient outlined in table 9 shows that strategic leadership influences universal health care service delivery in Nairobi county to a positive and significant level. This is represented by a beta value of 0.532 and sig value of 0.000<0.05. The results bears implications that increasing strategic leadership practices with one unit increases universal health care service delivery with 0.532 units. The results are consistent with La Rue *et al.,* (2012) who established that improved leadership and good management ability can add to an expansion in medical cover management delivery. The result also shows that ICT innovation influences universal health care service delivery in Nairobi county to a positive and significant level. This is represented by a beta value of 0.309 and sig value of 0.002<0.05. The results bears implications that increasing ICT innovation practices with one unit increases universal health care service delivery with 0.309 units. The results concur with Azlan, Yusof and Razali (2012) that ICT improves business proficiency and helps in every day correspondence and that the medical clinics should anticipate improving ICT aptitudes and information among their attendants to guarantee the occupation effectiveness.

The result further shows that human capital management influences universal health care service delivery in Nairobi county to a positive and significant level. This is represented by a beta value of 0.487 and sig value of 0.000<0.05. The results bears implications that increasing human capital management practices with one unit increases universal health care service delivery with 0.487 units. The results are tallies with Kumar and Khan (2013) who noted that a differential human resources strategy is recommended to deal with the issues of dissatisfaction and low inspiration among the normal and legally binding staffs. The result finally shows that communication practices influences universal health care service delivery in Nairobi county to a positive and significant level. This is represented by a beta value of 0.236 and sig value of 0.009<0.05. The results bears implications that increasing communication practices with one unit increases universal health care service delivery with 0.236 units. The results are tallies with Bull and Brown (2012) posits that the level of quality of communication bears a significant impact towards achieving change program success since poor exchange of information heightens uncertainty, produces segmented attitude towards work and increases alienation amongst employees.

Table 9: Model Coefficients

	Unstandardized Coefficients		Standardized Coefficients		
Predictors	**B**	**Std. Error**	**Beta**	**T**	**Sig.**
(Constant)	0.198	0.105		1.8857	0.123
Strategic Leadership	0.532	0.113	0.508	4.708	0.000
ICT Innovation	0.309	0.127	0.286	2.4331	0.002
Human Capital Management	0.487	0.11	0.459	4.4273	0.000
Communication Practices	0.236	0.121	0.207	1.9504	0.009

The model of the study becomes;

Universal Health Care Service Delivery = 0.198 + 0.532 (Strategic Leadership) + 0.487 (Human Capital Management) + 0.309(ICT Innovation) + 0.236 (Communication Practices)

Conclusion

The study findings led to conclusions that strategic leadership and universal health care service delivery positively and significantly correlates. Further, strategic leadership practices such as the leadership of the health facilities bearing the appropriate goal setting skills, setting goals that fosters performance amongst employees, encouraging staffs in delivering set objectives, practicing participative leadership, advocating for innovativeness on employees, making decisions that enhances employees performances and accommodating opinions from staffs in making decisions positively and significantly contributes to universal health care service delivery in the health facilities. The study findings also led to conclusions that ICT innovations and universal health care service delivery positively and significantly correlates. Further, ICT innovation practices such as computerizing patients order entries, patients' records and medical prescriptions, serving patients with a single entry at different sections of the hospital and having an integrated computer system where patient's information is shared which reduces delays in serving patients positively and significantly contributes to universal health care service delivery in the health facilities.

The study findings further led to conclusions that human capital management practices and universal health care service delivery positively and significantly correlates. Further, human capital management practices such as the management assessing the performance of employees routinely and timely addressing the gaps identified, having a mode of performance management practices which tallies with the facility's set goals and objectives, involving and considering opinions from staffs in the decision making process, having an intrusive inclusive management approach and engaging employees in the operational managerial processes positively and significantly contributes to universal health care service delivery in the health facilities. The study findings further led to conclusions that communication practices and universal health care service delivery positively and significantly correlates. Further, communication practices practices such as establishing different channels for conveying information, using memos and circulars in communicating to staffs on operational issues, having an established communication flow from top to bottom, passing information on timely basis, having equity in information flow and distribution, providing timely feedback as well as ensuring there is clarity on feedback to employees positively and significantly contributes to universal health care service delivery in the health facilities.

Recommendations for the Study

There is a need for the management to enhance and practice strategic leadership in the management of the health institutions since the practice positively affects the extent of delivery of universal health care service in the county. There is a need for the management to implement ICT innovations in the operations of the health institutions since the practice positively affects the extent of delivery of universal health care service in the county. There is a need for the management to enhance human capital management practices in the management of the health institutions since the practice positively affects the extent of delivery of universal health care service in the county. There is a need for the management to enhance and improve communication practices in the management of the health institutions since the practice positively affects the extent of delivery of universal health care service in the county.

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