STRATEGY IMPLEMENTATION AND PERFORMANCE OF PUBLIC HOSPITALS IN MONTSERRADO COUNTY: A CASE OF JOHN FITZGERALD KENNEDY MEDICAL CENTRE, LIBERIA.

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This Research Thesis is Submitted in Partial Fulfilment of the Requirements for the Award of Master of Business Administration Degree in the School of Business of Africa Nazarene University

April 2025

DECLARATION

I declare that this research project is my original work and that it has not been presented in any other University for academic credit.



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Supervisor's Declaration

This applied research project is submitted for examination with my approval as the University Supervisor.

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We have examined this document, and the research has met or exceeded the requirement for the degree sought, in addition, the candidate has sufficiently defended the material presented to merit the awarding of the degree of Master of Business Administration in the Business School of Africa Nazarene University.

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DEDICATION

This research is dedicated to my parents, brothers and sisters for the invaluable inspiration throughout my academic life this far. May God bless you.

ACKNOWLEDGEMENT

I extend my heartfelt gratitude to the Almighty God for His prevenient grace that has blessed me with all that I have accomplished in the journey of this research project. My deepest appreciation goes to my Supervisors, Dr. Moses O. Owino and Dr. John Kamau both of Africa Nazarene University, for their invaluable guidance and support throughout the research journey. The incessant calls throughout for consultation has left a mark what academic guidance is. I am immensely grateful to my dear family for their unwavering encouragement and patience during the study process. Their love and understanding have been a constant source of strength and motivation. Without each of their contributions, this achievement would not have been possible. Thank you all for being my pillars of support and inspiration.

ABSTRACT

Strategy implementation is vital for organisational success. In practice however, achieving this within an organisation is not obvious. Studies have been undertaken globally, regionally, and locally on strategy implementation aimed at the achievement of desired performance of public hospitals though none exist for the public hospitals in Montserrado County in Liberia. The general objective of this study was to determine how strategic implementation affect the performance of public hospitals. This study's main aim was to evaluate how strategic implementation affected the performance of public hospitals, specifically John Fitzgerald Kennedy Medical Centre (JFKMC), Liberia. The specific objectives of the study were to determine the influence of organisation culture; establish the influence of resource allocation; examine the influence of organisation structure; and assess the influence of strategic communication on the performance of public hospitals in Montserrado County, focussing on JFKMC in Liberia. The study was anchored by the resource-based view and the dynamic capabilities view theories. The study applied the case study approach and was done in Montserrado County, Liberia, at JFKMC. The target population comprised 214 employees of JFKMC. The census approach was employed and therefore the entire population was entered into the study. Responses were sought through the utilisation of questionnaires. Data was analysed using the descriptive and inferential methods. The means standard deviation, Pearson's correlation, analysis of variance (ANOVA) and regression analysis were undertaken The study found that organization culture had a positive and significant effect on public hospital performance, with a coefficient of (0.395), $p = 0.000 < 0.05$, allocation of resources positively affected hospital performance (0.673), $p = 0.000$. Also, the results revealed that organisational structure had a positive coefficient (0.744) means that an improved organisational structure significantly enhances public hospital performance. Strategic communication positively impacted public hospital performance with a coefficient (0.230. The study concluded that efficient resource allocation and a strong organisational structure are crucial for enhancing public hospital performance. It further recommends that to enable a supportive organisational structure, there should be a clear and efficient hospital hierarchy that promotes accountability, enhances workflow, and ensures seamless coordination between departments to improve overall hospital performance. Another recommendation is the need to implement a data-driven resource allocation system to prioritise funding, staffing, and medical supplies based on patient needs, ensuring efficiency and minimising resource wastage. To cultivate a positive culture, hospitals should encourage collaboration and teamwork among staff to create a supportive work environment.

TABLE OF CONTENTS

DECLARATION ii
EXAMINERS' SIGNATURES iii
DEDICATION iv
ACKNOWLEDGEMENT v
ABSTRACT vi
TABLE OF CONTENTS vii
LIST OF TABLES x
LIST OF FIGURES xi
DEFINITION OF TERMS xii
ABBREVIATIONS AND ACRONYMS xiii
CHAPTER ONE 1
INTRODUCTION 1
1.1 Introduction 1
1.2 Background of Study 1
1.2.1 Organisation Performance 1
1.2.4 Public Hospitals in Liberia 4
1.2.5 Profile of John Fitzgerald Kennedy Medical Centre, Liberia 5
1.2.6 Strategy Implementation 5
1.2.7 Overview of Strategy Implementation in Public Hospitals 7
1.2.8 Profile of John Fitzgerald Kennedy Medical Centre, Liberia 9
1.3 Statement of the Problem 10
1.4 Objectives of the Study 11
1.5 Hypotheses 11
1.6 Significance of the Study 12
1.7 Scope of the Study 12
1.8 Limitations of the Study 12
1.9 Delimitations of the Study 13
1.10 Assumptions of the Study 13
1.11 Theoretical Framework 13
1.12 Conceptual Framework 18
CHAPTER TWO 19
LITERATURE REVIEW 19
2.1 Introduction 19
2.2 Review of the Literature 19

2.2.1 Organization Culture and Organization Performance 19
2.2.2 Allocation of Resources and Organisation Performance 21
2.2.3 Organizational Structure Alignment and Organization Performance 23
2.2.4 Strategic Communication and Organisational Performance 24
2.3 Summary and Research Gaps 27
CHAPTER THREE 29
RESEARCH DESIGN AND METHODOLOGY 29
3.1 Introduction 29
3.2 Research Design 29
3.3 Research Site 29
3.4 Target Population 29
3.5 Study Sample and Sampling Procedure 30
3.5.1 Sampling Procedure 30
3.5.2 Study Sample Size 30
3.6 Data Collection 30
3.6.1 Data Collection Instruments 31
3.6.2 Pilot Testing of Research Instruments 31
3.6.3 Instrument Reliability 31
3.6.4 Instrument Validity 31
3.6.5 Data Collection Procedure 31
3.7 Data Processing and Analysis 32
3.7.1 Diagnostic Tests 32
3.7.2 Descriptive Statistical Analysis 33
3.7.3 Inferential Statistical Analysis 33
3.8 Legal and Ethical Considerations 34
CHAPTER FOUR 36
DATA ANALYSIS AND FINDINGS 36
4.1 Introduction 36
4.2 Response Rate 36
4.2.1 Reliability Analysis 36
4.3 Demographic Information 37

4.3.1 Gender of Respondents 37
4.3.2 Position Held in the Organisation 38
4.3.3 Number of Years Worked in the Organisation 38
4.3.4 Level of Education of the Respondents 39
4.4 Descriptive Strategy Implementation and Organisation Performance Analysis 40
4.4.1 Organisational Culture 40
4.4.2 Allocation of Resources 43
4.4.3 Organisational Structure Alignment 46
4.4.4 Strategic Communication 49
4.4.5 Performance of Public Hospitals 52
4.5 Diagnostic test Analysis results 55
4.5.1 Normality Test 55
4.5.2 Linearity Test 56
4.5.3 Multicollinearity Tests 57
4.5.4 Heteroscedasticity 58
4.6 Inferential Analyses of Strategy Implementation and Performance of Public Hospitals 59
4.6.1 Pearson Correlation of Analyses on Strategy Implementation and Performance of Public Hospitals 59
4.6.2 Simple Regression Analyses on Strategy Implementation and Performance of Public Hospitals 61
4.6.3 Multiple Regression Analyses on Analyses on Strategy Implementation and Performance of Public Hospitals 66
CHAPTER FIVE 71
DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS 71
5.1 Introduction 71
5.2 Summary of Main Findings 71
5.3 Discussions 73
5.4 Conclusion 77
5.5 Recommendations 77
5.6 Areas of Further Research 79
REFERENCES 81
APPENDIX I: QUESTIONNAIRE 89
Appendix 2: Research Permits 93
Appendix 3: Research Approvals and Letters 94
Appendix 4: Map of Study Area 95

LIST OF TABLES

Table 3.1 Population 30
Table 4.1 Reliability Analysis 37
Table 4.2 Descriptive Results on Organisational Culture 41
Table 4.3 Descriptive Results on Allocation of Resources 44
Table 4.4 Descriptive Results on Beneficiaries' Engagement 47
Table 4.5 Descriptive Results on Strategic Communication 50
Table 4.6 Descriptive Results on Performance of Public Hospitals 53
Table 4.7 Normality Test 56
Table 4.8 Collinearity Statistics 58
Table 4.9 Analyses of Heteroscedasticity 58
Table 4.10 Pearson Correlation of Analyses on Strategy Implementation and Performance of Public Hospitals 60
Table 4.11 Simple Regression Result of Organization Culture and Performance of Public Hospitals 61
Table 4.12 Simple Regression Result of Allocation Resources and Performance of Public Hospitals 63
Table 4.13 Simple Regression Result of Organization Structure and Performance of Public Hospitals 64
Table 4.14 Simple Regression Result of Strategic Communication and Performance of Public Hospitals 65
Table 4.15 Model Summary on Analyses on Strategy Implementation and Performance of Public Hospitals. 67
Table 4.16 Analysis of Variance on Analyses on Strategy Implementation and Performance of Public Hospitals. 68
Table 4.17 Coefficients of Analyses on Strategy Implementation and Performance of Public Hospitals. 69

LIST OF FIGURES

Figure 1.1 Conceptual Framework 18
Figure 4.1 Response Rate 36
Figure 4.2 Gender of Respondents.....38
Figure 4.3 Position Held in the Organization 38
Figure 4.3 Number of Years Worked in the Organization.....39
Figure 4.5 Level of Education of the Respondents.....40

DEFINITION OF TERMS

Organisational culture: a set of beliefs and actions that JFKMC has formed and which they actively use to achieve organisational goals and objectives.

Organisation structure: represents role distribution and administrative Mechanisms for control and integrating activities at JFKMC

Resource allocation: reflects how to distribute and manage assets to help achieve the JFKMC management plan.

Strategy: a set of planned actions and resource deployment that attain the objectives of the public health facility by assessing JFKMC and its long-term vision.

Strategy implementation: the process of turning a well-developed strategy, into dynamic action plans and then into measurable results. Here it is possible to point out that various proxies can be used in the assessment of the efficiency of the implementation process.

Strategic communication: refers to how organizations use communication purposefully to fulfil their overall missions.

ABBREVIATIONS AND ACRONYMS

DALY	Disability-adjusted life years
HMB	Home Management Boards
IDSR	Integrated Disease Surveillance and Response
IHR	International Health Regulations
JFKMC	John Fitzgerald Kennedy Medical Centre
KMTC	Kenya Medical Training College
NCDs	Non-Communicable Diseases
HMB	Home Management Boards
NHIF	National Health Insurance Fund
OP	Organizational Performance
PPP	Public-Private Partnerships
SI	Strategy Implementation
SMI	Strategic Management Implementation
US	United States

CHAPTER ONE
INTRODUCTION

1.1 Introduction

This study set out to establish the effect of strategy implementation on performance of public hospitals in Montserrado County through an in-depth focus on John Fitzgerald Kennedy medical centre (JFKMC) in Liberia. This chapter outlines the introductory sections that include the background that introduces the study variables, statement of the problem, the study objectives, hypotheses and the statement of the Problem that inspired the undertaking of this research project. The study significance, scope, limitations, delimitations and assumptions are further outlined. The theoretical and conceptual Frameworks have also been elucidated.

1.2 Background of Study

The background of the research variables which are strategy implementation and performance have been explained in this section.

1.2.1 Organisation Performance

Organisational performance encompasses the evaluation of progress toward achieving specific goals (Aswar & Hafizh, 2020). It also pertains to an organisation's capacity to fulfil its goals through robust governance, unwavering dedication to results, and effective management. Furthermore, Boru and Chen (2020) highlighted that performance can be quantified either financially, non-financially or both. These parameters are mirrored with the organisational mission and goals in the process. Thus, the assessment of performance in an organisation such as JFKMC should account for strategic initiatives aimed at enhancing healthcare delivery, improving resource management, and fulfilling organisational objectives.

In addition, Hamann and Schiemann (2021) noted that organisational performance involves evaluating various aspects of an organisation, including financial performance, employee productivity, customer satisfaction, and operational efficiency. First, financial performance includes metrics like profitability, revenue growth, and return on investment. Financial performance indicators help determine whether an organisation is meeting its monetary objectives and sustaining long-term growth (Demeke & Tao, 2020).

On non-financial performance indicators, a key consideration is employee performance, which involves assessing how well employees are meeting their individual and collective goals and how their productivity impacts the organisation's overall performance (Moumin, 2024). High-performing organisations often invest in employee development and create a positive work environment to foster productivity and job satisfaction.

The third vital component of organization performance is customer satisfaction. Organisations must constantly gauge how satisfied their customers are with their products or services (Conţu, 2020). High levels of customer satisfaction often correlate with repeat business and customer loyalty, which are crucial for sustained success. Lastly, operational efficiency plays a significant role in organization performance. Efficient management of resources, streamlined processes, and effective use of technology can lead to reduced costs and enhanced productivity (Gomide Júnior et al., 2022). In addition, Akpa et al. (2021) highlighted that organisational culture encompasses assumptions, values, attitudes, and norms symbolised and shared among members through their collective experiences. This cultural framework aids in achieving the organisation’s objectives. Furthermore, organisational culture consists of four key components: involvement, consistency, adaptability, and mission.

Further, resource allocation is the process of assigning and managing assets in a manner that supports an organisation's strategic planning goals (Ali et al., 2022). Resource allocation involves four sets of resources, which consist of finances, technologies, materials and people. Also, the organisation structure represents the distribution of roles and administrative mechanisms that facilitate exercising control and integrating the organisational activities of a company. Organisational structure involves three elements: decision-making, delegation, and chain of command (Albert, 2023). Strategic communication indicates how organisations use communication purposefully to fulfil their overall missions and is comprised of three elements that are clear line, top-down, and bottom-up communication (Lerai, 2023).

In the United States of America (USA), Tawse and Tabesh (2021) indicated that effective strategy formulation and effective strategy implementation are critical components that explain why some firms outperform others, since even well-formulated strategies cannot guarantee success until it is effectively implemented.

Effective strategy implementation is a critical component of organisational success and a potential source of competitive advantage. In addition, the study focused on the strategy implementation effectiveness as a significant source of performance heterogeneity between firms, reinforcing the need for a clear understanding of the strategy implementation process.

In Indonesia, Dharyanti et al. (2019) noted that strategy implementation consists of communication, resources, disposition, and bureaucratic structure. A hospital is an expensive healthcare centre that provides diagnosis, care, and rehabilitation services. Therefore, strategic planning is necessary to improve and maintain the quality of public health. In Jordan, a study by Al Humeisat and Abushattal (2022) examined the role of environmental scanning, strategy formulation, strategy implementation, and strategy evaluation as dimensions of strategic management and how they help in managing the spread of coronavirus. The study focused on environmental scanning, strategy formulation, and its evaluation after implementation, and found that senior management could determine mechanisms of preparedness to confront pandemics by drawing general policies for the functional strategy and operational strategies, which were characterised as short-term strategies.

In Saudi Arabia, Alomran (2019) investigated the current level of adoption of strategic management practices by healthcare organisations in Saudi Arabia, and explored the barriers to their implementation based on the opinion of the top management. Moreover, the healthcare sector is undergoing constant change because of its importance to Saudi society and the tremendous increase in the demand for healthcare services. Consequently, the government has established specific regulatory reforms for public hospitals as well as encouraged private sector investors to invest in the healthcare industry

Moreover, there are regional perspectives of the variables of the study. In Zimbabwe, Funhiro *et al.* (2022) alluded that public hospitals face a myriad of challenges that hinder the delivery of effective health services to the citizens. The main one being policy inconsistency, which has been the underlying factor affecting strategies by public hospitals to ensure effective health delivery across the country. The study identified six strategies for improving performance in public hospitals, which are networking, monitoring and evaluation, revenue generation, public-private partnerships (PPP),

Home Management Boards (HMB) operational plan, and transparency in the selection and appointment of board members. In Kenya, Waswa and Osoro (2024) indicated that effective strategy implementation is crucial for organisational performance. The research evaluated the aspects of strategic people, strategic resources, strategic systems, and strategic culture and performance of private health facilities in Trans Nzoia County in Kenya. Another study in Kenya by Mwangi and Kihara (2021) examined strategy implementation practices on the performance of private hospitals, focusing on management commitment and organisational culture.

In Liberia, a study by Alwan et al. (2024) noted that in implementing strategies for affordable universal health care, domestic resources were critically limited to focus on basic, high-impact primary health services. In addition, the country relies on donor funding to implement a range of essential services. Another study was conducted by Nyenswah et al. (2023) noted that Liberia was among the three West African countries that were ravaged by the worst Ebola epidemic in history from 2014 to 2016. Moreover, the country was able to implement an integrated disease surveillance and response (IDSR) strategy through laboratory testing capacity, disease reporting, risk communication, community engagement, and staff supervision systems. However, insufficient financial support and an abundance of vertical programs further impeded progress.

1.2.4 Public Hospitals in Liberia

Liberia is a tropical country in West Africa with a spectacular coastline covering an area of 111,369 square kilometres. it is populated by 4.5 million inhabitants and historically gained its independence in 1847 with assistance from the then American Colonisation Society, an established body tasked by America to resettle free slaves back to Africa (Kanagasabai & Ballah, 2022).

Between the years 2013 and 2020, maternal mortality dropped from 1,072 to 742 per 100,000 live births. Despite the decline, among the leading causes of maternal deaths are haemorrhage, accounting for twenty percent, and eclampsia seventeen percent. Estimates suggest that about 1.98 million Disability-adjusted life years (DALYS) were lost in the year 2019, sixty percent of which were due to communicable, maternal, child, and nutritional conditions, thirty percent to non-communicable diseases (NCDS), and five percent to injuries (Dadzie & Kanagasabai, 2022).

However, laboratory infrastructure is a serious challenge in Liberia's public hospitals; currently, only two of the proposed five public health regional laboratories have been constructed. The other three regional laboratories are yet to be constructed. Therefore, decentralisation of testing for all diseases of public health concern is not now possible. Consequently, the current national budgetary allocation in Liberia is approximately one-quarter of what is required to strengthen the public hospitals (Ako-Egbe et al., 2023).

Further, lack of human resource capacity, including high turnover rates, presents a huge challenge for the implementation of Integrated Disease Surveillance and Response (IDSR) and the International Health Regulations (IHR) (NPHIL, 2022).

1.2.5 Profile of John Fitzgerald Kennedy Medical Centre, Liberia

The JFKC was built at the request of Liberian President William V.S. Tubman to the U.S.A. and President John F. Kennedy 1961 visit laid the groundwork for USAID funding for a national medical centre in Liberia. The project was funded with a 6.8 million loan, 9.2 million dollars in grants from USAID, and a 1-million-dollar contribution from the Liberian Government. Construction began in 1965, and the facility opened on July 27, 1971.

The JFKMC is Liberia's premier tertiary, referral, and teaching hospital, situated in the capital, Monrovia. The hospital has a bed capacity of 500, but currently has more than 400 functional beds. Moreover, the hospital was commissioned in the year 1971 (Joseph, 2019). The hospital provides all levels of health care, that is, primary, secondary, and tertiary medical services. The first two services are provided to the communities around it, and tertiary health services to the whole of Liberia. In addition, JFKMC receives referrals from all fifteen counties of Liberia, which in the year 2022 had a population estimated to be 5.3 million. Also, the funding for the hospital's operations comes mainly from government allotments and fees-for-service, with additional support from both local and international organisations.

1.2.6 Strategy Implementation

Strategy implementation is the process of transforming plans and strategies into actionable steps to achieve an organisation's goals (Candra Susanto et al., 2023). It's a critical phase where theoretical plans give way to practical action, ensuring that an

organisation's vision becomes a reality. This process involves several key components, each integral to successful execution. First, setting clear objectives which should be specific, measurable, attainable, relevant, and time-bound (Tawse & Tabesh, 2021). Clear objectives provide a roadmap for employees and establish a baseline for measuring progress.

Second, ensuring that resource allocation, whether it be financial, human, or technological, is allocated to the appropriate areas, is vital in strategy implementation (Fuertes et al., 2020). This allocation must align with the strategic priorities and needs of the organisation. One of the most significant challenges in strategy implementation is managing organisational culture. Strategy implementation often requires changes in processes, practices, and culture (Iskandar & Ardianto, 2024). Effective culture implementation involves clear communication, stakeholder engagement, and training to help employees adapt to new ways of working.

Organisation structure that is determined by leadership plays a pivotal role in strategy implementation because leaders must inspire, motivate, and guide their teams, providing the support and direction needed to drive the strategy forward. Leadership also involves monitoring progress, making adjustments, and solving problems that may arise during implementation (Ackah, 2022). In addition, regular and transparent communication ensures that everyone in the organisation understands the strategy, their role in its execution, and how their efforts contribute to the overall goals. Strategic communication helps maintain alignment and fosters a collaborative spirit.

Monitoring and evaluation are essential to keep the implementation on track. Regular reviews and assessments allow organisations to measure progress, identify any deviations from the plan, and make necessary adjustments. This iterative process helps organisations stay agile and responsive to changes in the internal and external environment. Lastly, creating a supportive organisational culture is key. Vigfússon et al. (2021) noted that a culture that values innovation, accountability, and continuous improvement can significantly enhance the success of strategy implementation. Encouraging feedback, recognising achievements, and fostering a sense of ownership among employees can drive better outcomes.

Resource allocation is the distribution and management of assets to align with an organisation's strategic planning objectives (Ali et al., 2022). This process encompasses

four main resource categories that impact strategy implementation: financial, technological, material, and human resources. Additionally, organisational structure denotes the assignment of roles and administrative processes that ensure control and integration of a company's activities. It involves three key elements: decision-making, delegation, and chain of command (Albert, 2023). Moreover, strategic communication describes how organisations utilise communication strategies to achieve their missions, consisting of three components: clear lines of communication, top-down communication, and bottom-up communication (Lerai, 2023).

1.2.7 Overview of Strategy Implementation in Public Hospitals

In the United States, Tawse and Tabesh (2021) emphasized that the effectiveness of strategy implementation primarily influences a successful company's performance. They highlighted that even well-crafted strategies need to be executed properly to achieve success. Effective strategy implementation drives organisational success and serves as a potential competitive advantage. The study also pointed out that variations in performance among firms are often due to differences in how effectively strategies are implemented, underlining the importance of thoroughly understanding the procedure of strategic implementation.

Dharyanti et al. (2019) observed that effective strategy implementation includes communication, resource allocation, disposition, and bureaucratic structure in Indonesia. Given the high costs associated with hospitals that offer diagnostic, care, and rehabilitation services, strategic planning maintains the quality of health in public facilities.

Al Humeisat and Abushattal (2022) investigated how strategic management aspects from formulation to evaluation played a role in managing the spread of the coronavirus in Jordan. The research highlighted the importance of these strategic dimensions in pandemic preparedness. It was discovered that senior management could develop effective ways to address pandemics by adopting general policies for functional as well as operational strategies of the organisation, which were observed to be short-term in strategic orientation.

In Saudi Arabia, Alomran (2019) examined the extent to which healthcare organisations are being practised by healthcare organisations and the challenges for implementation as seen by the top management. The healthcare sector is continuously evolving due to

its significance to Saudi society and the growing demand for healthcare services. As a result, the government has introduced regulatory reforms for public hospitals and encouraged private sector investment in the healthcare industry.

In Zimbabwe, Funhiro et al. (2022) opined that public hospitals face many challenges that negatively affect the delivery of quality health care to the people. Policy inconsistencies have been a significant factor affecting the strategies employed by various public hospitals for efficient healthcare delivery across the country. They identified six strategies for enhancing performance in public hospitals: monitoring and evaluation, networking, financial and business development, public-private partnerships (PPP), the operational plans for Home Management Boards (HMBS), and the impartiality of board members in their selection process.

In Kenya, Waswa and Osoro (2024) supported this assertion by arguing that the implementation of a good strategy can boost the performance of an organisation. Strategic personnel, resources, systems, and culture were identified as highly important success factors by their study among the private health facility stakeholders in Trans Nzoia County. Also, another research study by Mwangi & Kihara (2021) aimed to analyse the effect of the decisions on the practice of strategy implementation on the performance of private hospitals, noting the importance of the commitment of management alongside cultural aspects.

Alwan et al. (2024) described that in Liberia, relying on domestic budgets to promote strategies for affordable universal health care greatly depends on directing available exclusive resources toward important and productive primary health services. The country also depends significantly on donor funding to fund the delivery of services, including healthcare. Another study by Nyenswah et al. (2023) noted that Liberia was severely affected by the Ebola epidemic from 2014 to 2016, being one of the three hardest-hit West African nations. However, there was the successful strengthening of integrated disease surveillance and response (IDSR) systems, including laboratory, reporting, communication, community, and staff supervision systems. Still, challenges were due to a lack of adequate funds and the growth of many very vertical programs.

Liberia, located in West Africa, boasts a beautiful tropical landscape and a coastline stretching over 111,369 square kilometres. With a population of 4.5 million people, Liberia achieved independence in 1847. This milestone was supported by the American

Colonisation Society, which was established to help resettle freed African slaves back to their continent(Kanagasabai & Ballah, 2022).

Maternal mortality per 100,000 live births (year 2013 to 2020) dropped from 1,072 to 742. Regardless of these statistics, among the leading causes of maternal deaths are haemorrhage, accounting for twenty percent, and eclampsia, seventeen percents. According to the global burden studies, in the year 2019, 1.98 million DALYS were lost; 60% of this loss was caused by communicable, maternal, child, and nutritional diseases, while 30% was by NCDS, and the remaining 5% by injuries (Dadzie & Kanagasabai, 2022).

Liberia's public hospitals face significant challenges with laboratory infrastructure. Out of the five planned regional public health laboratories, only two have been built so far, leaving the other three yet to be constructed. This shortfall makes it impossible to decentralise testing for all public health concerns. As a result, the national budget allocated for healthcare in Liberia is currently about a quarter of what is needed to adequately strengthen public hospitals (Ako-Egbe et al., 2023). Moreover, the shortage of human resources, compounded by high employee turnover, significantly hampers the execution of IDSR and International Health Regulations (IHR) (NPHIL, 2022).

1.2.8 Profile of John Fitzgerald Kennedy Medical Centre, Liberia

Joseph (2019) noted that Liberian President William V.S. Tubman initiated the establishment of the JFK Medical Centre, following his 1961 meeting with U.S. President John F. Kennedy, which facilitated USAID's financial support for the project. The centre received a total of six million dollars in loans and nine million dollars in grants from USAID, along with a one-million-dollar contribution from the Liberian Government. Construction commenced in 1965, and the facility officially opened its doors on July 27, 1971.

The JFK Medical Centre (JFKMC), located in Monrovia, Liberia's capital, stands as the country's leading tertiary, referral, and teaching hospital. Although it was designed to accommodate 500 beds, currently over 400 beds are functional. Commissioned in 1971 Joseph(2019) explain that the hospital offers primary, secondary, and tertiary health services. It caters to the local community with primary and secondary care, while tertiary services extend nationwide. JFKMC is involved in accepting referrals from the 15 counties of Liberia, with a population of about 5.3 million in 2022. The majority of

the finances are derived from governmental appropriations and service charges, while the hospital is supplemented by sponsorship from both national and international agencies.

1.3 Statement of the Problem

Strategy implementation is vital for organisational success. Also, implementing a strategy to work throughout the organisation is, however, not an obvious process (Dadzie & Kanagasabai, 2022). Liberia's healthcare system faces several critical challenges that impact hospital performance (Ako-Egbe et al., 2023). First is poor customer service, where there are long wait times and ineffective communication. Secondly, insufficient medical supplies and equipment (Nyenswah et al., 2023). Thirdly, a lack of adherence to standard treatment protocols (Nyenswah et al., 2023). Moreover, limited infection control practices and control measures and inadequately trained personnel (Dadzie & Kanagasabai, 2022).

Several studies have been conducted on global, regional and local scales on implementing strategy initiatives on the public hospitals' performance. Globally, Tawse and Tabesh (2021) focused on strategy formulation and implementation in the healthcare sector in the USA. However, the study left a gap in strategy implementation on public hospital performance. Further, studies executed by Dharyanti et al. (2019) on the strategic planning implementation process in the district general hospital in Indonesia. The study highlighted the strategic plans, while the current study has looked at the strategy implementation and performance that affect public hospital performance. The work by Alomran (2019) on the effect of strategic management practices in the healthcare sector of Saudi Arabia. Therefore, the current study has sought to fill the gap regarding strategy implementation on public hospitals' performance levels. Regionally, Funhiro et al. (2022) on strategies for improving how hospital management boards function in Zimbabwe left a gap in strategy implementation on public hospital performance. In addition, research by Waswa and Osoro (2024) on effective strategy implementation on organisational performance in Kenya, focused on management commitment. Therefore, the research has looked into strategic initiatives applied in public hospitals. Locally, the study of Alwan et al. (2024) on Universal Health Coverage indicated the challenges of strategic implementation in Liberia. This research has investigated the current strategy implementation on public hospitals' performance.

1.4 Objectives of the Study

This research was based on a general objective and specific objectives in line with the topic.

1.4.1 General Objective

The general objective of this study was to determine the influence of strategy implementation on the performance of public hospitals in Montserrado County.

1.4.2 Specific Objectives

The specific study objectives were:

i) To establish the influence of organisational culture on the performance of public hospitals in JFKMC in Montserrado County, Liberia.
ii) To establish the influence of resource allocation on the performance of JFKMC, Montserrado County, Liberia.
iii) To examine the influence of organization structure alignment on performance at JKFMC, Montserrado County, Liberia.
iv) To assess the influence of strategic communication on the performance of public hospitals in JFKMC, Montserrado County, Liberia.

1.5 Hypotheses

The hypotheses of the research tested consisted of the following stated in the null.

H_{01} Organisational culture has no statistically significant influence on the performance of public hospitals in JFKMC in Montserrado County, Liberia.

H_{02} Resource allocation has no statistically significant influence on the performance of public hospitals in JFKMC in Montserrado County, Liberia.

H_{03} Organisational structure alignment has no statistically significant influence on the performance of public hospitals in JFKMC in Montserrado County, Liberia.

H_{04} Strategic communication has no statistically significant influence on the performance of public hospitals in JFKMC in Montserrado County, Liberia.

1.6 Significance of the Study

One of the key beneficiaries of the study are the donors who provided some of the resources that were needed in the implementation of the hospital's strategies. They gain insights into the various steps adopted by the hospital. Further, the employees of the hospital benefit from the findings of the study on what they have achieved in strategy implementation. The findings enhance their motivation and engagement, leading to improved efficiency and effectiveness in their roles. Moreover, the findings identified areas of success and opportunities for further improvement for staff.

This study also informs the government on the various strategy implementations initiatives being undertaken to improve public hospitals, which guides policymaking, resource allocation, and the development of supportive frameworks for public health improvement. Further, the patients who are the clients are beneficiaries of the study findings as they gain insights into strategy implementations. Also, the researchers and academicians benefit from this study as they gain more knowledge on the strategy implementations that improve the performance of public hospitals, especially in Liberia.

1.7 Scope of the Study

This research's scope covered organisation culture, allocation of resources, organisation structure and strategic communication and their impact on performance. Moreover, geographically, the study was conducted at the JFKMC in Liberia, a public hospital. The study was hinged on resource-based, and the dynamic capabilities view theories. The study was conducted within three months.

1.8 Limitations of the Study

This research was limited by the scarce literature on the impact of strategy implementation on public hospital performance in Liberia. However, the researcher complemented this with other countries' research results, such as Kenya, Zimbabwe, and India. Also, the research experienced limitations in data collection because the respondents, especially top management, may not be willing to answer questions on strategy implementation on the performance of public hospitals. However, the researcher clarified that this is only research information required for academic reasons.

1.9 Delimitations of the Study

The conceptual delimitation of the study was that strategy implementation initiatives, including organisation culture, resource allocation, organisation structure, and strategic communication, were covered in the research. The research was pinned to two theories: resource-based view theory and dynamic capabilities view. Finally, the study used a sample population of JFKMC covering all levels of staff and management. A sample population involved the Senior Management Team, Supervisors, Head of Departments and Doctors and Healthcare Professionals of the JFKMC.

1.10 Assumptions of the Study

One assumption in the study was that the chosen sample size accurately represents the population, allowing the results to be generalised. Another assumption was that all participants provided the necessary information truthfully and sincerely. Lastly, the study presumed that a descriptive design is the most appropriate method, as it enables the examination of variables without researcher interference in the outcomes (Bell et al., 2022).

1.11 Theoretical Framework

This section discusses the theories that underpinned the research and how they apply to the study objectives.

1.11.1 Resource-Based View Theory (RBV)

The Resource-Based View (RBV) theory was advanced by Barney (1991). This theory resorts to elements from organisational economics and strategic management to provide a general framework for describing competitive advantage and superior organisational performance (Barney, 1991). Other established sources of competitive advantage, such as financial and natural resources, technology, and economies of scale, do create value but are becoming more available to competitors and can easily be copied. The RBV, however, emphasises identifying internal resources that provide sustained competitive advantage, explaining why firms within the same industry can achieve different levels of performance (Seriki, 2023).

Advocates of the RBV argue that valuable resources can drive superior performance and help firms achieve a lasting competitive edge. The RBV categorises resources as both tangible and intangible assets, such as technological, human, and physical assets, that are closely tied to the firm. However, the availability of these resources is not

sufficient. The RBV also puts forward the concept of capabilities; these express themselves as complex webs of relationships and coordination within a firm, throughout its resources (Bertram, 2016). This concept simply brought out the fact that these resources are so much more valuable if they are bundled with the special talents a firm acquires throughout its operation. The RBV posits that whilst resources and capabilities represent two strategic assets, they are more valuable when integrated.

The theory postulates that firms differ in terms of the amount and type of resources they control, and how a firm acquires, develops, deploys, transforms, and exploits resources influences its sustainable competitive advantage and performance trajectory over time (Barney, 1991). RBV maintains that resources and capabilities must meet the principal criteria of valiance, rarity, inimitability, and organisational integration. For instance, a firm is capable of improving on its strengths with the help of complementary resources and establishing a long-term competitive advantage (Lubis, 2022). This task involves not only getting access to the relevant resources but also possessing some form of organisational competence to effectively mobilise them. In this study, the RBV explores how firm-specific inimitable assets are mobilised to construct enduring competitive advantages using financial tactics and human capital.

The idea is to ask how resources can be arranged so that they deliver the maximum financial returns on investment and overall proficiency. These include improved organisational financial performance, increased organisational efficiency, and organisational institutional capacity. Thus, examining the role of unique resources and capabilities, the study aims to find out the processes that enable firms to sustain competitive advantage in the context of the Kenyan healthcare insurance industry (Nayak et al., 2023). Moreover, the principles of RBV are important when discussing how the external environment of firms can be similar, while the performance of the analysed companies in the same industry can be different. This paper uses RBV to establish that a firm’s internal resources and capabilities are key determinants of success. Hence, by examining how internal resources are used and how organisational capabilities can be improved, the study intends to contribute to an understanding of how strategy management practices of public hospitals can be enhanced to improve performance (D’Oria et al. 2021).

A major point of critique for RBV is its limited attention to external environmental factors. In public sector institutions like hospitals, external forces such as government policy, political interference, donor funding cycles, and regulatory frameworks often play a more significant role than internal capabilities alone. This limits RBV's explanatory power in dynamic and politically influenced settings like the healthcare sector. Moreover, RBV assumes that organisations can identify, develop, and deploy resources strategically. Yet, in many public hospitals, strategic autonomy is constrained by bureaucratic procedures, fixed budgets, and centralised decision-making structures, which limit the ability to mobilise internal resources effectively. The RBV also underestimates the time and systemic support required to transform capabilities into performance gains, especially in under-resourced environments. Further, the theory places minimal emphasis on the role of leadership, organisational learning, and change management factors that are critical for successful strategy implementation in public institutions. While RBV can highlight "what" resources matter, it does less to explain "how" they should be developed or managed in real-world, complex public systems.

In summation, the study uses RBV to investigate how strategic implementation significantly impacted the organisational performance of JFKMC in Montserrado County, Liberia. This research has identified how organisational culture, resource allocation, organisational structure alignment, and strategic communication can be effectively managed and leveraged to create a sustainable competitive advantage. The RBV suggests that valuable and non-substitutable resources, along with the firm's capabilities, drive superior performance. Therefore, the study has demonstrated that by optimising these strategic initiatives, JFKMC can improve its operational efficiency and financial performance. It has provided insights into how public hospitals improve their strategic management practices to achieve their organisational goals and improve healthcare delivery in the country.

1.11.2 Dynamic Capabilities View Theory

In promoting this theory, Teece (1997), built on the Wernerfelt (1984) and Rumelt (1987) ideas as referred to by Barney (2014), improves the RBV theory that focuses on resources for organisational performance. As stated by Barney (2014), the concept of the RBV was initiated during the 1980s and 1990s, in which the best contributions were made by Wernerfelt on the RBV of a firm and Barney on sustainable competitive

advantage and firm resources, as well as Prahalad and Hamel on organisational core competencies. However, the RBV theory failed to admit that businesses are computational in a dynamic environment that is constantly evolving (Shiferaw & Amentie, 2024). To overcome this, the dynamic capability theory was developed to show how the patterns of resource utilisation changed over time due to shifting firm strategies. According to Wilden et al. (2013), this theory stems from the assumption that an organisation needs to constantly regenerate resources within the dynamic business environment.

Capability means the ability to manage resources for tasks and activities and to cope with different challenges (Kurtmollaiev, 2020). According to the RBV modelling, resources capture both tangible and intangible elements belonging to an organisation, while dynamic capabilities are the proficient and repetitive actions that facilitate the improvement of a company’s functions (Nyakagwa & Momanyi, 2021). Dynamic capabilities focus on how firms deploy, create, and rearrange resources and capabilities to address environmental change (Drago et al., 2022). The theory argues that firms with superior levels of dynamic capabilities are in a better place to perform compared to those industries that never got to develop superior dynamic capabilities because they constantly adapt their resources to meet additional conditions. Hence, organisations operating in dynamic contexts have to constantly recreate, revitalise, and transform to maintain competitive advantage (Zhang et al., 2023). Developing and transferring these dynamic capabilities is challenging due to their inherent complexity and deep-rooted nature within an organisation's unique relationships and history.

According to the RBV, ordinary capabilities focus on performing tasks correctly, while dynamic capabilities emphasise doing the right things at the right time, leveraging unique procedures, organisational culture, perceived business environment assessments, and available technological opportunities (Gonzalez-Samaniego et al., 2023). Relationships between administrative roles and dynamic processes in coordination, transformation, reconfiguration, and guided learning are observed. Dynamic capabilities are largely centred on the leadership skills and entrepreneurial management of a company's top executives.

Strong dynamic capabilities are crucial for an organisation to identify, capture, and transform high-performance opportunities. These capabilities are vital in areas like

technology, skills, business models, and processes. A company with robust dynamic capabilities excels in technology and market agility, develops new technologies, differentiates itself by maintaining high-quality processes, and adapts its structures and business models to stay competitive and shape market trends (Gonzalez-Samaniego et al., 2023). Dynamic capabilities have become a central focus in strategic management, where the ability to sense, seize, and transform opportunities requires a company to integrate stakeholder capacities, combining rigorous analysis with intuitive decision-making to achieve strategic adaptation (Araújo et al., 2022).

One critique is that the definition and operationalisation of dynamic capabilities are often vague and abstract. Unlike tangible resources, dynamic capabilities such as leadership adaptability, organisational learning, or strategic communication are harder to quantify and measure consistently, especially in public sector settings with limited analytical infrastructure. Additionally, the theory presumes a level of managerial autonomy and strategic flexibility that public hospitals may not possess. Bureaucratic processes, rigid governance structures, and political interference often constrain public institutions from swiftly transforming or reconfiguring capabilities as prescribed by the DCV. Moreover, while the theory highlights the role of top-level leadership in driving dynamic change, it tends to understate the influence of middle management and frontline healthcare workers, whose buy-in is essential for effective strategy implementation in hospitals. Another critique lies in its high dependence on organisational learning and innovative capacity. Public hospitals, particularly in resource-constrained settings, may lack the technological and financial base needed to experiment with new models or to continuously revamp their processes. As such, the DCV might overestimate the agility of public organisations in real-world contexts.

Thus, this theory on dynamic capabilities explains variables of the study, such as organisational culture alignment to objectives and goals to achieve organisational performance. Furthermore, resource allocation is a dynamic capability that enhances organisational performance. Further, aligning organisational structure to the organisation's mission and vision fosters organisational performance. Finally, strategic communication initiative is key dynamic capability that rely and connects the organisation's objectives to action and direction.

1.12 Conceptual Framework

The conceptual framework given in figure 1.1 explains the relationships of the research concepts together with the constructs under study (Van Der Waldt, 2020). It is the view of the investigator on the problem being investigated and provides a framework for the research. Aside from demonstrating the direction of the study, the conceptual framework allows the researcher to map relationships among the various constructs they intend to examine.

Independent Variables **Dependent Variable**

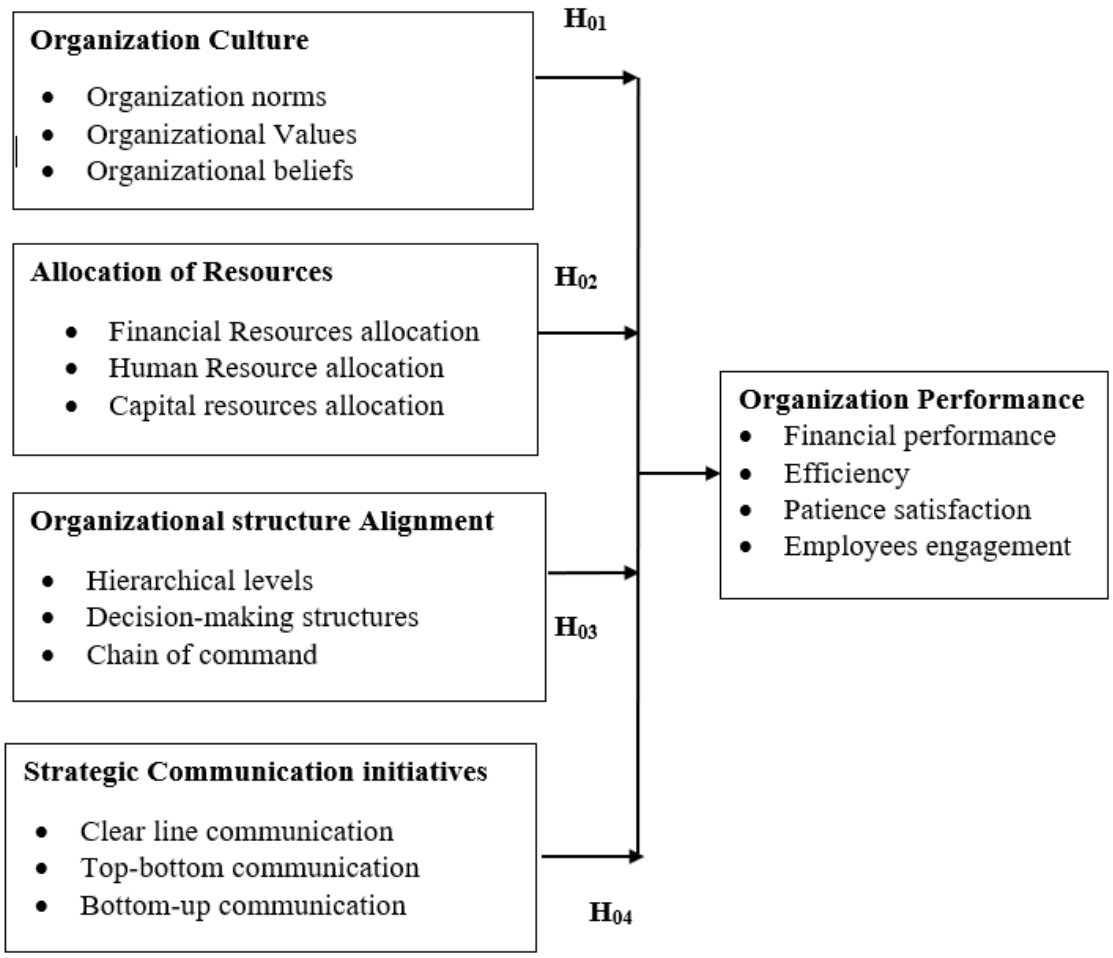


Figure 1.1 Conceptual Framework **Source: (Author, 2025)**

The outlined independent variables here are organisation culture, allocation of resources, organisation structure and strategic communication. The dependent variable was the performance of public hospital.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This section reviewed the literature on initiatives concerning the strategic implementation of organisational performance of hospitals, specifically public health facilities. It was based on organisational culture, resource allocation, organisational structure, and strategic communication. Finally, this section summarised and highlighted gaps that the research has addressed.

2.2 Review of the Literature

This review highlights a compilation of documents on organisational culture, resource allocation, organisational structure, and strategic communication.

2.2.1 Organization Culture and Organization Performance

In Japan, Suzuki's (2023) study on organisational cu;ture was conducted using a desktop review method, relying solely on secondary data due to its easy availability through digital libraries and scholarly articles on the internet. The findings highlighted that culture significantly impacts strategic management. It affects the information managers use for decision-making, their interactions with employees, and the strategies they decide to implement. The the study however left gaps in strategy implementation initiatives on the organisational performance of public hospitals, as it was an empirical review only (Chmielewska et al., 2022). In addition, this study evaluated four variables that are organisational culture, resource allocation, organisational structure, and strategic communication. Moreover, the study used census, correlation and regression analysis to determine the influence of strategy implementation initiatives on the performance of hospitals.

A study in Kenya conducted by Waithira (2022) on the factors influencing strategy implementation at Saint Francis Community Hospital examined how organizational culture orientation impacts this process. The research employed a correlational design, focusing on a target population of three hundred and forty-seven workers via purposive sampling. Participants completed questionnaires which were used subject to descriptive and inferential analytics. In so doing, performance relied on metrics such as orientations towards strategic intent, beliefs and norms, and the power systems. The study was

limited in scope having a single variable, organizational culture orientation, while this study evaluated four variables of organizational culture, resource allocation, organizational structure, and strategic communication.

Simiyu and Kilika (2020) established that strategic performance implementation of the National Hospital Insurance Fund (NHIF) would supplement the research topic. This study applied relevant theories, including RBV, which showed that organizational culture affects the performance of NHIF. The research adopted a descriptive design, targeting 110 employees. Using a stratified random sampling technique, a sample size of 88 respondents was selected. Questionnaires were utilized to gather primary data, and a pilot test was conducted to ensure their reliability and validity. For data analysis, descriptive analysis frequencies, percentages, means, and standard deviations were used. A Multiple Linear Regression model was applied to determine the relationship between the dependent and independent variables. The results indicated that organizational structure, culture, and communication had a positive and significant impact on NHIF's performance in Kenya, while organizational leadership showed no significant effect. Thus, the study used three variables while this study had four variables organizational culture, resource allocation, organizational structure, and strategic communication.

Furthermore, Kombate et al. (2021) have used the study in Togo to show how the implementation style determines the bond between Strategic Management Implementation (SMI) and organizational performance (OP), showing that the arranging approach to program implementation was most preferred in public organizations. The research involved surveying 468 public managers from Togolese central government organizations. The findings indicate that public organizations utilizing a logical implementation approach for program execution result in non-significant estimates at both the mean and one standard deviation below the mean middle management effort. Public sector organizations in developing countries that are characterized by traditional bureaucracy and lack administrative reforms are likely to experience decreased performance when they choose a logical implementation style. However, the study was based on public organisations limiting its applicability to healthcare, while this study was specific to this sector.

Gikunda and Makokha (2024) explored how Strategic Management Implementation (SMI) affects the performance of Kenyan organizations. It centered on how structure, resources, communication and resources affect their performance. The information collected in the research also proved that beliefs and accepted behavior affect organizational performance. Companies need to implement certain activities that boost their organizational culture which would improve the relations among employees in turn positively impacting the facility. In addition, the proposed study has evaluated four variables that are organizational culture, resource allocation, organizational structure, and strategic communication. Moreover, the study used census, correlation and regression analysis to determine the influence of strategy implementation on the performance of hospitals. It broadened the scope of the variables and used analytical techniques to understand the relationship between strategy implementation and performance in public hospitals.

2.2.2 Allocation of Resources and Organisation Performance

In South Africa, Eresia-Eke and Soriakumar (2021) examined the challenges to strategy implementation and how to address them in some of the public sector organisations operating in the country. The study design was a qualitative, cross-sectional multiple case study, the data of which were collected through semi-structured interviews. Lack of strategy execution is triggered by factors from internal and external organisational contexts, according to the study. Issues that were observed focused on resources, structure, culture, politics, players, infrastructure, and regulation. Hence, the current study used a questionnaire and a census to assess the sample, correlation and regression analysis to determine the influence of strategy implementation initiatives on the performance of hospitals.

Further, in Zimbabwe, Mapetere et al. (2023) conducted an empirical study to examine how resource allocation affects strategy implementation in commercialised state-owned enterprises within the communication technology and courier services sector. The study utilised a five-point Likert scale questionnaire, with 478 respondents out of a target population of 836 completing the survey. This research highlighted that adequate resource allocation resulted in the achievement of strategic objectives, as inadequate resource allocation affected strategic implementation. The current study filled the gaps in evaluating strategy implementation and performance of public hospitals. In addition,

the study filled the gaps in correlation and regression analysis to determine the influence of strategy implementation on the performance of hospitals.

However, Onyegbula and Nwoye (2023) conducted research in Nigeria and focused on the effect of strategy implementation on the performance of the regulators and supervisors in stock and insurance markets. Further, the study utilised the Resource-Based View (RBV) Model as its theoretical framework, The study employed a descriptive research design to gather primary data from 145 employees selected from the Securities and Exchange Commission (SEC) and the National Insurance Commission (NAICOM). The findings from the Ordinary Least Squares (OLS) regression indicated that strategic alignment, resource availability, and organisational structure significantly and positively impact organisational performance. While the study is theoretical, it focuses on regulatory bodies in the stock and insurance markets, limits its relevance to healthcare organisations. Hence, the current study used regression analysis, and an extra variable of strategic communication has been determined to expand the scope of the study.

Godana et al. (2022) also examined the impacts of financial resource deployment on the realisation of strategic directions in the public hospitals of Marsabit County in Kenya. Further, the research examined the impact of financial resource allocation on the execution of strategic plans in public hospitals. Employing a descriptive survey design, the study focused on health sector employees in Marsabit County with a sample size of 180 respondents. Results revealed that financial resource allocation has a positive and significant influence on the successful implementation of county health strategies. In addition, the study filled the gaps in correlation and regression analysis to determine the influence of strategy implementation on the performance of hospitals.

The cross-sectional quantitative study in Kenya by Waithira (2022) identified the barriers to strategy implementation at Saint Francis Community Hospital in Nairobi; the research parsed the significance of resource allocation in this context. The study employed a correlational research design and involved 347 employees, from whom 102 purposively selected employees were included in the study. The data was collected through questionnaires, and analysis was carried out using both descriptive and inferential analysis. The research showed that strategy execution had a strong positive relationship with physical resource capabilities, technological resources, and allocation

of physical resources. Hence, the current study used a questionnaire and a census to assess the sample, correlation and regression analysis to determine the influence of strategy implementation on the performance of hospitals.

2.2.3 Organizational Structure Alignment and Organization Performance

Friesl et al. (2021) carried out an empirical study in Germany and Norway concerning the strategy-as-practice approach that saw Strategy Implementation (SI) as a specific type of 'strategy work'. The study's conceptual framework emphasised five key implementation practices: structural fit, resource compatibility, supervision, framing, and bargaining. In a general sense, the study showed that the structures that underpin the implementation operate at various levels and involve different actors and tools. Hence, the study left gaps in strategy implementation on the organisational performance of public hospitals, as it was an empirical review only. In addition, the study evaluated four variables that are organisational culture, resource allocation, organisational structure, and strategic communication. Moreover, the study used census, correlation and regression analysis to determine the influence of strategy implementation on the performance of hospitals.

In Ghana, Ackah (2022) have also researched the effect of factors on the implementation of strategy in rural banks. The study focused on three main variables: leadership commitment, organizational structure, and employee involvement. Applying strattified simple random sampling method to identify subjects, the research sampled fifteen rural banks from the southern and middle belts and had 360 participants from these rural and community banks. The findings in Organizational structure showed that the amount of resources needed for planning restructuring was statistically significant. Also, they identified key areas of management work as role definition, communication, involvement in structural change, and the difficulty of imparting technical data on the job. The above study was based on commercial banks while the current study was based on public hospitals. Also, this study used census, correlation and regression analysis to determine the influence of strategy implementation on the performance of hospitals.

Hantiro and Maina (2020) examined how strategic implementation practices affect performance in Tana River County. The study aimed to assess the effects of organisational structure, organisational culture, resource allocation, and communication on performance. It was supported by resource-based theory, systems

theory, and stakeholder theory. A descriptive survey research design was employed, targeting management-level employees within the County Government. The entire population consisted of 166 individuals, including County Executives, Chief Officers, Directors, Administrators, and County Officers. A proportionate stratified sampling method was utilised, followed by simple random sampling to select 66 respondents. Questionnaires were the primary data collection tool used for all participants. Qualitative data from open-ended questions were analysed thematically according to the study's objectives and presented narratively. Quantitative data were analysed through descriptive statistics, and regression analysis was conducted to explore the relationship between the dependent and independent variables. The findings revealed a positive and significant influence of organisational structure, organisational culture, resource allocation, and communication on organisational performance. This current study only used quantitative data and regression analysis to study the entire population of hospital employees.

Also, Mohamed and Muathe (2020) examined the relationship between organisational structure and strategy implementation in oil marketing companies. It focused on understanding employees' perceptions of the impact of organisational structure on strategy implementation, considering four variables: hierarchical levels, organisational communication, decision-making structures, and organisational culture. Utilising a sample of 148 respondents from Kenyan oil marketing firms, the study found that hierarchical levels, organisational communication, decision-making structures, and organisational culture all influence strategy implementation. The research delves into how these aspects of organisational structure affect the execution of strategies within Kenyan oil marketing companies. This current study only used quantitative data and regression analysis to study the entire population of hospital employees.

2.2.4 Strategic Communication and Organisational Performance

Chirwa and Boikanyo (2022) investigated the role of communication in the service industry in enhancing the successful implementation of the strategy in Malawi. The study was quantitative, and data were gathered through an online survey from a bank and a financial services corporation with two hundred and twenty-eight employees, respectively. They used exploratory factor analysis, descriptive statistics, reliability, and inferential statistics to analyse the data. The findings revealed a significant positive relationship between three independent factors: flexibility of formal communication,

credibility of communication, and speed of feedback, and the dependent factor of implementing the strategy, which, among all, is highly affected by the credibility of the communication. This current study only used quantitative data and regression analysis to study the entire population of hospital employees. Moreover, the gaps were filled in the health sector as the above study was based on service industries.

Gulaid's (2024) study aimed to critically review existing literature on strategic management practices and organisational performance in Kenya using the PRISMA framework. The research was guided by four research questions: that were recent trends in strategic management, strategic management constructs used in the reviewed literature, popular strategic management theories used in studies in Kenya, and how strategic management practices influence performance. Moreover, the three databases used were Google Scholar, Research Gate, and Science Direct. The findings indicate that the focus within strategic management (SM) continues to explore both internal and external factors, with greater emphasis on external considerations using both conventional and unconventional methods. Firms need to integrate micro and macro aspects using a wide range of research methods and complex quantitative tools and techniques, thus producing other diverse SM dimensions. Current research on SM is focused on knowledge management, corporate governance and strategic leadership, strategic management processes, organisational structure and culture, technology, innovation and change management, quality management, strategic human resource management, and stakeholder management and communications strategy in a rapidly changing business environment. Additionally, the research shows that strategic management is diverse in its meanings, constructs, and theories, overlapping with various scientific fields. The most popular theories include the resource-based view, contingency theory, competitive advantage theory, stakeholder theory, agency theory, and institutional theory, among others. The application of SM practices and processes has a positive and significant impact on organisational performance. However, there was a need for further exploration of strategy implementation and performance of public hospitals.

Letlatsa (2023) conducted a study that looked at the ways and manner in which higher education institutions practice strategic communication for employee engagement to the institution’s strategies. Following purposive sampling and an exploratory research design due to the researcher’s interest in the effects of strategic communication on

strategy implementation. The study assessed the level of implementation of strategic plans in these institutions as informed by the analysis of strategic plans produced in the institutions. Key findings for the present study's driver, communication strategy benchmarking, success factors, and lessons were also established. Further, it proposed that effective communication requires that communication be coordinated as a component of strategy formulation and implementation. Strategic data analysis on communication content revealed that strategic communication actively involves employees in formulating and implementing strategies. Though the above study explored one of the variables covered by the study, which is communication, it was based on the education sector, as this study focused on the health sector.

Ikuru and Opuala-Charles's (2024) study investigated the connection between the strategic management process and organisational performance in public hospitals in Nigeria. A mixed research design, incorporating both qualitative and quantitative methods, was utilised. The sample consisted of 400 healthcare professionals from public hospitals across the six geopolitical zones of Nigeria. Further, the research used a questionnaire. The results demonstrated that strategy implementation had a substantial positive effect on organisational performance. This study used a descriptive research design to explore strategy implementation, as the current research focused on the entire strategic management process in public hospitals.

Another research in Kenya by Munala and Mwasiaji (2023) focused on the role of strategic leadership and communication on organisational performance when it comes to strategy execution in the Kenya Medical Training College (KMTC). The study was grounded in institutional and agency theories and employed a descriptive research design, conducting a census among the participants. The findings from multiple linear regression analysis indicated the positive influence of effective communication on organisational performance. However, the above study focused on strategic leadership, while this study filled the gap by focusing on strategy implementation.

Nuwagaba et al. (2023) research investigated the impact of strategy implementation on the performance of Ugandan state agencies. The study used a cross-sectional design and a structured questionnaire to survey 160 state agencies. Respondents included top management team (TMT) members such as CEOs/Managing Directors, Deputy/Assistant CEOs, Corporation Secretaries, and Heads of Department, with at

least three TMT members from each agency participating in an online survey due to COVID-19 restrictions. Data analysis utilised factor analysis, descriptive statistics, and multilinear regression analysis. Results indicated that Ugandan state agencies perform better with effective strategy implementation. Generally, the study focused on state organs, while the current study was specific to public hospitals and conducted a census.

2.3 Summary and Research Gaps

This literature review highlighted the knowledge provided on the topic, thereby indicating the research gaps this study filled. The geographic context indicated the different studies conducted, for instance, Japan (Suzuki, 2023), South Africa (Eresia-Eke and Soriakumar, 2021), Germany and Norway (Friesl et al., 2021), Ghana (Ackah, 2022), Kenya (Hantiro and Maina, 2020; Mohamed and Muathe, 2020; Gikunda and Makokha, 2024; Gulaid, 2024), Malawi (Chirwa and Boikanyo, 2022), and Nigeria (Onyegbula and Nwoye, 2023). This highlights a significant gap in research specifically focusing on Liberia and its public hospital system. This study addressed this gap by focusing on primary data gathered from Liberian public hospitals**.**

The studies had different sectoral contexts, including saving and credit cooperatives (Gikunda and Makokha, 2024), rural banks (Ackah, 2022), oil marketing companies (Mohamed and Muathe, 2020), service industries (Chirwa and Boikanyo, 2022), higher education (Letlatsa, 2023), and public enterprises in general (Mapetere et al., 2023). This study specifically focused on the healthcare sector, specifically public hospitals in Liberia, filling the gap in sector-specific research.

The methodological gaps indicated that some studies were reliant on secondary data (Suzuki, 2023), qualitative research methods like semi-structured interviews (Eresia-Eke and Soriakumar, 2021), or were empirical reviews (Friesl et al., 2021). This study addressed this by using primary data collected through quantitative methods, specifically questionnaires, and employing a census approach, surveying the entire population of hospital employees.

While some studies used ordinary least squares regression (Onyegbula and Nwoye, 2023), this study employed multiple regression analysis, providing a more comprehensive examination of the relationships between variables. Waithira (2022) highlighted the need to look into the impact of organisational culture on strategy implementation. While Waithira's study focused on organisational culture, this study

expanded the scope by evaluating four key variables: organisational culture, resource allocation, organisational structure, and strategic communication.

The contextual gaps indicated focusing on broader aspects of strategic management, as seen in (Gulaid, 2024) and specific elements such as strategic alignment and resource availability (Onyegbula and Nwoye, 2023). This study narrowed its focus to strategy implementation, allowing for a more in-depth analysis of its influence on hospital performance. Additionally, some studies examined individual relationships between variables such as resource allocation and strategy implementation (Mapetere et al., 2023). This study aims to provide a more comprehensive framework by examining the interplay of organisational culture, resource allocation, organisational structure, and strategic communication in the context of strategy implementation and its impact on hospital performance.

In summary, the study addresses significant gaps in the existing literature by focusing on public hospitals in Liberia, using primary data and multiple regression analysis, examining different variables related to strategy implementation and focusing on the impact of strategy implementation on hospital performance.

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

The chapter discusses how the research data was collected and deduced information needed for analysis. It covered the sections that indicate the area of study, the number of participants, ethical issues, and how the data were collected by using specific methods.

3.2 Research Design

Research design refers to the overall strategy and structure a researcher uses to integrate the various components of a study in a coherent and logical way (Chu, 2024). It ensures that the research problem is effectively addressed and provides a blueprint for the collection, measurement, and analysis of data (Newhart & Patten, 2023). Common types of research design include descriptive, exploratory, explanatory (causal), experimental, and correlational designs (Creswell & Creswell, 2023). In this study, a descriptive research design was used. This design enabled the researcher to systematically describe and analyse the characteristics of the population, phenomena, or variables under investigation without manipulating the research environment.

3.3 Research Site

The research was carried out at JFKMC in Montserrado County, Liberia, chosen for being the largest national referral hospital with sufficient relevant information for the study. As Walliman (2022) noted, a study site is where research gathers its respondents. This study identified strategic initiatives employed by the health sector in Liberia. Previous studies and efforts in Liberia's healthcare sector often reference or rely on significant institutions like JFKMC for data and insights. By focusing on JFKMC, the study aligned with existing research, allowing for comparison and validation of findings, and filled gaps in current knowledge (Sternad & Power, 2023).

3.4 Target Population

Target population refers to the entire group of individuals, organisations, events, or objects that possess certain characteristics relevant to a particular research study and to whom the study's findings are intended to be generalised. This involves a group of individuals with factors of interest, thereby fulfilling the purpose of the research study

(Ledford & Gast, 2024). The target population comprised 214 employees of JFKMC liberia. This is outlined in Table 3.1.

Table 3.1 Target Population

Categories	Target Population	Percent
Senior Management Team	10	4.7
Supervisors	20	9.3
Head of Departments and Doctors	30	14.0
Healthcare Professionals	154	72.0
Total	**214**	**100.0**

Source: (JFKMC, 2024)

3.5 Study Sample and Sampling Procedure

The study sample determination and sampling procedure undertaken during the study are outlined below.

3.5.1 Sampling Procedure

Sampling entails selecting participants from a the target population who mirror the image of the population from which the participants were drawn (Aguinis, 2024). This study deployed the census method identify the respondents. The census method of sampling is a technique in which data is collected from every individual in a population rather than selecting a subset. This method ensures high accuracy and reliability since it accounts for all units, eliminating sampling errors. Census sampling was important here given that the population size was and detailed information was required. This approach allowed for quick and cost-effective data collection, especially in the busy healthcare environment.

3.5.2 Study Sample Size

Mackey and Gass (2022) noted that a sample is a part that represents the characteristics of the entire population. As highlighted in Table 3.1 above, the sample size was 214 employees of the medical on the entire target population.

3.6 Data Collection

This research collected primary data that was gathered using a questionnaire.

3.6.1 Data Collection Instruments

The research utilised structured questionnaires, incorporating both open-ended and closed-ended questions (Mallette & Duke, 2021). The questionnaires had a 5-point Likert scale (Flick, 2020). Additionally, the questionnaires were categorised as per the study objectives.

3.6.2 Pilot Testing of Research Instruments

Before data collection started, a pilot test was done to identify any potential errors in the instrument (Flick, 2020). Any issues found during the pilot test were corrected, and the questionnaires were adjusted accordingly before administration. The pilot study was conducted at Jackson F. Doe Memorial Regional Referral Hospital, which offers a comparable environment to JFKMC.

3.6.3 Instrument Reliability

Coe et al. (2021) noted that reliability is about the precision and accuracy of measuring procedures. The reliability of the research tool was assessed using the Cronbach coefficient, as determined by the model. SPSS software was used for the analysis process. As stated by Kothari, 2023), a high level of reliability for the constructs is indicated by a Cronbach alpha coefficient of 0.7 which was applied here.

3.6.4 Instrument Validity

Validity of the instrument refers to the ability of the tool to test what is expected of it (Chu, 2024). This study specifically delves into content validity, which covered all the research objectives. In this study, experts were asked to evaluate each item for relevance, clarity, and representativeness using a content validity index (CVI) approach. Items that were rated as unclear or irrelevant were revised or eliminated to improve the overall quality of the instrument.

3.6.5 Data Collection Procedure

Data collection started with obtaining approvals from Africa Nazarene University and the Liberian Ministry of Education. Additionally, authorisation from the human resources department at JFKMC was requested for and granted to allow data collection at the facillity. Ultimately, employees received questionnaires which were emailed as Google Forms customized for the purpose.

3.7 Data Processing and Analysis

This involved a test of regression analysis assumptions, descriptive statistical analysis and inferential statistical analysis.

3.7.1 Diagnostic Tests

A preliminary analysis is an initial assessment of data or information, serving as a foundation for a more in-depth investigation (Mallette & Duke, 2021). This first stage aims to identify patterns, trends, and key issues within the data, as well as to establish if sufficient information is available for a full analysis. During this stage, diagnostic tests were undertaken. The tests done were normality, linearity, multicollinearity, and heteroskedasticity(Newhart & Patten, 2023).

3.7.1.1 Normality Tests

In this study, a normality test was done to determine whether the data set resembles a normal distribution. The test results were visually represented to determine the presence of the bell-shaped normal curve (Chu, 2024). Moreover, residuals from a regression model should follow a normal distribution. This study evaluated normality by examining two key metrics, skewness and kurtosis, which measure the data's asymmetry and peakedness, respectively.

3.7.1.2 Linearity Tests

The linearity assumption posits that independent and dependent variables should exhibit a linear relationship prior to conducting any linear regression analysis. Fitting a linear model to nonlinear data can lead to misleading results (Walliman, 2022). Linearity was assessed using scatter plots, a graphical method to determine if the data points of two variables are symmetrically distributed around a diagonal line (Kothari, 2023).

3.7.1.3 Multicollinearity Tests.

In multivariate regression, the term "multicollinearity" refers to a situation where two or more predictor variables are highly linearly related, causing the standard errors for the coefficients to become significantly inflated (Kothari & Garg, 2019). This study used Variance Inflation Factors (VIF) to assess the degree of multicollinearity.

According to the results, if the VIF value is less than 10, there is no significant multicollinearity, which means serial multicollinearity does not affect the calculation of standard errors (Ledford & Gast, 2024).

3.7.1.4 Heteroscedasticity

Mackey and Gass (2022) noted that heteroscedasticity arises when the standard deviations of a predicted variable are not constant, potentially leading to incorrect computation of standard errors. This study used the Breusch-Pagan test to detect heteroscedasticity. According to the test's null hypothesis, the data is homoscedastic (no heteroscedasticity); thus, the study rejected the null hypothesis if the p-value is less than 0.05.

3.7.2 Descriptive Statistical Analysis

Descriptive statistical analysis is a core component of quantitative research, employing various statistical techniques to summarise and describe key attributes of a data set. This approach helps in understanding and interpreting data by highlighting patterns, trends, and relationships (Flick, 2020). The main purpose of descriptive statistics is to present data in a meaningful manner, enabling accurate conclusions and informed decision-making. Measures of central tendency, including mean, median, and mode, provide insights into the typical or average values within a data set. Additionally, measures of variability, such as range and standard deviation, helped assess the degree of dispersion or spread in the data.

3.7.3 Inferential Statistical Analysis

Inferential statistical analysis is an essential aspect of quantitative research, allowing researchers to make generalisations and draw conclusions about a population based on data from a sample. This analysis helps determine the likelihood that the findings are due to chance and estimate the margin of error in the results (Ponce et al., 2020). It also enables the testing of hypotheses and the making of predictions about the population using statistical models. This study used Pearson Correlation Analysis and multiple regression models to achieve these objectives.

3.7.3.1 Pearson Correlation Analysis

To determine the strength and direction of the linear relationship between two variables, Pearson's product-moment correlation was employed. This statistical technique calculates the correlation coefficient (r), which ranges from -1 to +1 (Creswell & Creswell, 2023). A value of -1 indicates a perfect negative correlation, +1 indicates a perfect positive correlation, and 0 signifies no correlation (Kothari, 2023). A positive correlation coefficient (r > 0) means that the two variables tend to move together in the same direction, while a negative coefficient (r < 0) implies that the variables tend to move in opposite directions. A value of 0 indicates no correlation between the variables.

3.7.3.2 Multiple Regression Analysis

Multiple regression analysis is a powerful statistical technique used to examine the relationship between one dependent variable and two or more independent variables. Analysing how multiple factors affect an outcome helps in understanding the combined impact of these factors and in predicting future outcomes.

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

Y ⇒ Organization Performance

β_0 ⇒ Organization Performance when $X_{1,2,3,4}$ values are zero

$\beta_{1,2,3,4}$ ⇒ Coefficients of the dependent variables

X_1 ⇒ Organization Culture

X_2 ⇒ Allocation of Resources

X_3 ⇒ Organizational structure

X_4 ⇒ Strategic Communication

E ⇒ error term.

3.8 Legal and Ethical Considerations

Ethics entails the standards that regulate moral decisions and interactions among individuals (Creswell & Creswell, 2023). The researcher communicated the study's benefits to participants without exaggerating. Deception was avoided, and respondents were fully informed about the study's truth. For informed consent, participants were made aware of all procedures involved. Their right to privacy was upheld, and their participation has been entirely voluntary, free from coercion. Additionally, this research

upheld the respondents' confidentiality given its academic nature, and no information has been disclosed to their competitors.

CHAPTER FOUR

DATA ANALYSIS AND FINDINGS

4.1 Introduction

This chapter presents the analysis of data and key findings on how strategy implementation affects the performance of public hospitals. It also outlines the response rate and demographic profile of the respondents. Additionally, it includes descriptive statistics, as well as correlation and regression analyses of the studied variables.

4.2 Response Rate

The study collected data through questionnaires distributed to top management, middle management, lower management, and support staff at JFKMC. Out of the 214 questionnaires administered, 203 were completed and returned. The response rate analysis is presented in Figure 4.1.

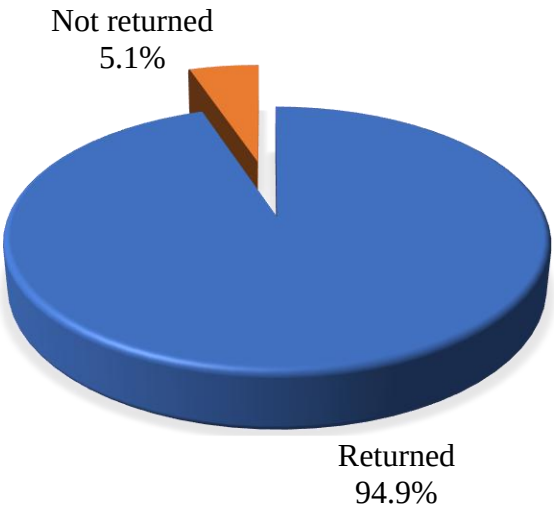


Figure 4.1 Response Rate **Source: Survey data 2025**

Figure 4.1 illustrates that 94.9% of the distributed questionnaires were returned and utilized for data analysis. This response rate was sufficient for the study, ensuring that the analysis could be conducted effectively using the collected data.

4.2.1 Reliability Analysis

The study assessed the reliability of four variables which were organizational culture, resource allocation, organizational structure, and strategic communication within

public hospitals in Liberia using Cronbach's Alpha. The analysis is presented in Table 4.1.

Table 4.1 Reliability Analysis

Variable	Cronbach's Alpha Coefficient	Number of Items	Decision
Organization Culture	0.614	6	Acceptable
Allocation of Resources	0.704	6	Acceptable
Organization Structure	0.865	6	Acceptable
Strategic Communication	0.713	6	Acceptable

Source: Survey data 2025

Table 4.1 indicates that Organisational Culture had a Cronbach's Alpha of 0.614, indicating an acceptable level of reliability. Although this score is modest, it meets the minimum threshold required for exploratory studies in the social sciences.

Allocation of Resources returned a reliability coefficient of 0.704, suggesting a good level of internal consistency among the items used to measure this construct. Organisational Structure had the highest Cronbach's Alpha value at 0.865, reflecting excellent internal consistency. This means the items used to measure this variable were strongly correlated and reliably represented the construct. Strategic Communication recorded a Cronbach's Alpha of 0.713, which is considered acceptable and indicative of good reliability. Overall, all four variables scored above the commonly accepted minimum threshold of 0.6.

4.3 Demographic Information

The respondents' demographic details encompassed gender, job position, years of experience, and educational background within the organization.

4.3.1 Gender of Respondents

The study analysed respondents' gender to assess its influence on the relationship between strategy implementation and the performance of public hospitals. The findings are presented in Figure 4.2.



Figure 4.2 Gender of Respondents Source: Survey data 2025

Figure 4.2 shows that 54.2% of the respondents were male, while 40.7% were female, participating in the study to examine the relationship between strategy implementation and the performance of public hospitals.

4.3.2 Position Held in the Organisation

The study evaluated how the respondents' organisational roles categorised as top management, middle and lower management, and supporting staff affected the relationship between strategy implementation and the performance of public hospitals. The results are displayed in Figure 4.3.

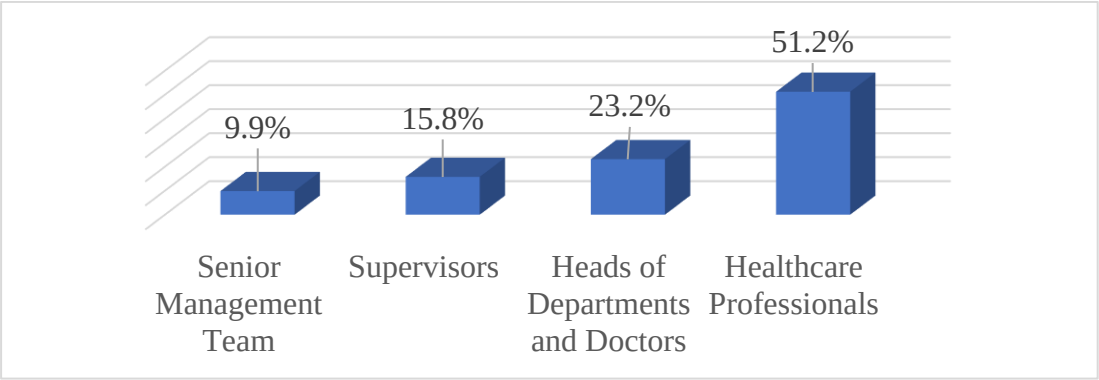


Figure 4.3 Position Held in the Organization Source: Survey data 2025

Figure 4.3 reveals that 51.2% of the respondents who participated in the study on the influence of strategy implementation on the performance of public hospitals in Liberia were Healthcare Professionals. Additionally, 9.9% were from the Senior Management Team, while 15.8% and 23.2% were from Supervisors and Heads of Departments and Doctors, respectively. This indicates that the majority of respondents were Healthcare Professionals.

4.3.3 Number of Years Worked in the Organisation

The study also aimed to assess whether the number of years respondents had worked in the organisation influenced their participation in understanding how strategy

implementation affects the performance of public hospitals in Liberia. The results are presented in Figure 4.4.

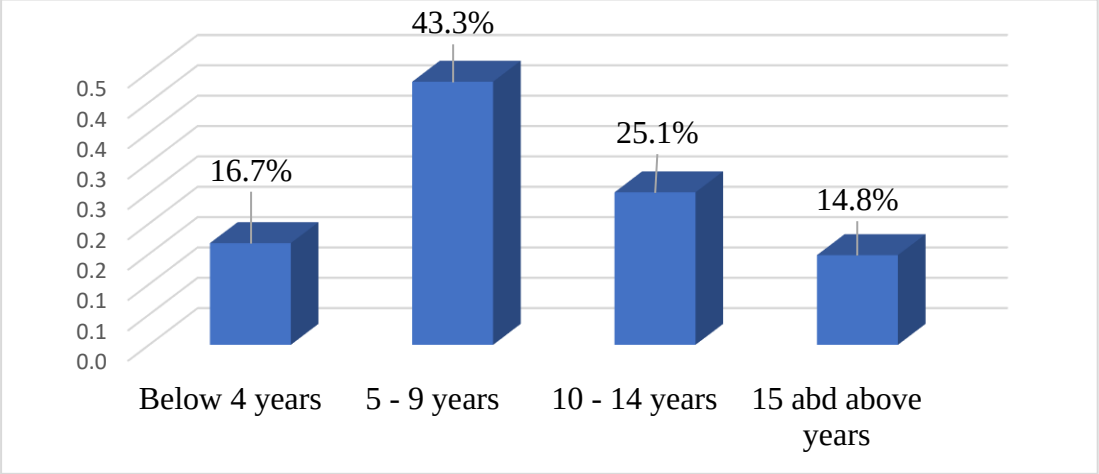


Figure 4.3 Number of Years Worked in the Organization Source: Survey data 2025

Figure 4.4 shows that 16.7% of the respondents who participated in the study on the influence of strategy implementation on the performance of public hospitals in Liberia had worked at the hospital for less than 4 years. Additionally, 43.3% had been employed for 5 to 9 years, while 25.1% had worked for 10 to 14 years. Furthermore, 46.8% had been with the hospital for more than 15 years. This indicates that the majority of respondents had worked at the organization for more than 5 years.

4.3.4 Level of Education of the Respondents

The research also examined whether the respondents' level of education had a significant impact on the influence of strategy implementation on the performance of public hospitals in Liberia. Education levels were categorised from diploma to PhD. The results are presented in Figure 4.3.

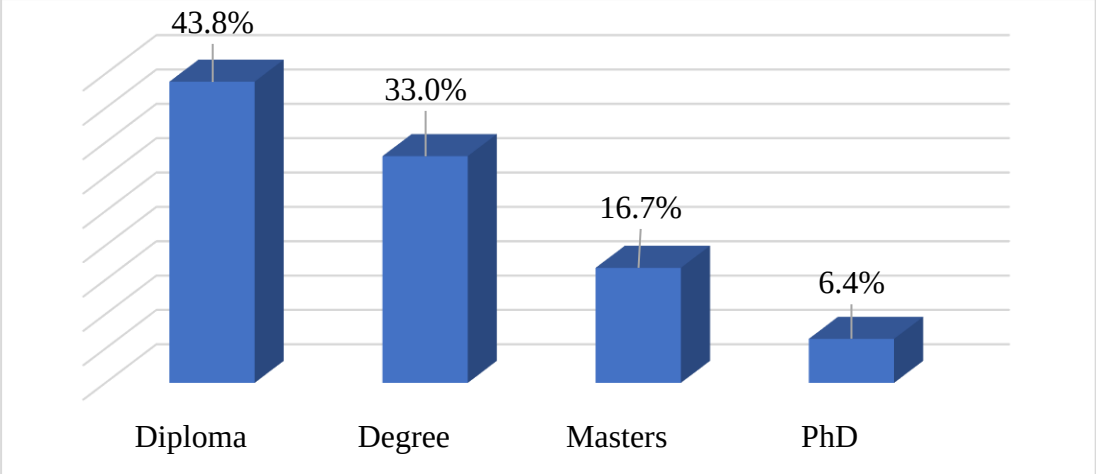


Figure 4.5 Level of Education of the Respondents **Source: Survey data 2025**

From Figure 4.5, it can be observed that 43.8% of the respondents had a diploma-level education. Furthermore, 33.0% of the participants in the study on strategy implementation and the performance of public hospitals in Liberia held a degree. Additionally, 16.7% had a master's degree, while 6.4% possessed a doctoral degree. The majority of respondents had a diploma-level education, accounting for 43.8%.

4.4 Descriptive Strategy Implementation and Organisation Performance Analysis

This research sought to investigate the influence of strategy implementation on the organisational performance of public hospitals. In the following section, descriptive analyses of organisational culture, allocation of resources, organisational structure alignment and strategic communication on the performance of public hospitals in Kenya were presented as follows.

4.4.1 Organisational Culture

The study analysed the influence of organisational culture on the performance of public hospitals in Liberia. Responses were assessed using a Likert scale, which included: strongly disagree (SD), disagree (D), neutral (N), agree (A), and strongly agree (SA), along with mean (μ) and standard deviation (δ). The results are presented in Table 4.2.

Table 4.2 Descriptive Results on Organisational Culture

Organization culture		SD	D	N	A	SA	μ	Δ
Organisational norms influence organisational performance	%	10.3	27.6	17.7	19.7	24.6	3.21	1.36
	Freq	21	56	36	40	50		
Organisational values influence organisational performance	%	35.5	8.9	15.3	22.7	17.7	2.78	1.55
	Freq	72	18	31	46	36		
Organisational beliefs influence organisational performance	%	46.3	8.9	17.7	8.4	18.7	2.44	1.57
	Freq	94	18	36	17	38		
Culture has a significant impact on strategic management	%	15.8	14.8	26.6	9.4	33.5	2.50	1.08
	Freq	32	30	54	19	68		
Organizations use a logical implementation style in their program implementation	%	19.2	3.4	39.4	21.2	16.7	2.81	1.07
	Freq	39	7	80	43	34		
Orientations towards strategic culture influence organisational performance	%	14.8	34.5	19.7	23.2	7.9	2.71	1.19
	Freq	30	70	40	47	16		
Composite mean and standard deviation							**2.74**	**1.30**

Source: Survey data 2025

Table 4.2 shows that the first statement on whether organizational norms influence organization performance, out of 203 respondents who participated in the study, 50(24.6%) of respondents strongly agreed with the statement, 40(19.7%) agreed, 21(10.3%) strongly disagreed, 56(27.6%) disagreed while 36(17.7%) were neutral. This finding showed that 77(37.9%) respondents agreed with the statement, 90(44.3%) disagreed with the statement, while 36(17.7%) were neutral. This construct had a mean of 3.21 and a standard deviation of 1.36, which is higher than the composite means of 2.74 with a standard deviation of 1.30, implying that the statement positively influenced the performance of public hospitals.

Responding to the second statement on how organizational values influence organization performance, out of the 203 study respondents, 36(17.7%) of respondents strongly agreed with the statement, 46(22.7%) agreed, 72(35.5%) strongly disagreed, 18(8.9%) disagreed while 31(15.3%) were neutral. This finding showed that 82(40.4%) respondents agreed with the statement, 90(44.4%) disagreed with the statement, while 31(15.3%) were neutral. This construct had a mean of 2.78 and a standard deviation of

1.55, which is higher than the composite mean of 2.74 with a standard deviation of 1.30, implying that the statement positively influenced the performance of public hospitals.

On the third statement of whether organizational beliefs influenced organization performance, of 203 study respondents, 38(18.7%) respondents strongly agreed with the statement, 17(8.4%) agreed, 94(46.3%) strongly disagreed, 18(8.9%) disagreed while 36(17.7%) were neutral. This finding revealed that 55(27.1%) respondents agreed with the statement, 115(55.2%) disagreed with the statement, and 36(17.7%) were neutral. This construct had a mean of 2.44 and a standard deviation of 1.57, which is lower than the composite mean of 2.74 with a standard deviation of 1.30, implying that the statement negatively influenced the performance of public hospitals.

Moreover, the fourth statement on whether culture had a significant impact on strategic management, out of 203 respondents who participated in the study, 68(33.5%) of respondents strongly agreed with the statement, 19(9.4%) agreed, 32(15.8%) strongly disagreed, 30(14.8%) disagreed while 54(26.6%) were neutral. This finding indicated that 87(42.9%) respondents agreed with the statement, 62(30.6%) disagreed with the statement, while 54(26.6%) were neutral. This construct had a mean of 2.50 and a standard deviation of 1.08, which is lower than the composite means of 2.74 with a standard deviation of 1.30, implying that the statement negatively influenced the performance of public hospitals.

Further, the fifth statement on whether organizations use a logical implementation style in their program implementation, out of 203 respondents who participated in the study, 34(16.7%) of respondents strongly agreed with the statement, 43(21.2%) agreed, 39(19.2%) strongly disagreed, 7(3.4%) disagreed while 80(39.4%) were neutral. This finding showed that 77(37.9%) respondents agreed with the statement, 46(22.6%) disagreed with the statement, and 80(39.4%) were neutral. This construct had a mean of 2.81 and a standard deviation of 1.07, which is higher than the composite mean of 2.74 with a standard deviation of 1.30, implying that the statement positively influenced the performance of public hospitals.

The final statement on organization structure was whether orientations towards strategic culture influence organization performance, out of 203 respondents who participated in the study, 16(7.9%) of respondents strongly agreed with the statement, 47(23.2%) agreed, 30(14.8%) strongly disagreed, 70(34.5%) disagreed while

40(19.7%) were neutral. This finding showed that 63(31.1%) respondents agreed with the statement, 100(49.5%) disagreed with the statement, while 40(19.7%) were neutral. This construct had a mean of 2.71 and a standard deviation of 1.19, which is lower than the composite mean of 2.74 with a standard deviation of 1.30, implying that the statement negatively influenced the performance of public hospitals.

The study findings were that respondents revealed that organisational norms influenced organisational performance. In addition, the study findings revealed that organisational values and beliefs influenced organisational performance. Finally, the study found that culture had a significant impact on strategic management, organisations used a logical implementation style in their program implementation and orientations towards strategic culture influenced organization performance.

4.4.2 Allocation of Resources

The study sought to investigate the influence of the allocation of resources on the performance of public hospitals in Liberia. Further, the responses were analysed from the Likert scale: strongly disagree (SD); disagree (D); neutral (N); agree (A); strongly agree (SA); mean (μ) and standard deviation (δ). The results were indicated in the table 4.3.

Table 4.3 Descriptive Results on Allocation of Resources

Allocation of Resources		SD%	D%	N%	A%	SA%	μ	Δ
Financial resource allocation influences an organisation's performance	%	19.7	9.9	39.4	22.2	8.9	2.91	1.21
	Freq	40	20	80	45	18		
Influence of human resource allocation on organisational performance	%	22.7	41.4	8.9	9.4	17.7	2.58	1.40
	Freq	46	84	18	19	36		
Capital resource allocation influences organisational performance	%	28.6	14.3	36.5	5.9	14.8	2.64	1.35
	Freq	58	29	74	12	30		
Adequate resource allocation for strategy implementation	%	23.2	41.4	8.9	10.3	16.3	2.55	1.38
	Freq	47	84	18	21	33		
Influence of technological resource allocation on organisational performance	%	8.9	13.8	31.5	20.7	25.1	3.39	1.25
	Freq	18	28	64	42	51		
Lack of strategy execution is influenced by resource allocation	%	24.1	17.7	20.7	11.8	25.6	2.97	1.52
	Freq	49	36	42	24	52		
Composite mean and standard deviation							**2.84**	**1.35**

Source: Survey data 2025

Table 4.3 show that the first statement on whether financial resources allocation influenced hospital performance, out of 203 respondents who participated in the study, 18(8.9%) of respondents strongly agreed with the statement, 45(22.2%) agreed, 40(19.7%) strongly disagreed, 20(9.9%) disagreed while 80(39.4%) were neutral. This finding showed that 63(31.1%) respondents agreed with the statement, 60(29.6%) disagreed with the statement, while 80(39.4%) were neutral. This construct had a mean of 2.91 and a standard deviation of 1.21, which is lower than the composite mean of 2.84 with a standard deviation of 1.35, implying that the statement negatively influenced the performance of public hospitals.

Regarding the second statement on the influence of human resource allocation on organization performance, out of 203 respondents who participated in the study, 36(17.7%) of respondents strongly agreed with the statement, 19(9.4%) agreed,

46(22.7%) strongly disagreed, 84(41.4%) disagreed while 18(8.9%) were neutral. This finding showed that 55(27.1%) respondents agreed with the statement, 130(64.1%) disagreed with the statement, while 18(8.9%) were neutral. This construct had a mean of 2.58 and a standard deviation of 1.40, which is lower than the composite mean of 2.84 with a standard deviation of 1.35, implying that the statement negatively influenced the performance of public hospitals.

Additionally, on the third statement whether capital resources allocation influences organization performance, out of 203 respondents who participated in the study, 30(14.8%) of respondents strongly agreed with the statement, 12(5.9%) agreed, 58(28.6%) strongly disagreed, 29(14.3%) disagreed while 74(36.5%) were neutral. This finding revealed that 42(20.7%) respondents agreed with the statement, 87(42.9%) disagreed with the statement, while 74(36.5%) were neutral. This construct had a mean of 2.64 and a standard deviation of 1.35, which is lower than the composite mean of 2.84 with a standard deviation of 1.35, implying that the statement negatively influenced the performance of public hospitals.

Moreover, the fourth statement on whether adequate resource allocation for strategy implementation, out of 203 respondents who participated in the study, 33(16.3%) of respondents strongly agreed with the statement, 21(10.3%) agreed, 47(23.2%) strongly disagreed, 84(41.4%) disagreed while 18(8.9%) were neutral. This finding indicated that 54(26.6 %) respondents agreed with the statement, 131(64.6 %) disagreed with the statement, while 18(8.9%) were neutral. This construct had a mean of 2.55 and a standard deviation of 1.38, which is lower than the composite mean of 2.84 with a standard deviation of 1.35, implying that the statement negatively influenced the performance of public hospitals.

Further, the fifth statement on the influence of technological resource allocation on organization performance, out of 203 respondents who participated in the study, 51(25.1%) of respondents strongly agreed with the statement, 42(20.7%) agreed, 18(8.9%) strongly disagreed, 28(13.8%) disagreed while 64(31.5%) were neutral. This finding showed that 93(45.8 %) respondents agreed with the statement, 46(22.7%) disagreed with the statement, while 64(31.5%) were neutral. This construct had a mean of 3.39 and a standard deviation of 1.25, which is higher than the composite mean of 2.84 with a standard deviation of 1.35, implying that the statement positively influenced

the performance of public hospitals.

The final statement was on whether lack of strategy execution is influenced by resource allocation, out of 203 respondents who participated in the study, 52(25.6%) respondents strongly agreed with the statement, 24(11.8%) agreed, 49(24.1%) strongly disagreed, 36(17.7%) disagreed while 42(20.7%) were neutral. This finding showed that 76(37.4 %) respondents agreed with the statement, 85(41.8 %) disagreed with the statement, while 42(20.7%) were neutral. This construct had a mean of 2.97 and a standard deviation of 1.52, which is higher than the composite mean of 2.84 with a standard deviation of 1.50, implying that the statement positively influenced the performance of public hospitals.

The findings revealed that financial resource allocation influenced organization performance and human resource allocation influenced public hospital performance. In addition, the study results showed that capital resource allocation influenced public hospital performance. Moreover, adequate resource allocation influenced strategy implementation, technological resource allocation influenced public hospital performance and lack of strategy execution was influenced by resource allocation.

4.4.3 Organisational Structure Alignment

The study sought to investigate the influence of organisational structure alignment and the performance of public hospitals in Liberia. Further, the responses were analysed from the Likert scale: strongly disagree (SD); disagree (D); neutral (N); agree (A); strongly agree (SA); mean (μ) and standard deviation (δ). The results were indicated in the table 4.4.

Table 4.4 Descriptive Results on Beneficiaries' Engagement

Beneficiaries Engagement		SD	D	N	A	SA	μ	δ	
Roles assigned to individuals during strategy implementation influence an organisation's performance	%	17.7	9.4	23.2	27.1	22.7	3.28		1.38
	Freq	36	19	47	55	46			
Responsibilities assigned to individuals during strategy implementation influence the organisation's performance	%	36.5	22.7	13.8	8.9	18.2	2.50		1.50
	Freq	74	46	28	18	37			
Working in departments during strategy implementation influences organisational performance	%	15.8	20.7	34	17.7	11.8	2.89		1.22
	Freq	32	42	69	36	24			
Working as a team during strategy implementation influences organisational performance	%	8.9	27.6	34.5	19.7	9.4	2.93		1.10
	Freq	18	56	70	40	19			
The scope of control during strategy implementation influences the organisation's performance	%	16.7	33	7.4	24.6	18.2	2.95		1.41
	Freq	34	67	15	50	37			
Organisational structure affects the execution of strategies	%	15.8	19.7	22.7	29.6	12.3	3.03		1.27
	Freq	32	40	46	60	25			
Composite mean and standard deviation							**2.93**		**1.31**

Source: Survey data 2025

From Table 4.4 the first statement on whether roles assigned to individuals during strategy implementation influence organization performance, out of 203 respondents who participated in the study, 46(22.7%) of respondents strongly agreed with the statement, 55(27.1%) agreed, 36(17.7%) strongly disagreed, 19(9.4%) disagreed while 47(23.2%) were neutral. This finding showed that 101(49.8%) respondents agreed with the statement, 55(27.1%) disagreed with the statement, while 47(23.2%) were neutral. This construct had a mean of 3.28 and a standard deviation of 1.38, which is higher

than the composite mean of 2.93 with a standard deviation of 1.31, implying that the statement positively influenced the performance of public hospitals.

Regarding the second statement on the responsibilities assigned to individuals during strategy implementation influence organization performance, out of 203 respondents who participated in the study, 37(18.2%) of respondents strongly agreed with the statement, 18(8.9%) agreed, 74(36.5%) strongly disagreed, 46(22.7%) disagreed while 28(13.8%) were neutral. This finding showed that 55(27.1%) respondents agreed with the statement, 120(59.2 %) disagreed with the statement, while 28(13.8%) were neutral. This construct had a mean of 2.50 and a standard deviation of 1.50, which is lower than the composite mean of 2.84 with a standard deviation of 1.35, implying that the statement negatively influenced the performance of public hospitals.

Additionally, on the third statement whether working as departments during strategy implementation influences organization performance, out of 203 respondents who participated in the study, 24(11.8%) of respondents strongly agreed with the statement, 36(17.7%) agreed, 32(15.8%) strongly disagreed, 42(20.7%) disagreed while 69(34.0%) were neutral. This finding revealed that 60(29.5 %) respondents agreed with the statement, 74(36.5 %) disagreed with the statement, while 69(34.0%) were neutral. This construct had a mean of 2.89 and a standard deviation of 1.22, which is lower than the composite mean of 2.93 with a standard deviation of 1.31, implying that the statement negatively influenced the performance of public hospitals.

Moreover, regarding the fourth statement on whether working as a team during strategy implementation influences organisational performance, out of 203 respondents who participated in the study, 19(9.4%) of respondents strongly agreed with the statement, 40(19.7%) agreed, 18(8.9%) strongly disagreed, 56(27.6%) disagreed while 70(34.5%) were neutral. This finding indicated that 59(29.1%) respondents agreed with the statement, 74(36.5%) disagreed with the statement, while 70(34.5%) were neutral. This construct had a mean of 2.9.3 and a standard deviation of 1.10, which is equal to the composite mean of 2.93 with a standard deviation of 1.31, implying that the statement neutrally influenced the performance of public hospitals.

Further, the fifth statement on the scope of control during strategy implementation influences organization performance, out of 203 respondents who participated in the study, 37(18.2%) of respondents strongly agreed with the statement, 50(24.6%) agreed, 34(16.7%) strongly disagreed, 67(33.0%) disagreed while 15(7.4%) were neutral. This finding showed that 87(42.8%) respondents agreed with the statement, 101(49.7%)

disagreed with the statement, while 15(7.4%) were neutral. This construct had a mean of 2.95 and a standard deviation of 1.41, which is higher than the composite mean of 2.93 with a standard deviation of 1.31, implying that the statement positively influenced the performance of public hospitals.

The final statement was on whether organizational structure affects the execution of strategies, out of 203 respondents who participated in the study, 25(12.3%) of respondents strongly agreed with the statement, 60(29.6%) agreed, 32(15.8%) strongly disagreed, 40(19.7%) disagreed while 46(22.7%) were neutral. This finding showed that 85(41.9 %) respondents agreed with the statement, 72(35.5%) disagreed with the statement, while 46(22.7%) were neutral. This construct had a mean of 3.03 and a standard deviation of 1.27, which is higher than the composite mean of 2.93 with a standard deviation of 1.31, implying that the statement positively influenced the performance of public hospitals.

The findings revealed that roles assigned to individuals during strategy implementation influenced public hospital performance. In addition, the study results showed that working in departments and teams during strategy implementation influenced public hospital performance. Moreover, the scope of control during strategy implementation and organisational structure affected the execution of strategies that influenced public hospital performance.

4.4.4 Strategic Communication

The research sought to evaluate the influence of strategic communication and the performance of public hospitals in Liberia. Further, the responses were analysed from the Likert scale: strongly disagree (SD); disagree (D); neutral (N); agree (A); strongly agree (SA); mean (μ) and standard deviation (δ). The results were as indicated in the table 4.5.

Table 4.5 Descriptive Results on Strategic Communication

Strategic Communication		SD	D	N	A	SA	μ	δ
Clear-line communication during strategy implementation influences organization performance.	%	22.7	6.9	15.8	45.8	8.9	3.11	1.34
	Freq	46	14	32	93	18		
Adopting top-down communication during strategy implementation influences the organisation's performance	%	3	10.8	27.6	15.8	42.9	3.85	1.18
	Freq	6	22	56	32	87		
The use of bottom-up communication during strategy implementation influences organisational performance	%	6.9	21.2	30	10.3	31.5	3.38	1.31
	Freq	14	43	61	21	64		
The speed of feedback in communication during strategy implementation influences organisational performance	%	8.9	15.8	20.7	9.4	45.3	2.21	1.34
	Freq	18	32	42	19	92		
The credibility of communication during strategy implementation influences an organisation's performance	%	9.4	31.5	14.8	17.7	26.6	2.52	1.31
	Freq	19	64	30	36	54		
Coordinated communication influences strategy implementation.	%	8.9	16.7	52.2	5.9	16.3	3.04	1.11
	Freq	18	34	106	12	33		
Composite mean and standard deviation							**3.02**	**1.26**

Source: Survey data 2025

Table 4.5 show that the first statement on whether clear line communication during strategy implementation influences public hospital performance, out of 203 respondents

who participated in the study, 18(8.9%) of respondents strongly agreed with the statement, 93(45.8%) agreed, 46(22.7%) strongly disagreed, 14(6.9%) disagreed while 32(15.8%) were neutral. This finding showed that 111(54.7%) respondents agreed with the statement, 60(29.6%) disagreed with the statement, while 32(15.8%) were neutral. This construct had a mean of 3.11 and a standard deviation of 1.34, which is higher than the composite mean of 3.02 with a standard deviation of 1.26, implying that the statement positively influenced the performance of public hospitals.

Regarding the second statement on the adopting top-bottom communication during strategy implementation influence organization performance, out of 203 respondents who participated in the study, 87(42.9%) of respondents strongly agreed with the statement, 32(15.8%) agreed, 6(3.0%) strongly disagreed, 22(10.8%) disagreed while 56(27.6%) were neutral. This finding showed that 119(58.7%) respondents agreed with the statement, 28(13.8 %) disagreed with the statement, while 56(27.6%) were neutral. This construct had a mean of 3.85 and a standard deviation of 1.18, which is higher than the composite mean of 3.02 with a standard deviation of 1.26, implying that the statement positively influenced the performance of public hospitals.

Additionally, on the third statement whether the use of bottom-up communication during strategy implementation influences organization performance, out of 203 respondents who participated in the study, 64(31.5%) of respondents strongly agreed with the statement, 21(10.3%) agreed, 14(6.9%) strongly disagreed, 43(21.2%) disagreed while 61(30.0%) were neutral. This finding revealed that 85(41.8%) of respondents agreed with the statement, 57(28.1%) disagreed with the statement, while 61(30.0%) were neutral. This construct had a mean of 3.38 and a standard deviation of 1.31, which is higher than the composite mean of 3.02 with a standard deviation of 1.26, implying that the statement positively influenced the performance of public hospitals.

Moreover, the fourth statement on the speed of feedback in communication during strategy implementation influences organization performance, out of 203 respondents who participated in the study, 95(45.3%) of respondents strongly agreed with the statement, 19(9.4%) agreed, 18(8.9%) strongly disagreed, 32(15.8%) disagreed while 42(20.7%) were neutral. This finding indicated that 111(54.7%) respondents agreed with the statement, 50(24.7%) disagreed with the statement, while 42(20.7%) were neutral. This construct had a mean of 2.21 and a standard deviation of 1.34, which is lower than the composite mean of 3.02 with a standard deviation of 1.26, implying that

the statement negatively influenced the performance of public hospitals.

Further, the fifth statement on the credibility of communication during strategy implementation influences organization performance, out of 203 respondents who participated in the study, 54(26.6%) of respondents strongly agreed with the statement, 36(17.7%) agreed, 19(9.4%) strongly disagreed, 64(31.5%) disagreed while 30(14.8%) were neutral. This finding showed that 90(44.3%) respondents agreed with the statement, 83(40.9 %) disagreed with the statement, while 30(14.8%) were neutral. This construct had a mean of 2.52 and a standard deviation of 1.31, which is lower than the composite mean of 3.02 with a standard deviation of 1.26, implying that the statement negatively influenced the performance of public hospitals.

The final statement was on whether coordinated communication influence strategy implementation, out of 203 respondents who participated in the study, 33(16.3%) of respondents strongly agreed with the statement, 12(5.9%) agreed, 18(8.9%) strongly disagreed, 34(16.7%) disagreed while 106(52.2%) were neutral. This finding showed that 45(22.2 %) respondents agreed with the statement, 52(25.6%) disagreed with the statement, while 106(52.2%) were neutral. This construct had a mean of 3.04 and a standard deviation of 1.11, which is higher than the composite mean of 3.02 with a standard deviation of 1.26, implying that the statement positively influenced the performance of public hospitals.

The findings revealed that adopting top-down communication during strategy implementation and clear-line communication during strategy implementation influenced public hospital performance. In addition, the study results were that the use of bottom-up communication during strategy implementation influenced public hospital performance. Moreover, the speed of feedback in communication during strategy implementation and the credibility of communication during strategy implementation influenced public hospital performance.

4.4.5 Performance of Public Hospitals

The study analysed performance of public hospitals in Liberia. Responses were assessed using a Likert scale, which included: strongly disagree (SD), disagree (D), neutral (N), agree (A), and strongly agree (SA), along with mean (μ) and standard deviation (δ). The results are presented in Table 4.6.

Table 4.6 Descriptive Results on Performance of Public Hospitals

Performance		SD	D	N	A	SA	μ	δ
Strategy implementation positively impacts the organisation's financial performance	%	4.4	3.0	10.3	33.5	48.8	4.64	0.482
	Freq	9	6	21	68	99		
Strategy implementation leads to increased efficiency in organisational processes	%	4.4	3.0	10.3	33.5	48.8	3.50	0.817
	Freq	9	6	21	68	99		
Strategy implementation enhances employee engagement and motivation	%	6.9	5.4	14.8	33.5	39.4	2.93	1.371
	Freq	14	11	30	68	80		
Strategy implementation contributes to improved patient satisfaction	%	8.9	6.9	14.8	35.0	34.5	3.98	1.090
	Freq	18	14	30	71	70		
Strategy implementation positively influence the overall organization performance	%	2.5	9.9	17.2	32.0	38.4	4.32	0.901
	Freq	5	20	35	65	78		
Strategy implementation impacts the provision of healthcare services	%	8.4	4.4	10.8	29.6	46.8	3.47	1.078
	Freq	17	9	22	60	95		
Composite mean and standard deviation							**3.80**	**0.956**

Source: Survey data 2025

Table 4.6 indicated that on the first statement Strategy implementation positively impacts the organization's financial performance: Out of 203 respondents who participated in the study, 99 (48.8%) strongly agreed with the statement, 68 (33.5%) agreed, 21 (10.3%) were neutral, 6 (3.0%) disagreed, and 9 (4.4%) strongly disagreed. This finding showed that 167 (82.3%) respondents agreed with the statement, 15 (7.4%) disagreed with the statement, while 21 (10.3%) were neutral. This construct had a mean of 4.64 and a standard deviation of 0.482, which is higher than the composite mean of

3.80 with a standard deviation of 0.956, implying that the statement positively influenced the financial performance of public hospitals.

On whether strategy implementation leads to increased efficiency in organisational processes, 99 (48.8%) respondents who participated in the study strongly agreed with the statement, 68 (33.5%) agreed, 21 (10.3%) were neutral, 6 (3.0%) disagreed, and 9 (4.4%) strongly disagreed. This finding showed that 167 (82.3%) respondents agreed with the statement, 15 (7.4%) disagreed with the statement, while 21 (10.3%) were neutral. This construct had a mean of 3.50 and a standard deviation of 0.817, which is lower than the composite mean of 3.80 with a standard deviation of 0.956, implying that the statement negatively influenced the efficiency of organisational processes in public hospitals.

On whether strategy implementation enhances employee engagement and motivation, 80 (39.4%) of respondents who participated in the study strongly agreed with the statement, 68 (33.5%) agreed, 30 (14.8%) were neutral, 11 (5.4%) disagreed, and 14 (6.9%) strongly disagreed. This finding showed that 148 (72.9%) respondents agreed with the statement, 25 (12.3%) disagreed with the statement, while 30 (14.8%) were neutral. This construct had a mean of 2.93 and a standard deviation of 1.371, which is lower than the composite mean of 3.80 with a standard deviation of 0.956, implying that the statement negatively influenced employee engagement and motivation in public hospitals.

Strategy implementation contributes to improved patient satisfaction: respondents who participated in the study, 70 (34.5%) strongly agreed with the statement, 71 (35.0%) agreed, 30 (14.8%) were neutral, 14 (6.9%) disagreed, and 18 (8.9%) strongly disagreed. This finding showed that 141 (69.5%) respondents agreed with the statement, 32 (15.8%) disagreed with the statement, while 30 (14.8%) were neutral. This construct had a mean of 3.98 and a standard deviation of 1.090, which is higher than the composite mean of 3.80 with a standard deviation of 0.956, implying that the statement positively influenced patient satisfaction in public hospitals.

Strategy implementation positively influences the overall organisation performance: respondents who participated in the study, 78 (38.4%) strongly agreed with the statement, 65 (32.0%) agreed, 35 (17.2%) were neutral, 20 (9.9%) disagreed, and 5 (2.5%) strongly disagreed. This finding showed that 143 (70.4%) respondents agreed

with the statement, 25 (12.4%) disagreed with the statement, while 35 (17.2%) were neutral. This construct had a mean of 4.32 and a standard deviation of 0.901, which is higher than the composite mean of 3.80 with a standard deviation of 0.956, implying that the statement positively influenced the overall performance of public hospitals.
Strategy implementation impacts the provision of healthcare services: respondents who participated in the study, 95 (46.8%) strongly agreed with the statement, 60 (29.6%) agreed, 22 (10.8%) were neutral, 9 (4.4%) disagreed, and 17 (8.4%) strongly disagreed. This finding showed that 155 (76.4%) respondents agreed with the statement, 26 (12.8%) disagreed with the statement, while 22 (10.8%) were neutral. This construct had a mean of 3.47 and a standard deviation of 1.078, which is lower than the composite mean of 3.80 with a standard deviation of 0.956, implying that the statement negatively influenced the provision of healthcare services in public hospitals.

The analysis reveals that Statement 1, which addresses the positive impact of strategy implementation on financial performance, Statement 4, which relates to the improvement of patient satisfaction, and Statement 5, concerning the overall organisational performance, all showed positive influences, as their mean scores were higher than the composite mean. On the other hand, Statement 2, which focuses on efficiency, Statement 3, which discusses employee engagement, and Statement 6, which pertains to healthcare service provision, all showed negative influences, as their mean scores were lower than the composite mean.

4.5 Diagnostic test Analysis results

The results of the diagnostic tests of normality, linearity, heteroscedasticity and multicollinearity run were reported.

4.5.1 Normality Test

Skewness should be close to 0, which is within the range of -1 to 1 for approximate normality. On the other hand, Kurtosis should be close to 0 (values between -1 and 1 are generally acceptable). However, if Skewness or Kurtosis values exceed ±1, it indicates a departure from normality.

Table 4.7 Normality Test

	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Organization culture	203	.955	.171	-.040	.340
Allocation of resources	203	.098	.171	-.486	.340
Organization structure	203	.063	.171	-.086	.340
Strategic communication	203	.836	.171	-.331	.340
Valid N (listwise)	203				

Source: Survey data 2025

From Table 4.7, for organisation culture, the skewness is 0.955, which is within the acceptable range of -1 to 1, as the data is moderately skewed to the right, and Kurtosis is negative 0.040, which is close to 0, indicating that the distribution has a near-normal peak. On allocation of resources, the skewness is 0.098, very close to 0; thus data is nearly symmetric, and Kurtosis, negative 0.486, is within the acceptable range; hence, the distribution is slightly flatter than normal but still acceptable. Further, on organisation structure, the skewness is 0.063, very close to 0, thus data is almost perfectly symmetric, and Kurtosis negative 0.086, indicating a slightly flatter distribution than normal. Lastly, on strategic communication skewness is 0.836, which is within the acceptable range as the data is moderately skewed to the right and Kurtosis negative 0.331, which is within the acceptable range as the distribution has a near-normal peak.

4.5.2 Linearity Test

Linearity was tested using scatter plots. The results of the plots were as shown in the figure 4.4.

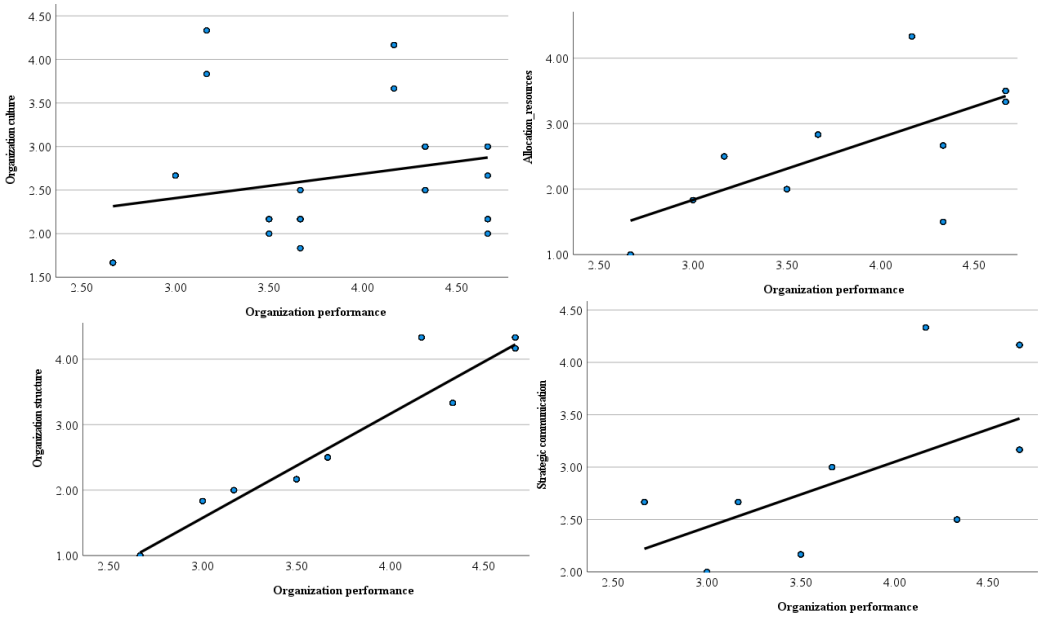


Figure 4. 4 Analyses of the Linearity Test Source: Survey data 2025

The figure 4.4 is shows that the plotted regression line has a slight upward slope, indicating a weak positive relationship between organization culture and organization performance, and that the spread of data points suggests that other variables might play a significant role in determining organisational performance. Further, the regression line has a clear upward slope, indicating a strong positive relationship between allocation of resources and organisational performance, since the data points are somewhat scattered but still follow the trend line, indicating a moderate to strong relationship.

Similarly, the regression line has a steep upward slope, indicating a strong positive relationship between organisational structure and organisational performance. Also, the data points are closely clustered around the regression line, which suggests a very strong linear relationship. Finally, the regression line slopes upward, indicating a positive relationship between strategic communication and organisational performance. The data points are not tightly clustered around the regression line, suggesting a weaker correlation compared to other predictors, for instance, organisation structure.

4.5.3 Multicollinearity Tests

Collinearity diagnostics assessed whether predictor variables in a regression model were highly correlated, which can distort the model's accuracy. The two key indicators were: Tolerance (should be above 0.1) and Variance Inflation Factor (VIF) (should be below 10). The results are indicated in Table 4.8.

Table 4.8 Collinearity Statistics

	Tolerance	VIF
Organization culture	.704	1.421
Allocation of resources	.204	4.912
Organization structure	.327	3.057
Strategic communication	.337	2.972
a. Dependent Variable: Organisational performance		

Table 4.8 indicated that organization culture tolerance was 0.704, which was high; thus, there was no multicollinearity concern, and a VIF of 1.421 was acceptable. Further, on allocation of resources had a tolerance of 0.204, which is low, indicating moderate concern for collinearity. However, the VIF of 4.912 was moderate collinearity but still below the critical threshold of 10. Moreover, the organisation structure has a tolerance of 0.327, and a VIF of 3.057 indicates that collinearity is moderate but not critical. Finally, on strategic communication, a tolerance of 0.337 and VIF of 2.972 showed that no collinearity issue.

4.5.4 Heteroscedasticity

Heteroskedasticity occurs when the variance of errors in a regression model is not constant, which can affect the reliability of statistical inferences. Two common tests for heteroskedasticity are the Breusch-Pagan Test and the White Test, as indicated in Table 4.9.

Table 4.9 Analyses of Heteroscedasticity

	Chi-Square	df	P-value	Decision
Breusch Pagan test	10.801	1	0.01	heteroskedasticity
White test	203.000	18	0.00	heteroskedasticity

Table 4.9 indicates that from the Breusch-Pagan Test, the p-value (0.01) is less than 0.05, meaning we reject the null hypothesis (which assumes homoskedasticity). This indicates the presence of heteroskedasticity, meaning error variance is not constant across observations. On the other hand, the White test p-value (0.00) is also less than 0.05, confirming that heteroskedasticity is present. The White test is more

comprehensive, and its result further supports the findings of the Breusch-Pagan test. The findings revealed that both tests indicated the presence of heteroskedasticity. Thus, the regression model's residuals did not have constant variance, which could lead to inefficient estimates.

4.6 Inferential Analyses of Strategy Implementation and Performance of Public Hospitals

The inferential analyses adopted by the study were correlation analysis, regression analysis and analysis of variance on strategy implementation and performance of public hospitals. These analyses were conducted to determine the extent to which organisational culture, resource allocation, organisational structure, and strategic communication influence hospital performance.

4.6.1 Pearson Correlation of Analyses on Strategy Implementation and Performance of Public Hospitals

The research sought to examine the correlation analysis of influence of strategy implementation and the performance of public hospitals. The four variables were: organisation culture, allocation of resources, organisation structure and strategic communication on public hospital performance. The analyses were computed and presented in Table 4.10.

Table 4.10 Pearson Correlation of Analyses on Strategy Implementation and Performance of Public Hospitals

		OP	OC	AR	OS	
OP	Pearson Correlation	1				
	Sig. (2-tailed)		.001			
OC	Pearson Correlation	.232**	1			
	Sig. (2-tailed)	.001				
AR	Pearson Correlation	.661**	.510**	1		
	Sig. (2-tailed)	.000	.000			
OS	Pearson Correlation	.947**	.422**	.814**	1	
	Sig. (2-tailed)	.000	.000	.000		
SC	Pearson Correlation	.548**	.294**	.798**	.706**	1
	Sig. (2-tailed)	.000	.000	.000	.000	

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

Source: Survey data 2025

Organization Performance (OP), Organization Culture (OC), Allocation of Resources (AR), Organization Structure (OS) and Strategi communication (SC).

The Pearson correlation analysis examines the relationships between organisational performance and four key factors: organisational culture, resource allocation, organisational structure, and strategic communication. Table 4.10 showed that all the four variables had positive relationship with the public hospital performance in Liberia. The correlation coefficient between organisational culture and performance is 0.232 with a p-value of 0.001, indicating a weak but statistically significant positive relationship. This suggests that improvements in organisational culture were associated with slight enhancements in hospital performance.

Further, resource allocation shows a strong positive correlation with organisational performance ($r = 0.661$, $p = 0.000$). This implies that efficient allocation of resources

played a crucial role in enhancing hospital performance. A very strong positive correlation is observed between organisational structure and performance (r = 0.947, p = 0.000). This suggests that well-defined organisational structures significantly contribute to the overall effectiveness and performance of public hospitals. Strategic communication also exhibits a moderate positive correlation with performance (r = 0.548, p = 0.000), indicating that effective communication strategies can positively impact hospital operations and outcomes.

The findings reveal that organisational structure has the strongest influence on hospital performance, followed by resource allocation, strategic communication, and organisational culture. All relationships are statistically significant at the 0.01 level, confirming that these factors play an essential role in shaping the performance of public hospitals in Liberia.

4.6.2 Simple Regression Analyses on Strategy Implementation and Performance of Public Hospitals

The study also determined the simple regression analyses of as follows.

Table 4.11 Simple Regression Result of Organization Culture and Performance of Public Hospitals

Organization culture	**Unstandardized Coefficients**		**Standardized Coefficients**		
	B	Std. Error	Beta	t	Sig.
(Constant)	3.295	0.156		21.10	0.000
Organization culture	0.193	0.057	0.232	3.387	0.001
R		0.432a	Sig.		0.000b
R Square		0.353	F		11.474
Adjusted R Square		0.371	Sum of Squares		75.354
Std. Error of the Estimate		0.61229	df		201
Mean Square regression		4.302	Mean Square residual		0.375
a. Dependent Variable: Performance of Public Hospitals					

Source: Survey data 2025

Table 4.11 analysis shows a statistically significant and positive relationship between organizational culture and the performance of public hospitals. The unstandardized coefficient (B = 0.193) indicates that for every one-unit increase in organizational

culture, the performance of public hospitals increases by 0.193 units, assuming other factors are held constant. The constant (3.295) represents the expected performance level when organizational culture is at zero. This relationship is statistically significant, as shown by a t-value of 3.387 and a p-value of 0.001, which is less than the conventional threshold of 0.05. This confirms that organizational culture has a meaningful effect on performance.

The standardized beta coefficient (Beta = 0.232) indicates a moderate positive effect of organizational culture on performance when measured in standardized terms. The correlation coefficient (R = 0.432) also indicates a moderate positive linear relationship between organizational culture and performance. The R Square value (0.353) reveals that 35.3% of the variation in the performance of public hospitals is explained by organizational culture. The adjusted R Square (0.371), which accounts for sample size, confirms the model's moderate explanatory power. The model is statistically significant overall, with an F-value of 11.474 and a p-value of 0.000, meaning the regression model fits the data well and that organizational culture contributes significantly to predicting performance. Also, the standard error of the estimate is 0.61229, suggesting a reasonable level of accuracy in predicting performance from organizational culture. Organizational culture has a statistically significant and moderately positive effect on the performance of public hospitals, explaining about 35% of the variation in performance. This highlights the importance of strengthening organizational culture to improve hospital outcomes.

Table 4.12 Simple Regression Result of Allocation Resources and Performance of Public Hospitals

Allocation of resources	**Unstandardized Coefficients**		**Standardized Coefficients**		
	B	Std. Error	Beta	t	Sig.
(Constant)	2.610	0.101		25.794	0.001
Allocation resources	0.459	0.037	0.661	12.491	0.001
R		0.661a	Sig.		0.000b
R Square		0.537	F		156.01
Adjusted R Square		0.534	Sum of Squares		44.846
Std. Error of the Estimate		0.47235	df		201
Mean Square regression		34.810	Mean Square residual		0.223
a. Dependent Variable: Performance of Public Hospitals					

Source: Survey data 2025

It can be deduced from table 4.12 that the simple linear regression analysis was conducted to examine the relationship between allocation of resources and the performance of public hospitals. The results reveal a statistically significant and positive relationship between the two variables. The unstandardized coefficient (B = 0.459) indicates that a one-unit increase in resource allocation leads to a 0.459-unit increase in the performance of public hospitals, assuming all other factors are held constant. The constant value (2.610) represents the expected performance level when resource allocation is zero.

This relationship is statistically significant, as shown by a t-value of 12.491 and a p-value of 0.001, which is well below the conventional significance level of 0.05. Therefore, we can confidently conclude that the allocation of resources has a significant positive impact on hospital performance. The standardized beta coefficient (Beta = 0.661) reflects a strong positive effect of resource allocation on performance in standardized terms. The correlation coefficient (R = 0.661) also indicates a strong positive linear relationship between the variables.

The R Square value of 0.537 implies that resource allocation explains 53.7% of the variation in the performance of public hospitals. The adjusted R Square value of 0.534 confirms this result, with only a slight adjustment for the number of predictors and

sample size. This suggests the model fits the data well. Furthermore, the overall regression model is statistically significant, with an F-value of 156.01 and a p-value of 0.000, indicating that the model as a whole reliably predicts hospital performance. Lastly, the standard error of the estimate is 0.47235, which represents the average distance that the observed values fall from the regression line. This relatively low value suggests that the model predictions are quite accurate. In summary, the analysis demonstrates that the allocation of resources is a significant and strong predictor of public hospital performance, accounting for over half of the variability in performance outcomes.

Table 4.13 Simple Regression Result of Organization Structure and Performance of Public Hospitals

Organization structure	**Unstandardized Coefficients**		**Standardized Coefficients**		
	B	Std. Err	Beta	t	Sig.
(Constant)	2.194	0.041		53.395	0.000
Organization structure	0.564	0.014	0.947	41.747	0.000
R		0.947a	Sig.		0.000b
R Square		0.897	F		1742.8
Adjusted R Square		0.896	Sum of Squares		8.237
Std. Error of the Estimate		0.20243	df		201
Mean Square regression		71.419	Mean Square residual		0.041
a. Dependent Variable: Performance of Public Hospitals					

Source: Survey data 2025

Table 4.13 indicate a very strong and statistically significant relationship between organizational structure and the performance of public hospitals. The unstandardized coefficient (B = 0.564) suggests that for every one-unit increase in organizational structure, the performance of public hospitals increases by 0.564 units, assuming all other factors remain constant. The constant term (2.194) represents the expected performance level when the organizational structure is at zero.

This relationship is highly statistically significant, as shown by a t-value of 41.747 and a p-value of 0.000. The extremely high t-value and very low p-value provide strong evidence that organizational structure is a significant predictor of performance. The standardized beta coefficient (Beta = 0.947) indicates a very strong positive effect of

organizational structure on performance in standardized terms. Similarly, the correlation coefficient (R = 0.947) confirms a very strong linear relationship between the two variables. The R Square value of 0.897 means that 89.7% of the variance in the performance of public hospitals is explained by organizational structure. The adjusted R Square (0.896), which accounts for the number of predictors and sample size, confirms the model's strong explanatory power. This suggests the regression model fits the data exceptionally well.

The overall model is also statistically significant, as evidenced by the F-value of 1742.8 and a p-value of 0.000, confirming that the regression equation provides a good fit for the data. Finally, the standard error of the estimate is 0.20243, which is relatively low, indicating that the model predicts performance accurately with minimal error. Organizational structure has a very strong, positive, and statistically significant effect on the performance of public hospitals, explaining nearly 90% of the variation in performance. This makes it a critical factor influencing how well public hospitals perform.

Table 4.14 Simple Regression Result of Strategic Communication and Performance of Public Hospitals

Strategic communication	**Unstandardized Coefficients**		**Standardized Coefficients**		
	B	Std. Err	Beta	t	Sig.
(Constant)	2.391	0.157		15.3	0.000
Strategic communication	0.483	0.052	0.548	9.29	0.000
R		0.648a	Sig.		0.000b
R Square		0.573	F		86.253
Adjusted R Square		0.493	Sum of Squares		55.738
Std. Error of the Estimate		0.52659	df		201
Mean Square regression		23.918	Mean Square residual		0.277

a. Dependent Variable: Performance of Public Hospitals

Source: Survey data 2025

Table 4.14 analysis show a statistically significant and positive relationship between strategic communication and the performance of public hospitals. The unstandardized coefficient (B = 0.483) indicates that a one-unit increase in strategic communication is associated with a 0.483-unit increase in the performance of public hospitals, assuming all other factors are constant. The constant value (2.391) represents the expected level of performance when strategic communication is at zero. The relationship is statistically significant, with a t-value of 9.29 and a p-value of 0.000, which is well below the 0.05 threshold. This means strategic communication has a significant impact on performance.

The standardized beta coefficient (Beta = 0.548) suggests a moderately strong positive effect of strategic communication on performance in standardized terms. Additionally, the correlation coefficient (R = 0.648) indicates a moderately strong positive linear relationship between strategic communication and performance. The R Square value of 0.573 implies that 57.3% of the variance in the performance of public hospitals is explained by strategic communication. The adjusted R Square (0.493), which adjusts for sample size and number of predictors, still indicates that nearly half the variation in performance is accounted for by strategic communication alone.

The overall regression model is statistically significant, with an F-value of 86.253 and a p-value of 0.000, confirming that the model fits the data well and the predictor contributes meaningfully. Also, the standard error of the estimate is 0.52659, indicating a reasonable level of accuracy in the model's predictions. Strategic communication has a significant and moderately strong positive effect on the performance of public hospitals, explaining more than half of the variance in performance. This highlights the important role strategic communication plays in enhancing hospital effectiveness.

4.6.3 Multiple Regression Analyses on Analyses on Strategy Implementation and Performance of Public Hospitals

The multiple regression model summary evaluates how well the independent variables: strategic communication, organisational culture, organisational structure, and resource allocation explained variations in public hospital performance in Liberia. In addition, Table 4.15 presents the summary of the regression analysis.

Table 4.15 Model Summary on Analyses on Strategy Implementation and Performance of Public Hospitals.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.981[a]	.962	.962	.12285

a. Predictors: (Constant), Strategic Communication, Organization Culture, Organization Structure, Allocation Resources

Source: Survey data 2025

From the Table 4.15, the R value of 0.981 indicates a very strong positive correlation between the independent variables and public hospital performance. This revealed that the selected factors collectively had a significant influence on hospital performance. Consequently, the R^2 value of 0.962 means that 96.2% of the variation in hospital performance were explained by the independent variables in the model. This implied that the model is highly effective in predicting performance outcomes.

Also, the Adjusted R^2 value of 0.962 confirmed that even after adjusting for the number of predictors in the model, the explanatory power remained extremely high. This indicated that the inclusion of these variables was appropriate and that there was minimal risk of overfitting. Further, a low standard error (0.12285) showed that the actual hospital performance values are closely aligned with the predicted values from the model. This further supported the model's accuracy in explaining performance variations. The regression analysis demonstrated that strategic communication, organisational culture, organisational structure, and resource allocation collectively have a significant and strong impact on public hospital performance in Liberia. The model explains 96.2% of the variations in performance, making it highly reliable for understanding the key factors that influenced public hospital performance.

Table 4.16 Analysis of Variance on Analyses on Strategy Implementation and Performance of Public Hospitals.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	76.668	4	19.167	1269.953	.000[b]
	Residual	2.988	198	.015		
	Total	79.656	202			

a. Dependent Variable: Organisation Performance

b. Predictors: (Constant), Strategic Communication, Organization Culture, Organization Structure, Allocation of Resources

Source: Survey data 2025

Table 4.16 showed that the p-value (Sig.) of .000 indicated that the regression model is statistically significant. This means that the predictors of: strategic communication, organisation culture, organisation structure, and allocation of resources significantly explained the variation in organisation performance. Also, the F-value was very high, at 1269.953, indicating a highly significant relationship between strategy implementation factors and hospital performance.

The ANOVA results confirm that the regression model is highly significant ($p < 0.05$) and that Strategic Communication, Organisational Culture, Organisational Structure, and Resource Allocation have a strong influence on the performance of public hospitals in Liberia. The high F-value and low residual error further reinforce the model's reliability in explaining hospital performance variations. Table 4.17 showed the regression model that examined the influence of organisational culture, allocation of resources, organisational structure, and strategic communication on public hospital performance in Liberia. The model provides unstandardized coefficients (B), standardised coefficients (Beta), t-values, and significance levels (p-values) for each independent variable.

Table 4.17 Coefficients of Analyses on Strategy Implementation and Performance of Public Hospitals.

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.776	0.046		60.984	0.00
Organization Culture	0.395	0.026	0.614	15.052	0.00
Allocation of Resources	0.673	0.034	0.682	19.750	0.00
Organization Structure	0.744	0.014	1.249	51.915	0.00
Strategic Communication	0.230	0.031	0.199	7.464	0.00
a. Dependent Variable: Public Hospital performance					

Source: Survey data 2025

$$Y = 2.776 + 0.395X_1 + 673X_2 + 0.744 + 230X_4$$

Hypothesis Testing

From Tables 4.17, on organization culture, the positive coefficient (0.395) indicated that an increase in organisational culture is associated with an increase in public hospital performance, holding other factors constant. Additionally, the standardised Beta (0.614) showed that organisational culture had a significant positive effect on performance. Since p = 0.000 < 0.05, organisational culture significantly influenced public hospital performance, thus, the null hypothesis was rejected as organisational culture had a significant impact.

Regarding allocation of resources, the high positive coefficient (0.673) revealed that resource allocation positively affects hospital performance. The standardised Beta (0.682) indicates a strong impact. Since p = 0.000, this effect was statistically significant, hence, the null hypothesis was rejected, as the allocation of resources had a significant impact.

Subsequently, organisational structure had a positive coefficient (0.744) means that an improved organisational structure significantly enhances public hospital performance. The standardised Beta (1.249) is the largest among all variables, suggesting that organisational structure had the strongest influence on performance. The very high t-value (51.915) and $p = 0.000$ confirm that this effect is highly significant. Hence, the null hypothesis is rejected as the organization structure had a significant impact.

Finally, on strategic communication, the positive coefficient (0.230) indicates that strategic communication positively impacts public hospital performance. The standardised Beta (0.199) shows that the effect was moderate but significant. With $p = 0.000$, the impact was statistically significant; thus, the null hypothesis was rejected. All independent variables are statistically significant ($p < 0.05$), meaning they all influence public hospital performance. Organisational Structure had the strongest positive effect, while Organisational Culture, Resource Allocation, and Strategic Communication negatively impacted hospital performance. This suggests that improving organisational structure while addressing inefficiencies in culture, resource allocation, and communication could lead to better hospital performance.

CHAPTER FIVE
DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The chapter presents discussion, recommendations, and conclusions on influence of strategy implementation and public hospital performance in Liberia. The study explored the impact of four key variables: organizational culture, resource allocation, organizational structure, and strategic communication on hospital performance. The findings showed statistically significant relationships between these factors and hospital performance, providing valuable insights for improving healthcare delivery in Liberia.

In addition to summarising the key findings, this chapter offers practical recommendations for policymakers, hospital administrators, and healthcare professionals to enhance the performance of public hospitals. Furthermore, it identifies areas for further research to address gaps in the current study and to explore emerging trends in healthcare management. By addressing these aspects, this chapter aims to contribute to the ongoing efforts to strengthen Liberia's healthcare system and improve patient outcomes.

The discussion is structured to reflect the study's objectives, highlighting the implications of the findings for theory and practice. The conclusions drawn from the study are supported by the data analysis, while the recommendations are tailored to address the specific challenges faced by public hospitals in Liberia. Finally, the chapter outlines potential areas for future research to build on the findings of this study and to explore new dimensions of strategy implementation in healthcare settings.

5.2 Summary of Main Findings

The study sought to establish the influence of strategy implementation on the performance of public hospitals. A correlation coefficient of 0.232 (p-value = 0.001) exists between organisational culture and performance, indicating a weak but statistically significant positive relationship. This suggested that improvements in organisational culture are associated with slight enhancements in hospital performance. In addition, the positive coefficient (0.614) signifies that, when holding other factors constant, an increase in organisational culture correlates with an increase in public hospital performance. The p-value (0.000 < 0.05) highlights that organisational culture

significantly influences public hospital performance. These findings indicate that improvements in organisational culture can boost performance.

Additionally, it can be summarised that efficient resource allocation significantly enhances hospital performance, indicated by a strong positive correlation (r = 0.661, p = 0.000). Similarly, a very strong positive correlation (r = 0.947, p = 0.000) was observed between organisational structure and performance, suggesting that well-defined structures substantially contribute to hospital effectiveness. Similarly, the positive coefficient (0.673) for resource allocation suggests positively effect on performance, supported by a standardised Beta (0.682) indicating a strong impact. Despite this, the effect is statistically significant (p = 0.000). In conclusion, both resource allocation and organisational structure are crucial for optimising public hospital performance, with structure having a more pronounced positive impact.

The findings indicate that organisational structure has the most significant impact on hospital performance, followed by resource allocation, strategic communication, and organisational culture. All relationships are statistically significant at the 0.01 level, highlighting their critical role in shaping public hospital performance in Liberia. The positive coefficient (0.744) for organisational structure demonstrates that improvements significantly enhance performance. With the highest standardised Beta (1.249), organisational structure emerges as the strongest influence on performance. The very high t-value (51.915) and a p-value of 0.000 confirm the significance of this effect. These results underscore the importance of a well-defined organisational structure in optimising public hospital performance.

The study highlights that strategic communication has a moderate positive correlation with hospital performance (r = 0.548, p = 0.000), suggesting that effective communication strategies can enhance hospital operations and outcomes. Also, the positive coefficient (0.230) indicates that strategic communication positively impacts public hospital performance. The standardised Beta 0.199) demonstrates that the effect, while moderate, is significant. With a p-value of 0.000, the negative impact is statistically significant. These findings illustrate a complex relationship where effective communication can improve operations, but certain aspects of strategic communication may have adverse effects on performance, emphasising the need for careful management of communication strategies in public hospitals.

5.3 Discussions

The research investigated four research questions about on impact of strategy implementation and public hospital performance in Liberia, as discussed below. These questions focused on the influence of organisational culture, resource allocation, organisational structure, and strategic communication on hospital performance. The findings provide valuable insights into how these factors interact and contribute to the overall effectiveness of public hospitals, particularly in resource-constrained settings like Liberia. The discussion below elaborates on the findings, linking them to existing literature and highlighting their implications for theory and practice. Each of the four key variables is discussed in detail, emphasising their role in shaping hospital performance and identifying areas where improvements can be made.

5.2.1 Organisation Culture

On organisation culture, the results revealed that it influenced public hospital performance. These findings are in agreement with the outcomes of Waithira (2022) indicated that the culture of an organisation is key in attaining the objectives and performance. The findings align with Suzuki's (2023) study, which emphasised that organisational culture plays a vital role in strategic management. Specifically, it influences how managers gather and utilise information for decision-making, shaping their interactions with employees. A strong organisational culture fosters effective communication, informed leadership, and strategic alignment, ultimately enhancing performance. Similarly, the current study confirms that organisational culture significantly impacts hospital performance, reinforcing Suzuki’s argument.

Further, the study of Simiyu and Kilika (2020) found that organisational culture significantly impacts performance in Kenya’s NHIF. The findings align with the current thesis, showing that organisational culture positively impacts public hospital performance. Enhancing organisational culture can lead to improved performance in public healthcare settings, confirming the thesis's conclusions. This highlights the significance of fostering a positive organisational culture in public hospitals.

Moreover, the study has found that organization norms influenced the performance of public hospitals. The findings agree with the study of Kombate et al. (2021) that found public organisations utilising a logical implementation approach for program execution result in non-significant estimates at both the mean and one standard deviation below

the mean middle management effort. Public sector organisations in developing countries that are characterised by traditional bureaucracy and lack administrative reforms are likely to experience decreased performance when they choose a logical implementation style.

Finally, the study has found that orientations towards strategic culture influenced organization performance. These outcomes resonate with the findings of Gikunda and Makokha (2024) that structure, resources, and communication resources affected performance.

5.2.2 Allocation of Resources

The study found that resource allocation significantly impacts the performance of public hospitals in Liberia. Proper allocation ensures that hospitals have the necessary medical supplies, equipment, and personnel to operate efficiently, directly influencing service delivery and patient outcomes. These findings align with Eresia-Eke and Soriakumar's (2021) study, which emphasised that organisational resources play a crucial role in enhancing performance. Their research highlighted that efficient resource management improves productivity, decision-making, and overall institutional effectiveness. Similarly, this study confirms that hospitals with better resource distribution perform more effectively, reinforcing the idea that strategic allocation is key to optimising healthcare services and improving patient care in Liberia's public health sector.

The study findings align with Mapetere et al. (2023), who explored how resource allocation influences strategy implementation in commercialised state-owned enterprises. Their research emphasised that efficient resource distribution is critical for achieving strategic goals, as inadequate resources hinder execution and reduce organisational performance. Similarly, this study confirms that proper allocation of resources enhances the implementation of strategic initiatives in public hospitals in Liberia, ensuring better service delivery and operational efficiency. The findings reinforce the notion that effective resource management is essential for organisational success, regardless of industry, as it directly impacts productivity, sustainability, and overall institutional performance.

The findings of this study align with Onyegbula and Nwoye (2023), who established that strategic alignment, resource availability, and organisational structure significantly

enhance organisational performance. Their research highlighted that when organisations effectively align their strategies with available resources and a well-structured framework, they achieve higher efficiency and improved outcomes. Similarly, this study confirms that resource allocation, organisational structure, and strategic communication play a vital role in public hospital performance in Liberia. This reinforces the argument that a well-structured organisation with sufficient resources and clear strategic direction leads to better decision-making, enhanced service delivery, and overall institutional success.

Furthermore, the findings of this study concur with Godana et al. (2022), who established that financial resource allocation significantly impacts the successful implementation of county health strategies. Their study emphasised that adequate funding enhances service delivery, staff performance, and overall healthcare outcomes. Similarly, this study confirms that proper allocation of resources is crucial for improving public hospital performance in Liberia. Without sufficient financial resources, hospitals struggle with infrastructure, medical supplies, and workforce efficiency, affecting service quality. Therefore, effective financial resource management plays a key role in ensuring hospitals implement their strategies successfully and provide better healthcare services.

5.2.3 Organisation Structure

The study's findings demonstrated that the organisational structure positively influenced the performance of public hospitals in Liberia. This aligns with the research conducted by Friesl et al. (2021), which found that well-established organisational structures significantly impact strategy implementation and overall performance. In public hospitals, an effective organisational structure ensures clarity in roles, responsibilities, and communication pathways, leading to better management of resources, improved efficiency, and enhanced patient care. The alignment between the current study and Friesl et al.'s research highlights the critical role of organisational structure in achieving strategic goals and optimising performance in healthcare settings. These insights underscore the importance of investing in robust organisational frameworks to boost public hospital performance.

Also, the study's findings are consistent with Ackah (2022), revealing that the

organisational structure and the amount of resources needed for planning and restructuring were statistically significant. This alignment suggests that a well-defined organisational structure directly influences the efficiency and success of restructuring efforts in public hospitals. By ensuring proper allocation of resources and clear planning, hospitals can optimise their performance and enhance patient care. The significant correlation between organisational structure and resource planning highlights the importance of strategic management in healthcare settings. These insights emphasise the need for public hospitals to invest in robust organisational frameworks and meticulous planning to achieve their performance goals and improve overall service delivery.

The research revealed that collaboration within departments and teams during strategy implementation positively influenced organisational performance. This is consistent with the findings of Hantiro and Maina (2020), who identified a significant positive impact of organisational structure, organisational culture, resource allocation, and communication on performance. Working as cohesive units fosters better coordination, clear communication, and efficient resource use, essential for successful strategy execution. The alignment of these factors creates a robust framework that supports organisational goals, enhances productivity, and drives performance improvements. Hantiro and Maina's study reinforces the importance of a well-structured organisation where culture, resources, and communication synergise to optimise performance. These insights underscore the critical role of teamwork and structured approaches in achieving strategic objectives and improving overall organisational effectiveness.

5.2.4 Strategic Communication

The study's findings revealed that strategic communication significantly boosted the performance of public hospitals in Liberia. This resonates with Chirwa and Boikanyo (2022), who discovered a robust positive link between the flexibility of formal communication, credibility of communication, and speed of feedback with strategy implementation. Among these, the credibility of communication emerged as the most influential factor. Effective strategic communication ensures that all stakeholders are well-informed, fostering trust and reducing misunderstandings. Flexibility in formal communication allows for timely adjustments, while rapid feedback ensures issues are promptly addressed, enhancing overall efficiency. The alignment of these elements

underlines the critical role of credible and flexible communication in driving successful strategy implementation and improving public hospital performance. These insights emphasise the importance of strong communication practices in healthcare management.

In addition, Additionally, the findings align with Letlatsa (2023), who identified that communication strategy benchmarking significantly impacts performance. Benchmarking allows organisations to compare their communication strategies against best practices and industry standards, fostering continuous improvement and innovation. This process enables public hospitals to identify gaps, set realistic performance targets, and implement effective communication practices that enhance overall organisational performance. By adopting successful strategies from high-performing counterparts, hospitals can streamline communication, improve information flow, and ultimately achieve better outcomes. Letlatsa's research underscores the importance of strategic benchmarking as a tool for driving performance improvements and ensuring that communication practices are both efficient and effective.

5.4 Conclusion

The study concluded that efficient resource allocation and a strong organisational structure are crucial for enhancing public hospital performance. The study reveals a moderate positive correlation between strategic communication and hospital performance. This suggests that while effective communication enhances operations, certain aspects may hinder performance, emphasising the need for carefully managed communication strategies in public hospitals. The study concludes that organisational culture has a weak but statistically significant relationship with hospital performance.

In conclusion, the study confirms that organisational structure had the most significant impact on public hospital performance in Liberia, followed by resource allocation, strategic communication, and organisational culture. The findings highlight that a well-structured organisation enhances efficiency and decision-making, ultimately improving hospital performance. Strengthening these factors is essential for better healthcare service delivery and overall institutional success.

5.5 Recommendations

The study outlined recommendation hinged to the findings. These recommendations are relevant to theory, policy. Practice and further research.

5.5.1 Recommendation for Theory

The study emphasises the importance of a well-defined organisational structure, efficient resource allocation, positive organisational culture, and effective strategic communication in improving hospital performance. It suggests that future research should further explore the relationships between these factors and hospital outcomes, particularly in low-resource settings like Liberia. Researchers may focus on developing more refined theories that link organisational structure and culture to performance metrics, as well as theories that incorporate the use of data-driven systems in resource management and strategic communication in healthcare settings. Additionally, theories on leadership and its role in driving change within public health institutions should be expanded to provide deeper insights into effective hospital management practices.

5.5.2 Recommendation for Policy

The study recommends that public hospitals, particularly the John Fitzgerald Kennedy Medical Centre (JFKMCL), adopt policies that promote a clear hospital hierarchy to enhance accountability and coordination. Policymakers should encourage the development of data-driven resource allocation systems that prioritise funding and medical supplies based on patient needs. There is also a need for policies that foster a patient-centred organisational culture by promoting teamwork, ethical standards, and continuous professional development. In terms of strategic communication, hospitals should implement standardised protocols for efficient information flow. Additionally, policymakers should invest in leadership development programs to ensure hospital leaders possess the necessary skills to manage resources effectively and create a positive working environment. Policies should also include robust financial management frameworks, infection control protocols, and staff welfare programs to enhance hospital performance and service delivery.

5.5.3 Recommendation for Practice

For effective practice, the study recommends that public hospitals clearly outline roles and responsibilities to avoid overlap and ensure smooth coordination. Hospitals should foster a culture of teamwork, continuous learning, and patient-centred care to improve both staff morale and patient satisfaction. The practice of implementing data-driven resource allocation should be prioritised, using analytics to allocate resources efficiently. Furthermore, hospitals should invest in the development of leadership and communication skills to ensure strategies are well-executed. Practical steps should

include establishing performance monitoring systems to track progress and ensure strategic goals are being met. In practice, hospitals should engage with communities to understand their needs and expectations, expand outreach services, and leverage technology for improved patient care. Additionally, healthcare facilities must adopt strict infection control practices, improve staff welfare through competitive salaries, and engage in partnerships with external organisations to enhance service delivery and resource management.

5.6 Areas of Further Research

The research was about the influence of strategic management and the performance of public hospitals. Further, studies can investigate how different leadership approaches influence hospital culture and, in turn, affect service delivery and performance. Leadership plays a critical role in shaping organisational culture and driving performance. Understanding which leadership approaches are most effective in public hospitals can help in developing targeted leadership training programs. Also, more study is needed to explore innovative models and frameworks for resource distribution to enhance efficiency and patient outcomes in public hospitals. Resource allocation is a persistent challenge in public hospitals, especially in low-resource settings. Research into innovative distribution models, such as decentralised resource management or AI-driven resource allocation systems, could provide actionable insights.

Also, research can examine how technology-driven communication tools such as AI chatbots and hospital management systems can improve coordination and decision-making in public hospitals. Technology has the potential to revolutionise healthcare delivery by improving communication, reducing errors, and enhancing patient care. Research in this area could identify best practices for implementing and scaling these technologies in resource-limited settings.

Moreover, future research can assess the impact of staff training and development programs on hospital performance, particularly in areas such as clinical skills, leadership, and patient-centred care. Continuous professional development is essential for maintaining high standards of care. Research could help identify the most effective training programs and their impact on hospital performance metrics. The research can investigate the effectiveness of patient-centred care models in improving patient satisfaction, outcomes and hospital performance. Patient-centred care is increasingly recognised as a key component of high-quality healthcare. Research could explore how

different models of patient-centred care can be implemented in public hospitals and their impact on performance.

Other research areas include infection control and patient safety, where the focus is to study the effectiveness of infection control measures and patient safety protocols in reducing hospital-acquired infections and improving patient outcomes. Infection control is a critical issue in healthcare settings, particularly in low-resource environments. Research could identify best practices for implementing and monitoring infection control measures. Another sector is financial management, and sustainability is to explore strategies for improving financial management and sustainability in public hospitals, including the role of public-private partnerships and donor funding. Financial sustainability is a major challenge for public hospitals. Research could provide insights into effective financial management practices and the role of external funding sources in ensuring long-term sustainability. Additionally, the research can also focus on examining the impact of community engagement initiatives on health outcomes and hospital performance. It has entailed engaging with the community can improve health outcomes by ensuring that services are aligned with community needs. Research could explore the most effective strategies for community engagement and their impact on hospital performance.

Future research can also involve the impact of policy reforms on hospital performance, where it investigates the impact of healthcare policy reforms on the performance of public hospitals, particularly in low- and middle-income countries. Policy reforms can have a significant impact on hospital performance. Research could assess the effectiveness of specific policy changes and provide recommendations for future reforms. Lastly, it can also study the impact of mental health and well-being programs for healthcare workers on hospital performance and patient outcomes. The mental health and well-being of healthcare workers are critical for maintaining high standards of care. Research could identify effective interventions to support healthcare workers and their impact on hospital performance.

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