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THE JOINT EFFECT OF ORGANIZATIONAL STRATEGY, ORGANIZATIONAL CULTURE AND EXTERNAL ENVIRONMENT ON ORGANIZATIONAL PERFORMANCE OF LARGE PRIVATE HEALTH FACILITIES IN KENYA

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Abstract

The goal of this study was to determine the joint effect of organizational strategy, organizational culture and external environment on organizational performance, using data from Sixty-one large private health facilities in Kenya. A descriptive cross-sectional design grounded on positivism research philosophy was used. Multiple linear regression analyses were employed to analyze the data. Generally, the results revealed that the joint effect of organizational strategy, culture and external environment on performance dimensions, which include efficiency, effectiveness, relevance and financial viability was statistically significant. Consequently, it was concluded that organizational culture and strategy are not separated from the external environment in which they are embedded. It was recommended that in order to maximize on performance, the private health facilities must establish an optimal balance among the three factors.

Keywords: Organizational strategy, organizational culture, external environment, large private health facilities

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Introduction

The fast-paced rate of globalization has fueled competition between organizations across the world. More specifically, the emergence of worldwide markets and increased access to globalization facilitated by technological advancement in diverse ways, have reduced organizational market power. This has increased the need for strategic flexibility, innovativeness and continuous improvement in order to sustain performance by organizations (Odhiambo, 2014). By its very nature, organizational performance is a multidimensional phenomenon that is a function of many variables, such as strategy, culture and external environment. The joint or combined effect of these aspects is therefore likely to have a significant and profound impact on the overall performance of an organization.

Strategy plays an important role in organizational performance as it acts as a ticket for an organization to create a competitive advantage over its rivals. Although there is still no consensus on the meaning of organizational strategy, a review of some of the most popular definitions can help to identify its core elements. In one of the definitions, Chandler (1962) described strategy as the charting of long-term goals supported by a course of action and resources for the full realization of the goals. Andrews (1971) described organizational strategy as a pattern of actions embedded in an organization's goal, vision, mission and competencies. Mintzberg (1994) viewed strategy as a pattern that emerges from a company's stream of decisions and actions, which reflects its plan, position and perspective. In addition, Aosa (1998) considered organizational strategy as the roadmap that helps managers to improve an organization's current performance and react to unprecedented developments or conditions in the marketplace. What is salient from these definitions is that strategy is a multidimensional concept with three notable elements; futurity, proactivity and analytic orientations. While acknowledging organizational strategy as a three dimensional strategy, Miles, Snow and Meyer (1979) described futurity as the ability to react to unpredictable conditions or developments in the future. They delineated proactivity as the capacity to implement deliberate plans and initiatives in a bid to improve current performance or secure a competitive advantage. According to Miles, Snow and Meyer (1979), analytic orientation entails the ability to minimize business risks while maximize opportunities.

Given that performance is a function of many variables, focusing on strategy alone may not always produce better performance outcomes. Efforts to improve performance through strategy may fail, for example, due to resistance from employees. As such, organizational culture is a key determinant of organizational performance. Organizational culture has been defined in multiple ways. Cole (2005) defined culture as the set of dominant values, vision and behaviors that are unique for a particular organization. In another definition, Sandro (2016) viewed organizational culture as a shared way of thinking as well as a collective way of acting, all of which are geared towards the realization of a common goal. Hofstede (2011) conceptualized organizational culture as a four-dimensional construct comprising process, profession, job and pragmatic orientations.

Unpredictable changes in political, social, economic or technological aspects of an organization's general environment could potentially cause profound effects on organizational performance. These aspects represent the contextual factors in the external environment of an organization.

For the purpose of this study, external environment is conceptualized along the dimensions of dynamism, munificence and complexity as proposed by Miles and Friesen (1978). According to Miles and Friesen, dynamism is the rate of change, innovativeness and uncertainty of a business's contextual factors, while munificence refers to the abundance or scarcity of resources necessary to sustain business operations. Miles and Friesen (1978) further define complexity as the range of contextual factors surrounding an organization and their heterogeneity.

Although attempts have been made to assess the direct influence of strategy, culture and external environment on organizational performance (Acar & Acar, 2014; Jacobs et al., 2013; Zhou et al., 2011; Noh, Kwon, Yoon and Hwang, 2018), there seems to be no attempt to examine the joint effect of these variables. This study sought to fill this gap with specific attention focused on large private health facilities. Private health facilities are complex entities devoted to not only offering health services but also in many cases steering health-related research and education. The multifaceted strategic choices by these facilities are, however, as heavily affected by their respective policies as by their business, demographic, technological or other external environments. Effective management of organizations' intersection of their strategies, organizational culture and external environment is thus indeed important. Against this backdrop, this study aimed at establishing the combined effect of organizational strategy, culture and external environment on organizational performance, with a specific reference to large private health facilities in Kenya.

Literature Review

This study was based on the tenets of three theoretical perspectives - configuration, contingency and cultural dimensions. The configuration theory as postulated by Miller and Friesen (1978) views an organization as a complex entity whose success and development depend on the interaction of different constructs. The theory is powerful in analyzing relationships of several domains simultaneously and building new conceptual models. It represents specific and separate attributes, which are more meaningful collectively than individually (Dess et al., 1993). It yields a systematic, detailed and holistic image of reality without attributing causality to any of the individual variables (Dyck, 1997). In this study, configuration theory assumes the interaction between strategy and culture and explains how order emerges from matching the two organizational performance concepts. Mugler (2004) posits that configuration stimulates the consideration of interdependences rather than unidirectional dependencies. Configuration theory supports the argument that organizational performance is enhanced when strategy and culture are matched with the external environment. The theory has been criticized for its lack of appropriate methodologies for rigorous and meaningful data analysis. The theory, however, was useful in explaining the influence of strategy and culture on organizational performance.

As used in this study, the contingent theory, advanced by Lawrence and Lorsch (1967) posits that there is no single best way to design organizational structures and decide upon issues within it. The optimal course of action is contingent to, or dependent upon the internal and external environment (Carpenter & Golden, 1997). Contingency theory enables managers to align constructs in view of the external environment, which posits requirements for efficiency, innovation for survival and prosperity (Lawrence & Lorsch, 1967). Performance of a health facility depends on the

appropriateness of co-alignment of its strategy and culture. In this study, the theory explains the link between environmental uncertainties and organizational performance. Although the theory has been criticized for lack of clarity and methodological limitations (Aldrich, 1972; & Schoonhoven, 1981), it was still useful in this study, in explaining the link between environmental uncertainties and performance of large private health facilities in Kenya.

The third anchorage that was used to support this study was the cultural dimensions theory by Hofstede (2011), according to which culture is viewed as the collective programming of the mind that distinguishes members of one group or category of people from others. According to the theory, though the concept of culture is much applied to tribes and ethnic groups, it is also applicable in areas like professional, organizational and national aspects. Culture is embedded within a group-level human interaction (Douglas, 1982). It explains that people perceive and respond to issues in different ways that encourage development of different social structures. The theory addresses multiplicity of cultural norms that arise from differing social relationships. So it treats culture as a collective phenomenon (Thompson, Richard, & Wildavaky, 2007). The theory has been criticized by various scholars for overlooking cultural differences across countries (Redpath, 1997 & Schwartz, 1999). Although the theory does not address the possibility of interacting different norms to explain performance, it enabled this study to address different social approaches and explain different cultural factors. The theory explains relationships between organizational culture and performance and sheds light to the study conceptualization.

As pointed out earlier, the existing literature primarily focuses on the independent and direct effects of organizational strategy, culture and external environment on organizational performance rather than the joint effect. Nevertheless, a majority of the studies reveal existence of a significant relationship between each of the variables and organizational performance. For instance, with respect to organizational strategy, Khan and Huda (2016) found that strategic management was positively related to the competitiveness and organizational growth of tertiary healthcare facilities in Pakistan. Khoshtaria (2018) found that strategic planning and implementation had a positive and significant impact on the performance of Georgina-based manufacturing companies. In a similar study, Katsavamutma and Jeevnananda (2012) found that strategy formulation and implementation was positively related to the performance of manufacturing companies in Zimbabwe. In Kenya, Omari, Matwere and Ogeto (2016) revealed that there was a positive correlation between competitive strategies and performance of private hospitals in Kisii County.

A study by Jacobs et al. (2013) revealed a positive correlation between organizational culture and performance of acute hospitals in England. Similarly, Acar and Acar (2014) showed that organizational culture was significantly and positively related to the performance of Turkish hospitals. Contrastingly in China, Zhou et al. (2011) demonstrated that certain aspects of organizational culture, such as orientation, consistency and adaptability were negatively but significantly related to the hospital performance. In connection to external environment, Noh et al. (2011) showed that internal and external environmental factors played a significant role in the performance of hospital-based home nursing care in Korea. In contrasting findings, Machuki and Aosa (2011) found that changes in the external environment

do not have a significant influence on the corporate performance of publicly listed companies in Kenya.

Methodology

The objective of this study was to determine the joint effect of organizational strategy, organizational culture and external environment on organizational performance, based on large private health facilities in Kenya. This study adopted a cross-sectional survey design grounded on the positivism research philosophy. Positivism embodies the view that knowledge is dependent on observable evidence that can also be experienced (Tashakkori & Creswell, 2007). The study adopted positivist view because it sought to establish gaps, test the hypothesis and deduce knowledge from the resulting observations, while considering quality or essence of the experiences of participants. Further, adoption of a cross-sectional design allows for a fine-grained description of a phenomenon occurring within a given population at a particular point in time (Cooper & Schindler, 2006). Therefore, this design was considered ideal for this study. Besides, it enabled generation of a representative picture of the target population at one fixed point in time, based on the responses gathered from various elements of the population. Under this research design, the study targeted 61 large private health facilities spread out across the country. A census survey was used to study these facilities. Questionnaire tool was used to collect data from the respondents. The quantifiable data from the closed-ended questions were coded and entered into SPSS for analysis. The data was then analyzed for descriptive and inferential statistics. The descriptive statistics included mean and coefficient of variation. On the other hand, the inferential statistics involved linear regression. Prior to using multiple linear regression analysis, a series of diagnostic tests were run in order to assess whether the data satisfied the assumptions of linear regression. The assumptions of linear regression include normality, multicollinearity and homoscedasticity. Table 1 shows a summary of the analytical process.

Table 1: Summary of Analytical Process

Determine the joint effect of organizational strategy, organizational culture and external environment on organizational performance	**Joint Effect: Multiple Regression Analysis** Performance= *f* (Organizational strategy, culture, and external environment) $P_n = b_0 + b_1X_1 + b_2X_2 + b_3X_3 + \epsilon$ Where P_n=Performance b_0 =Constant (intercept) b_1, b_2, b_3 are Coefficients X_1= organizational strategy composite score, X_2 = organizational culture composite score, X_3 = External environment composite score ε= Error Term

Results

Descriptive Statistics

Table 2 displays the summary of descriptive statistics associated with the participants' responses to each of the variable. The mean and coefficient of variation were considered valuable and therefore used in this study. The participants' responses to each item was based on a Likert scale, which ranges from 1 to 5, where 1 represented "Not at all" and 5 denoted "Very large extent."

Table 2: Descriptive Statistics

Variables	Mean	Coefficient of Variation
Organizational Strategy		
Futurity	4.19	0.18
Proactivity	4.03	0.23
Analytic orientation	4.13	0.22
Organizational Culture		
Process orientation	4.02	0.198
Job orientation	4.02	0.207
Profession orientation	3.94	0.22
Pragmatic orientation	3.84	0.28
External Environment		
Complexity	3.13	0.37
Munificence	3.21	0.293
Dynamism	3.24	0.324
Performance		
Efficiency	4.13	0.203
Effectiveness	4.44	0.16
Relevance	4.27	0.177
Financial Viability	4.27	0.207

As pertains organizational strategy, the results indicate that majority of respondents agreed to a large extent that their organizational strategies were future oriented, proactive and analytic oriented.

The results also show that proactivity recorded the highest coefficient of variation of 23%. This was an indication that there was lack of unanimity across the participants on the extent to which their health facilities were proactive. Additionally, based on the mean scores, the results indicate that the

organizational culture of the large private health facilities was to a large extent characterized by process, job, profession, and pragmatic orientations. Pragmatic orientation had the highest coefficient of variation of 0.28, which implies that there was lack of consensus among the participants in connection to how pragmatic their organizational cultures were.

Table 2 further indicates that most respondents were not certain about the extent to which the external environment of their facilities was complex, munificent or dynamic as indicated by the respective mean scores of these constructs. The results further show that there was lack of unanimity among the respondents in regard to how dynamic their facilities were as the dynamism construct had a coefficient of variation of 32.4%.

Diagnostic Test Results

Before regression analysis was conducted, a series of diagnostic tests were performed. This was meant to ascertain that the data did not violate the assumptions underlying application of linear regression. These tests included normality, multicollinearity and homoscedasticity.

Normality is the assumption that the population from which data has been drawn follows a normal distribution. The normality of data was assessed using the Shapiro-Wilk test recommended by Kinuu (2014). The results of the Shapiro-Wilk test for the study variables are shown in Table 3.

Table 3: Results of Normality Test

Variable Description	Shapiro-Wilk		
	Statistic	df	Sig.
Organizational Strategy	0.94	26	0.17
Organizational Culture	0.98	26	0.83
External Environment	0.97	26	0.69
Organizational Performance	0.94	26	0.11

Given that p = 0.17 for organizational strategy index, p = 0.83 for organizational culture index, p = 0.69 for external environment index and p = 0.11 for the organizational performance index, then using alpha value of 0.05, it was concluded that the variables of this study were all normally distributed. Therefore, the assumption of normality had been met by the data used for this study.

Multicollinearity denotes a phenomenon where the predictor variables exhibit high

correlation (McClave et al., 2018). To assess multicollinearity, the Variance Inflation Factor (VIF) method was used to serve the purpose of the study. The VIF method is used to assess how much a predictor variable is contributing to the standard error of a regression model. The results of testing for multicollinearity of the study variables using the VIF method are shown in Table 4.

Table 4: Results of Multicollinearity Test

Variable	**Collinearity Statistics**	
	Tolerance	**VIF**
Organizational Strategy	0.61	1.65
Organizational Culture	0.60	1.67
External Environment	0.94	1.07

Table 4 shows that the VIF values for all the predictor variables are less than 10, suggesting that multicollinearity was not present among the variables. The tolerance values for all the independent variables are also far in excess of 0.01, further implying that multicollinearity was not a problem.

Homoscedasticity is the assumption that the variance of error terms is similar for all the values of the predictor variables (Kinuu, 2014). To assess homoscedasticity, a scatterplot of residuals versus predicted values for the dependent variable was used. Figure 1 shows the generated scatterplot.

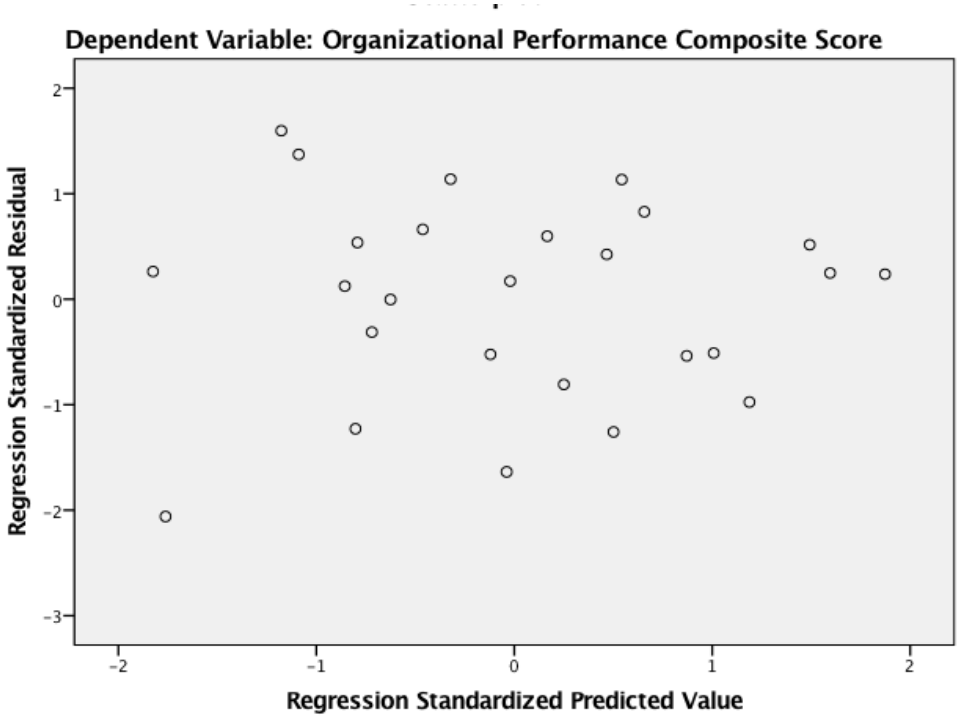

Figure 1: Scatterplot for Residual versus Predicted Values

An inspection of the scatterplot reveals that there was no definite pattern in the distribution of the predicted and residual values. The variability of the values does not resemble a cone shape. According to Kinuu (2014) when residual variability follows cone-shaped pattern, the data is heteroscedastic. Consequently, the scatterplot suggests that the data used for this study was homoscedastic and that the constant variance assumption was not violated.

The predictor variables associated with this objective were organization strategy, organizational culture and external environment. Organizational performance was the outcome or criterion variable. The hypothesis for this objective was tested using multiple linear regression analysis. Table 5 shows the regression output for the joint-effect of organizational strategy, organizational culture and external environment on operational efficiency of large private health facilities in Kenya.

Table 5: Joint Effect of organizational strategy, culture and external environment on operational efficiency

Model Summary					
R	*R Square*	*Adjusted R Square*	*Std. Error of the Estimate*		
0.425	0.18	0.14	0.36		
ANOVA					
Model	*SS*	*df*	*MS*	*F*	*Sig.*
Regression	1.55	3	0.52	3.97	0.013

Residual	7.05	54	0.13		
Total	8.60	57			
Coefficients					
Model	*B*	*Std. Error*	*Beta*	*t*	*Sig.*
(Constant)	2.52	0.48		5.28	0.00
Strategy	0.101	0.12	0.15	0.83	0.41
Culture	0.181	0.14	0.22	1.27	0.21
External Environment	0.147	0.12	0.16	1.19	0.24

The value of R^2 or coefficient of determination as shown in Table 5 is a measure of how much of the variability in the outcome variable could be accounted for by the joint effect of strategy, culture and external environment. The results show that R^2 =0.18, which means that the joint effect of organizational strategy, organizational culture and external environment accounted for 18% of variation in operational efficiency of the private health facilities. The ANOVA results (F=(3, 56)=3.97, p <0.05) indicate that the regression model was statistically significant in predicting the effect of organizational strategy, culture and external environment on operational efficiency. Based on the regression coefficients, a unit change in organizational strategy would improve operational efficiency of the large private health facilities by a factor of 0.101; a unit change in organizational culture would improve the operational efficiency of the facilities by 18.1%; and a change in external environment would improve organizational efficiency by about 14.7%. Table 6 shows the regression output for the joint-effect of organizational strategy, culture and external environment on operational effectiveness.

Table 6: Joint Effect of organizational strategy, culture and external environment on operational effectiveness

Model Summary					
R	*R Square*	*Adjusted R Square*	*Std. Error of the Estimate*		
0.462	0.213	0.17	0.50		
ANOVA					
Model	*SS*	*df*	*MS*	*F*	*Sig.*
Regression	3.71	3	1.24	4.87	0.005

Residual	13.71	54	0.25		
Total	17.42	57			
Coefficients					
Model	*B*	*Std. Error*	*Beta*	*t*	*Sig.*
(Constant)	2.09	0.67		3.14	0.003
Strategy	0.17	0.17	0.17	0.99	0.33
Culture	0.35	0.19	0.31	1.79	0.080
External Environment	0.06	0.17	0.04	0.32	0.75

Table 5 shows that R^2 =0.21, which means that the joint effect of organizational strategy, organizational culture and external environment accounted for 21% of variation in operational effectiveness of the private health facilities.

The ANOVA results (F=(3, 56)=4.87, p <0.05) indicate that the regression model was statistically significant in predicting the effect of organizational strategy, culture and external environment on operational effectiveness. Based on the regression coefficients, a unit change in organizational strategy would improve operational effectiveness of the large private health facilities by a factor of 0.17; a unit change in organizational culture would improve the operational effectiveness of the facilities by 35%; and a change in external environment would improve organizational efficiency by about 6%. Table 7 shows the regression output for the joint-effect of organizational strategy, culture and external environment on organizational relevance.

Table 7: Joint effect of strategy, culture and external environment on organizational relevance

Model Summary					
R	*R Square*	*Adjusted R Square*	*Std. Error of the Estimate*		
0.444	0.197	0.183	0.56		
ANOVA					
Model	*SS*	*df*	*MS*	*F*	*Sig.*
Regression	4.08	3	1.36	4.41	0.008
Residual	16.65	54	0.31		
Total	20.73	57			

Coefficients					
Model	*B*	*Std. Error*	*Beta*	*t*	*Sig.*
(Constant)	1.76	0.734		2.40	0.20
Strategy	0.16	0.19	0.15	0.84	0.40
Culture	0.34	0.22	0.27	1.57	0.12
External Environment	0.162	0.19	0.11	0.86	0.396

As illustrated in Table 7, the value of R^2 was 0.197, implying that the joint effect of organizational strategy, organizational culture and external environment accounted for 19.7% of variation in organizational relevance of the private health facilities. The ANOVA results (F=(3, 56)=4.41, p <0.05) indicate that the regression model was statistically significant in predicting the effect of organizational strategy, culture and external environment on organizational relevance. Based on the regression coefficients, a unit change in organizational strategy would improve relevance of the large private health facilities by a factor of 0.16; a unit change in organizational culture would improve the relevance of the facilities by 34%; and a change in external environment would improve organizational relevance by about 16.2%. Table 8 shows the regression output for the joint-effect of organizational strategy, culture and external environment on financial viability of large private health facilities in Kenya.

Table 8: Joint effect of organizational strategy, culture and external environment on financial viability

Model Summary					
R	*R Square*	*Adjusted R Square*	*Std. Error of the Estimate*		
0.509	0.259	0.218	0.53		
ANOVA					
Model	*SS*	*df*	*MS*	*F*	*Sig.*
Regression	5.33	3	1.77	6.29	0.001
Residual	15.26	54	0.283		
Total	20.59	57			
Coefficients					
Model	*B*	*Std. Error*	*Beta*	*t*	*Sig.*

(Constant)	3.17	0.703		4.51	0.000
Strategy	0.12	0.18	0.11	0.65	0.52
Culture	0.53	0.21	0.43	2.55	0.014
External Environment	-.51	0.19	-.35	-2.82	0.007

Table 8 shows that the value of R^2 was 0.259, implying that the joint effect of organizational strategy, organizational culture and external environment accounted for 25.9% of variation in financial viability of the private health facilities. The ANOVA results (F=(3, 56)=6.29, p <0.05) indicate that the regression model was statistically significant in predicting the effect of organizational strategy, culture and external environment on financial viability. Based on the regression coefficients, a unit change in organizational strategy would improve financial viability of the large private health facilities by a factor of 0.12; a unit change in organizational culture would improve financial viability of the facilities by 53%; and a change in external environment would decrease financial viability by about 51%.

Conclusion

The focus of this study was to determine the joint effect of organizational strategy, organizational culture and external environment on the performance of large private health facilities in Kenya. The findings illustrate that when taken together, organizational strategy, culture and external environment tend to have a general positive impact on the efficiency, effectiveness, relevance and financial viability of the health facilities. These findings correspond to and strengthen those from previous researches on the relation between organizational strategy (Khan & Huda, 2016; Khoshtaria, 2018; Omari et al., 2016), organizational culture (Jabcobs et al., 2013; Acar & Acar, 2014; Zhou et al., 2011) and external environment (Noh et al., 2011) and organizational performance.

The findings of this study reveal that organizational culture and strategy are not divorced from the external environment in which they are embedded. Additionally, the findings demonstrated the significant need to align both organizational strategy and culture with the external environment in order to enhance organizational performance. On the basis of these findings, it is recommended that management of large private health facilities put more emphasis on appropriate corporate cultural practices, as well as competitive strategies and external factors that best fit the requirements for their organizations. This may contribute positively to overall performance and thereby lead to easier attainment of competitive advantage.

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