

**ORGANIZATION CULTURE AND RESOURCE ALLOCATION ON
THE PERFORMANCE OF PUBLIC HEALTH FACILITIES IN
TAITA TAVETA COUNTY, KENYA**

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DECLARATION

This thesis is my original work and has not been presented elsewhere for a degree or any other award.

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DEDICATION

I dedicate this work to my family, and especially my parents, whose unwavering encouragement and support have been my greatest source of strength. Their belief in me and constant guidance have been instrumental in this academic journey.

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LIST OF ABBREVIATIONS/ACRONYMS

CUs:	Community Units
ELDOWAS:	Eldoret Water and Sanitation Company Limited
HRM:	Human Resource Management
IBM:	International Business Machines Corporation
NACOSTI:	National Commission for Science, Technology and Innovation
OC:	Organizational Culture
PDI:	Power Distance Index
RBT:	Resource Based Theory
SNNPR:	Southern Nations, Nationalities, and People's Region
SPSS:	Statistical Package for Social Sciences

DEFINITION OF TERMS

Financial Resource Allocation:	The distribution of financial resources within an organization to fund activities, operations, and strategic initiatives essential for organizational performance.
Human Resource Allocation:	Assigning and managing human resources in an organization, including recruitment, training, and placement of personnel, to support organizational goals.
Organizational Culture:	A system of shared values, beliefs, and norms within an organization that shapes the behavior and attitudes of its members. It influences how employees interact with each other and approach their work.
Resource Allocation:	The process of distributing available resources—such as financial, human, and physical assets—strategically within an organization to maximize efficiency and achieve objectives.
Role Culture:	A type of organizational culture where roles and responsibilities are clearly defined, with a focus on hierarchy and specialization to maintain stability and consistency.
Task Culture:	An organizational culture that emphasizes teamwork and task-specific groups to efficiently achieve objectives by aligning resources with the skills of team members.

ABSTRACT

The study examined the effect of organizational culture and resource allocation on the performance of public health facilities in Taita Taveta County, Kenya. Organizational culture plays a crucial role in shaping the attitudes, behaviors, and practices within healthcare settings, while effective resource allocation ensures talent, skills, and productivity in organizations are enhanced to deliver quality healthcare services. Public health facilities play a critical role in delivering healthcare services, but inefficiencies in resource management and organizational culture hinder optimal performance. This study seeks to analyze how role culture, task culture, human resource allocation, and financial resource allocation influence organizational performance. This research was guided by three theories which are cultural dimension, Schein model of organization culture and Resource Base view theory. A descriptive cross-sectional survey design was employed, targeting all 75 public health facilities in Taita Taveta County. Data was collected using structured questionnaires administered to hospital administrators, department heads and a total of 61 hospitals filled the questionnaire. The research instrument was pretested for reliability and validity using a sample of 15 health facilities. Descriptive and inferential statistical techniques, including multiple regression analysis, were used for data processing and analysis. Findings indicate that human resource allocation has the most significant positive impact on performance ($\beta = 0.476$, $p = 0.001$), followed by task culture ($\beta = 0.244$, $p = 0.028$). Role culture ($\beta = 0.121$, $p = 0.128$) and financial resource allocation ($\beta = 0.079$, $p = 0.009$) also contribute to performance, albeit to a lesser extent. The overall model explains 71.3% of the variance in performance ($R^2 = 0.713$), demonstrating the substantial influence of these factors on healthcare outcomes. The study recommends strengthening human resource management practices, including training and workforce motivation, to enhance healthcare performance. Additionally, fostering a task-oriented organizational culture can improve service delivery efficiency. While financial resource allocation remains crucial, optimizing its distribution and utilization is necessary for greater impact. Future research should explore the influence of external environmental factors on healthcare performance and assess the long-term effects of cultural and resource allocation strategies. The findings of this study will inform public policy, improve resource management, and foster positive workplace culture, ultimately improving healthcare delivery in resource-constrained settings and serving as a model for similar contexts.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Cultural-related factors and resource allocation strongly influence the work performance of organizations such as a public health facility. Local beliefs, attitudes towards health, and community participation affects effectiveness of health services. The available financial, human, and infrastructural resources simultaneously affect the capacity and quality of healthcare delivery (Dwikat, 2022). Due to the frequent and persistent changes that globalization brings, the organizational environment has become dynamic and an unstable environment. In order to face the changes and gain a competitive edge, an organization follows strategic planning which goes through many steps from planning to environmental scanning. According to Nneji & Asikhia (2021), the service company implementation strategy has a significant impact on performance.

In today's increasingly complex healthcare environment, many health facility managers find it challenging to effectively navigate and thrive due to the demanding and competitive nature of the sector (Guy, 2021). Among the significant challenges they face are the rising pressures of cost containment and the need to address the diverse and evolving needs of various stakeholders, including patients, staff, and regulatory bodies (Kojima & Liljas, 2019). Over recent decades, there have been considerable shifts in management practices within healthcare organizations globally. These shifts are primarily driven by heightened competition, the growing diversity of healthcare professionals, and the continuous evolution of patient care standards (Chukwu et al., 2020). As the healthcare environment becomes more complex, health facilities are increasingly seeking out more efficient management strategies, with a growing focus on the critical role of organizational culture.

Service delivery in the healthcare systems is a difficult issue because no one solution fits all. According to Ta and Zhu (2020), poor coordination, insufficient staff, lack of motivation of the health worker and support from legislation are some of the examples which are troublesome in China. This causes poor management of diseases in the

patients and the healthcare system does not serve its purpose efficiently. In comparison, India is making efforts to work on health service delivery as a result of efforts to strengthen institutional capacity, efficiently mobilize financial resources, and implement data-driven governance policies (Mohanani et al., 2016). These approaches resolve some of the systemic inefficiencies in health care provision of essential input. At the same time, in Switzerland, the productivity of health workers is related to the availability of sufficient resources, good interpersonal relations, amenities and modern infrastructure (Fillietaz, 2021). The Swiss experience highlights the critical role of a well-resourced and supportive work environment in achieving efficient service delivery.

Africa faces significant challenges in delivering healthcare services. This is mainly due to limited access for its large impoverished population (Akokuwebe & Adekambi, 2018). Although many African nations supported the Abuja Declaration, which called for spending at least 15% of national budgets on healthcare and ensuring universal health coverage, only a handful of countries have met these goals. In Ethiopia, Assefa (2019) noted important progress in expanding the health sector. This growth stems from broad initiatives aimed at increasing investments in healthcare. Still, access to healthcare is restricted by several issues, such as the difficulty of reaching marginalized and isolated communities, weak efforts to reduce poverty, and a lack of educational opportunities. In addition, research in Nigeria by Akokuwebe et al., (2017) showed that healthcare service delivery is significantly hindered by corruption and the poor distribution of medical supplies.

In Kenya, the 2010 Constitution required County Health Departments to create strong systems for fair healthcare delivery (Wahome, 2019). However, health outcomes still fall short, mainly because of poor resource management and an unsupportive organizational culture (Achia et al., 2015). Health systems in countries like the UK and Norway show that having a strong organizational culture and smart resource allocation is vital for reaching high performance and universal health coverage (Papanicolas et al., 2018).

1.1.1 Organization culture

A group's culture is a collection of underlying, shared values that emerges when it resolves internal and external integration problems. These ideas are taught to new members as the correct way to see, feel, and think since they have been proven to be effective enough to be acknowledged as true (Schein, 2010). According to Sent (2022) it is the collective mental training that distinguishes members of a given group or category from one another.

The glue that keeps an organization together is its organizational culture, which is made up of symbols, power dynamics, and rituals that affect how work is done and how employees interact with the organization and with each other (Ng'ang'a & Wesonga, 2022). The aforementioned viewpoints collectively underscore the deeply ingrained and communal character of organizational culture in shaping the identity, customs, and operations of a work environment.

Organizational culture shapes the collective thinking and behaviors of its members, which has a substantial impact on the performance of the organization. A culture that is both positive and aligned cultivates a shared purpose, dedication, and engagement among staff members, which in turn boosts their motivation and productivity. Employees are more likely to work well, make decisions that support organizational aims, and adjust to change when cultural values and strategic objectives are in sync (Zhang et al, 2023). Furthermore, a cohesive and encouraging work atmosphere that lowers conflict and improves teamwork is facilitated by a strong organizational culture.

There are four types of cultures according to Naiser et al, (2019), namely 'Power Culture', 'Role Culture', 'Task Culture' and 'Person Culture'. Power culture, characterized by a central authority and quick decision-making, can be assessed by evaluating the degree of centralized power and decision authority within the organization. Task culture, emphasizing teamwork and collaboration, is measured through examining the level of coordination and interdependence among teams. Role culture, characterized by clearly defined roles and responsibilities, can be assessed by evaluating the organizational structure and how roles contribute to overall objectives.

Person culture, focusing on individual empowerment and self-expression, is measured by the extent to which employees are encouraged to pursue personal goals and innovation.

1.1.2 Resource Allocation

Leaders get insights into the status of many organizational initiatives through monitoring. The process of monitoring involves tracking and evaluating organizational actions and performance indicators regularly. It allows for timely decisions based on data, reports, and feedback to spot potential issues early (Kissi & Baiden, 2019). Resource allocation, according to Ordu (2021), means distributing available resources, such as money and personnel, across different departments or initiatives. To ensure resources are used efficiently and that overall strategies are followed, organizations must carefully consider their priorities and goals

One cannot stress how crucial resource allocation and monitoring are to the effectiveness of an organization. By giving organizations, the visibility and information, they need to identify any issues early on, monitoring enables proactive action and course correction (Wanjiru, 2022). It supports a continuous improvement culture, increases accountability, and makes well-informed decisions easier to make. Resource allocation makes sure that the organization's resources are distributed strategically and in line with its priorities and overarching plan. This improves organizational agility and the capacity to adapt successfully to changing conditions in addition to optimizing the use of resources. Organizational resilience, adaptability, and sustained high performance are greatly influenced by efficient monitoring and resource allocation working together (Park & Song, 2023).

Effective delivery of public health services relies mostly on the proper planning and administration of human and financial resources. Adequate financial resources ensure the acquisition of essential medical supplies, maintenance of infrastructure, and investment in service innovations that enable quality of care enhancement (Jain & Moreno, 2022). Similarly, human capital forms the bedrock of health systems, and the availability, skills, and motivation of health workers directly affect service efficiency, client satisfaction, and outcomes (Wojtczuk-Turek, 2024). Unequal distribution of

resources, continued underfunding, and gaps in the supply of health workers have been shown to erode performance within public facilities, resulting in delayed provision of services, reduced quality, and inequities in access (Lesiyampe, 2021; Godana, 2022). Optimization of human and financial resource utilization consequently involves not only adequate provision of funds but also policy to allow for fair levels of staffing, constant training, and performance incentives, culminating in fair and sustainable public health service delivery.

1.1.3 Organization Performance

The accomplishment of organizational objectives is known as organizational performance, and it emphasizes the significance of effectiveness and efficiency in reaching intended results (Ahmed, 2023). According to Salem (2012), organizational performance involves the achievement of strategic objectives across multiple perspectives, including financial, customer, internal processes, and learning and growth. Performance can also be viewed as the extent to which an organization meets the needs of its stakeholders, emphasizing responsiveness and adaptability.

The efficacy and efficiency of a company's operations are typically taken into account while evaluating its performance. As a result, when determining an organization's overall success, organizational profitability is the most often used financial metric. As a result, the profitability level of the company is the most widely used and acknowledged indicator of its performance because it makes evaluating the efficacy and efficiency of its operations simpler (Bora & Bulut, 2015). Performance measures can include results, behaviors (criterion-based) and relative (normative) measures, education and training concepts and instruments, including management development and leadership training for building necessary skills and attitudes of performance management.

For the context of this study, public health facility performance will be interpreted in terms of three main dimensions: customer satisfaction, employee satisfaction, and efficiency. Customer satisfaction is an indicator of how far the delivered services are perceived to meet the patients' expectations regarding quality, timeliness, and responsiveness (Papanicolas et al., 2018). Staff satisfaction encompasses staff morale,

motivation, and overall happiness of the health center employees, and it has been discovered to directly influence the provision of services and organizational performance (Wojtczuk-Turek, 2024). Efficiency entails optimal utilization of available resources financial, human, and infrastructure to produce the greatest service output without compromising quality, a significant indicator of ensuring sustainability in public health systems (Alatawi, 2020). Together, these dimensions form an integrated system for performance measurement, consistent with contemporary public health management approaches that emphasize both resource stewardship and service quality.

1.1.4 Public Health Facilities

Taita Taveta County, located in south-eastern Kenya, is served by several public health hospitals that play a crucial role in providing healthcare services to the local population. The county has a total of 75 government managed public health facilities classified into four (4) Level 4 hospitals, twenty-two (22) health centers and Forty-nine (49) dispensaries and ninety-three (93) Community Units (CUs) located in Voi, Mwatate, Wundanyi and Taveta constituencies. These hospitals serve as primary points of contact for residents seeking medical assistance, offering a range of services from preventive care to treatment for various health conditions. Public health facilities in Taita Taveta County are often tasked with addressing the healthcare needs of a diverse population, including rural and urban communities. Services typically include maternal and child health, immunization, outpatient and inpatient care, and disease prevention programs. These hospitals are vital in promoting community health and well-being, aiming to address both communicable and non-communicable diseases prevalent in the regions (Ndegwa, 2023)

1.2 Statement of the Problem

When a county's healthcare system is operating at peak efficiency, public health facilities are stocked with supplies, have enough personnel, and are run effectively (Kim, 2022). Based on a comprehensive needs assessment, resources are allocated to ensure that all facilities have the staff, equipment, and medical supplies needed to address community health needs. The healthcare delivery system completely incorporates cultural considerations, and health services are available,

accommodating, and attentive to the varied requirements of the general public (Ravaggi, 2023). High patient satisfaction, better health outcomes, and a strong public health infrastructure that can handle both ordinary and urgent medical crises are the effects of this.

The National Health Facility Census (2023) revealed significant problems in the performance of public hospitals across counties. Only 45% of government health facilities are accredited by the National Health Insurance Fund (NHIF), limiting access to essential services. Furthermore, many facilities lack critical resources, with 51% of facilities reporting no access to functional ambulances and only 4% having all disability-friendly infrastructure. The data also indicates that only 2% of health facilities provide the full range of basic outpatient services, and key outpatient equipment is missing in many facilities, reducing their capacity to deliver quality care. Additionally, disparities in water supply and inconsistent access to power across counties exacerbate the inefficiencies in healthcare delivery. Narrowing down to Taita Taveta the National Health Facility Census (2023) highlights challenges in the County's healthcare system, particularly in resource allocation and organizational culture, which significantly hinder the delivery of quality healthcare services. Notably, 92% of Level 2 facilities are severely understaffed, with fewer than the recommended three nurses, compromising the quality of care.

The research on organizational culture and resource allocation has largely focused on varied industries and contexts, revealing a gap when considering public health facilities, particularly in Taita Taveta County. For instance, Chege (2022) explored role culture in Kenyan universities, yet universities differ significantly from health facilities in operational structure and performance measures. Similarly, studies by Otieno (2017) and Cavanagh (2021) examined task culture in water services and the food and beverage industry, which differ from the health sector in terms of key performance indicators like customer satisfaction and innovation. Research by Zakari et al., (2017) and Hee (2018) highlighted organizational culture and HR practices in banking and manufacturing, both distinct from health facilities in the nature of resource needs and service delivery. Furthermore, Ali and Ogolla (2022) and Nyakure (2022) examined resource allocation in cement manufacturing and public health

facilities in Mombasa, respectively, but their findings lack direct application to Taita Taveta's unique public health context. Therefore, the current study addressed these gaps by specifically focusing on the interplay between organizational culture, resource allocation, and performance within public health facilities, contributing a sector-specific and regional understanding.

1.3 Research Objectives

The study was guided by the following objectives.

1.3.1 General Objective

To analyze the effect of organizational culture and resource allocation on the performance of public health facilities in Taita Taveta County.

1.3.2 Specific Objectives

The specific objectives of the study include: -

1. To ascertain the influence of role culture on the performance outcome of public health facilities in Taita Taveta County
2. To analyze the influence of task culture on the performance outcome of public health facilities in Taita Taveta County
3. To investigate the influence of human resource allocation on the performance outcome of public health facilities in Taita Taveta County
4. To find out the influence of financial resource allocation on the performance outcome of public health facilities in Taita Taveta County

1.4 Research Hypotheses

The research hypotheses of this study will include the following: -

H₀₁: Role culture does not influence the performance outcome of public health facilities in Taita Taveta County.

H₀₂: Task culture does not affect the performance outcome of public health facilities in Taita Taveta County

H₀₃: Human resource allocation has no impact in the performance outcome of public health facilities in Taita Taveta County.

H₀₄: Financial resource allocation does not influence the performance outcome of public health facilities in Taita Taveta County.

1.5 Justification of the Study

The study sought to determine the effects of the organizational culture and allocation of resources on the performance of the public health facilities within Taita Taveta, County in Kenya. The importance of the given study is explained by its possible contribution to the academic circles as well as practice-related interventions in the field of healthcare. In exploring the nature of organizational culture within the public health facilities, the study hopes to contribute to the current body of literature. It will give a better idea of the influence of cultural phenomena on the performance in healthcare. This will come up with a better understanding of the strategic factors that affect the progress of healthcare have within the situation of low resources characteristic of the settings.

It is expected that the results of this investigation will not only be confined to the academic setting as they can also influence the development of the state policy and contribute to progress in the healthcare field. By getting an avenue into the challenges facing public health facilities in the Taita Taveta County, one will be able to formulate policies and strategies that relate to that particular aspect. They can improve organizational culture, streamline the monitoring guidelines, and improve resource allocation. This information can be used by healthcare administrators and policymakers to help them develop more effective interventions, allocate resources more efficiently, and facilitate a good working environment in public health institutions. The research intends to eliminate the gap between theory and practice by applying realistic suggestions that would enhance health care provision in the county of Taita Taveta. It also provides an example to other less magnanimous environments.

1.6 Scope of the Study

This study sought to investigate the influence of organizational culture practices and resource allocation on performance outcomes in public health facilities in Taita Taveta County, Kenya. The geographical scope is purposely kept within this county to allow for an in-depth, context-specific analysis of how these strategic implementation practices guide healthcare delivery in an environment that may suffer from peculiar socio-economic, infrastructural, and human resource-based limitations. By focusing on Taita Taveta, the research acknowledges the interplay between localized

determinants resource availability, cultural norms, and governance structures and the operational efficiency of health facilities. The study spans a broad sweep of public health facilities, from those in densely populated urban centers to those in thinly populated rural enclaves, thereby capturing variations in service delivery capacity, patient volume, and access to healthcare resources

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter examines the body of knowledge, publications, and literature that scholars have produced on the subject of the research challenge. The literature on organizational culture and resource allocation is examined in this section. Specifically,

the theoretical and empirical reviews of the research, as well as the conceptualization and operationalization of the conceptual variable, are covered.

2.2 Theoretical Review

Theories that will be discussed in this section include cultural dimension theory, Schein model of organization culture and resource-based view theory.

2.2.1 Cultural Dimension Theory

Hofstede's (1984) cultural dimensions provide a foundational framework for intercultural communication knowledge, based on a large IBM employee survey across 50 nations in the 1960s and 1970s. There are six main dimensions: Power Distance, Individualism vs. Collectivism, Uncertainty Avoidance, Long-term vs. Short-term Orientation, and Indulgence vs. Restraint. The dimensions indicate how a society's culture affects values and behavior, explaining social norms, behaviors, and values in nations.

Each dimension measures distinct cultural characteristics. The Power Distance Index (PDI) measures acceptance of power inequality, and high PDI cultures accept hierarchies, while low PDI cultures promote egalitarianism (Kostova, Beugelsdij, & Roth, 2017). Individualism vs. Collectivism distinguishes between cultures that emphasize individual rights and those that emphasize group objectives (Welzel, 2018). Uncertainty Avoidance defines tolerance for ambiguity, and cultures with high uncertainty avoidance like stability and strict rules, while lower tolerance cultures embrace change (Gerlach & Ericksson, 2021). The final dimensions Long-term vs. Short-term Orientation and Indulgence vs. Restraint measure time orientation and impulse control in cultures (Barbosa, 2022; Tekes *et al.*, 2019).

Within the framework of this study, Hofstede's model is particularly useful in examining how the dimensions of culture impact organizational values, leadership, and workers' motivation in public health centers in Taita Taveta County. Its framework provides the foundation for understanding how cultural diversity among patients and healthcare providers may influence communication, collaboration, and service delivery results. One of the model's major strengths is that it enables comparison among different organizational cultures so that those cultural dimensions that enhance

or detract from performance can be identified. It also facilitates the development of culturally responsive measures and strategies for enhancing organizational effectiveness in multicultural and dynamic settings. Nevertheless, although the model is helpful in giving macro-level data on cultural variation, it does not necessarily reflect the subtleties of individual values formed through life experiences (Jones, 2007) that also play an important role in shaping workplace behavior.

2.2.2 Schein's Model of Organization Culture

Schein's (1985) model for organizational culture is employed in describing the layers that characterize organizational culture as artifacts and behaviors, espoused values, and underlying basic assumptions. Artifacts include concrete objects like dress code and work environment, the organization's espoused values being the stated beliefs, and underlying assumptions are deep unconscious beliefs that affect behavior (Odor, 2018)

The model offers practical applications for leaders, helping to assess and align organizational culture with strategic goals. It also aids in culture change efforts, leadership development, and organizational communication, particularly in complex processes like mergers and talent management (Williams, 2022).

For this study, Schein's model is useful in understanding how observable artifacts, espoused values, and underlying assumptions reinforce each other in shaping organizational culture in public health facilities. This understanding is vital in matching cultural attributes to performance goals, such as patient outcomes improvement, employee satisfaction improvement, and service delivery process improvement. By making the normally-hidden elements of culture explicit, the model can guide leaders in the creation of cultural strengths and removal of performance barriers. However, critics such as Tuttle (2002) believe that Schein's model oversimplifies organizational culture by condensing it into three levels and provides little practical guidance on its implementation. It also tends to downplay the impact of exogenous forces, including industry trends, policy frameworks, and regulatory requirements, that can powerfully shape organizational culture. Despite this flaw, when augmented with relevant performance metrics, Schein's model remains a useful tool for informing culture-aware improvements in public healthcare organizations.

2.2.3 Resource-Based View Theory

Resource-Based Theory (RBT) has its roots in Penrose's (1959) early work, where she conceived of firms as integrated groups of resources that collaborated to achieve organizational goals and strategic behavior. Penrose's groundbreaking ideas paved the way for understanding how firms could realize long-term competitive advantage by strategically managing their resources. However, it was in the 1980s and 1990s, with research by scholars like Jay Barney, that RBT emerged as the prevailing paradigm in strategic management. RBT can be valued in stages of development, and its initial development entailed focusing on internally-generated streams, with a demand for heterogeneous and distinctive resources that an organization owns. Barney's (1990) work was particularly significant, as it expanded RBT to accommodate dynamic capabilities, acknowledging the inputs of learning, skills acquisition, and asset accretion over time (Utami & Alamanos, 2022). This widened the applicability of the theory, allowing it to address the complexity of a rapidly changing business environment.

The theory is applied in companies to analyze how unique and immobile assets lead to sustainable competitive advantage. Through the realization and leverage of valuable assets such as human capital, technology, and organizational capabilities, businesses can increase efficiency and productivity (Nasson, 2018). RBV has been criticized on the basis of focusing on inner determinants too narrowly and not being able to explain competitive advantage under dynamic conditions (Priem & Butler, 2001). Despite this, RBV is extremely relevant in this research on resource management and performance in public hospitals. It provides a model for the assessment and optimization of critical resources like people, equipment, and infrastructure and hence promote the delivery of healthcare and organizational

2.3 Empirical Review

A review of previous research is given in this section. The purpose of the review is to lay forth the approaches, goals, conclusions, and suggestions from earlier research. Finding knowledge gaps that still need to be filled is the review's major goal. The framework used in the current analysis was informed by the gaps.

2.3.1 Role Culture and Performance

Korma (2022) conducted a study that examined the influence of organizational culture on technical support in emerging economies, using the example of schools in the Garage Zone area of Ethiopia. The research applied structural equation modeling to compare data among 350 respondents and found that cultural elements such as organizational learning, strategic direction, and team orientation had significant positive influences on organizational performance. These findings point to the fore-fronted role cultural variables play in engendering organizational success, particularly in emerging economies where adaptive learning, strategic clarity, and collaborative work settings are decisive factors in overcoming resource constraints and operational challenges. The study implications affirm the significance of institutions building cultural attributes that not only enable technical functionality but also engender global performance and sustainability.

Sasaka (2019) considered the influence of organizational culture on performance, citing examples like power arrangements, values, and rituals. The study revealed that culture could be a facilitator and hindrance to performance, ensuring cooperation but occasionally being contrary to corporate goals. Similarly, role culture, which emphasizes formalized communication and defined roles, ensures steady performance by established tasks and power, with training playing an essential role in maintaining standards (Munyambu, 2015; Taras, 2021). Moderate modifications of work design and training are likely to yield significant performance improvement, potentially generating higher revenue. Role culture's formalism dominates performance by clearly specifying tasks and roles, encouraging stability, and habituating the work environment. Njugi and Agusioma (2014) noted that organizational culture may encourage creativity and autonomy, although role culture specializes and encourages centralized management. Chege (2022) found that universities performance in Kenya is enhanced by role culture but acknowledged that further investigation in other sectors, such as healthcare, is needed.

Organizational culture plays a primal part in motivating employee performance by affecting the manner in which work is executed, the philosophy of the organization, the work environment itself, performance expectations, and overall stability. Role

culture is, in this sense, a prevalent element where extremely specialized operations are executed by very few top-level executives and facilitated through rules and norms, standardization, and formalized procedures. Clear statements of roles, authority, channels of communication, and resolution of conflicts of disputes guarantee ordering and consistency in operations. In organizations with role culture as the dominant form, positions at work are designed to be continuous even when certain employees leave their organization, and so repeated training is a required component to ensure performance and that employees continue passing organizational standards (Njugi & Agusioma, 2024).

Role culture can significantly enhance organizational performance when supported by effective motivation and targeted training. Research at Del Monte Kenya Limited found that employees were highly committed, largely due to extrinsic rewards, highlighting the importance of management actively investing in employee development to sustain performance (Munyambu, 2021). Furthermore, organizations that adapt their recruitment, training, and work design practices to align with cultural values can achieve substantial performance improvements, with gains estimated at 10–20%, potentially translating into significant revenue growth (Taras, 2020). These findings emphasize the strategic importance of managing role culture to boost both efficiency and overall organizational performance.

Both power and role organizational cultures both depend on the use of external sanctions and rewards to manage employee behavior. Zain *et al.*, (2019) research examined cultural dimensions, such as teamwork, communication, reward and recognition, as well as training and development, and confirmed that all these determinants have a significant effect on employee performance. In role culture-prevailing organizations, effectiveness results from empowering staff, encouraging collaboration, and enhancing human capabilities on all organizational levels (Lawler, 1996). Echoing this, Onyango's (2020) research at Pacis Insurance Company highlighted that developing teamwork is a key approach to improving employees' performances and organizational productivity at large.

The pervasive and powerful effect of role culture on organizational dynamics suggests that cultural influences can be a prime driver of superior organizational performance.

For the culture of an organization to enable or enhance performance or make a contribution toward it in a positive manner, it must be powerful and display certain qualities, such as homogeneous values, beliefs, and behavioral patterns. Scholars have argued that when these kinds of cultural traits are positively aligned and deeply embedded, they have a direct impact upon performance levels. Such is referred to as the "strong culture hypothesis," a hypothesis that argues that organizations with strong and consistent culture, defined by clear and widely shared values, are more likely to deliver enhanced levels of performance. Denison (2024) identifies the way in which the power and universality of such culture traits increase their influence throughout the organization, and the way in which a well-established, powerful organizational culture can drive success through providing a sense of unity, direction, and meaning throughout the workforce.

2.3.2 Task Culture and Performance

Task culture is interested in placing the right resources in the hands of the right people to achieve specific objectives efficiently. Odhiambo and Munyoka (2016) emphasized the significance of possessing a strong organizational culture in Kenyan microfinance institutions, referencing its contribution to the reconfiguration of resources for competitive performance. Similarly, Ng'ang'a and Nyongesa (2022) also reiterated that effective utilization of resources is vital for survival and success of educational institutions, particularly in the face of competition and economic adversity. These writings stress the importance of task culture in driving organizational success across all sectors.

Otieno (2017) found a positive correlation between task culture and service delivery at ELDOWAS, demonstrating its usefulness in improving the performance of workers in the water and sanitation sector. However, Cavanagh (2021) found no direct connection between task culture and workplace satisfaction in the food and beverage sector but found that task autonomy had moderated this connection in a negative manner. These contradictory findings suggest that the effect of task culture may be dependent on situational contingencies, necessitating a closer look at its impact on organizational performance.

Task culture emphasizes teamwork and resource efficiency, but its success is dependent on the presence of resources and teamwork. Sifuna (2023) reported resource shortages in Kenyan public universities as a major obstacle to teaching and research, which results in brain drain. Zain (2019) and Onyango (2014) both underscored the fact that teamwork is pivotal to organizational performance, with Zakari *et al.*, (2017) found out that task culture is the most predominant in influencing performance in Ghana's banking sector. Cultural and geographical disparities between Ghana and Kenya, nonetheless, point to the fact that further research on task culture effectiveness in the Kenyan context is needed.

Task culture entails accomplishing specific objectives by putting the right people with the right expertise and resources at the right levels so they can complete a project effectively. Odhiambo, Kibera, and Munyoka (2016) found that in Kenyan microfinance organizations, there exists a requirement for efficient organizational culture that enables reorganizing and effective management of resources to flourish. Likewise, Ng'ang'a and Nyongesa (2022) observed that in schools, survival of the institution depends on the ability to work smart and effectively in the utilization of resources usually derived from taxpayers to deliver services tailored to customers. In an environment of fiscal restraint and cut-throat rivalry in the 21st-century learning environment, institutions must demonstrate their usefulness and value through ongoing high-level performance.

In Kenyan public universities, the availability of adequate resources and research infrastructure is critical, as their absence contributes significantly to the migration of skilled scientists to industrialized countries (Sifuna, 2023). The quality and accessibility of infrastructure are closely linked to funding, yet many African institutions face substantial limitations, which impede both teaching and research activities. Insufficient facilities, laboratory equipment, and computing resources compromise instructional quality, while shortages in classrooms and student accommodation further restrict access to education. Within the framework of task culture, teamwork plays a central role in achieving organizational objectives by effectively coordinating human and material resources. A historic example of this is NASA in the 1960s, which successfully harnessed specialized expertise and resources

to accomplish the ambitious goal of landing a man on the moon and returning him safely within the decade, illustrating the power of task-oriented collaboration in driving high-performance outcomes.

Task culture, as a component of organizational culture, emphasizes completing specific tasks by bringing together the right people and resources to achieve project goals. Putri (2020) defines organizational culture as the ability to perform tasks correctly, both physically and mentally, which aligns with the skills required in a task culture to ensure efficient task completion. Eko Prasajo (2021) expands on this by stating that organizational culture encompasses the skills needed to meet deadlines and deliver tasks according to plan, including both technical and cognitive abilities. Tri Mariati Lambaga (2022) notes that employee performance is measured by the extent to which tasks align with organizational goals, which is central to task culture, where the focus is on achieving specific objectives. Kompri (2021) links performance to the successful execution of programs or activities that fulfill the company's strategic aims. In this framework, Tuala (2020) suggests that organizational culture, including task culture, is the foundation for goal-setting, consensus-building, and overall success. Setyorini & Santi (2023) highlight that the strength of organizational culture plays a crucial role in enhancing individual performance, with task culture fostering a work environment that drives goal achievement through collaboration and efficiency.

A study was conducted to examine how task skills, organizational culture, internal motivation, and the non-physical work environment affect employee performance, both individually and collectively (Maharani, 2024). Using a sample of 30 respondents gathered through questionnaires, the research employed several data analysis techniques, including classical assumption testing, autocorrelation tests, goodness-of-fit tests, and multiple linear regression analysis. Findings revealed that internal motivation had a positive and significant effect on employee performance, while the non-physical work environment also positively and significantly influenced performance. In contrast, organizational culture was found to have a significant negative impact on employee performance, indicating that certain cultural factors may hinder rather than support productivity.

2.3.3 Human Resource Allocation and Performance

Hee (2018) conducted a survey and established a high correlation between performance appraisal, training, and employees' performance within the manufacturing industry, forecasting the importance of targeted HRM practices for increasing individual productivity. On the other hand, Anwar (2021) examined HRM practices within government institutions and determined that decentralization efforts did not have significant effects on organizational performance. This dualism means that while activities like training and appraisals can contribute directly to enhancing employee performance in some fields, more macro concepts like decentralization are not necessarily always translated into better performance, particularly where there is complex or bureaucratic context.

Dwivedula (2019) studied 104 HRM journal articles on project management and discovered six broad themes, the key of which were the functions of the project managers and the human resources in promoting competitiveness and innovation. Ali and Ogolla (2022), meanwhile, examined resource planning in Kenyan cement and observed that proper allocation positively impacts performance, noting the adequacy of human resources in preventing shortages and optimizing the recruitment and selection processes.

Sopha and Asih (2018) conducted a study on HR deployment in humanitarian organizations using a simulation model to reconcile relief activities and capacity development. The study highlighted the importance of strategic deployment of resources to ensure operational sustainability. Similarly, Kwizera (2018) developed that strategic HRM practices such as monetary remuneration and organizational culture played a critical role in the performance of the staff at USIU-Africa. The two papers point to the importance of purposeful HR deployment policies aimed at achieving long-term goals across various sectors.

Human resource management (HRM) is a central driver of organizational performance, with strategic practices influencing productivity, innovation, and service quality. Recent research highlights that effective HRM practices—such as structured workforce planning, targeted training, continuous professional development, and fair

compensation—significantly enhance both financial and operational performance (Alkhalaf & Badewi, 2024; Mwambela, 2024). Additionally, performance appraisal systems that are transparent and aligned with organizational objectives encourage employee accountability and foster high performance. Strategic HRM also facilitates better talent utilization and retention, ensuring that organizations maintain a skilled and motivated workforce capable of achieving long-term objectives. This alignment between HRM practices and business goals is increasingly recognized as essential for sustaining competitiveness in dynamic markets (Wojtczuk-Turek, 2024).

Moreover, HRM plays a critical role in shaping employee attitudes, which directly affect performance outcomes. Practices that enhance job satisfaction, morale, and motivation contribute to higher levels of organizational commitment, resulting in improved productivity and service delivery (Ouabi et al., 2024). Empirical evidence shows that when employees feel valued, supported, and engaged, they are more likely to invest their time, creativity, and effort in achieving organizational goals. HRM initiatives that promote continuous learning and organizational learning culture also have a measurable impact on innovation, adaptability, and overall performance (Jain & Moreno, 2022). Therefore, HRM is not only a functional necessity but also a strategic asset that, when effectively managed, drives organizational excellence and long-term success.

Organizations are expected by stakeholders to deliver strong performance, relying heavily on the quality, expertise, dedication, enthusiasm, and skills of employees at all levels. From the resource-based view, human resource management (HRM) plays a pivotal role in creating value and fostering sustainable competitive advantage through the strategic development of an organization's workforce. The underlying assumption in HRM is that performance improvements are driven by people within the organization. Consequently, when effective HR policies and practices are implemented, HRM can be expected to contribute positively to organizational performance (Armstrong, 2019)

The relationship between human resource management (HRM) practice and organizational performance has been a preoccupation of research for the last several years. Researchers have tried to determine whether HR practices, directly or indirectly,

affect performance outcomes, but in what direction and to what degree remains uncertain. While there is evidence to suggest that HR practices have a positive influence on organizational performance, the impact varies depending on the sample and measurement methods used (Millmore *et al.*, 2018). Despite extensive research, there is still no conclusive proof that high-performing HRM practices always lead to improved organizational performance.

2.3.4 Financial Resource Allocation and Performance

Performance of public health facilities in Mombasa County concerning strategic resource allocation, guided by resource reliance, performance enhancement, and resource allocation theories was a study conducted by Nyakure (2022). The study focused on five public health institutions in Mombasa County and revealed that the strategic allocation of human, financial, technology, and medical resources significantly influenced the performance of these referral institutions. Although Nyakure's (2022) research centered on Mombasa's referral institutions, this study intends to investigate public hospitals in Taita Taveta County, regardless of their classification. Meanwhile, Njoki & Anyieni (2022) conducted a study to assess how resource distribution impacts the performance of the Nyandarua County Assembly. Adopting a descriptive research design, data was collected from the management team and assembly members. Regression, correlation, descriptive, and inferential analyses were conducted, revealing a significant and positive correlation between resource allocation and performance.

Godana (2022) assessed the impact of fund allocation on strategic plans in public hospitals in Marsabit County, finding that financial resource distribution significantly enhances the uptake of county health programs, prompting a need for the county administration to review health funding to ensure effective policy implementation. While this study focused on the strategic aspects of health programs, the current research will broaden the scope to examine overall organizational performance in public hospitals. Similarly, Ojha and Pandey (2017) explored financing and management strategies in India's e-government projects, emphasizing the importance of a well-structured strategy and innovative financing in driving project success, risk-sharing, and ensuring fund availability. However, their study, focused on India's

context and e-government, leaves gaps, particularly regarding its applicability to public hospitals.

Financial means are an imperative in the successful implementation of strategic plans because availability determines an organization's ability to execute its strategies effectively (Murithi, 2020). It requires the right funding to cater to operational activities, investments in equipment, technology, and other vital aspects that support strategic objectives. Restrictions such as stringent budgets can significantly impede the process of implementation by constraining the provision of funds for various operational needs, ultimately affecting the overall success of the strategy (Kazmi *et al.*, 2020).

Proper provision of financial resources is also highly crucial in strategy implementation, as postulated by Ganley (2022). Appropriate funding delays the implementation process, while over-provisioning results in wastage and poor financial performance. Balanced distribution of capital means careful planning to make sure strategic goals are funded accordingly without stretching organizational capital too far. Because of often thinning financial resources, management will have to prioritize strategies by order of priority for implementation using what is available.

Robert and Duncan (2021) emphasized that financial resource allocation should be guided by available funds, with clear plans for acquiring the additional resources needed to implement strategic plans. Achieving financial sustainability is essential for effective strategy execution, as it ensures that organizations can consistently meet their objectives without over-reliance on external support. Cannon (2023) described financial sustainability as the capacity to secure and manage adequate resources to fulfill an organization's mission effectively over time. While total financial independence may be unattainable for many institutions, reducing dependence on donor funding and moving toward greater financial self-reliance can enhance both resource stability and organizational performance.

According to Daniel (2023), new strategic plans often demand significant financial and material investments. When organizations are unable to secure the financial and material resources required, the effective implementation of these plans becomes

compromised. A strategic plan serves to set the organization's direction and priorities; however, if these priorities are not aligned with donor interests, the organization may struggle to attract the necessary funding. Therefore, a strong strategic plan must be grounded in the resources currently available, with clear strategies for acquiring the additional resources needed. Pursuing financial sustainability should remain a central objective for organizations seeking to execute their strategic plans successfully. In recognition of this, some organizations have begun exploring ways to generate their own income to supplement donor contributions, thereby strengthening both financial stability and overall organizational performance

2.4 Conceptual Framework

The conceptual framework shows the relationship between the independent and dependent variables (Varpio, 2020). This research seeks to establish the effect of organizational culture and resource allocation on performance in Taita-Taveta county's public health facilities, Kenya. Role culture and task culture in this study are derived from Handy's (1978) typology of organizational culture, which distinguishes between structured environments (role culture) and flexible, team-oriented settings (task culture). The constructs related to resource allocation, specifically financial and human resources, are based on Mayer and Schoormanc (1992) model who emphasizes their pivotal role in organizational effectiveness. Additionally, constructs of organizational performance, including customer satisfaction, are also informed by Mayer and Schoormanc (1992), where customer feedback is crucial for evaluating performance outcomes.

INDEPENDENT VARIABLES

DEPENDENT VARIABLE

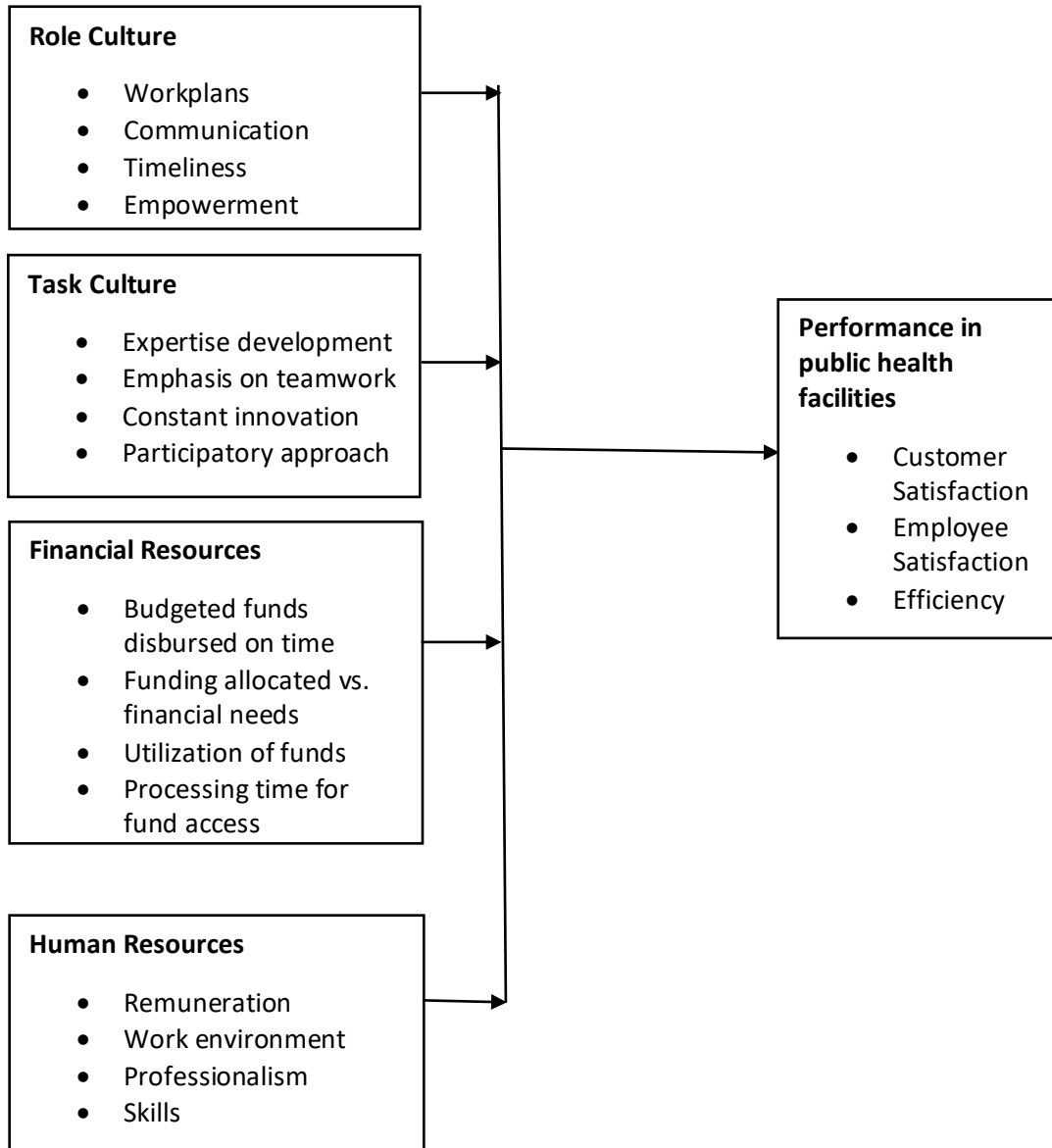


Figure 2. 1: Conceptual Framework

2.5 Summary of Reviewed Literature

Literature review entails a comprehensive examination of several key theories and models relevant to the study focus on organizational culture, resource allocation, and organizational performance. Specifically, it examines Hofstede's Cultural Dimension Theory, Schein's Model of Organizational Culture, and the Resource-Based View Theory. These theories provide underpinning knowledge and conceptual models for understanding organizational behavior dynamics, cultural dimensions, and strategic resource management. In addition, the review identifies a number of variables, such as cultural dimensions, organizational behaviors (for example, HRM behaviors), and strategies for resource distribution, that are examined in empirical studies to explore their influence on organizational outcomes and employee performance. Through the merging of theoretical models and research findings, the literature review aims at clarifying fundamental questions around organizational culture, resource distribution, and performance in order to contribute meaningful insights and potential avenues for future studies in this field.

Literature review elucidates the intricate dynamics at play by outlining the theoretical underpinnings and empirical findings. It also emphasizes the significance of dimensions like cultural dimensions, leadership styles, and strategic resource management in influencing organizational outcomes. Additionally, it demonstrates the necessity for applying rigorous theoretical and methodological frameworks in trying to explore these associations efficaciously.

2.6 Research Gaps

Previous studies have explored the relationship between organizational culture, human resource practices, and performance across various sectors and contexts. Zakari et al. (2017) examined the relationship between organizational culture and performance in Ghana's banking industry using a descriptive survey and found a positive correlation. However, since the study focused on banks, its performance measures differ from those of health facilities, presenting a contextual gap that the current research addresses in public health facilities.

Hee (2018) investigated the link between Human Resource Management (HRM) practices and employee performance in a Malaysian manufacturing company using quantitative methods. The study revealed that HR practices—particularly compensation, work-life policies, performance appraisal, and training—positively influence company performance. In contrast, the current study extends this by examining how remuneration, work environment, and professionalism affect performance in health facilities.

Cavanagh (2021) conducted longitudinal research on organizational culture and performance in the food and beverage industry, finding no direct association between task-oriented culture and performance—an unexpected deviation from prior findings. The current study builds on this by delving deeper into organizational culture's impact in the healthcare context.

Anwar (2021) used a quantitative approach to assess HRM practices within government institutions and found that human resource practices significantly influence performance. Similarly, the present research applies a cross-sectional descriptive survey to explore these dynamics within public health institutions.

Chege (2022) examined the effect of role culture on the performance of universities in Kenya using a descriptive methodology and found a significant relationship between role culture and academic achievement. While Chege's study was set in higher education, the current study focuses on public hospitals in Taita Taveta, addressing a sectoral gap.

Ali and Ogolla (2022) explored the effect of resource allocation on the performance of Kenyan cement manufacturing firms and found a positive and significant relationship. Their focus on the industrial sector limits generalization to healthcare, hence the current study investigates this relationship in public health facilities.

Nyakure (2022) analyzed the performance of public health facilities in Mombasa County with regard to strategic resource allocation and established that strategic allocation positively influences performance. This study builds upon that work by extending the analysis to other health facilities to strengthen generalizability.

Finally, Njoki and Anyieni (2022) assessed the impact of resource distribution on the performance of the Nyandarua County Assembly using a descriptive design. They found that resource allocation greatly influences performance and applied the resource-based view theory to explain the relationship. However, their findings could not be generalized to health facilities, a gap this research seeks to fill by applying the same theoretical lens to public hospitals.

The research gaps are provided in Appendix II.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the study methodology, which includes population and sample, data collection, data analysis, and research design.

3.2 Research Design

A descriptive and explanatory research design was incorporated in this study. A descriptive study aims to precisely define the characteristics of the population while an explanatory research design aims at explaining the association between variables. According to Creswell (2018), a descriptive and explanatory survey is used to gather information about the current state of affairs, where the researcher collaborates freely with respondents without excessive influence, focusing on portrayal rather than evaluation. Since this method is suitable for gathering firsthand information from respondents and measuring parameters, it was used in the evaluation.

3.3 Target Population

A population comprises all individuals, groups, or objects that possess common observable qualities. According to Mugenda & Mugenda (2019), the target population is the group to which the researcher intends to apply the study's conclusions. According to the County governments of Taita Taveta health report (2023) the county comprises a total of 75 public health facilities managed by the government, categorized into four (4) Level 4 hospitals, twenty-two (22) health centers, and forty-nine (49) dispensaries. Since the population is small and well-defined census was used and thus the study targeted the 75 health facilities.

3.4 Data Collection Instruments

Data was gathered via a questionnaire. Closed-ended questions were used. The researcher distributed the questionnaires in order to gather primary data. The questionnaire was used since it has straightforward questions that make it easier to obtain information. Data was collected from the heads of section of each of the facilities.

3.5 Pretesting of Research Instruments

As suggested by Shirima (2020), an initial investigation was carried out to pretest the questionnaire with 15 health facilities in order to determine the reliability, validity, and consistency of the instrument. Stratified sampling was used to choose the 15 health facilities. By piloting the questionnaire, any inconsistencies in the questions' phrasing and structure were removed. Questions that were duplicated from the pre-test were removed. The pre-test also addressed questions that were confusing or incomplete. Before the questionnaire was actually administered, data from the pilot study was crucial in assessing its reliability.

3.5.1 Validity Test

The questionnaire was checked for face, content, construct, and internal validity. Face validity was ensured by obtaining input from lecturers in the School of Business and Economics, who provided feedback on the various items included in the questionnaire. Content validity was ensured by seeking feedback from two experts familiar with resource allocation and organizational culture, who validated that key components of organizational culture and resource allocation were incorporated in the instrument. Content validity was also enhanced by adopting established measurement scales documented in the literature on resource allocation. Hypothesis soundness was achieved by confining the hypotheses to the concept of a variable and ensuring that the sub-variables were within the same concept. This ensured that each measurement was properly evaluated for the composition it was intended to assess. The internal soundness of the questionnaire was certified by adequately covering all variables in the survey.

3.5.2 Reliability of the Instrument

Cooper and Schindler (2014) recommend testing the reliability of questionnaires to ensure that the meter consistently measures what is intended. Consistency relate to the estimation of the degree to which measurements are free from random or unstable errors. Cronbach's alpha factor was used to ensure the consistency of the survey. The value of Cronbach's alpha coefficient ranges from zero (zero meaning no internal consistency) to 1 (1 meaning complete internal consistency between questionnaire elements). According to Heo (2015) a decision generated by following the general rule

to determine the consistency of measurement instruments: 0.9 exceptional, 0.8 worthy, 0.7 satisfactory, 0.6 uncertain, 0.5 underprivileged, and less than 0.5 objectionable. Following Bujang (2018) recommendation, a coefficient of 0.70 was used to govern the dependability of the instrument.

3.6 Data Collection Procedure

The research commenced with obtaining a letter of introduction and approval from the University of Embu School of Business and Economics before proceeding to data collection. Following this, the researcher applied for a research permit from NACOSTI. Subsequently, primary data was collected using a self-administered questionnaire. The questionnaire was used because of its clarity and ability to provide direct answers. The researcher targeted hospital administrators, department heads, senior management personnel, strategic planning committee members, and individuals responsible for implementing strategic initiatives, who aided in filling out the questionnaire.

3.7 Operationalization & Measurement of Research Variables

The operationalization and measurement of research variables involve defining each variable in terms that are useful, as well as naming some indicators that can be measured. In the process, abstract concepts are brought into measurable and observable forms, and the influence and interactions are quantified (Irene, 2017). This table shows how various variables of the research has been operationalized.

Table 3:1: Operationalization and Measurement of Research Variables

Variable	Nature of variable	Indicator	Scale
Organizational performance	Dependent	Customer satisfaction Employee satisfaction	Interval
Role culture	Independent	Work plans Communication Timelines	Interval
Task Culture	Independent	Expertise Development Emphasis on Teamwork Constant innovativeness	Interval
Financial Resources	Independent	Budgeted funds disbursed on time Funding Allocated Vs Financial needs Utilisation of funds	Interval
Human Resources	Independent	Remuneration Work Environment Professionalism	Interval

Source: Author, (2024)

3.8 Data Processing and Analysis

Quantitative data was derived from the questionnaires. Upon receipt, the questionnaires from the respondents underwent coding and editing using the Statistical Package for Social Sciences (SPSS) to ensure completeness and consistency. Analysis of the quantitative data involved utilizing descriptive statistics and presenting the findings through tables. Inferential statistics was also used to test the hypothesis the model used was: -

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

Where: - Y- Organizational Performance, X₁ -Role Culture, X₂ - Task Culture, X₃ - Financial Resources, X₄ - Human Resources β_0 is constant $\beta_1, \beta_2, \beta_3$ and β_4 are the coefficients of the independent variable e is the error term

3.9 Diagnostic Tests

Prior to running regression, the researcher conducted various diagnostic tests to ensure the data fitted the model and to avoid model misspecifications. The diagnostic tests are depicted in table 3.2.

Table 3:2 Diagnostic Tests

Test	Test to be used	Conclusion
Normality Test	Shapiro-Wilk Test	If the p-value is < 0.05 , the data is not normally distributed. If the p-value is > 0.05 , the data is normally distributed.
Autocorrelation Test	Durbin-Watson Test	If the autocorrelation value is > 2 autocorrelation is absent.
Multicollinearity	Variance Inflation Factor (VIF)	$VIF > 5$ indicates significant multicollinearity, while $VIF > 10$ denotes severe multicollinearity. High VIFs suggest inter-correlation among variables, requiring correction

Source: Author, (2024)

3.10 Hypothesis Testing

The study hypotheses were tested as indicated in Table 3.2.

Table 3:3: Hypothesis Results

Research objectives	Hypotheses	Statistical model	Conclusion
To ascertain the influence of role culture on the performance outcome of public health facilities in Taita Taveta county	Role culture does not influence the performance outcome of public health facilities in Taita Taveta county	$Y = \beta_0 + \beta_1 X_1 + e$ Y= Organizational performance X ₁ = Role culture	P value = 0.128 P value was > than 0.05 hence null hypotheses was accepted.
To analyze the influence of task culture on the performance outcome of public health facilities in Taita Taveta county	Task culture does not affect the performance outcome of public health facilities in Taita Taveta county	$Y = \beta_0 + \beta_2 X_2 + e$ Y= Organizational performance X ₂ = Task culture	P value= 0.028 P value was < 0.05 hence null hypotheses was rejected.
To investigate the influence of human resource allocation on the performance outcome of public health facilities in Taita Taveta county	Human resource allocation has no impact on the performance outcome of public health facilities in Taita Taveta county.	$Y = \beta_0 + \beta_3 X_3 + e$ Y= Organizational performance X ₃ =Human resource allocation	P value= 0.001 P value was < 0.05 hence null hypotheses was rejected.
To find out the influence of financial resource allocation on the performance outcome of public health facilities in Taita Taveta county	Financial resource allocation does not influence the performance outcome of public health facilities in Taita Taveta county.	$Y = \beta_0 + \beta_4 X_4 + e$ Y= Organizational performance X ₄ = Financial resource allocation	P value= 0.009 P value was < 0.05 hence null hypotheses was rejected.

Source: Research Data (2024)

3.11 Ethical Considerations

The researcher took several actions to address ethical issues. Firstly, a letter of authorization was obtained from Embu University's Board of Postgraduate Studies (BPS). Secondly, a research permit was secured from NACOSTI. Thirdly,

respondents' voluntary agreement was obtained prior to data collection to ensure their informed consent. Lastly, safeguards were implemented to prevent access to or requests for any information that could disclose respondents' personal details, including names, phone numbers, addresses, or other identifying features, during the data collection process.

CHAPTER FOUR

RESULTS FINDINGS AND DISCUSSIONS

4.1 Introduction

Chapter Four contains data analysis, along with the presentation and interpretation of total organization culture, resource management and performance of hospital in Taita Taveta county, Kenya. “The study research hypothesis was analyzed using multiple regression analysis, while also exploring correlations among different variables

4.2 Response Rate

The researcher distributed 75 questionnaires to the top management levels on 75 hospitals in Taita Taveta county. The study established that 61 questionnaires were filled. This gave a response rate of 81.3% which is sufficient for the study. This is in agreement with Mugenda and Mugenda (2003) who established that a response rate of 50% and above is deemed okay for the study. The finding is as presented in Figure 4.1.

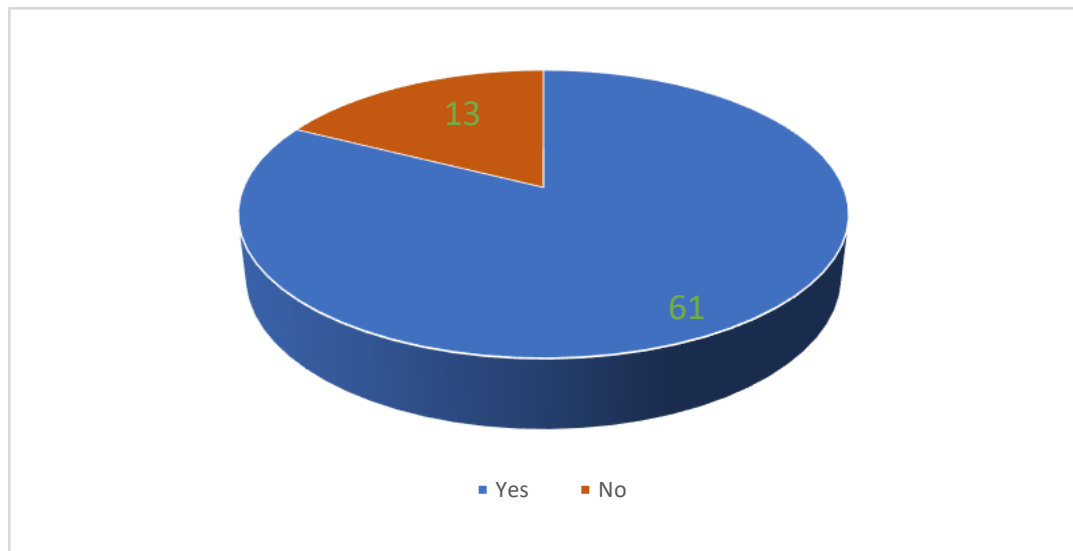


Figure 4.1: Response Rate

Source: Research Data, (2024)

4.3 Demographic Information of the Respondents

The study involved respondents drawn from senior management in public health facilities. Demographic details collected included their gender, age, level of education, years of experience in the health sector, and their current employment status

4.3.1 Gender

The gender distribution of the respondents who completed the research questionnaire shows a fairly balanced representation, with 32 females (52.5%) and 29 males (47.5%), out of a total of 61 participants. This near-equal participation suggests that the study captured perspectives from both genders, enhancing the reliability and inclusivity of the findings.

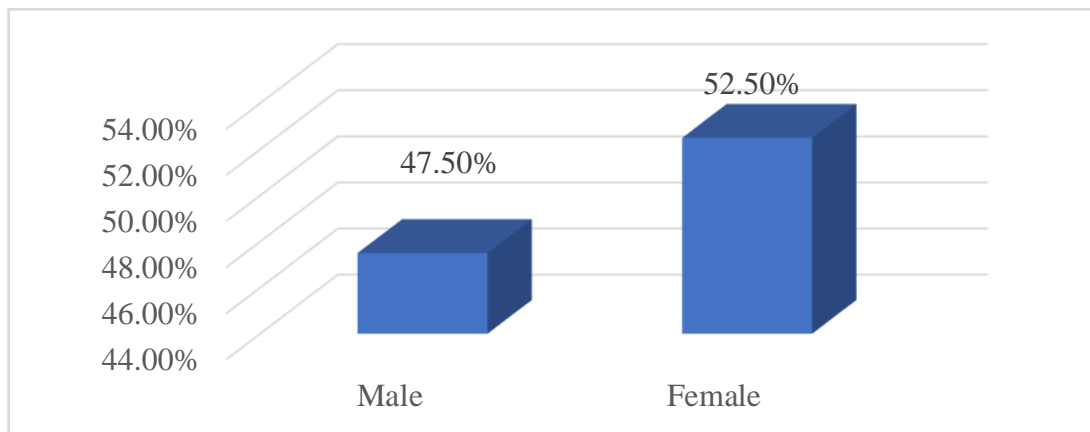


Figure 4.2: Gender

Source: Research Data, (2024)

4.3.2 Education

The education level of respondents indicates an educated sample, and this makes the research findings more credible and reliable. A majority of the respondents (42.6%) hold a bachelor's degree or above, and 39.3% hold a diploma, indicating that the majority of the respondents have a lot of academic expertise. Besides, 14.8% of the subjects hold a master's level of education and 3.3% hold a PhD level of education, in further evidence of highly educated individuals being part of the research. This allocation shows that the responses were provided by individuals with proper levels of education to understand and contribute properly to the research, hence making the study's conclusions valid.

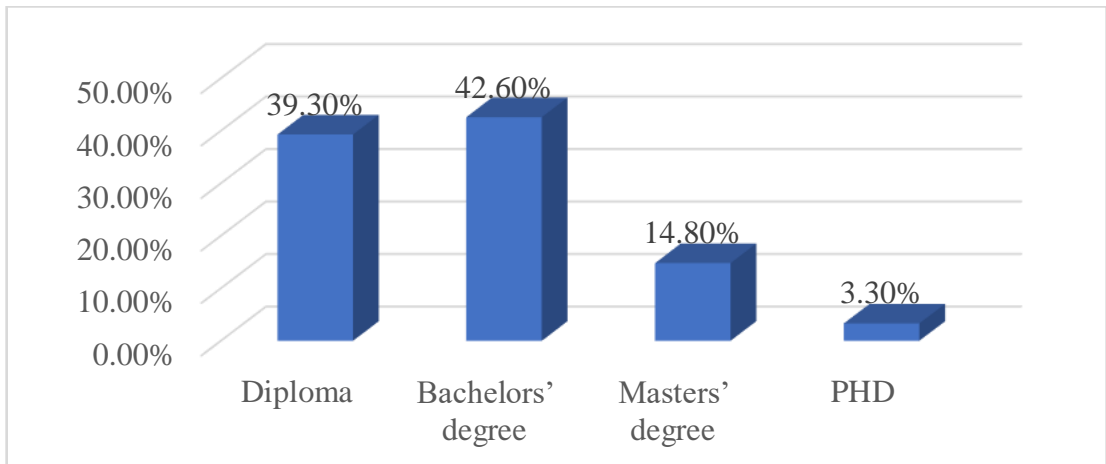


Figure 4.3: Education Level

Source: Research Data, (2024)

4.3.3 Employment status

The job status of the respondents shows a well-balanced representation, and this will add validity to the data collected. The majority, 59.0%, are employed permanently, reflecting job security and long work experience. The rest, 41.0%, are employed on a contractual basis, and this will bring diverse exposure from various working environments. This balance between the two will mean that the research will be representative of both long-term and short-term employment experience, strengthening the overall outcome.

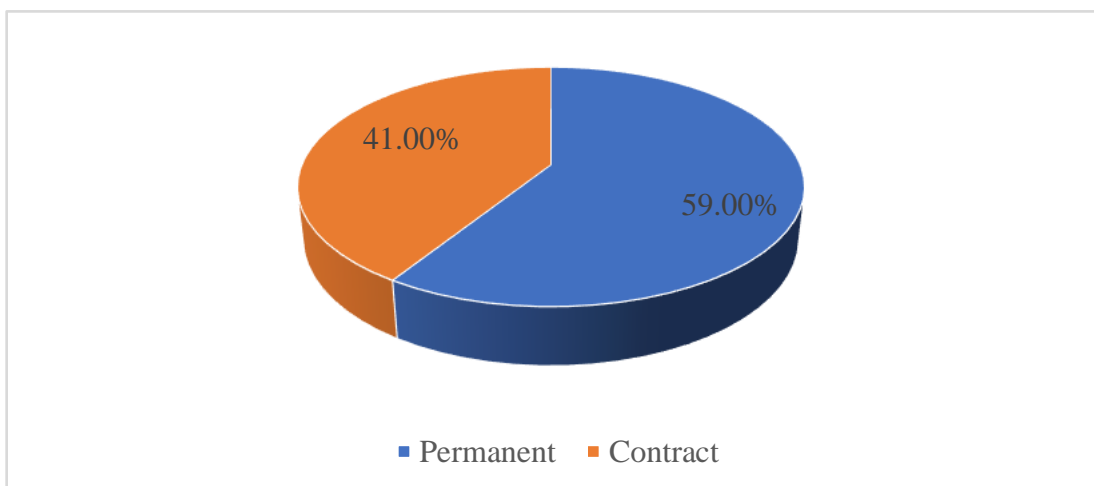


Figure 4.4: Employment Status

Source: Research Data, (2024)

4.3.4 Years of work

The distribution of respondents based on work experience reflects a well-balanced mix of both early-career and seasoned professionals, enhancing the credibility of the study. A significant portion, 45.9%, has 0–5 years of experience, bringing fresh perspectives and recent industry knowledge. Meanwhile, 41.0% have 6–11 years of experience, indicating a solid grasp of workplace dynamics. Additionally, 8.2% have 12–17 years of experience, and 4.9% have served over 17 years, contributing deep expertise and institutional knowledge. This diverse range of experience levels ensures a comprehensive understanding of the research subject.

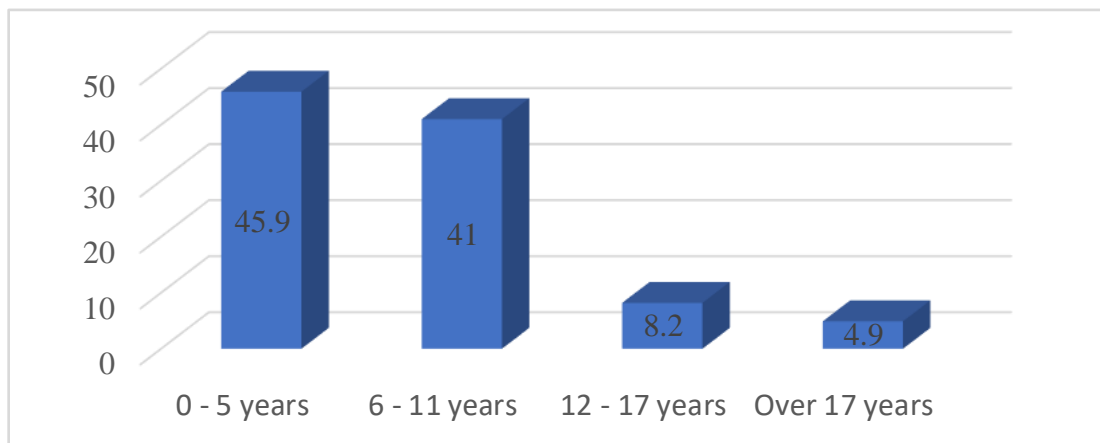


Figure 4.5: Years of Work Experience

Source: Research Data, (2024)

4.4 Results of reliability test

The Cronbach's Alpha values for all the variables in the study range from 0.930 to 0.962, indicating a high level of internal consistency and reliability. Following Bujang (2018) recommendation, a coefficient of 0.70 was used to govern the dependability of the instrument. Role culture (0.931), task culture (0.962), human resources (0.942), financial resources (0.930), and organizational performance (0.930) all exceed this threshold, confirming that the items used to measure these constructs are highly reliable. The overall average Cronbach's Alpha of 0.939 further reinforces the

robustness of the questionnaire, ensuring that the collected data is consistent and suitable for further statistical analysis.

Table 4:1: Reliability Test

Variable	Items	Reliability	Conclusion
Role culture	4	.931	Reliable
Task Culture	6	.962	Reliable
Human Resources	7	.942	Reliable
Financial Resources	5	.930	Reliable
Organization Performance	5	.930	Reliable
Overall	27	0.939	

Source: Pilot Data, (2024)

4.5 Descriptive Statistics

Descriptive statistics summarize and present data in a meaningful way, providing insights into trends, patterns, and distributions within a dataset. This section will review the role culture, task culture, human resources, and financial resources, analyzing their impact on organizational performance based on the collected data.

4.5.1 Role Culture

The table below shows how various managers rated the role culture on a scale of 1 to 5 in their respective hospitals.

Table 4:2: Rating of Role Culture

Statement	N	Mean	Std. Dev
There is always work plans developed for implementation of proposed and/or existing strategies	61	3.5902	1.10117
Firm management often prepare communication protocols among the staff in case of any changes or development	61	3.4098	1.13103
All strategies to be implemented in this hospital are timely and workable.	61	3.1475	.94580
The employees are empowered in doing their work.	61	3.3443	1.01465
Overall mean		3.37295	

Source: Research Data, (2024)

The findings indicate that respondents generally acknowledged the presence of structured planning within the hospital, as reflected by the highest mean score ($M = 3.5902$, $SD = 1.10117$) on the statement regarding the development of work plans for implementing proposed or existing strategies. This suggests that strategic planning is a priority, although the relatively high standard deviation indicates varying levels of agreement among respondents, possibly due to inconsistencies in execution. The study also revealed that communication protocols among staff in times of organizational change had a mean score of 3.4098 ($SD = 1.13103$), signifying that while communication frameworks exist, their effectiveness is not uniformly experienced across all employees. These findings align with Sasaka (2019), who noted that organizational culture, particularly structured power dynamics and communication, significantly influences performance. Properly established communication channels can enhance collaboration and minimize resistance to change, ultimately supporting strategic success.

Furthermore, the results demonstrate moderate agreement regarding the timeliness and practicality of strategies implemented in the hospital, as reflected by a mean score of 3.1475 ($SD = 0.94580$). The relatively lower standard deviation suggests a more consistent perception among respondents. Additionally, employee empowerment was rated at $M = 3.3443$ ($SD = 1.01465$), indicating that while efforts exist to enhance workforce autonomy, some employees may still feel inadequately supported. These findings resonate with Korma (2022), who emphasized the role of strategic direction and organizational learning in shaping performance outcomes. The study highlighted those well-structured organizational strategies, coupled with employee involvement, can lead to improved institutional effectiveness. The overall mean score of 3.37295 suggests a generally positive perception of strategic management practices, though there remains room for improvement, particularly in strengthening communication protocols and ensuring that strategies are not only well-designed but also effectively implemented.

4.5.2 Task Culture

The table below shows how various managers rated the task culture on a scale of 1 to 5 in their respective hospitals.

Table 4:3: Rating of Task Culture

Statement	N	Mean	Std. Dev
Strategic trainings of all employees are usually done	61	3.1148	1.17045
Team work in delivering task is core part of the firm	61	3.6885	1.04149
Our firm employees are well trained in system management	61	3.4426	1.05711
Our firm employees always undertake pilot of proposed strategies to ascertain its values and challenges	61	3.2623	1.03121
Before implementation of activities or strategy, sufficient resources are usually allocated	61	3.1148	1.17045
We regularly do evaluation to ensure there is operational control in the firm	61	3.3934	.97089
Overall mean		3.336067	

Source: Research Data, (2024)

The results indicate that task culture is a significant aspect of the firm's operations, with teamwork in task delivery receiving the highest mean score ($M = 3.6885$, $SD = 1.04149$). This suggests that collaboration is a fundamental part of the organization, though the standard deviation shows variations in employee experiences. Employee training in system management recorded a mean of 3.4426 ($SD = 1.05711$), indicating that training programs are in place, but responses suggest differing levels of exposure. These findings align with Otieno (2017), who found a positive link between task culture and service delivery at ELDOWAS, emphasizing the role of structured teamwork and training in enhancing operational performance.

Strategic training for employees and sufficient resource allocation before strategy implementation both recorded a mean of 3.1148 ($SD = 1.17045$). The responses show that training programs exist, though some employees may not have access to them at the same level. Resource allocation follows a similar pattern, with some departments or teams likely receiving more support than others. Sifuna (2023) highlighted resource limitations in Kenyan public universities, showing how uneven distribution affects efficiency. Pilot testing of strategies recorded a mean of 3.2623 ($SD = 1.03121$), suggesting that trial runs are conducted, though experiences differ across the firm.

Evaluation to ensure operational control had a mean score of 3.3934 (SD = 0.97089), reflecting a general agreement that mechanisms are in place. The responses show that some employees perceive evaluations as structured and effective, while others experience inconsistencies. The findings suggest that while task culture is embedded in the organization, experiences with training, resource allocation, and evaluation differ among employees.

4.5.3 Human Resources

The table below shows how various managers rated human resources implementations on a scale of 1 to 5 in their respective hospitals.

Table 4:4: Rating of Human Resources

Statement	N	Mean	Std. Dev
The staff remuneration is as per the current rates	61	3.1639	1.25406
The employee remuneration is sufficient	61	2.7213	1.21286
The remuneration is based on employee education level	61	3.1639	1.09819
The economic factors are considered in remuneration	61	2.7705	1.21646
The working environment is conducive	61	3.1475	1.09295
The working environment accommodative persons with disability	61	3.2787	1.24004
Employees are well trained	61	3.4918	1.11987
Overall mean		3.105371	

Source: Research Data, (2024)

The findings indicate that employee training received the highest mean score (M = 3.4918, SD = 1.11987), suggesting that training programs are well-structured, though responses show variations in effectiveness. The working environment being accommodative to persons with disabilities recorded a mean of 3.2787 (SD = 1.24004), reflecting a general agreement that inclusivity measures exist, though experiences differ. Similarly, the conduciveness of the working environment had a mean score of 3.1475 (SD = 1.09295), indicating that while the workplace conditions are generally favorable, some employees may experience challenges. Hee (2018) emphasized the strong link between training and employee performance in manufacturing, showing that structured HRM practices directly enhance productivity.

Staff remuneration as per current rates and remuneration based on education level both recorded a mean of 3.1639, with standard deviations of 1.25406 and 1.09819, respectively. These results show that salary structures align with prevailing industry rates and education levels, though individual perceptions on fairness vary. However, employee remuneration sufficiency had a lower mean score of 2.7213 (SD = 1.21286), indicating that some employees feel their compensation is inadequate. Economic factors in remuneration recorded a mean of 2.7705 (SD = 1.21646), highlighting concerns that external financial conditions may not always be factored into salary adjustments. Ali and Ogolla (2022) found that proper resource allocation positively impacts performance, emphasizing the need for structured HRM policies to optimize workforce retention and motivation. The overall mean score of 3.1054 reflects a moderately positive perception of HRM practices, though variations exist in salary adequacy, training effectiveness, and workplace conditions. Regular performance evaluations and structured HR allocation can ensure that employees feel valued and motivated. Kwizera (2018) found that financial rewards and organizational culture significantly influenced employee performance at USIU-Africa, reinforcing the importance of well-designed HRM strategies.

4.5.4 Financial Resources

The table below shows how various managers rated financial resources variable on a scale of 1 to 5 in their respective hospitals.

Table 4:5: Rating of Financial Resources

Statement	N	Mean	Std. Dev
The financial resources are available when required	61	2.8197	1.08794
The financial resources are accessible	61	3.0984	1.09095
The financial resources are sufficient	61	2.7049	1.13055
The resources are well distributed	61	2.8852	1.09694
There is prudent allocation of resources across departments	61	2.8689	1.10265
Overall mean		2.87542	

Source: Research Data, (2024)

The findings indicate that financial resource availability within the organization is moderate, with a mean score of ($M = 2.8197$, $SD = 1.08794$). This suggests that while resources are sometimes available, their consistency is questionable, leading to varied experiences among respondents. This observation aligns with the study by Owusu *et al.*, (2021), which found that financial resource unpredictability negatively impacts organizational performance in small and medium enterprises (SMEs) in Ghana, as operational activities often face disruptions due to delays in accessing funds.

The accessibility and sufficiency of financial resources also show moderate ratings, with accessibility recording a mean of ($M = 3.0984$, $SD = 1.09095$) and sufficiency at ($M = 2.7049$, $SD = 1.13055$). These figures indicate that while financial resources may be somewhat accessible, their adequacy to meet organizational needs is often lacking, as different departments experience varying levels of resource constraints.

This is consistent with findings by Wang *et al.*, (2021), who established that financial sufficiency is not uniformly experienced across organizations, with some units receiving adequate resources while others face shortages due to budgetary limitations. The distribution and allocation of financial resources across departments received mean scores of ($M = 2.8852$, $SD = 1.09694$) and ($M = 2.8689$, $SD = 1.10265$), respectively. These results suggest that while some financial planning mechanisms exist, inefficiencies in allocation persist, leading to suboptimal utilization of available funds. A study by Adomako and Danso (2014) found similar trends in entrepreneurial firms, where financial resource allocation inconsistencies resulted in inefficiencies, as some departments operated with surplus funds while others faced financial constraints.

4.5.5 Organizational Performance

This section presents the descriptive statistics of the dependent variable, organization performance.

Table 4:6: Rating of Organizational Performance

Statement	N	Mean	Std. Dev
Customers are satisfied with the services provided here in.	61	3.3443	.96411
Employees are satisfied with the way the hospital management conduct itself.	61	3.0820	1.08467
More patients are referred to this hospital because of your good services	61	3.1639	1.08290
Medical standards and protocols are adhered to by the employees	61	3.5574	.99204
There is collaboration and teamwork among staff members	61	3.6885	.90445
Overall mean		3.36722	

Source: Research Data, (2024)

The analysis of organizational performance in the Taita Taveta hospital reveals moderate to positive perceptions across key areas. Customer satisfaction with services received a mean score of 3.34 (SD = 0.96), indicating an average level of satisfaction. Employee satisfaction with hospital management had a mean of 3.08 (SD = 1.08), reflecting mixed opinions. The referral of patients due to good services had a mean score of 3.16 (SD = 1.08), while adherence to medical standards and protocols received a higher rating with a mean of 3.56 (SD = 0.99). The highest-rated aspect was collaboration and teamwork among staff, with a mean score of 3.69 (SD = 0.90). The overall mean score of 3.37 indicates a generally neutral perception of hospital services and management.

4.6 Diagnostic Test Results

Before conducting regression analysis, diagnostic tests were performed to ensure that the data met key assumptions required for accurate model estimation. These included tests for normality, multicollinearity and autocorrelation. The results confirmed that the data satisfied the necessary conditions, indicating that the regression outputs would be reliable and interpretable for drawing valid conclusions.

4.6.1 Normality Test

The normality of the data was tested using Shapiro Wilk test and the table below indicates the results

Table 4:7: Normality Test

Variable	Shapiro-Wilk Statistic	df	Sig.
Organizational performance	.975	61	.235
Role Culture	.978	61	.348
Task culture	.975	61	.232
Human Resources	.982	61	.523
Financial Resources	.966	61	.093
Average	0.9752		0.2862

Source: Research Data, (2024)

The Shapiro-Wilk test results indicate that all the variables—organizational performance, role culture, task culture, human resources, and financial resources—have p-values greater than 0.05, suggesting that their distributions do not significantly deviate from normality. Organizational performance ($W = 0.975$, $p = 0.235$), role culture ($W = 0.978$, $p = 0.348$), task culture ($W = 0.975$, $p = 0.232$), human resources ($W = 0.982$, $p = 0.523$), and financial resources ($W = 0.966$, $p = 0.093$) all exhibit approximately normal distributions. The average Shapiro-Wilk statistic of 0.9752 and an average p-value of 0.2862 further confirm that the data satisfies the assumption of normality, making it suitable for parametric statistical analysis.

4.6.2 Multicollinearity Test

Multicollinearity is used to ascertain whether the independent variables are correlated. The study tested the multicollinearity utilizing the VIF followed by a cross-examination of correlation coefficient among variables. The outcome is exhibited in the table below.

Table 4:8: Multicollinearity Test

Variables	Tolerance	VIF
Role Culture	.346	2.888
Task Culture	.205	4.869
Human Resources	.280	3.576
Financial Resources	.362	2.765

Source: Research Data, (2024)

The collinearity statistics, specifically the tolerance and Variance Inflation Factor (VIF) values, indicate the extent of multicollinearity among the predictor variables. A tolerance value below 0.1 or a VIF above 10 typically signals severe multicollinearity. In this case, role culture (VIF = 2.888, tolerance = 0.346), task culture (VIF = 4.869, tolerance = 0.205), human resources (VIF = 3.576, tolerance = 0.280), and financial resources (VIF = 2.765, tolerance = 0.362) all have VIF values below 5, suggesting moderate multicollinearity but not at a critical level. While task culture has the highest VIF (4.869), it remains within an acceptable range, indicating that although the predictor variables share some correlation, they are not highly redundant. These results suggest that the model can proceed with further regression analysis.

4.6.3 Autocorrelation test

Autocorrelation refers to the correlation of a variable with itself over successive time intervals. In regression analysis, it is a critical assumption that residuals (errors) are independent of each other. When errors exhibit a pattern, positive or negative autocorrelation occurs, leading to inefficiencies in statistical estimation. The Durbin-Watson (DW) statistic is a widely used test for detecting autocorrelation in regression models. The DW value ranges from 0 to 4, where a value close to 2 suggests no autocorrelation, values approaching 0 indicate positive autocorrelation, and values nearing 4 suggest negative autocorrelation.

Table 4:9: Autocorrelation Test

Variables	Durbin-Watson
Role culture	1.914
Task culture	2.234
Human resources	2.173
Financial Resources	1.690
Average	2.00275

Source: Research Data, (2024)

The Durbin-Watson statistics for the study variables—role culture (1.914), task culture (2.234), human resources (2.173), and financial resources (1.690)—fall within an acceptable range, with an average of 2.00275. These values indicate that there is no

significant autocorrelation in the dataset, meaning that the residuals are randomly distributed and do not follow a predictable pattern.

4.7 Inferential Statistics

Inferential statistics were used to determine whether there was a statistically significant relationship between institutional resource allocation, organization culture and the performance of public health facilities.

4.7.1 Pearson Correlation

The Pearson correlation coefficients indicate the strength and direction of the linear relationship between organizational performance and the independent variables: role culture, task culture, human resources, and financial resources. A correlation value closer to 1 signifies a strong positive relationship, while values near 0 indicate a weak or no relationship.

Table 4:10: Pearson Correlation

Variable	Pearson Correlation Coefficient
Performance	1.000
Role culture	.678
Task culture	.780
Human resources	.813
Financial Resources	.683

Source: Research Data, (2024)

The results show that human resources have the strongest positive correlation with performance (0.813), suggesting that effective human resource management significantly enhances organizational performance. Task culture follows closely with a correlation of 0.780, implying that a structured and goal-oriented work environment positively impacts performance. Financial resources (0.683) and role culture (0.678) also exhibit strong positive correlations, indicating that both financial stability and an organization's cultural framework contribute to better performance outcomes.

4.7.2 Model of Fitness

This is used to indicate the relationship between the predictor variables and the dependent variable.

Table 4:11: Model Summary

Model	R	R Square	Adjusted R Square	Std. Error
1	.845	.713	.693	.46422

a. Predictors: (Constant), Financial Resources, Role culture, Human resources, Task culture

Source: Research Data, (2024)

The model summary captures a high relationship between the independent variables of financial resources, role culture, human resources, and task culture and organizational performance captured in the R value of 0.845. The R Square value of 0.713 captures that almost 71.3% of the organizational performance variance is explained by the independent variables, which captures their high influence. These results are congruent with empirical evidence from Wangari (2020), who uncovered the fact that power culture, task culture, role culture, and person culture influence the performance of public universities in Kenya, and Ali *et al.*, (2022), who found that the organizational performance of cement manufacturing companies in Kenya is significantly and positively impacted by resource allocation.

4.7.3 Analysis of Variance (ANOVA)

The Analysis of variance results are provided in Table 4.12.

Table 4:12: ANOVA Test

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	30.027	4	7.507	34.834	.000 ^b
	Residual	12.068	56	.215		
	Total	42.094	60			

a. Dependent Variable: Performance

b. Predictors: (Constant), Financial Resources, Role culture, Human resources, Task culture

Source: Research Data, (2024)

The Analysis of Variance (ANOVA) table evaluates the overall significance of the regression model in predicting performance. The sum of squares for regression (30.027) represents the variation in performance explained by the independent variables (financial resources, role culture, human resources, and task culture), while the sum of squares for residuals (12.068) accounts for the unexplained variation. The mean square for regression (7.507) indicates the average variation explained by each predictor, while the mean square for residuals (0.215) represents the average unexplained variance. The F-statistic (34.834) is the ratio of these two values, testing whether the predictors significantly improve the model beyond random chance. The p-value (.000) is below the conventional significance level (0.05), confirming that the independent variables collectively have a statistically significant effect on performance.

4.7.4 Coefficient regression

In order to determine the association between the dependent and independent variable, the author conducted a multiple linear regression and the results are provided in Table 4.13.

Table 4:13: Regression Results

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	
	B	Std. Error	Beta			
	(Constant)	.561	.267		2.103	.040
	Role culture	.126	.127	.121	.998	.128
	Task culture	.243	.157	.244	1.546	.028
1	Human resources	.443	.126	.476	3.517	.001
	Financial Resources	.167	.102	.079	.660	.009

a. Dependent Variable: Organization Performance**Source: Research Data, (2024)**

The regression coefficients table presents the influence of the independent variables (role culture, task culture, human resources, and financial resources) on organizational performance. The constant ($B = 0.561$, $p = 0.040$) represents the predicted value of performance when all independent variables are zero. The unstandardized coefficients (B values) indicate the extent to which performance changes with a one-unit increase in each predictor. Among the variables, human resources ($B = 0.443$, $p = 0.001$) has the most substantial and statistically significant impact on performance, suggesting that improvements in human resource management strongly contribute to organizational performance. Task culture ($B = 0.243$, $p = 0.028$) also has a significant positive effect, indicating that a well-structured task-oriented culture enhances performance.

On the other hand, role culture ($B = 0.126$, $p = 0.128$) and financial resources ($B = 0.167$, $p = 0.009$) have weaker influences. Although financial resources are statistically significant, their lower coefficient suggests a relatively minor contribution to performance. The standardized coefficients (Beta values) allow comparison of the relative importance of each predictor, confirming that human resources ($\beta = 0.476$) is

the most influential, followed by task culture ($\beta = 0.244$). The regression equation derived from these coefficients is:

$$Y = 0.561 + 0.126X_1 + 0.243X_2 + 0.443X_3 + 0.167X_4$$

Where: Y = Organizational Performance, X_1 = Role Culture, X_2 = Task Culture, X_3 = Human Resources and X_4 = Financial Resources

4.8 Discussion of the Analysis

This section provides the discussions based on the study findings.

4.8.1 Role Culture and Performance

The results indicate that role culture has a positive correlation with organizational performance ($r = 0.678$), suggesting that a structured and well-defined organizational framework contributes to improved performance. However, the regression analysis shows that role culture has a relatively small effect ($B = 0.126$, $p = 0.128$), implying that while it plays a role in shaping performance, its influence is weaker compared to other factors like human resources and task culture. The statistical insignificance ($p > 0.05$) suggests that role culture alone may not be a strong predictor of performance.

4.8.2 Task Culture and Performance

Task culture exhibits a strong positive correlation with organizational performance ($r = 0.780$), indicating that a structured and goal-oriented work environment significantly enhances performance. The regression results further confirm its impact, with a coefficient of $B = 0.243$ and a statistically significant p-value of 0.028, suggesting that an increase in task culture contributes positively to performance. The standardized beta coefficient ($\beta = 0.244$) ranks it as the second most influential predictor after human resources. The ANOVA results reinforce this, as the model is statistically significant ($F = 34.834$, $p = 0.000$), confirming that task culture, alongside other variables, plays a vital role in explaining performance variations.

Task culture focuses on aligning resources with the right individuals to achieve organizational goals efficiently. Wanjoka (2020) highlighted the significance of a strong organizational culture in Kenyan companies that are registered under the NSE, particularly in optimizing resource allocation for improved performance. Their

findings align with the current results, which indicate a significant relationship between task culture and organizational performance. Similarly, Ng'ang'a and Nyongesa (2022) emphasized the role of effective resource utilization in the education sector, noting that institutions with structured task cultures were more likely to withstand economic challenges and competition. Otieno (2017) further demonstrated that task culture positively influenced service delivery at ELDOWAS, reinforcing the notion that structured task allocation enhances employee productivity.

4.8.3 Human Resources and Performance

The results highlight the critical role of human resources in driving organizational performance, as evidenced by its highest Pearson correlation ($r = 0.813$) and the most substantial regression coefficient ($B = 0.443$, $p = 0.001$). This suggests that effective human resource management, including talent acquisition, training, and employee motivation, significantly enhances performance outcomes. The standardized beta coefficient ($\beta = 0.476$) further confirms that human resources are the most influential predictor among the independent variables. Additionally, the ANOVA results indicate that the overall model is statistically significant ($F = 34.834$, $p = 0.000$), reinforcing the importance of human resource practices in explaining performance variations.

The findings from these empirical studies are in tandem with the results of this research. Hee (2018) demonstrated that structured HRM practices such as performance appraisal and training directly enhance employee productivity, aligning with this study's conclusion that effective human resource management significantly contributes to performance. Similarly, Ali and Ogolla (2022) found that proper resource allocation positively impacts organizational outcomes, emphasizing the need for well-managed human resources to optimize recruitment and selection processes—an insight consistent with this research. While Anwar (2021) observed that decentralization efforts in government institutions did not significantly influence performance, this aligns with the notion that not all HRM strategies have uniform effects across different sectors.

4.8.4 Financial Resources and Performance

The statistical results indicate that financial resources have a positive correlation with organizational performance, as shown by the Pearson correlation coefficient of 0.683. The regression analysis further reveals that financial resources have a coefficient (B) of 0.167 with a p-value of 0.009, indicating statistical significance at the 0.05 level. However, the relatively low coefficient suggests a modest impact on performance. The standardized Beta value of 0.079 confirms that financial resources contribute to the model, albeit with a smaller effect size. In the ANOVA results, financial resources are included among the predictors that collectively explain 71.3% of the variation in organizational performance ($R^2 = 0.713$), reinforcing their role in influencing performance outcomes.

The study's conclusions are consistent with previous studies on how financial resource distribution affects organizational performance. Nyakure (2022) demonstrated that financial resources have a major impact on Mombasa County referral hospitals' efficacy, highlighting the importance of adequate finance for successful operations. Similar to this, Njoki and Anyieni (2022) emphasized the need for sufficient financial assistance by pointing out a substantial correlation between institutional performance in the Nyandarua County Assembly and resource allocation. In keeping with the larger function of financial planning in maintaining public health services, Godana (2022) also underlined the significance of strategic money distribution in improving the execution of health programs in hospitals in Marsabit County. Similarly, Ojha and Pandey (2017) showed how organized finance plans boost the effectiveness of India's e-government initiatives, highlighting the necessity of careful financial management.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter covers that summary of the findings, recommendations for policy and practice, conclusions and suggestions for further studies

5.2 Summary of the Findings

The general objective of this study was to analyze the effect of organizational culture and resource allocation on the performance of public health facilities in Taita Taveta County. The study specifically examined role culture, task culture, human resource allocation, and financial resource allocation. Data analysis was conducted using descriptive analysis and inferential statistics. The following is the presentation of findings in summary.

The first objective of the study was to investigate how role culture affects organizational performance. According to the study, performance was positively and significantly impacted by role culture. Structured work plans guaranteed the successful execution of strategies, and established communication protocols allowed information to flow freely throughout the company. Employee empowerment also helped to increase productivity and efficiency. Nonetheless, there was variation in the efficacy of the techniques that were put into practice. Role culture, significantly impacted organizational outcomes, according to regression analysis, while correlation analysis verified a strong positive association between role culture and performance. The findings of the ANOVA further supported the statistical importance of role culture and demonstrated how important it is in determining the performance of a company.

Examining the relationship between task culture and organizational performance was the study's second objective. The study found that task culture significantly enhanced performance. System management training, teamwork in task execution, and strategic training for employees were important elements that increased organizational efficiency. Allocating adequate resources before the plan was executed improved operational effectiveness, and using pilot programs before full adoption ensured that

potential problems were identified and fixed. Routine evaluation and operational control supported task culture and aided in the development of structured, goal-oriented work processes. Correlation analysis revealed a strong positive relationship between task culture and performance, regression analysis also indicated that task culture had an impact on organizational outcomes.

Examining the impact of human resources on organizational performance was the third research goal. Of all the predictor variables, the study discovered that human resources had the most substantial and favorable impact on performance. Though concerns were raised about its adequacy, the results showed that staff compensation was in line with current rates and educational attainment. In terms of compensation, economic considerations were taken into account, and the workplace was generally welcoming and accommodating to people with disabilities. Furthermore, emphasis was placed on staff training, which improved operational effectiveness and skill development. Regression analysis verified the significant influence of human resources on performance, while correlation analysis demonstrated a strong positive relationship between the two. The statistical importance of human resources in influencing organizational performance was further demonstrated by the ANOVA results.

The results show that, in comparison to other factors, financial resource allocation has a positive but comparatively weaker impact on organizational performance. Although sufficiency is still a problem, descriptive statistics show that financial resources are distributed, accessible, and available in a moderate manner. Financial resources and performance have a positive correlation, according to correlation analysis, but regression results indicate that this relationship is not as strong as that of task culture and human resources. The ANOVA results highlight the importance of financial resource allocation for organizational success by confirming that it has a significant impact on performance.

5.3 Conclusion of the Study

The results of the study show that role culture provides a structured framework that improves healthcare service delivery, which in turn improves cooperation, accountability, and operational efficiency in Taita Taveta hospitals. Role culture and

performance are positively correlated, suggesting that hospitals function more steadily and consistently when roles and responsibilities are well-defined. Regression analysis, however, shows that role culture has a small and statistically insignificant overall effect on performance, indicating that other factors, like task culture and human resource management, have a greater influence even though role culture adds structure and clarity. According to these results, role culture by itself won't be enough to improve performance in Taita Taveta hospitals unless it is successfully combined with organizational flexibility, employee engagement, and leadership techniques.

The results of the study show that task culture, which encourages teamwork, organized training, and effective use of resources, is crucial for enhancing hospital performance in Taita Taveta. The findings show that collaboration is an essential component of hospital operations and that teamwork is highly valued in task execution. Disparities in access point to inconsistent implementation across hospital departments, despite the fact that healthcare workers have access to system management and strategic training programs. Differences in employee experiences underscore the need for more standardized monitoring systems, even though operational control is preserved through evaluation procedures. A goal-oriented hospital setting improves productivity and service efficiency, this is according to the strong positive correlation found between task culture and performance. Furthermore, regression analysis confirms that task culture is a key predictor of hospital performance, insisting its importance alongside other organizational factors such as human resource management.

According to the study's findings, training, working conditions, and compensation are important factors that affect hospital performance in Taita Taveta. Although the effectiveness of structured training programs varies amongst hospital units, they do improve employee development. Even though positive working conditions and inclusivity are widely acknowledged, individual employee experiences differ. Although pay structures are in line with industry norms and educational requirements, questions about compensation adequacy and the influence of economic factors still exist. Hospital performance and human resource management are strongly correlated, which emphasizes how important talent acquisition, employee motivation, and well-structured HR policies are to raising worker productivity. Human resources are the

most significant predictor of performance, according to regression analysis, which also highlights their influence on employee retention, satisfaction, and overall productivity.

The study concludes that while hospital performance in Taita Taveta is influenced by financial resources, other factors have a bigger impact. Disparities in the distribution and sufficiency of financial resources, even when they are available, lead to operational inefficiencies, with certain hospital departments receiving sufficient funding while others face shortages. Even though there are systems in place for allocating resources, poor financial management hinders their best use. The findings are in line with past research showing that financial uncertainty affects hospital performance. Although there is a positive correlation between hospital efficiency and financial resources, regression analysis reveals that this relationship is not as strong as it is for other variables.

5.4 Recommendations of the Study

From the research findings, role culture enhances greater accountability, cooperation, and business effectiveness. These are important in improving the performance of Taita Taveta hospitals. However, its success will depend on the extent to which it will be infused in other elements of the organization such as leadership, flexibility, and employee engagement. The hospital management needs to utilize leadership practices that marry structure and flexibility. This approach will be most productive and help retain the medical staff motivated and creative. Role culture can manage changing healthcare needs by using sporadic performance reviews and official feedback systems. To further improve service delivery, training programs should have well-defined roles and encourage collaboration among administrative and medical staff. Through the development of these regions, Taita Taveta hospitals are in a position to enjoy benefits of role culture while avoiding its dangers, eventually achieving improved healthcare performance.

From the study findings, task culture encourages teamwork and efficient use of resources, an aspect that has immense organizational performance enhancement in the Taita Taveta hospitals. Variations in operation management and training access, though, highlight the need for more standardized application. To address this, hospital

managements have to design standard training programs under which all healthcare professionals, be it doctors or nurses or support staff, have uniform access to system control and strategic training. Additionally, maintenance of consistency in fulfillment of tasks and management of operations is possible through strengthening assessment processes with standardized monitoring systems. The effectiveness of maximizing use of resources and reducing possible barriers in delivering health care services is also aided by encouraging interdepartmental cooperation, especially between medical, administrative, and support staffs, and enhanced pilot programs prior to expanded deployment.

The research findings identify that the performance of hospitals in Taita Taveta depends greatly on human resource management. Good remuneration, efficient training, and good working conditions are central parameters. The hospital administrations must implement standard training programs to achieve consistency and effectiveness in healthcare provision. Regular review of remuneration that aligns with industry levels and economic conditions is needed to curb issues of remuneration and to maintain employee retention and job satisfaction. Improving workplace inclusion through expanding facilities and accommodations for disabled healthcare employees will also ensure enhanced working conditions. Developing elaborate HR policies to recruit new employees, motivate existing employees, and offer systematic career advancement will enhance worker productivity and ensure enhanced delivery of services in Taita Taveta hospitals

The research found that, compared to other determinants, financial resources highly but less impacted the performance of hospitals in Taita Taveta. Financial resources decide the success of the hospitals, but operational inefficiencies stem from how resources are allocated and the overall level of resources availability. The managers of the hospitals must formulate clear budgeting plans that attribute resource allocation to healthcare priorities and the effect of service delivery towards enhancing the strength of financial management. To alleviate inefficiencies and ensure equitable medicine and employee compensation distribution, regular funding audits and funding based on performance need to be made mandatory. Seeking new sources of revenue, including donors and insurance partnerships, can help promote financial stability and reduce the

reliance on erratic government funding. Improving financial management and making financial decisions based on data will optimize utilization of resources and drive long-term success for Taita Taveta hospitals.

5.5 Suggestions for Further Research

The long-term effect of organizational culture and resource allocation on health performance outside Taita Taveta County can be further examined through future studies. Future research could also examine the role played by new technologies, including artificial intelligence and digital health systems, in influencing hospital efficiency and resource utilization. Future research can also employ a qualitative methodology to obtain in-depth insights of healthcare workers on opportunities and real pitfalls in organizational culture and resource allocation.

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APPENDICES

Appendix I: Questionnaire for Respondents

With the express objective of gathering data that will only be useful for academic reasons, the questionnaire is intended to gather information on the impact of organizational culture and resource allocation on the performance of public health facilities in Taita Taveta, Kenya. The acquired data's confidentiality will be closely monitored. Anticipated results will play a major role in examining the effectiveness of public health facilities in Taita Taveta County.

PART A: GENERAL INFORMATION

1. Please place a tick (✓) or write your responses where appropriate box/ spaces provided
Kindly tick your gender
Male Female Prefer not to say
2. What is your highest level of education?
Secondary Certificate Diploma
Bachelor's Degree Master's Degree PhD Degree
Other (Specify).....
3. Current Employment Status
Permanent Contract Others
(Specify).....
4. How long have you worked in the current position?
0 - 5 years 5-10 Years 10 -15 years
Over 15 Years

PART B: ORGANIZATION CULTURE

Please specify the extent to which you agree or disagree with the statements below in relation to organizational culture listed. (Indicate the suitable degree by placing a tick (√))

Key: 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4= Agree, and 5=Strongly Agree

1. Role Culture	1	2	3	4	5
There is always work plans developed for implementation of proposed and/or existing strategies					
Firm management often prepare communication protocols among the staff in case of any changes or development					
All strategies to be implemented in this hospital are timely and workable.					
The employees are empowered in doing their work.					
2. Task Culture	1	2	3	4	5
Strategic trainings of all employees are usually done					
Team work in delivering task is core part of the firm					
Our firm employees are well trained in system management					
Our firm employees always undertake pilot of proposed strategies to ascertain its values and challenges					
We regularly do evaluation to ensure there is operational control in the firm					

PART C: RESOURCE ALLOCATION

1. Human Resources	1	2	3	4	5
The staff remuneration is as per the current rates					
The employee remuneration is sufficient					
The remuneration is based on employee education level					
The economic factors are considered in remuneration					
The working environment is conducive					
The working environment accommodative persons with disability					
Employees are well trained					
2. Financial Resources	1	2	3	4	5
The financial resources are available when required					
The financial resources are accessible					
The financial resources are sufficient					

The resources are well distributed					
There is prudent allocation of resources across departments					

PART D: ORGANIZATION PERFORMANCE

1. Organization Performance	1	2	3	4	5
Customers are satisfied with the services provided here in.					
Employees are satisfied with the way the hospital management conduct itself.					
More patients are referred to this hospital because of your good services					
Medical standards and protocols are adhered to by the employees					
There is collaboration and teamwork among staff members					

Appendix II: Research Gaps

Author	Focus of the study	Methodology used	Findings	Knowledge gap	Focus of the current study
Zakari <i>et al.</i> , (2017)	relationship between organizational culture and performance of firms in Ghana bank industry	Descriptive survey	there was a favorable correlation between organizational culture and performance in Ghana's banking industry	This research was conducted in Ghana banking industry. Performance measures of the bank differ with the one of the health facilities thus creating a gap.	The study was conducted in public health facilities
Hee (2018)	relationship between Human Resource Management (HRM) practices and employee performance in Manufacturing company in Malaysia	Quantitative method	Human resources positively affect the performance of the companies	It focused on Compensation and Benefits, Work-life Policies, Performance Appraisal, and Training and Development as the key HR variables.	This study in addition assessed how remuneration, work environment and professionalism affect the performance
Cavanagh (2021)	Organizational culture and performance in food and beverage industry	Longitudinal research design	Findings revealed no direct association between task-oriented organizational culture and	The research discovered an unusual finding from the previous researchers.	This research sought to contribute to understanding by investigating in this area deeply

			performanc e.		
Anwar (2021)	human resource management practices within government institutions and performance	Quantitativ e research approach	It was discovered that human resource influences performanc e	The methodolog y used was quantitative	A cross- sectional descriptive survey was used
Chege (2022)	The effect of role culture on the performance of universities in Kenya	Descriptive research methodolog y	study found a significant relationship between role culture and academic achievemen t	This study was conducted in the universities of Kenya	This research paid attention to the public hospitals found in Taita Taveta
Ali and Ogolla (2022)	The effect of resource allocation on the organization al performance of Kenyan cement manufacturi ng enterprises	Descriptive design	The study discovered that resource allocation had a favorable and significant impact on the organizatio nal performanc e	Focused on cement manufacturi ng enterprises	This research was conducted in public health facilities
Nyakure (2022)	Performance of public health facilities in Mombasa County concerning strategic resource allocation	Descriptive research design	It was discovered that Strategic resource allocation influence performanc e of the public health facilities	Contextual gap	The gap was be filled by the researcher conducting it on the public health facilities.

Njoki and Anyieni (2022)	Conducted a study to assess how resource distribution impacts the performance of the Nyandarua County Assembly.	Descriptive research design	It was discovered that resource allocation greatly influences performance	The direct and indirect link was tested between the variables. However, these findings cannot be generalized among public health facilities	This research used resource-based view theory to understand how resource allocation influences the performance of the health facilities
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Appendix III: List of Public Health Facilities in Taita Taveta

NO	Reg_No	Facility_Name	Facility_Type	Level	Sub County
1	GK-007713	CHALA DISPENSARY	DISPENSARY	LEVEL 2	TAVETA
2	GK-007725	MBAGHA DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
3	GK-007746	TAUSA HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	VOI
4	GK-007747	NDOME DISPENSARY	DISPENSARY	LEVEL 2	VOI
5	GK-007748	DAVID KAYANDA DISPENSARY	DISPENSARY	LEVEL 2	VOI
6	GK-007749	NDOVU HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	VOI
7	GK-007750	NDILIDAU DISPENSARY	DISPENSARY	LEVEL 2	TAVETA
8	GK-007751	MARUNGU HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	VOI
9	GK-007752	KITOBO DISPENSARY	HEALTH CENTRE	LEVEL 3A	TAVETA
10	GK-007753	MALUKILORITI DISPENSARY	DISPENSARY	LEVEL 2	TAVETA
11	GK-007754	MAHANDAKINI DISPENSARY	DISPENSARY	LEVEL 2	TAVETA
12	GK-007755	NJUKINI HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	TAVETA
13	GK-007756	MIASENYI DISPENSARY	DISPENSARY	LEVEL 2	VOI
14	GK-007757	MPIZINYI HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	MWATATE
15	GK-007758	HON. DANSON MWANYUMBA DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
16	GK-007767	MAKTAU HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	MWATATE
17	GK-007768	DEMBWA DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
18	GK-007769	SAGHAIGHU DISPENSARY	DISPENSARY	LEVEL 2	MWATETE
19	GK-007770	KIGHANGACHINYI DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
20	GK-007771	BUGUTA HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	VOI
21	GK-007772	WONGONYI DISPENSARY	DISPENSARY	LEVEL 2	VOI
22	GK-007773	MBULIA DISPENSARY	DISPENSARY	LEVEL 2	VOI
23	GK-007774	KIGHOMBO DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
24	GK-007777	SHELEMBA DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
25	GK-007778	MAKWASINYI DISPENSARY	DISPENSARY	LEVEL 2	VOI
26	GK-007779	MANOA DISPENSARY	DISPENSARY	LEVEL 2	MWATATE

27	GK-007780	GHAZI DISPENSARY	DISPENSARY	LEVEL 2	VOI
28	GK-007781	MODA MBOGHO DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
29	GK-007782	SAGALLA HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	VOI
30	GK-007783	MWAMBIRWA SUB COUNTY HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	MWATATE
31	GK-007785	MSAU DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
32	GK-007786	MRUGHUA DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
33	GK-007788	KIWALWA DISPENSARY	DISPENSARY	LEVEL 2	TAVETA
34	GK-007789	KIMORIGO DIEPENSARY	DISPENSARY	LEVEL 2	TAVETA
35	GK-007790	MGANGE DAWIDA HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	WUNDANYI
36	GK-007791	WUNDANYI SUB COUNTY HOSPITAL	HEALTH CENTRE	LEVEL 3A	WUNDANYI
37	GK-007794	SANGEROKO DISPENSARY	DISPENSARY	LEVEL 2	WUNDANYI
38	GK-007796	WUNDANYI GK PRISON DISPENSARY	DISPENSARY	LEVEL 2	WUNDANYI
39	GK-007797	REKEKE MODEL HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	TAVETA
40	GK-007798	MGANGE NYIKA HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	WUNDANYI
41	GK-007799	MATA DISPENSARY	DISPENSARY	LEVEL 2	TAVETA
42	GK-007800	MBALE HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	WUNDANYI
43	GK-007801	MWANDA HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	WUNDANYI
44	GK-007802	BURA MODEL HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	MWATATE
45	GK-007803	MWASHUMA HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	MWATATE
46	GK-007804	MWATATE SUB COUNTY HOSPITAL	HOSPITAL LEVEL 4	LEVEL 4	MWATATE
47	GK-007805	KWA MNENGA DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
48	GK-007809	TAVETA SUB-COUNTY HOSPITAL	HOSPITAL LEVEL 4	LEVEL 4	TAVETA
49	GK-011368	RUMANGAO DISPENSARY	DISPENSARY	LEVEL 2	VOI
50	GK-011369	KAJIRE DISPENSARY	DISPENSARY	LEVEL 2	VOI
51	GK-011370	MANYANI DISPENSARY	DISPENSARY	LEVEL 2	VOI
52	GK-011371	MAUNGU MODEL HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	VOI
53	GK-011372	KASIGAU HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	VOI
54	GK-011376	NYACHE HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	WUNDANYI

55	GK-014111	TAITA TAVETA UNIVERSITY DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
56	GK-014113	WERUGHA HEALTH CENTRE	HEALTH CENTRE	LEVEL 3A	WUNDANYI
57	GK-014623	MOI VOI COUNTY REFERRAL HOSPITAL	HOSPITAL LEVEL 4	LEVEL 4	VOI
58	GK-018381	BAMAKO DISPENSARY	DISPENSARY	LEVEL 2	VOI
59	GK-018382	VIGHOMBONYI DISPENSARY	DISPENSARY	LEVEL 2	WUNDANYI
60	GK-018383	KAMTONGA DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
61	GK-018384	MLEGWA DISPENSARY	DISPENSARY	LEVEL 2	VOI
62	GK-018385	PARANGA DISPENSARY	DISPENSARY	LEVEL 2	WUNDANYI
63	GK-018386	KIRUMBI DISPENSARY	DISPENSARY	LEVEL 2	VOI
64	GK-018387	GEORGE FARAJI DISPENSARY	DISPENSARY	LEVEL 2	WUNDANYI
65	GK-018388	MWANGEA DISPENSARY	DISPENSARY	LEVEL 2	VOI
66	GK-021890	SHIGHARO DISPENSARY	DISPENSARY	LEVEL 2	WUNDANYI
67	GK-021895	KACHERO DISPENSARY	DISPENSARY	LEVEL 2	TAVETA
68	GK-022048	MWACHAWAZA DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
69	GK-022049	MENGO DISPENSARY	DISPENSARY	LEVEL 2	MWATATE
70	GK-022052	MADERA DISPENSARY	DISPENSARY	LEVEL 2	VOI
71	GK-022058	BUNGULE COMMUNITY DISPENSARY	DISPENSARY	LEVEL 2	VOI
72	GK-022064	ZUNGULUKANI DISPENSARY	DISPENSARY	LEVEL 2	VOI
73	GK-007766	BEYOND ZERO MOBILE CLINIC - TAITA TAVETA	DISPENSARY	LEVEL 2	WUNDANYI
74	GK-007784	WESU SUB-COUNTY HOSPITAL	HOSPITAL LEVEL 4	LEVEL 4	WUNDANYI
75	GK-007793	KISHUSHE DISPENSARY	DISPENSARY	LEVEL 2	WUNDANYI

Appendix IV: Research Permit

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 915254	Date of Issue: 13/January/2025
RESEARCH LICENSE	
	
This is to Certify that Ms. Laura Mwafwaida Wawasi of University of Embu, has been licensed to conduct research as per the provision of the Science, Technology and Innovation Act, 2013 (Rev.2014) in on the topic: ORGANIZATION CULTURE AND RESOURCE ALLOCATION ON THE PERFORMANCE OF PUBLIC HEALTH FACILITIES IN TAITA TAVETA COUNTY, KENYA, for the period ending : 13/January/2026.	
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