



To cite this article: Dr. Sirai Chebet Sylvia and Dr. Yona Samo (2026). INFLUENCE OF CULTURE ALIGNMENT ON ORGANIZATION PERFORMANCE OF PUBLIC HEALTH FACILITIES IN BUSIA COUNTY, KENYA, International Journal of Research in Commerce and Management Studies (IJRCMS) 8 (4): 377-397 Article No. 827 Sub Id 1382

## INFLUENCE OF CULTURE ALIGNMENT ON ORGANIZATION PERFORMANCE OF PUBLIC HEALTH FACILITIES IN BUSIA COUNTY, KENYA

Dr. Sirai Chebet Sylvia<sup>1</sup> and Dr. Yona Samo<sup>2</sup>

<sup>1</sup>Kibabii University, P.O Box 1699 Bungoma, schebet@kibu.ac.ke

<sup>2</sup>Kibabii University, P.O Box 1699 Bungoma, yonah.samo@undp.org

DOI: <https://doi.org/10.38193/IJRCMS.2026.8430>

### ABSTRACT

The study examined the influence of culture alignment on organizational performance. The research was anchored on three theories: Resource-Based View (RBV), Institutional Theory, and Stakeholder Theory. The Resource-Based View theory suggests that organizational performance is influenced by the organization's internal resources and capabilities. The Institutional Theory proposes that organizational performance is shaped by the institutional environment in which the organization operates. The Stakeholder Theory emphasizes the importance of considering the interests and needs of various stakeholders in achieving organizational performance. The study employed a descriptive and explanatory research design to investigate the relationships between strategy execution, process alignment, culture alignment, and organizational performance. The descriptive design was used to describe the characteristics of the study variables, while the explanatory design was used to explain the relationships between the variables. Data was collected from 221 respondents across various public health facilities in Busia County using structured questionnaires. The questionnaire was designed to measure the constructs of strategy execution, process alignment, culture alignment, and organizational performance. The reliability of the study constructs was assessed using Cronbach's alpha, which yielded coefficients ranging from 0.7 to 0.9, indicating high reliability. The validity of the study constructs was assessed using content validity, construct validity, and criterion validity. The questionnaire was reviewed by experts in the field to ensure that it measured the intended constructs. The results of the factor analysis confirmed the factorial validity of the constructs. The criterion validity was assessed by correlating the study constructs with organizational performance, which yielded significant correlations. The data was analyzed using both descriptive and inferential statistics. The descriptive statistics were used to describe the characteristics of the study variables, while the inferential statistics were used to test the hypotheses. The correlation analysis revealed significant positive relationships between strategy execution, process alignment, culture alignment, and organizational performance. The regression analysis revealed that culture alignment had significant predictor of organizational performance. The study concludes that strategic alignment practices are essential for achieving optimal organizational performance in public health facilities. The findings

suggest that public health facilities should prioritize and implement comprehensive culture development strategies. The County Government of Busia and the Ministry of Health should develop strategic alignment support frameworks to provide guidance, resources, and technical assistance to public health facilities. By implementing these recommendations, public health facilities can improve their strategic alignment practices, leading to enhanced organizational performance and better health outcomes.

**KEYWORDS:** Culture, Alignment, Organization, Performance, Public, Health Facilities

### **BACKGROUND OF THE STUDY**

Strategic alignment refers to the process of ensuring that an organization's strategies, goals, and activities are aligned with its mission, vision, and values. When an organization achieves strategic alignment, it can enhance its overall performance and increase its chances of success. Strategic alignment is the process of ensuring that all components of an organization are working towards the same goals and objectives and are mutually reinforcing, resulting in a coherent and unified approach to achieving desired outcomes." (Henderson & Venkatraman, 1993).

In India, Besley and Burgess (2022) observed that devolution enhances the responsiveness of government in the delivery of services, and more so where the media is quite active at the local level. Wiryawan (2021) observed that the sub-national level has challenges with the unavailability of data. Consequently, decentralization fails to accomplish the targeted effects of allocative efficiency. Wangana (2015) citing a study by the World Bank (2003) argued that decentralization has both an explicit and implicit motivation to improve service delivery for two major reasons. Firstly, the basic services that the state is responsible for are systematically failing. Secondly, improving service delivery through decentralization is important because these services are consumed locally.

In Australia, Biggs, Brough and Barbour (2018) observe that strategic alignment relates to employees of an Australian state police service line of sight between their specific job tasks and the strategic priorities of the organization. Specifically, it encompasses an employee's awareness of the organization's strategic priorities, perceived importance of those priorities, and understanding of how their daily job tasks and roles directly contribute to the organization's capacity to achieve its priorities. In particular, strategic alignment could, for example, be enhanced through staff training programs, leadership development programs aiming to enhance transformational leadership styles, and performance feedback. This is especially important in organizations that have little capacity to manipulate other resources such as job control.

In Nigeria, Chan *et al.* (2016) observe that the Nigerian public sector is able to create sustainable

competitive advantages through external alignment with business environment and internal alignment with resources and infrastructure. Similarly, Kuyea and Sulaimon (2019) observe that strategic alignment is important for the Nigerian public sector in formulating strategies as well as in their implementation since implementation is fostered by aligning and adjusting key systems, processes, and decisions within the firm. Therefore, alignment requires a shared understanding of organizational goals and objectives by managers at various levels and within various units of the organizational hierarchy.

In Uganda, Performance contracting emphasizes bench making the use of private sector approaches to improve public service delivery (Balogun, 2003). Performance contracting is supposed to engage a public officer to make a commitment at the beginning of a particular financial year and be evaluated at its end. Ideally, performance contracting should move together with performance employee contracting where there are contractual targets agreed between the government and the individual public servant. In the event that the public servant does not perform or deliver the agreed target then he or she will be automatically denied the contract during the renewal of the next contract (Ekirapa 2022)

The performance of public health facilities is closely linked to health outcomes and population health indicators. A study by Gitonga et al. (2018) investigated the impact of public health facilities on child mortality in Kenya. The research demonstrated that the availability and quality of healthcare services in public facilities significantly influenced child survival rates. Improving performance in public health organizations can contribute to better health outcomes at the population level. Efficient utilization of resources is crucial for the performance of public health facilities. A study by Barasa et al. (2017) examined the efficiency of public health facilities in Kenya. The research emphasized the importance of effective resource allocation, management, and utilization to enhance the performance and sustainability of these organizations.

Effective governance and leadership play a critical role in driving organizational performance within public health facilities. Mwabu et al. (2019) conducted a study that delved into the governance and management practices in Kenyan public hospitals. The research findings underscored the importance of robust leadership, accountability, and transparent governance structures in enhancing the overall performance of public health organizations. Through establishing strong leadership and implementing effective governance mechanisms, public health facilities can enhance operational efficiency, promote quality care delivery, and ensure optimal outcomes.

The availability and competence of healthcare professionals significantly influence the performance of public health facilities. Adequate staffing levels, appropriate skill mix, and continuous professional development contribute to the provision of high-quality services. Oyira et al. (2020) conducted a study

that assessed the impact of human resources on the performance of public health facilities in Kenya. The research highlighted the importance of effective workforce planning, recruitment strategies, and retention initiatives in optimizing organizational performance. Through prioritizing human resource management, public health facilities can enhance service delivery, improve patient outcomes, and foster a positive work environment for healthcare professionals.

Effective utilization of information systems and technology plays a crucial role in enhancing the performance of public health facilities. Integration of electronic health records, telemedicine, and data analytics can significantly improve patient management, facilitate informed decision-making, and optimize resource allocation. Otieno et al. (2018) conducted a study exploring the impact of health information systems on the performance of public health facilities in Kenya. The research underscored the necessity of establishing robust information systems infrastructure and investing in capacity building to fully leverage the potential benefits of technology in healthcare delivery.

Engaging the community and fostering collaboration with various stakeholders are essential components for achieving high-performance levels in public health facilities. Through involving communities in healthcare decision-making processes and establishing partnerships with local organizations, service delivery can be enhanced and health promotion initiatives can be effectively implemented. Kaseje et al. (2020) conducted a study examining the role of community engagement in the performance of public health facilities. The research highlighted the importance of adopting participatory approaches and ensuring community ownership to achieve optimal outcomes. The combination of effective utilization of information systems and technology, along with community engagement and stakeholder collaboration, can contribute to improving the performance of public health facilities. Through harnessing the potential of technology and involving communities as active participants in healthcare processes, public health facilities can provide more efficient and patient-centered services while addressing the unique needs of the populations they serve.

The policy and regulatory environment in which public health facilities operate significantly influences their performance. Supportive policies, clear guidelines, and effective regulatory frameworks contribute to quality care provision and organizational effectiveness. A study by Nzinga et al. (2017) investigated the impact of policy and regulatory factors on the performance of public health facilities in Kenya, highlighting the need for well-defined policies, transparent accountability systems, and regulatory enforcement.

## **STATEMENT OF THE PROBLEM**

In the post-devolution era, the health sector faced a significant challenge characterized by inadequate resource allocation and understaffing in public health facilities (Masaba et al., 2020). This situation contributed to a range of issues, including delayed service delivery, frequent conflicts between

management and staff, payment delays, insufficient equipment, unfavorable work environments, low staff morale, and limited skills among healthcare personnel (Holtz & Elsayy, 2018). Consequently, these disruptions often resulted in prolonged strikes, abandonment of employees, and preventable deaths, leading to difficulties in providing appropriate patient care and increased operational costs (Owino & Korir, 2020).

Despite the significance of strategic alignment for organizational performance, there was a lack of comprehensive understanding and research on the strategic alignment practices and their impact on the performance of public health facilities in Kenya, particularly in the context of Busia County. The unique challenges and dynamics of the public health sector, including resource constraints, regulatory changes, and evolving healthcare needs, necessitated a closer examination of how strategic alignment was pursued and its influence on the overall performance of public health facilities. Therefore, there was a need to investigate the extent of strategic alignment, identify the key factors affecting it, and assess its impact on various dimensions of organizational performance, such as financial sustainability, operational efficiency, patient outcomes, and stakeholder satisfaction. Such research contributed to enhancing the strategic management practices of public health facilities in Busia County and provided valuable insights for improving their overall performance in this complex and dynamic healthcare environment.

## **LITERATURE REVIEW**

### **Culture Alignment and Organizational Performance**

Denison, Haaland, and Goelzer (2021) conducted a study to explore the relationship between corporate culture and organizational effectiveness using the Denison model. They collected data from 1,020 organizations across different industries and measured cultural traits and organizational effectiveness through surveys. The study found that cultural traits such as mission and adaptability had a positive impact on organizational performance, customer satisfaction, employee satisfaction, and quality. Involvement and consistency also showed positive relationships with some effectiveness criteria. The study suggests that actively managing and aligning organizational culture with desired outcomes can enhance effectiveness.

Chatman and O'Reilly (2016) conducted a review article analysing the relationship between culture and performance. They reviewed a wide range of empirical studies using different methodologies. The review highlighted those strong cultures, characterized by shared values and beliefs, can positively influence performance outcomes. The impact of culture on performance can vary depending on contextual factors and the alignment between culture and strategy. The review also noted that the relationship between culture and performance can be mediated or moderated by factors such as leadership and organizational climate.

Wilderom, Glunk, and Maslowski (2016) investigated the predictive relationship between organizational culture and performance. They collected data from 135 organizations in the Netherlands and measured culture and performance through surveys. The study found that certain cultural dimensions, such as external orientation, flexibility, and internal integration, significantly predicted organizational performance. External orientation, in particular, had a strong positive effect on performance. The study suggested that fostering cultures emphasizing customer orientation, flexibility, and internal integration could enhance organizational performance.

Riketta and Landerer (2018) conducted a study examining the relationships between organizational culture, employee satisfaction, and productivity in Taiwanese SMEs. Data was collected from 177 employees through surveys. The study found that organizational culture had a positive impact on employee satisfaction and productivity. Specifically, cultures emphasizing employee involvement and open communication were associated with higher levels of employee satisfaction and productivity. The study highlighted the importance of fostering a positive organizational culture in small and medium-sized enterprises.

## **RESEARCH METHODOLOGY**

### **Research Design**

This study employed a mixed approach combining descriptive and explanatory research designs to examine the relationships between strategic alignment practices and organizational performance of public health facilities in Busia County, Kenya. The descriptive research design was used to systematically describe the characteristics and current state of strategic alignment practices in public health facilities, providing detailed information about strategy execution, process alignment, and culture alignment dimensions (Creswell & Creswell, 2018).

The explanatory research design was employed to examine the causal relationships between the independent variables (strategy execution, process alignment, and culture alignment) and the dependent variable (organizational performance), as well as to test the moderating effect of organizational culture on these relationships. This design enables the testing of research hypotheses and provides insights into the mechanisms through which strategic alignment influences organizational performance outcomes (Hair et al., 2019).

The choice of these research designs was appropriate for achieving the study objectives as they allow for comprehensive examination of both the descriptive characteristics of strategic alignment practices and the explanatory relationships between variables. The combination of descriptive and explanatory approaches provides a robust foundation for understanding the current state of strategic alignment in public health facilities while also establishing empirical evidence for the relationships between strategic alignment dimensions and organizational performance.

**Study Location**

Busia County, located in Western Kenya along the Kenya-Uganda border, served as the study location for this research. The county was selected due to its representative characteristics of Kenya's devolved healthcare system and the presence of diverse public health facilities that provide services to both urban and rural populations. Busia County has a well-established healthcare infrastructure that includes county referral hospitals, sub-county hospitals, health centers, and dispensaries, making it an ideal location for examining strategic alignment practices across different levels of healthcare delivery.

The county's healthcare system operates under Kenya's devolved governance structure, implemented following the 2010 Constitution, which transferred healthcare services from the national government to county governments. This devolution context is particularly relevant for studying strategic alignment practices as county health facilities must align their strategies with both national health policies and county-specific health priorities and resource constraints.

Busia County Referral Hospital serves as the main referral facility, providing comprehensive healthcare services including emergency care, inpatient and outpatient services, specialized medical departments, diagnostic services, surgical procedures, and maternal and child health services. The county also has several sub-county hospitals, including Malaba Sub-County Hospital, which provide intermediate-level healthcare services and serve as referral points for lower-level facilities. Additionally, numerous health centers and dispensaries distributed across the county provide primary healthcare services to rural and remote communities.

The selection of Busia County was also influenced by its accessibility for data collection, the willingness of county health authorities to support the research, and the diversity of health facilities that would provide comprehensive insights into strategic alignment practices across different organizational contexts and service delivery levels.

**Target Population**

The target population for this study comprised all personnel involved in strategic planning, implementation, and oversight of public health facilities in Busia County. This population was selected because these individuals possess the knowledge and experience necessary to provide informed responses about strategic alignment practices and organizational performance in their respective facilities.

**Table 1: Target Population Distribution**

| Category                        | Position                                | Number       |
|---------------------------------|-----------------------------------------|--------------|
| <b>County Health Management</b> |                                         |              |
|                                 | CECM - Health                           | 1            |
|                                 | Chief Officer - Health                  | 1            |
|                                 | County Director of Health               | 1            |
|                                 | County Nursing Officer                  | 1            |
|                                 | <b>Sub-total</b>                        | <b>4</b>     |
| <b>County Referral Hospital</b> |                                         |              |
|                                 | Medical Superintendent                  | 1            |
|                                 | Hospital Administrator                  | 1            |
|                                 | Human Resource Officer                  | 1            |
|                                 | Head of Pharmacy                        | 1            |
|                                 | Head of Nursing                         | 1            |
|                                 | Head of Laboratory                      | 1            |
|                                 | Head of Clinical Services               | 1            |
|                                 | Health Records and Information Officer  | 1            |
|                                 | <b>Sub-total</b>                        | <b>8</b>     |
| <b>Sub-County Hospitals</b>     |                                         |              |
|                                 | Medical Superintendents                 | 6            |
|                                 | Hospital Administrators                 | 6            |
|                                 | Human Resource Officers                 | 6            |
|                                 | Head of Pharmacy                        | 6            |
|                                 | Head of Nursing                         | 6            |
|                                 | Head of Laboratory                      | 6            |
|                                 | Head of Clinical Services               | 6            |
|                                 | Health Records and Information Officers | 6            |
|                                 | Healthcare Employees                    | 1,530        |
|                                 | <b>Sub-total</b>                        | <b>1,578</b> |
| <b>TOTAL</b>                    |                                         | <b>1,590</b> |

*Source: Busia County Health Department (2024)*

The target population of 1,590 individuals was considered appropriate for providing comprehensive insights into strategic alignment practices across different organizational levels and functional areas within the public health system in Busia County. This population includes senior management personnel who are directly involved in strategic planning and decision-making, middle management personnel responsible for strategy implementation and coordination, and healthcare employees who

are involved in the day-to-day execution of strategic initiatives.

### **Sample Size Determination**

The sample size for this study was determined using Yamane's (1967) formula, which is appropriate for finite populations and provides adequate representation while maintaining statistical precision. The formula used was:

$$n = N / (1 + N(e)^2)$$

Where:

- $n$  = sample size
- $N$  = population size (1,590)
- $e$  = acceptable sampling error (0.05 at 95% confidence level)

Calculating the sample size:  $n = 1,590 / (1 + 1,590(0.05)^2)$   $n = 1,590 / (1 + 1,590(0.0025))$   $n = 1,590 / (1 + 3.975)$   $n = 1,590 / 4.975$   $n = 319.6 \approx 320$  respondents

However, to account for potential non-response and ensure adequate representation across different facility types and personnel categories, the sample size was reduced to 312 respondents to make data collection more manageable while maintaining statistical adequacy. A sample size of 312 represents approximately 19.6% of the target population, which exceeds the minimum recommended sample size for quantitative research and provides sufficient statistical power for the planned analyses.

### **Sampling Procedures**

The study employed a combination of purposive and stratified random sampling techniques to ensure adequate representation of different organizational levels and facility types while targeting individuals with relevant knowledge and experience in strategic management and organizational performance.

Purposive sampling was used to select senior management personnel at the county level and facility management positions, including CECMs, Chief Officers, Directors, Medical Superintendents, and Hospital Administrators. These individuals were purposively selected because of their direct involvement in strategic planning, decision-making, and performance oversight responsibilities. Purposive sampling ensured that respondents had adequate knowledge and experience to provide informed responses about strategic alignment practices and organizational performance (Etikan et al., 2016).

Stratified random sampling was employed to select participants from different functional areas and organizational levels within health facilities. The population was stratified according to facility type (county referral hospital, sub-county hospitals) and functional areas (clinical services, administration, pharmacy, laboratory, nursing, health records). Within each stratum, random sampling was used to select participants, ensuring proportional representation across different categories (Taherdoost, 2016).

The sampling procedure ensured representation from all major functional areas and organizational levels, providing comprehensive insights into strategic alignment practices from multiple perspectives. The combination of purposive and stratified random sampling enhanced both the relevance and representativeness of the sample while maintaining feasibility for data collection within the available resources and timeframe.

### **Data Collection Instruments**

The study utilized a structured questionnaire as the primary data collection instrument. The questionnaire was designed to collect quantitative data about strategic alignment practices and organizational performance using standardized measurement scales that allow for statistical analysis and hypothesis testing (Taherdoost, 2022).

The questionnaire consisted of six main sections. Section A: Demographic Information collected background information about respondents, including gender, age, educational level, work experience, position/designation, and facility type. This information was essential for sample characterization and potential subgroup analyses.

Section B: Strategic Alignment Practices was divided into four subsections. Part B1: Strategy Execution measured seven dimensions of strategy execution effectiveness using a five-point Likert scale. Part B2: Process Alignment assessed seven aspects of process alignment with strategic objectives. Part B3: Culture Alignment evaluated seven indicators of organizational culture alignment with strategic goals. Part B4: Organizational Culture (Moderating Variable) measured seven dimensions of organizational culture characteristics.

Section C: Organizational Performance assessed seven indicators of organizational performance using a five-point Likert scale, covering aspects such as service quality, resource management, financial performance, community engagement, safety standards, and performance monitoring.

All measurement items used a five-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree), providing sufficient variance for statistical analysis while remaining simple for respondents to understand and complete. The questionnaire was designed to be self-administered, requiring approximately 15-20 minutes for completion.

### **Pilot Study**

A pilot study was conducted to test the research instruments and procedures before the main data collection phase. The pilot study involved 31 participants from two public health facilities in Bungoma County (Bungoma County Referral Hospital and Kimilili Sub-County Hospital), representing approximately 10% of the planned sample size. The pilot study facilities were selected to represent

different facility types and were not included in the main study sample.

The pilot study aimed to assess the clarity and appropriateness of questionnaire items, identify potential problems with data collection procedures, estimate the time required for questionnaire completion, and evaluate the reliability and validity of the measurement instruments. Participants in the pilot study were asked to provide feedback on questionnaire clarity, length, and any difficulties encountered during completion.

### **Data Analysis**

Data analysis was conducted using SPSS version 26 and followed a systematic approach beginning with data cleaning and preparation, followed by descriptive analysis, diagnostic testing, and inferential statistical analysis. Descriptive analysis included frequency distributions, percentages, means, and standard deviations for all study variables. These statistics provided insights into the central tendencies and variability of responses for strategic alignment practices and organizational performance measures.

Correlation analysis using Pearson correlation coefficients was conducted to examine the strength and direction of relationships between strategic alignment dimensions and organizational performance. Correlation analysis provided preliminary evidence for the hypothesized relationships before conducting more sophisticated analyses.

Regression analysis was the primary method for hypothesis testing. Simple linear regression was used to test the individual effects of each strategic alignment dimension on organizational performance. Multiple linear regression was employed to examine the combined effects of all strategic alignment dimensions. Hierarchical multiple regression was used to test the moderating effect of organizational culture on the strategic alignment-performance relationship (Field, 2018).

The regression models used were:

Individual Effects Model:  $Y = \beta_0 + \beta_1 X_1 + \varepsilon$

Combined Effects Model:  $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$

Moderation Model:  $Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \beta_5 (X_1 \times X_4) + \beta_6 (X_2 \times X_4) + \beta_7 (X_3 \times X_4) + \varepsilon$

Where: Y = Organizational Performance,  $X_1$  = Strategy Execution,  $X_2$  = Process Alignment,  $X_3$  = Culture Alignment,  $X_4$  = Organizational Culture (Moderator),  $\varepsilon$  = Error term

## **DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSIONS**

### **Culture Alignment and Organizational Performance**

The third objective of this study was to determine the influence of culture alignment on organizational performance of public health facilities in Busia County, Kenya. Culture alignment refers to the degree of congruence between an organization's cultural values, beliefs, and behaviors with its strategic

objectives and performance expectations (Denison et al., 2021). This section presents the descriptive statistics, correlation analysis, and regression analysis results for the relationship between culture alignment and organizational performance.

### Descriptive Statistics for Culture Alignment

**Table 2: Descriptive Statistics for Culture Alignment**

| Culture Alignment Indicator       | SA           | A             | N            | D            | SD          | Mean        | SD          |
|-----------------------------------|--------------|---------------|--------------|--------------|-------------|-------------|-------------|
| Statement(s)                      | f (%)        | f (%)         | f (%)        | f (%)        | f (%)       |             |             |
| Culture supports strategic goals  | 48<br>(21.7) | 118<br>(53.4) | 27<br>(12.2) | 22<br>(10.0) | 6<br>(2.7)  | 3.81        | 0.98        |
| Values-behavior alignment         | 44<br>(19.9) | 113<br>(51.1) | 31<br>(14.0) | 26<br>(11.8) | 7<br>(3.2)  | 3.72        | 1.02        |
| Inclusive work environment        | 53<br>(24.0) | 119<br>(53.8) | 24<br>(10.9) | 20<br>(9.0)  | 5<br>(2.3)  | 3.88        | 0.95        |
| Employee ownership and commitment | 41<br>(18.6) | 108<br>(48.9) | 33<br>(14.9) | 30<br>(13.6) | 9<br>(4.1)  | 3.64        | 1.07        |
| Innovation and learning culture   | 45<br>(20.4) | 111<br>(50.2) | 30<br>(13.6) | 28<br>(12.7) | 7<br>(3.2)  | 3.72        | 1.01        |
| Leadership role modeling          | 50<br>(22.6) | 114<br>(51.6) | 26<br>(11.8) | 24<br>(10.9) | 7<br>(3.2)  | 3.79        | 1.00        |
| Recognition and rewards alignment | 38<br>(17.2) | 103<br>(46.6) | 35<br>(15.8) | 33<br>(14.9) | 12<br>(5.4) | 3.55        | 1.11        |
| <b>Overall Culture Alignment</b>  |              |               |              |              |             | <b>3.73</b> | <b>1.02</b> |

*Note. SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree, f = frequency, SD = Standard Deviation*

Culture alignment was measured using seven key indicators that assess various dimensions of organizational culture effectiveness within public health facilities. These indicators encompass strategic support, values-behavior congruence, inclusivity, employee ownership, innovation culture, leadership modeling, and recognition systems (Chatman & O'Reilly, 2016).

The descriptive statistics presented in Table 2 indicate that culture alignment in public health facilities in Busia County is moderately effective, with an overall mean score of 3.73 (SD = 1.02). The highest-rated aspect of culture alignment was the creation of an inclusive work environment, achieving a mean score of 3.88 (SD = 0.95). This finding suggests that facilities have made progress in fostering workplace environments that value diversity and promote collaborative relationships among staff

members, consistent with contemporary healthcare management principles (Wilderom et al., 2016).

Culture support for strategic goals received the second-highest rating with a mean score of 3.81 (SD = 0.98), indicating that 75.1% of respondents agreed or strongly agreed with this aspect. This positive rating reflects efforts by health facility managers to align organizational culture with strategic objectives and create shared understanding of organizational direction. According to Naranjo-Valencia et al. (2020), cultural support for strategic goals is fundamental to successful strategy implementation and organizational performance improvement.

Leadership role modeling achieved a mean score of 3.79 (SD = 1.00), with 74.2% of respondents expressing agreement or strong agreement. This indicates that organizational leaders are generally perceived as demonstrating behaviors consistent with desired cultural values and strategic objectives. Effective leadership modeling is critical for culture development and alignment, as leaders serve as primary agents of cultural transmission and change (Riketta & Landerer, 2018).

Values-behavior alignment and innovation and learning culture both received identical mean scores of 3.72 (SD = 1.02 and 1.01 respectively), suggesting moderate satisfaction with these cultural dimensions. For values-behavior alignment, 71.0% of respondents indicated agreement or strong agreement, while innovation culture received similar endorsement from 70.6% of respondents. The moderate scores suggest opportunities for strengthening the consistency between espoused values and actual behaviors, as well as enhancing organizational capacity for innovation and learning (Chen et al., 2019).

Employee ownership and commitment achieved a mean score of 3.64 (SD = 1.07), with 67.5% of respondents indicating agreement or strong agreement. While this represents a majority, the score suggests room for improvement in fostering employee emotional connection and commitment to organizational mission and objectives. The relatively higher standard deviation of 1.07 indicates significant variation in employee ownership perceptions across facilities, reflecting differences in management approaches and organizational climate (Helfat et al., 2018).

Recognition and rewards alignment received the lowest rating with a mean score of 3.55 (SD = 1.11), where only 63.8% of respondents expressed agreement or strong agreement. This finding suggests that current recognition and reward systems may not be optimally aligned with desired cultural behaviors and strategic objectives. The high standard deviation of 1.11 indicates considerable variation in recognition system effectiveness across facilities, reflecting common challenges in public sector reward mechanisms (Ratten & Ferreira, 2017).

### Correlation Analysis

The relationship between culture alignment and organizational performance was examined using Pearson correlation analysis to determine the strength and direction of the linear relationship between these variables.

**Table 3: Correlation between Culture Alignment and Organizational Performance**

| Variables                     | 1      | 2 |
|-------------------------------|--------|---|
| 1. Culture Alignment          | 1      |   |
| 2. Organizational Performance | .672** | 1 |

Note. \*\* $p < .01$  (2-tailed),  $N = 221$

The correlation analysis results presented in Table 3 reveal a strong positive correlation between culture alignment and organizational performance ( $r = .672$ ,  $p < .01$ ). This correlation coefficient indicates that approximately 45.2% of the variance in organizational performance is associated with culture alignment. The positive direction of the correlation suggests that improvements in culture alignment are associated with enhanced organizational performance. According to Cohen's (1988) guidelines for interpreting correlation coefficients, a correlation of .672 represents a large effect size, indicating a strong relationship between the variables.

The statistical significance of the correlation ( $p < .01$ ) provides confidence that the observed relationship is not due to chance and reflects a genuine association between culture alignment and organizational performance. This finding is consistent with existing literature that demonstrates the critical role of organizational culture in determining performance outcomes (Denison et al., 2021).

### Regression Analysis

**Table 4: Model Summary for Culture Alignment and Organizational Performance**

| Model      | R                           | R <sup>2</sup> | Adjusted R <sup>2</sup>   | Std. Error of the Estimate |         |        |
|------------|-----------------------------|----------------|---------------------------|----------------------------|---------|--------|
| 1          | .672                        | .451           | .449                      | .714                       |         |        |
| Model      | Sum of Squares              |                | df                        | Mean Square                | F       | Sig.   |
| Regression | 91.834                      |                | 1                         | 91.834                     | 180.017 | .000** |
| Residual   | 111.628                     |                | 219                       | .510                       |         |        |
| Total      | 203.462                     |                | 220                       |                            |         |        |
| Model      | Unstandardized Coefficients |                | Standardized Coefficients |                            | t       | Sig.   |
|            | B                           |                | Std.                      | Beta                       |         |        |

|                   |       | Error |      |        |        |
|-------------------|-------|-------|------|--------|--------|
| (Constant)        | 1.333 | .231  |      | 5.773  | .000** |
| Culture Alignment | .683  | .051  | .672 | 13.417 | .000** |

Note. \*\* $p < .001$ ; Predictors: (Constant), Culture Alignment; Dependent variable: Organizational Performance

Simple linear regression analysis was conducted to examine the predictive relationship between culture alignment and organizational performance and to quantify the effect of culture alignment on organizational performance outcomes.

The regression analysis results demonstrate that culture alignment significantly predicts organizational performance in public health facilities. The model summary in Table 4.19 shows that culture alignment explains 45.1% of the variance in organizational performance ( $R^2 = .451$ , Adjusted  $R^2 = .449$ ). This substantial explained variance indicates that culture alignment is a significant determinant of organizational performance outcomes, ranking between strategy execution and process alignment in predictive power.

The ANOVA results presented confirm the overall significance of the regression model ( $F = 180.017$ ,  $p < .001$ ), indicating that the model provides a significantly better fit to the data than a model with no predictors. The high F-statistic and associated significance level provide strong evidence for rejecting the null hypothesis and accepting that culture alignment significantly influences organizational performance.

The coefficients table reveals that culture alignment has a significant positive effect on organizational performance ( $\beta = .672$ ,  $t = 13.417$ ,  $p < .001$ ). The unstandardized coefficient ( $B = .683$ ) indicates that for every one-unit increase in culture alignment, organizational performance increases by 0.683 units. The standardized coefficient (Beta = .672) confirms the strong positive relationship between the variables and indicates that culture alignment has a substantial impact on performance outcomes.

The statistical significance of the regression coefficient ( $p < .001$ ) provides strong evidence for rejecting the third null hypothesis ( $H_{03}$ : There is no statistically significant influence of culture alignment on organizational performance of public health facilities in Busia County, Kenya). The results support the alternative hypothesis, indicating that culture alignment has a statistically significant positive influence on organizational performance.

The findings of this study provide robust empirical support for the theoretical propositions regarding the relationship between culture alignment and organizational performance. The positive and

significant relationship identified aligns with the Institutional Theory framework, which emphasizes how organizational culture serves as an internal institutional mechanism that guides behavior and performance outcomes (DiMaggio & Powell, 2017).

The study results are consistent with recent research by Denison et al. (2021) who found that cultural traits such as mission clarity and adaptability significantly enhance organizational effectiveness across diverse organizational contexts. The strong correlation coefficient ( $r = .672$ ) found in this study is comparable to findings by Chatman and O'Reilly (2016) who demonstrated that strong organizational cultures characterized by shared values and beliefs yield substantial improvements in performance outcomes.

The explained variance of 45.1% indicates that culture alignment is a substantial predictor of organizational performance, though slightly lower than process alignment but higher than strategy execution alone. This finding is consistent with observations by Wilderom et al. (2016) who demonstrated that certain cultural dimensions, particularly external orientation and internal integration, significantly predict organizational performance in service organizations.

The moderate ratings for some culture alignment indicators, particularly employee ownership and recognition systems, reflect common challenges in developing strong organizational cultures within public sector contexts. These findings align with observations by Naranjo-Valencia et al. (2020) who identified cultural development barriers in public organizations, including bureaucratic constraints and limited flexibility in reward systems.

The strong relationship between culture alignment and organizational performance has important implications for healthcare management practice. It suggests that investments in culture development and alignment initiatives can yield significant returns in terms of organizational effectiveness. This finding supports recommendations by Chen et al. (2019) who emphasized that organizational culture moderates the relationship between strategic initiatives and performance outcomes, amplifying the effects of other alignment practices.

The results also align with recent studies by Riketta and Landerer (2018) who demonstrated that cultures emphasizing employee involvement and open communication are associated with higher levels of employee satisfaction and productivity in healthcare settings. The significant impact of leadership role modeling identified in this study supports findings by Helfat et al. (2018) who emphasized the critical role of leadership behavior in shaping organizational culture and performance outcomes.

The moderate effectiveness of recognition and reward systems identified in this study reflects

challenges noted by Ratten and Ferreira (2017) regarding the alignment of reward mechanisms with desired cultural behaviors in public sector organizations. This finding suggests that healthcare facilities need to develop more innovative approaches to recognition that align with both cultural values and performance objectives, while working within the constraints of public sector employment frameworks.

### **SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS**

Culture alignment achieved a moderate effectiveness rating with an overall mean score of 3.73. The highest-rated aspect was the creation of an inclusive work environment ( $M = 3.88$ ), while recognition and rewards alignment received the lowest rating ( $M = 3.55$ ).

The correlation analysis demonstrated a strong positive relationship between culture alignment and organizational performance ( $r = .672, p < .01$ ). The regression analysis indicated that culture alignment significantly predicts organizational performance, explaining 45.1% of the variance ( $R^2 = .451, F = 180.017, p < .001$ ). The standardized coefficient ( $\beta = .672$ ) confirmed the substantial impact of culture alignment on performance outcomes.

These findings provided strong support for rejecting the third null hypothesis, establishing that culture alignment has a statistically significant positive influence on organizational performance. The results suggest that public health facilities with cultures that support strategic goals, demonstrate values-behavior alignment, and foster inclusive environments achieve superior performance outcomes. However, the moderate ratings for employee ownership and recognition systems indicate opportunities for strengthening cultural alignment practices.

The study concludes that organizational culture alignment is essential for achieving optimal performance in public health facilities. The strong relationship ( $r = .672$ ) and substantial explanatory power (45.1% of variance) demonstrate that cultural factors significantly influence organizational effectiveness. The findings support theoretical frameworks that conceptualize organizational culture as a strategic asset that can be developed and leveraged for performance improvement.

The conclusion highlights that public health facilities with cultures that support strategic goals, foster inclusive environments, and demonstrate strong leadership role modeling achieve superior performance outcomes. However, the challenges identified in recognition systems and employee ownership suggest that culture development requires sustained effort and innovative approaches to address structural constraints in public sector environments

## REFERENCES

- Alegre, J., & Chiva, R. (2021). Linking entrepreneurial orientation and firm performance: The role of organizational learning capability and innovation performance. *Journal of Small Business Management*, 51(4), 491-507.
- Ayieko, M. A., & Ongori, H. (2019). Strategic alignment and organizational performance: A study of sugar manufacturing firms in Western Kenya. *Journal of Economics and Sustainable Development*, 10(19), 23-32.
- Barasa, E. W., Molyneux, S., & English, M. (2017). Clever management of scarce resources: Clinical supervision in public health facilities in Kenya. *Health Policy and Planning*, 32(3), 417-426.
- Cameron, E., & Green, M. (2015). Making Sense of Change Management: A Complete Guide to the Models, Tools and Techniques of Organizational Change. *Kogan Page Publishers*.
- Gitonga, N., Wanyonyi, W., & Opondo, C. (2018). The impact of public health facilities on child mortality in Kenya. *International Journal of Economics, Commerce and Management*, 6(5), 186-202.
- Helfat, C. E., Harris, D., & Wolfson, P. J. (2018). The pipeline portfolio effect in dynamic resource allocation for R&D. *Organization Science*, 29(6), 980-998.
- Holtz, C., & Elsayy, O. (2013). Strategic planning and implementation: The role of leadership, organizational climate, and staff characteristics. *Advances in Health Care Management*, 14, 225-250.
- Hrebiniak, L. G., & Joyce, W. F. (1985). Organizational Adaptation: Strategic Choice and Environmental Determinism. *Administrative Science Quarterly*, 30(3), 336-349.
- Kamble, S. S., & Gunasekaran, A. (2012). Global supply chain risk management and performance measures: A review and conceptual framework. *International Journal of Production Research*, 50(18), 5341-5358.
- Kaplan, R. S., & Norton, D. P. (1992). The Balanced Scorecard – Measures that Drive Performance. *Harvard Business Review*, 70(1), 71-79.
- Kapoor, C., & Solomon, N. (2021). Aligning Employees Through Strategic Communication: A Case Study of a Nonprofit Organization. *International Journal of Strategic Communication*,

5(4), 214-230.

- Karami, A., & Analoui, F. (2021). A framework for project governance in complex projects. *International Journal of Project Management*, 29(7), 925-938.
- Kaseje, D., Mwaura, N., Oyira, E. J., & Kaseje, E. O. (2020). Community engagement strategies and their influence on organizational performance of public healthcare facilities in Kenya. *International Journal of Humanities and Social Science*, 10(9), 44-56.
- Khamis, K., Njau, B., & Chepkemai, E. (2017). Service quality and patient satisfaction in public health facilities in Kenya: A case of West Pokot County. *International Journal of Humanities and Social Science*, 7(7), 221-231.
- Kinyua, R. W., & Ongore, V. O. (2018). Effects of strategic alignment on performance of sugar firms in Kenya. *Strategic Journal of Business & Change Management*, 5(1), 79-102.
- Makori, D. M., & Karanja, N. W. (2016). Strategic alignment and performance of sugar manufacturing companies in Kenya. *International Journal of Social Sciences and Entrepreneurship*, 3(7), 164-181.
- Masaba, B., Molyneux, S., & Mohiddin, A. (2020). Challenges facing health sector devolution in Kenya: Lessons from early implementation. *BMC Health Services Research*, 20(1), 1-8.
- Muriithi, J., & Gachunga, H. (2018). Strategic alignment and organizational performance: A case study of sugar manufacturing firms in Kenya. *International Journal of Research and Innovation in Social Science*, 2(12), 1-10.
- Mutua, C. M., & Njeru, A. (2015). Strategic alignment and organizational performance: A study of sugar manufacturing firms in Kenya. *European Journal of Business and Management*, 7(22), 223-234.
- Mwabu, G., Mwanzia, J., & Liambila, W. (2019). Governance and management practices in Kenyan public hospitals. *International Journal of Social Economics*, 46(7), 1003-1020.
- Mwita, C. N., & Ongori, H. (2016). Strategic alignment and organizational performance of sugar manufacturing firms in Kenya: A case of Mumias Sugar Company. *Journal of Business and Retail Management Research*, 11(2), 46-52.

- Nyabwanga, R. N., & Ongori, H. (2017). Strategic alignment and organizational performance: A case of sugar manufacturing firms in Western Kenya. *International Journal of Business and Economic Sciences Applied Research*, 10(2), 1-13.
- Nzinga, J., Mbindyo, P., Mbaabu, L., & Warira, A. (2019). The effect of financial incentives on the quality of healthcare provided by primary healthcare facilities in Kenya: A systematic review. *The Lancet Global Health*, 7(Supplement 1), S45.
- Ochieng, D. O., & Ochieng, J. (2020). Strategic alignment and organizational performance of sugar manufacturing firms in Kenya. *International Journal of Economics, Commerce, and Management United Kingdom*, 8(8), 132-148.
- Oduor, J. O., & Ongori, H. (2018). Strategic alignment and organizational performance: A case study of sugar manufacturing firms in Western Kenya. *International Journal of Economics, Commerce and Management*, 6(2), 39-51.
- Ombati, M. O., & Ogutu, M. O. (2019). Strategic alignment and performance of sugar manufacturing firms in Kenya. *International Journal of Economics, Commerce, and Management*, 7(12), 420-436.
- Ongori, H., & Ogutu, M. (2016). Strategic alignment and organizational performance of sugar manufacturing firms in Kenya: A case study of Western Kenya. *International Journal of Research in Business Studies and Management*, 3(2), 9-18.
- Otieno, G. O., Hinako, T., Motohiro, A., & Hitoshi, S. (2018). Impact of health information systems on the performance of public health facilities in Kenya: A case of implementing the District Health Information System in Nyanza Province. *Journal of Health Informatics in Africa*, 5(1), 66-78.
- Oyira, E. J., Wambua, J., & Kaseje, D. (2020). Influence of human resources practices on the performance of public health facilities in Kenya. *International Journal of Economics, Commerce and Management*, 8(2), 72-85.
- Ratten, V., & Ferreira, J. J. (2017). The moderating effect of organizational culture on the relationship between entrepreneurial orientation and SME performance. *Journal of Small Business Strategy*, 27(2), 1-15.
- Simiyu, A. M., & Miring'u, N. W. (2019). Effect of strategic alignment on organizational performance



of sugar manufacturing firms in Kenya: A case study of Nzoia Sugar Company Limited. *International Journal of Research and Scientific Innovation*, 6(2), 44-51.

Chatman, J. A., & O'Reilly, C. A. (2016). Culture and performance. *Annual Review of Organizational Psychology and Organizational Behavior*, 3, 457-478.

Wilderom, C. P., Glunk, U., & Maslowski, R. (2016). Organizational culture as a predictor of organizational performance. *Journal of Management*, 42(4), 742-768.

Wamba, S. F., Akter, S., Edwards, A., Chopin, G., & Gnanzou, D. (2017). How 'big data' can make big impact: Findings from a systematic review and a longitudinal case study. *International Journal of Production Economics*, 183(Part B), 416-428.

Youndt, M. A., Subramaniam, M., & Snell, S. A. (2011). Intellectual capital profiles: An examination of investments and returns. *Journal of Management Studies*, 48(1), 143-164.

Zhu, Q., Sarkis, J., & Lai, K. H. (2013). Institutional-based antecedents and performance outcomes of internal and external green supply chain management practices. *Journal of Purchasing and Supply Management*, 19(2), 106-117.