BINDURA UNIVERSITY OF SCIENCE EDUCATION (BUSE) GRADUATE BUSINESS SCHOOL

AN INVESTIGATION ON THE CHALLENGES FACED IN STRATEGY IMPLEMENTATION IN PUBLIC HEALTH SECTORS IN DEVELOPING COUNTRIES: A CASE STUDY OF PARIRENYATWA GROUP OF HOSPITALS IN ZIMBABWE

BY
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B1645375

A DISSERTATION SUBMITTED TO THE BINDURA UNIVERSITY OF SCIENCE EDUCATION IN PARTIAL FULFILMENT OF THE MASTERS IN BUSINESS LEADERSHIP DEGREE (MBL)
SUPERVISOR: DR.R.M. RUSIKE
JUNE 2018
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DEGREE : MASTERS IN BUSINESS LEADERSHIP

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This dissertation is dedicated to Almighty Father for giving me His strength, guidance, and mercy.

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1. My dear wife, Farirai, for her continued support and love.

2. My son, Tiyanane, for everything he had to sacrifice.

3. My workmates for standing in for me while I was working on this dissertation.
DECLARATION

I, Connellius Njini, declare that this dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.
ABSTRACT

The objective of the study is to examine the challenges to strategy implementation in the Public Health Services Sector in developing countries, a case of Parirenyatwa Group of Hospitals (PGH) in Harare. The study looked closely at the challenges include management, communication, human factors such as resistance to change, leadership, organisational structure, information systems and technology. The study also investigated the external factors and changes to the operating environment. It further proffered some ways on how to overcome these challenges. The research was compiled from theoretical, conceptual and empirical review of literature and a summary, conclusions and recommendations were given.

The convergent parallel mixed methods research design was adopted as the guiding model for the data collection, analysis and interpretation process in this study. Data was collected through a concurrent parallel methodological triangulation of questionnaires, semi-structured interviews, and document analysis. Quantitative data was analyzed using Advanced Microsoft Excel considering its easy application and the nature of data been analysed.

The key challenges to strategy execution were identified and discussed and these include vision barrier, leadership barrier, people barrier, process and resources barrier. Translation of the vision to clear objectives and aligning them to strategy remains a big challenge. In addition leadership style, approach and perceptions in addition to the leader’s role of communicating strategy to employees was found to be critical.

Failure to adopt the best approach with a given type of strategy and employing the best communication tactic implementation is likely to fail. Aligning process resources, structures and program in the implementation of strategy is also critical to implementation, failure to which a problem is likely to occur. Moreover individual’s behaviors determine if the strategy will be implemented or not. Individuals must be assigned duties that motivate them otherwise they will not be committed to the organization’s operations. The researcher recommends that specific studies be conducted on the effective tools such as balanced score card and performance appraisal to measure and control performance to assist in overcoming barriers to strategy execution.
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Abbreviations used

PGH means Parirenyatwa Group of Hospitals

USAID means United States Agency for Internal Development

TBCAP means Tuberculosis Community Annotation Project

MOHCC means Ministry Of Health and Child Care
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CHAPTER 1

1. INTRODUCTION AND BACKGROUND

1.0. Introduction

The purpose of this study is to explore and understand why there is a considerable and persistent gap between strategy formulation and strategy execution and how big health institutions can build a sustainable strategy execution platform. The study is conducted through a case study of Parirenyatwa group of Hospitals. This chapter discusses the background of the study and contextual issues relating to the strategy implementation in Public Health Institutions. This is followed by the definition of the research problem, the research questions the study seeks to answer, the objectives of the study and the significance of the study.

1.2. Background of the study

For the past two decades, strategy formulation has been widely regarded as the most important component of the strategic management process – more important than strategy implementation or strategic control. However, research indicates that strategy implementation, and not strategy formulation is the key to superior business performance and that strategy implementation is more important than strategy formulation (Holman, 1999; Flood, Dromgoole, Carroll and Gordon, 2000; Kaplan and Norton, 2001; Fortune, 2001; Mankins and Steele, 2005).

In addition, there is growing recognition that the most important problems in the field of strategic management are not related to the formulation of strategy, but rather to the implementation of strategy (Flood, et al., 2000) and that the high failure rate of organisational initiatives in a dynamic business environment is primarily due to poor implementation of new strategies (Business Day, 1999).

It seems effective strategy implementation has never been more important in the contemporary results-driven business environment. However, research indicates that most organisations fail to implement their strategies effectively. More than half of leaders surveyed in a recent study perceived a gap between their organisation’s ability to formulate and communicate sound strategies and their ability to implement these strategies. A further 64% of the respondents did not
have complete confidence that their organisations would be able to bridge the gap between the formulation of strategy and the effective implementation of the strategy (Lepsinger, 2006).

The high failure rate of strategy implementation efforts in an environment characterised by rapid change is well documented and is estimated to fall within the following ranges:

1. 37% (Mankins and Steele, 2005);
2. 70% (Beer and Nohria, 2000); and
3. as high as 90% (Business Day, 1999; Freedman and Tregoe, 2003; Zook, 2000)

A study conducted by Fortune Magazine revealed that 90% of the strategies are unsuccessful, and the single most important cause of this is believed to be the weak application of the strategies as noted by (Waterman, et al., 1988). An Economist Survey found that a discouraging 57% of firms were unsuccessful at executing strategic initiatives over the past three years, according to a survey of 276 senior operating executives in 2004 (Allio, 2005). This might also apply to public institution like Parirenyatwa Group of Hospitals. According to the White paper of Strategy Implementation of Chinese Corporations in 2006, strategy implementation has become “the most significant management challenge which all kinds of corporations face at the moment”.

Despite its importance, it is thus obvious strategy implementation not strategy formulation is a key challenge for today’s organisations. If execution is central to success, why don’t more organisations develop a disciplined approach to it? Why do companies not spend time developing and perfecting processes that help them achieve important strategic outcomes? Why can more companies not execute or implement strategies well and reap the benefits of those efforts?

The simple answer may be that execution is extremely difficult. There are many causes of the gap between strategy formulation and strategy execution. This therefore leads to the following research question for this study:

“How can Parirenyatwa Group of Hospitals as a public institution successfully bridge the gap between strategy formulation and strategy execution?”
1.3. PARIRENYATWA GROUP OF HOSPITALS: Background (Organisational Context)

Parirenyatwa Group of Hospitals started as a small hospital in 1890, catering for the small white minority. From this date small satellite health facilities were established within this complex such that by 1963 this Group of Hospitals included Salisbury Central Hospital, Princess Margaret Hospital, Lady Chancellor Maternity Hospital, Orthopaedic Centre, and African Outpatient Clinic. By 1974 the Andrew Fleming Hospital was commissioned and when this Group of Hospitals was renamed Parirenyatwa Group of Hospitals after independence the health facilities in this complex had their names changed to reflect the new political order. To date Parirenyatwa Group of Hospitals has become the largest and most sophisticated hospital complex in the country with a capacity of one thousand eight hundred (1800) beds and a work force in excess of two thousand (2000) staff. For the organogram of the PGH see Annexure 1

The Hospital is located in the Belgravia area of Harare Metropolitan City, the capital city of Zimbabwe, and built on a 400 000 square metre piece of land. The hospital went through the governance of different Acts among them, the Salisbury Hospitals Act (1975), the Parirenyatwa Group of Hospitals Act (1982) as amended and currently the hospital is being governed by the Health Services Act (2004), enacted in 2005. The previous and current Acts enshrined the hospital with a semi-autonomous status.

The Group of Hospitals is made up of:

i. The main complex consists of the main theatre, critical care unit, renal unit, radiology, laboratory department, medicine and surgical wards. In the main theatre that is where operating procedures are done by surgeons and the critical care unit is where critically ill patients who need life support are admitted. The renal unit caters for patients with kidney problems who frequently need to be dialyzed. It has a seventeen (17) bedded unit, comprising of four (4) cubicles with each cubicle having four (4) beds. One cubicle is reserved for private patients which uses state of the art machines such as the (5008S FRESENIUS MACHINE) with advanced therapy and high reliability. Renal replacement therapy is in the form of Haemodialysis, Peritoneal Dialysis and Kidney transplant.

ii. Critical care services meet the needs of patients facing immediate life-threatening health condition—specifically, that in which vital system organs are at risk of failing. Using advanced therapeutic, monitoring and diagnostic technology, the objective of critical care
is to maintain organ system functionality and improve the patient’s condition such that his or her underlying injury or illness can then be treated.

These services are provided by specialized teams of health care professionals in adult intensive care units, paediatric intensive care units and in a variety of post-operative and step-down units. Thus, critical care units play a pivotal role in acute care hospitals. If these units get overwhelmed with a sudden spike or surge in patient volumes, some surgeries are cancelled and emergency department waiting times increase. These services are both expensive and limited. The critical care centre caters for patients referred from all over the country and some from the African region.

iii. Radiology department. This department offers the diagnostics services which include General X-ray where ionizing radiation is used to produce images of diagnostic value. Ultrasound scanning where high frequency sound waves are used to acquire images of the body. Digital subtraction Angiography where radiographic images of blood vessels filled with contrast material are digitized and the subtracted from images obtained before administration of the material. The method increases the contrast between the vessels and the background. Computed Tomography scan (CT) equipment uses large quantities of radiation to produce tomographic images of the body.

iv. The Nuclear Medicine (NM) Department at Parirenyatwa Group of Hospitals provides diagnostic Radionuclide Imaging (RNI) services (normally constitutes 95% of the total workload) and radio-iodine treatment (5%) of patients with thyroid disease. NM utilizes very costly radioactive materials that perish with time and these are imported from outside the country. Hence, patient's procedures are performed in batches and on a strict scheduling system, although emergency cases can always be accommodated whenever the radiopharmaceuticals are available in the department.

v. Mbuya Nehanda Maternity Hospital is the largest referral maternity Hospital in the country and forms part of the largest referral Hospital in the country, Parirenyatwa Group of Hospitals. The maternity Hospital caters mostly for both low and high income patients. The maternity Hospital has eighty (80) beds and handles approximately one thousand two hundred (1200) patients per month and sees about one hundred and twenty (120) women
for postnatal care. The maternity also have fifty (50) beds for gynaecological emergencies and elective cases.

vi. Sekuru Kaguvi eye hospital is one of Parirenyatwa Group of Hospitals’ affiliates. It offers specialist eye health services to the nation. This is the largest referral eye hospital in Zimbabwe, offering preventive, curative and rehabilitation services of the highest professional standards. The Department of Ophthalmology is a large multi-disciplinary department providing comprehensive ophthalmology care in Zimbabwe. The department provides outpatients and surgical services. The outpatient throughput is approximately eighty thousand (80,000) patients per year. The eye unit comprises a modern outpatients department, dedicated eye ward and dedicated ophthalmology operating theatres supported by the latest equipment to deliver safe and effective surgery. These theatres are staffed by teams of dedicated, fully trained ophthalmic nurses and are available constantly for eye emergencies. There is a dedicated eye casualty service available between 8.30am and 4.30pm, Monday to Thursday, 8.30am to 4pm on Fridays and 9am to 12noon on Saturday.

vii. Annexe psychiatric unit is a mental hospital which caters for the acute, sub cute, chronic and also patients with mental disorders including those with psychological issues, Neurological and substance abuse. Treatment or therapy can be occupational therapy, resource centre or diversion therapy. Patients are protected by the Mental Health Act & Policy 1996, which states that mental health is treated free of charge and is funded by the government and Non-governmental organisations.

viii. Radiotherapy Centre caters for cancer patients. The unit is equipped with latest machine for diagnosis and treatment of cancer. The centre / department is primarily for the treatment of cancer using drugs (chemotherapy) and radiation (radiotherapy). The centre is open weekly, from Monday to Friday and on an outpatient basis.

Furthermore, the Hospital is a centre of excellence for courses run by the University of Zimbabwe and the Ministry of Health and Child Welfare such as:

i. Basic Nursing Course
ii. Post Basic Nursing Course
iii. These Include
iv. Midwifery
v. Ophthalmic Nursing
vi. Operating Theater Nursing
vii. Anaesthetic Nursing
viii. Intensive Care Nursing
ix. Medical laboratory technology and Hospital Food Service Supervisors' Training course.

There are also undergraduate and post graduate courses in medicine, surgery, pharmacy, Rehabilitation, dental and nursing. The Hospital is also a World Health Organisation Collaboration for Post graduate training in Oncology and Radiography.

1.3.1. Hospital Operations.

The number of in-patients dropped from an average of 40 000 per annum in 2015 to 38 500 in 2016. Casualty attended to 54 000 patients in 2015 as compared to 77 000 in 2016. Theatre cases for major operations increased from 9 038 to 13 850 whilst minor operations dropped from 3 828 to 2 956 during the year under review (Parirenyatwa Group of Hospital, Annual report 2016).

1. The hospital operations are largely financed from user fees. The Hospital projected to raise $14 088 000.00 from user fees but managed to collect $14 071 911.00. The treasury allocated $1 400 000.00 for recurrent expenditure and this was disbursed in full. However, the allocated capital grant was $2,571 million and only $250 000.00 was disbursed, specifically for water reservoir, which was estimated to cost in excess of $780 000.00. The hospital had to finance the gap using its own resources as well as the $100 000 donation from a well-wisher (Parirenyatwa Group of Hospital, Annual report 2016). The 2016 National Budget allocated US$330.79 million, representing 8.3% of the total budget, to the MoHCC, making it the fourth highest vote. Total Health and Child Care allocation has remained below the 15% Abuja target and the Sub Saharan Africa average of 11.3%. As a share of GDP, the Health & Child Care budget is 0.7 percentage points lower than the SSA average of 3% (The National Health strategy for Zimbabwe (2016-2020)).
1.3.2. Corporate Social Responsibility

As a socially responsible public health institution, PGH has been in partnership with various organisations to assist indigent patients who cannot afford to undergo surgery, which sometimes costs large sums of money. Notable clinical camps held by PGH with its partners, according to PGH Briefing document to the Board (2018) are:

i. Open heart surgery (The National Oil and Infrastructure donated $350 000.00).

ii. Free Eye Camp (Islamic Relief Organisation of Southern Africa and Council for the Blind). PGH ophthalmologists have also conducted outreach programmes to rural areas.

iii. Cervical cancer screening (Hunan Provincial Maternal and Child Hospital from the People’s Republic of China). The camp was held in January 2018.

iv. Cleft Lip and Palate surgeries (Love without Boundaries, a charity organization from United States of America). The camp was held in February 2018.

v. Plastic surgery (surgeons from Stanford University who came under the auspices of Resurge International).

1.4. Vision, Mission and Core Values

1.4.1. Parirenyatwa Group of Hospitals’ Vision

A centre of excellence in the provision of specialist healthcare services, as well as training and research opportunities, in Zimbabwe and the Region.

Parirenyatwa Group of Hospitals is a Referral Centre providing comprehensive Health Care Services at a quaternary level. As health care providers, we acknowledge that access to health care services is a right for every Zimbabwean. It identified its clients/customers whose needs and problems need to be addressed are:

i. Patients

ii. Provincial hospitals

iii. Private hospitals, Doctors surgeries or Practices

iv. Suppliers

v. Students
1.4.2. Parirenyatwa Group of Hospitals’ Mission Statement
To provide the public with the best quality and cost-effective specialist health care services, as well as modern training and research facilities for health professionals.

1.4.3. Parirenyatwa Group of Hospitals' Vision:
A centre of excellence in the provision of specialist healthcare services, as well as training and research opportunities, in Zimbabwe and the Region.

1.4.4 Guiding Principles and Values

i. We are committed to treating the information and circumstances of our patients, staff, clients and stakeholders with the utmost confidentiality, safety and trust that they deserve.

ii. We expect our efficiency to be measured by what we do, as well as how transparently we conduct ourselves.

iii. We are committed to forging public and private partnerships that combine diverse strengths, skills and resources.

iv. We uphold and comply with the highest standards of professionalism and will not compromise on moral and ethical values.

v. We consider the impact of our decisions on the welfare and wellbeing of our patients, and we recognize exceptional contributions by our staff and stakeholders.

vi. We treat everyone with respect, kindness, integrity and appreciate individual differences.

vii. We are strategically innovative and entrepreneurial in the pursuit of health care excellence, encouraging original thought and its application, based on sound and accountable health care interventions.
1.6. Business Environment
Healthcare organizations must continually make adjustments to maintain optimal function (Christiansen 2002). A number of different techniques can be used to determine where adjustments need to be made. One essential technique involves looking at an organization’s strengths, weaknesses, opportunities, and threats (SWOT). SWOT analysis has been used extensively in other industries but has not been widely used in healthcare (Kahveci and Meads 2008).

SWOT analysis is a precursor to strategic planning and is performed by a panel of experts who can assess the organization from a critical perspective (Gibis et al. 2001). In the Ministry of Health and Child Care the panel may comprise senior leaders, board members, employees, medical staff, patients, community leaders, and technical experts. Panel members base their assessments on utilization rates, outcome measures, patient satisfaction statistics, organizational performance measures, and financial status. While based on data and facts, the conclusions drawn from SWOT analysis are an expert opinion of the panel. The team also conducted a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis based on the proposal from these stakeholders. The SWOT analysis provided qualitative evidence on the status of the health sector.
Table. 1.0. A summarised Description of the SWOT analysis

<table>
<thead>
<tr>
<th></th>
<th>Helpful to objectives</th>
<th>Harmful to objectives</th>
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<tbody>
<tr>
<td><strong>Internal origin</strong></td>
<td><strong>Strengths</strong></td>
<td><strong>Weakness</strong></td>
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<tr>
<td></td>
<td>i. Outstanding Medical Staff</td>
<td>i. Lack of Adequate Resources</td>
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<tr>
<td></td>
<td>ii. Strong commitment to community Mission</td>
<td>ii. Lack of Primary Care Network</td>
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<td></td>
<td>iii. Excellent Hospital Facilities</td>
<td>iii. Shortages of Critical Staff</td>
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<td></td>
<td>iv. Outstanding Healthcare Quality</td>
<td>iv. Inadequate funding from the government due to the economic situation in the country</td>
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<td></td>
<td>v. High Level of Organizational Efficiency</td>
<td>v. Weak management capacity to provide coherent leadership for effective and efficient strategy implementation, supervision, monitoring and evaluation;</td>
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<td>vi. Improving political situation in the country;</td>
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<td></td>
<td>vii. Global Fund support; Support by partners such as WHO, USAID, TBCAP, The European Union;</td>
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<tr>
<td><strong>External origin</strong></td>
<td><strong>Opportunities</strong></td>
<td><strong>Threats</strong></td>
</tr>
<tr>
<td></td>
<td>i. Possible commercial exploitation of the private wards</td>
<td>i. Reduced Government Reimbursement</td>
</tr>
<tr>
<td></td>
<td>ii. Timely availability of departmental budgets that informed prioritization of activities detailed in those plans.</td>
<td>ii. Competition for Specialty Physicians</td>
</tr>
<tr>
<td></td>
<td>iii. Economies of scale provided by Natpharm.</td>
<td>iii. Increased Competition from Healthcare Provider Networks</td>
</tr>
<tr>
<td></td>
<td>iv. Strategic alliances with donor agencies and other hospitals, in the region and globally, for skills transfer and exchange programmes for staff.</td>
<td>iv. Prevailing and increasing poverty level, especially among the urban poor and rural areas</td>
</tr>
<tr>
<td></td>
<td>v. Acceptance by government of the value of Public–Private Partnerships in health care provision and management.</td>
<td>v. Non conducive political climate with continued poor relationship with the West may result in limitations in the improvement of the macroeconomic environment</td>
</tr>
<tr>
<td></td>
<td>vi. Manufacturing of tropical preparations and chemotherapy medication to contribute to cost cutting measures which are long term.</td>
<td>vi. Continued migration of highly skilled and experienced health and other workers to other countries;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>vii. Negative perception of Government institutions by sections of the media and some members of the public.</td>
</tr>
</tbody>
</table>

Source: Researcher
1.7. Force Field Analysis, Lewin, K. 1948

Healthcare organizations’ responsibility to implement change that is beneficial to the patient, staff, and organization is increasing. The primary areas driving change in healthcare include quality improvement, customer satisfaction, improvement of working conditions, and diversification of the healthcare workforce.

**Fig.1.1. Force field analysis model**

![Force Field Analysis Model](image)

**Source:** Kurt Lewin, (1948).

The management after identifying both the driving and restraining forces they can now find the best way to implement their strategy. Effective force field analysis considers not only organizational values but also the needs, goals, ideals, and concerns of individual stakeholders.
The table 1.2 showing the summary of both the driving and restraining forces which exist at Parirenyatwa Group of Hospitals.

Table 1.2. Force field analysis

<table>
<thead>
<tr>
<th>Driving forces</th>
<th>Restraining forces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Perception of Quality</td>
<td>Limited Financial Resources</td>
</tr>
<tr>
<td>Culture of Innovation</td>
<td>Poor Payer Mix with Low Reimbursement</td>
</tr>
<tr>
<td>Adequate Financial Resources</td>
<td>Marginal Patient Safety</td>
</tr>
<tr>
<td>Profitability</td>
<td>Low Healthcare Quality</td>
</tr>
<tr>
<td>Highly Skilled Personnel</td>
<td>Lack of Motivated and Skilled Personnel</td>
</tr>
<tr>
<td>Transformational Leadership</td>
<td>Culture Opposed to Change</td>
</tr>
</tbody>
</table>

Source: Adapted from Kurt Lewin, (1948).

1.8. Statement of the research problem

The successful implementation of strong and robust strategies gives any organisation a significant competitive edge (Zook and Allen, 2001). In the current turbulent environments, the ability to develop and implement new strategies quickly and effectively may well mean the difference between success and failure for organisations. Well-formulated strategies only produce superior performance for organisations when they are successfully implemented. Even the best-made strategies are worthless if they cannot be successfully implemented (Kaplan and Norton, 2005).

Strategy implementation seems to be the most complicated and time consuming part of strategic management and managers do not pay as much attention to the planning of implementation as they pay to formulating strategy (Shah, 2005). Speculand (2009) argues that leaders habitually underestimate the challenge of implementing strategy and delegate this process to others, taking their eyes off what needs to be done, hence strategies fail not because the strategy is wrong, but because the execution was poorly done.

Today much is known about the important factors in the planning phase of strategy. Furthermore problems, which appear during the implementation phase, are known. Some approaches and methods have been developed by researchers to ensure a structured processing; but a gap still exists.
between knowing what to do and actually doing it. Thus there is little systematic knowledge about how to implement a well-conceived strategy on paper in the real day-to-day business of an organisation. Without effective implementation “even the most superior strategy is worthless” as Aaltonen and Ikavalko (2002) realised.

The aim of this research is to explore and attempt to understand why there is a considerable and persistent gap between strategy formulation and strategy execution and provide a means of bridging this gap at Parirenyatwa Group of Hospitals.

1.9. Research objectives

The purpose of this study is to:

i. To identify the drivers to strategy implementation at PGH.
ii. To investigate the Institution’s strategy formulation (planning) process.
iii. To identify the factors that impedes effective strategy implementation at PGH.
iv. To examine how these barriers to strategy implementation could be overcome so PGH can effectively implement its strategies.

1.9.1. Research questions

1.9.2 Primary Research Question

The overall focus of this study is exploratory, building on existing studies done in the area of strategy implementation. The main aim will be on identifying challenges to the strategy implementation process and investigating ways to overcome these challenges. The four objectives will be used to form questions for this case study and simultaneously provide a structure for this research. The main aim will be dealt through answering the main research question:

“What are the challenges to strategy implementation in the public health sectors of developing countries in Africa, a case study of PGH in Zimbabwe?.
1.9.3. Secondary Research Questions
The following subsidiary research questions directly relate to the purposes of this study;

i. What are the drivers of strategy implementation at PGH?
ii. What is the institution’s formulation process?
iii. What are the barriers to effective strategy implementation at PGH?
iv. What are the recommendations to overcome those barriers?

1.10. Propositions

i. Poor strategy formulation results in poor strategy implementation
ii. The perceived challenges causes poor strategic implementation
iii. The solutions to barriers to strategy implementation address the institution performance

1.11. Research assumptions

1.11.1 Assumptions of the Study
The study is based on the following assumptions:

i. The respondents have knowledge about strategy
ii. Questionnaires are completed by the selected respondents themselves and not delegated to subordinates
iii. All respondents would be cooperative and provide reliable responses.

1.12. Purpose of the study
To find out the challenges being faced by public health sector in trying to implement their good strategies in order to come out with feasible solutions.

1.13. Significance of the study
It is a concern that almost every year, public health institution like PGH come out with good strategies for the organisation but yet the overall performance does not change otherwise decreasing. Hence there is a need to investigate the challenges which they are facing in implementing these good strategies.

The study would be important not only to Parirenyatwa Group of Hospitals management but also other managers in other organisations in that it would help them understand the challenges of strategy implementation and how to overcome them. Recurrent implementation problems may signal a need to formulate strategic plans that are more easily implementable. The study could help
in identifying facilitative mechanisms and solutions that reduce obstacles to recurrent implementation problems and provide guidelines on how to cope with implementation problems.

To future researchers and academics, the study would be important in the suggestion of areas requiring further research to build on the topic of corporate strategy implementation. In addition, the findings of this study would be an important source of reference for future scholars and researchers. Recommendations of the study will enable policy makers to design more broad minded and operational policies aimed at ensuring effective strategy implementation.

The research findings will help stakeholders to identify the barriers towards strategic implementation and how best to overcome them such that service delivery improves. This will go a long way to have a healthy nation which will contribute towards the country’s development agenda.

1.14. Chapter Summary
This chapter presented a broad, but concise, discussion on the nature of the study and general direction of the research study. A brief background of the organisation in question was provided and the problem statement well defined and clarified. Research questions that address the research topic were formulated and objectives of the study defined. The significance of carrying out the research study was explained and justified to show the necessity of the resulting findings to the body of knowledge and Parirenyatwa Group of Hospitals. The study will be done at Parirenyatwa Group of Hospitals only, hence defining the delimitation aspect of the research. The limitations discovered in conducting the research and strategies to mitigate them were also highlighted in the same chapter. The next Chapter will review the relevant literature on strategic implementation, addressing research questions, research objectives and analysing other organisational case studies focusing in the public health sector in order to identify the gaps in strategy implementation for further improvement.
CHAPTER 2: LITERATURE REVIEW

2.0 Introduction
The purpose of this chapter aim is to discuss the concept of implementing strategy by drawing on literature in the area of strategic management. This chapter reviews both the theoretical and empirical (past studies) frameworks related to implementation of strategic plans. This is followed by a discussion of some contemporary issues in strategy implementation, and the barriers to the effective implementation of strategy.

2.1. Theoretical Framework
Below are some of the key contributors of theory and ideas to this research.

2.1.1. Making Strategy Work
Hrebiniak (2005) has contributed with several ideas, theories and concepts throughout the study. This study is an extension of Wharton-Gartner Survey (2003), but applied to a different context, namely strategy implementation at the Parirenyatwa Group of Hospitals. The ideas, theories and concepts in the work of Hrebiniak, are mostly based on his experiences with strategy execution processes and results from the Wharton-Gartner Survey (2003) as well as discussions with managers at the Wharton Executive Education. The most notable contributions are theories about incentives and control, the importance of culture, coordination and integration as well as power and influence.

2.1.2. The Office of Strategy Management
Kaplan and Norton (2005) have contributed with the theory about an office of strategy management, which can create emphasis on strategy execution in an organisation and thereby facilitate the process. According to their study of companies using the Balanced Scorecard as their framework for their strategy management systems, the establishment of an office of strategy management has created great results and helped those companies bridge the gap between formulation and strategy execution. Kaplan and Norton’s emphasis is on proving the validity and quality of the use of their theory about the Balanced Scorecard. It is not the intention of this study to prove or disapprove the validity and quality of the Balanced Scorecard as a theory or tool. However, they state in their article, that...
their theory of the office of strategy management can be employed by others, not using the Balanced Scorecard as a revolving framework for their strategy management.

2.1.3. Blue Ocean Strategy
Kim, W.C. and Mauborgne, R. (2005), have contributed with their ideas of tipping point leadership, which is a theory that has its origins in epidemiological science and the theory of tipping points, which is in essence the concept of critical mass. The idea of tipping point leadership is used to demonstrate that when a critical mass of support for the strategy has been reached, the organisation develops a momentum and resilience, which greatly increases the likelihood of a successful strategy execution process.

The intention of Kim, W.C. and Mauborgne, R. (2005), is to provide a way to execute the strategies which they refer to as blue ocean strategies. However, they also state that their theory on strategy execution can also be applied by companies not pursuing blue ocean strategies.

2.2. Empirical Framework
In their article “The Office of Strategy Management” (2005), Kaplan and Norton reveal some intriguing results from their study of companies that utilize the Balanced Scorecard as the framework for their strategy management systems. In their book “Profit from the Core” (2001), Chris Zook and James Allen reveal that as much as 90% of companies in their study of more than 1,800 companies failed to realize their strategy.

The Wharton-Gartner Survey (2003) was a joint project between the Gartner Group and Lawrence G. Hrebiniak, professor at the Wharton School of the University of Pennsylvania and teacher at the Wharton MBA and Executive Education programs. The survey was a short online survey sent to 1,000 individuals on the Gartner E-Panel database. The targeted respondents were managers who were involved in strategy formulation and execution. The survey yielded responses from 243 individuals. Combined, the Wharton-Gartner Survey and the Wharton Executive Education Survey provided responses on obstacles to strategy execution from more than 400 managers. Wharton-Gartner Survey (2003) targeted managers responsible in the formulation and execution of strategy, to provide a more balanced view for this research; it was decided to include participants from various levels, from staff to senior management levels. Doing this means that the research has a
good representation of the organisation, and the perceptions and feelings felt beyond the top management level could be observed.

2.3. Defining Strategic Management Process

The reference to ‘strategic management’ in past studies provided varying definitions (Ansoff, 1991; Mintzberg, 1987; Whittington, 1993). Porter (2003) describes strategic management as the configuration of a collection of discrete but interrelated economic activities. These activities are seen as an organisation’s competitive orientation and can be thought of as a pattern of business related decisions (Covin, 1991). Hitt, et al., (2007) defined the process of strategic management as: “…. the full set of commitments, decisions, and actions required for a firm to achieve strategic competitiveness and earn above-average returns.” Pearce and Robinson (2005) defined strategic management as: “…. the set of decisions and actions that result in the formulation and implementation of plans designed to achieve a company’s objectives.” Camillus (1997) believes that strategic management represents an organisation’s ability to analyze strengths, weaknesses, opportunities and threats facing the organisation, develop the scope, resources, competitive advantage, synergy, and create organisational flexibility in order to respond to changes in the environment. These definitions agree with Mintzberg, et al.’s (1998) definition that strategic management symbolizes the courses of actions that are required to achieve the overall vision of an organisation and to remain competitive. This also corresponds with the definition of strategic management that is chosen for this study.

2.3.1. Components of the strategic management process

The process of strategic management within the internal organisational environment encompasses strategy formulation; strategy implementation; and strategy evaluation or control (David, 2005; Pearce and Robinson, 2005). Figure 2.1 depicts the strategic management process diagrammatically.
Figure 2.1 indicates that the strategic management process consists of the following five interrelated managerial tasks which include developing a strategic vision and business’s mission, translating the mission into specific long term goals and formulating strategies to achieve the long term goals. Then the last will include the implementation and evaluation of the strategy (Thompson and Strickland, 2003).

According to David (2001), strategy formulation includes formulating a vision and mission statement, assessing the organisation’s external environment as a means of identifying external opportunities and threats (external analysis), conducting an analysis of the organisation’s internal environment as a means of identifying internal strengths and weaknesses (internal analysis), translating the mission statement into long-term goals, generating alternative strategies and choosing particular strategies as a means of achieving the formulated long term goals of the organisation.

The implementation of strategy is often called the ‘action phase’ of the strategic management process as it entails converting the formulated strategy into action and then into strategic results (Thompson and Strickland, 2003). According to Thompson and Strickland, the implementation of strategy comprises eight critical managerial actions. These actions are diagrammatically depicted in figure 2.2.
Fig 2.2. Critical managerial actions in implementation of strategy

Source: Adapted from Noble (1999)

It is evident from figure 2.2 that the critical managerial actions for implementation of strategy comprises of creating an organisational structure with capabilities, competencies and resources required to effectively implement strategy, developing budgets, establishing policies, procedures and instituting best practices for striving towards continuous improvement. This further encompasses creating and implementing organisational systems, aligning rewards and incentives, creating culture towards strategy implementation and practicing best strategic leadership.

Strategy control or evaluation is the final stage in the process of strategic management and provides feedback on both the formulation and implementation of strategy. This feedback indicates the
adjustments and corrections that the organisation will need to make in its internal environment as a means of aligning it more effectively with the continuously-changing external environment in which it operates. Evaluating the strategy may lead to adjustments or corrections in the formulation and implementation of strategy, or to the content of the strategy itself.

2.4. Defining Strategy Implementation

‘Strategy implementation’ and ‘strategy execution’ are often used interchangeably in the management literature. For the purpose of this study, the term ‘strategy implementation’ is used synonymously with the term ‘strategy execution’. The latter is more often used in the business environment, whereas the former is more often used in academic literature.

According to Noble (1999), diverse perspectives have been taken by authors in an attempt to define the concept of strategy implementation. An eclectic review of the literature reveals few formal definitions of strategy implementation. However, the definitions of Hrebiniak and Joyce (1984); Floyd and Woolridge (1992); Kotler (1984); Bonoma (1984); Cespedes (1996); and Laffan (1983) have been considered by the author. Table 2.1 details some of the key concepts highlighted in these definitions.
# Table 2.1. Perspectives on strategy implementation

<table>
<thead>
<tr>
<th>Author</th>
<th>Perspective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hrebiniak and Joyce (1984)</td>
<td>Strategy implementation is a series of interventions concerning organisational structures, key personnel actions and control systems designed to control performance with respect to desired ends.</td>
</tr>
<tr>
<td>Floyd and Woolridge (1992)</td>
<td>Strategy implementation is the managerial interventions that align organisational action with strategic intention.</td>
</tr>
<tr>
<td>Kotler (1984)</td>
<td>Strategy implementation is the process that turns plans into action assignments and ensures that such assignments are executed in a manner that accomplishes the plan’s stated objectives.</td>
</tr>
<tr>
<td>Cespedes (1991)</td>
<td>Strategy implementation involves a finer level of planning, including the allocation of resources and the resolution of operational issues.</td>
</tr>
<tr>
<td>Laffan (1983)</td>
<td>During the implementation phase, a policy decision must be spelled-out in operational detail and resources must be allocated amongst programs.</td>
</tr>
</tbody>
</table>

*Source: Adapted from Noble (1999)*
According to Noble (1999), Hrebiniak and Joyce (1984) defines strategy implementation as synonymous with strategic control. The treatment of strategy implementation as synonymous with control is a common perspective in many business strategy texts. A fundamental question facing managers is how performance during and after implementation of a new strategy should be assessed. This assessment function is often referred to as strategic evaluation or control, and is a key component of the strategic management process. The nature of the strategic control system in a strategy implementation effort is a critical decision and the control system may require flexibility in order to evolve as the strategy implementation effort unfolds.

According to Noble (1999), Kotler (1984) views strategy implementation as the process that turns plans into action assignments and ensures that such assignments are executed in a manner that accomplishes the plan’s stated objectives. Both Floyd and Woolridge (1992) and Kotler (1984) treat strategy implementation as synonymous with execution of the strategic plan. This view of strategy implementation is limited as it fails to acknowledge the emergent nature of many of the processes involved in the implementation of strategy.

According to Noble (1999), Cespedes (1991) and Laffan (1983) accentuate the importance of allocating resources and operational issues that combine several of the perspectives with more of a focus on the process involved.

Noble (1999) defines strategy implementation as “…. the communication, interpretation, adoption, and enactment of strategic plans.” David (2001) also stated that strategy implementation is often called the action stage of the strategic management process, as it requires mobilizing managers and employees on all levels of the organisation to convert the formulated strategy into action and results.

2.5. Approaches to Strategy Implementation in Public sectors.

As noted earlier, strategies which have been formulated are of no value unless implemented properly (Dess and Lumpkin, 1996). Strategy implementation plays an important role in the success of strategic initiatives (Miller, 1998; Pearce and Robinson, 2000; Vasconcellos, 1990). Strategy implementation is the transformation of strategic intentions into actions or changes for the organisation. Hammermesh (1986) defines strategy implementation as the process of ensuring that the strategy is embodied in all that an organisation does. This process is one of the most difficult and complicated management activities (Bourgeois, 1996; Hammermesh, 1986;
Heracleous, 2000; Hussey, 1998; Miller, 19998; Stoner et al., 1995). Numerous authors have indicated that there had been resistance from a lot of managers to implementation of strategies or change due to a number of reasons, amongst others, the feeling of defensiveness within organisations (Dawson, 1996; Heracleous, 2000; Kotter, 1996; Lucero and White, 2005).

As defined above, if strategy implementation is the process of transforming strategic intentions into actions, the implementation of strategies should be the end product of planning, for without it, the planning becomes a pointless and empty activity (Hussey, 1998). This is not necessarily true at all times, becomes formulation and implementation are interrelated where some aspects of implementation may actually start before the decision had been finalized (Miller, 1997). However, the starting point of implementation does not underplay the benefit of implementation where Hussey believes that “no company anywhere in the world has ever added a single penny to its profits from making plans: the rewards are only realised when plans are implemented” (Hussey, 1998).

The ability to implement a strategy is as important as formulating it (Thompson and Strickland, 1998; Vasconcellos, 1990), for one cannot exist without the other. Hence, a study of barriers that affects the success of strategy implementation initiatives can be of benefit to managers and add value to the field of strategic management. Therefore it is questionable why there is a lack of literature or work done on strategy implementation (Bourgeois, 1980; Hart, 1992; Okumus, 2001; Reed and Buckley, 1988). If an organisation cannot implement a decision successfully, the implications are enormous (Heracleous, 2000). Apart from monetary and time loss, failed implementation creates a negative precedence within the organisation, such as lower employee morale, loss of trust in management and creation of an even more inflexible organisation (Heracleous, 2000).

Hence, the ability of managers to implement strategy is very important to an organisation (Miller, 1998). Although strategy implementation is a topic which is gaining popularity (Reed and Buckley, 1998), there is still a lack of implementation literature available. Hence, the following sections look at the different approaches to implementation that informs this study. This includes a section on change management, an area of research which has commonly been found to be linked to strategy implementation studies.
2.5.1. Strategic Fit

The study of strategy implementation is a distinct area of study within the overall study of strategic management. Within the concept of strategic management, the implementation process is seen as one which is integral to ensuring achievement of organisational goals and objectives. The study of implementation was believed to have originated from the idea that realization of strategies is dependent on the match between strategy and organisational elements (Gupta and Govindarajan, 1984).

According to, Scholz (1987), strategic fit is a situation in which all the internal and external elements relevant for a company are in line with each other and with the corporate strategy.

The focus on achieving strategic fit had originally been a core concept in strategy formulation (Ginsberg and Venkatraman, 1985; Miles and Snow, 1984; Zajac, Kraatz and Bresser, 2000). It started with Chandler (1962) and Leavitt (1965) in their work on implementation with the focus on organisational performance based on achieving fit between the strategy and structure of the organisation. Since then, there have been a number of other empirical and conceptual studies done of the subject of strategy-structure fit (Gupta and Govindarajan, 1984; Hall and Sais, 1980). These studies either showed direct or indirect links from strategy to structure. The main intention of Hall and Sais’ (1980) study is to show that the dependent relationship between strategy and structure can be made in both directions.

However, strategy implementation is more than the fit between strategy and structure (Hall and Sais, 1980; Scholz, 1987; Venkatraman and Camillus, 1984; Waterman, 1982). Effective strategy implementation requires successful interaction between all organisational elements and strategy (Galbraith and Nathanson, 1978; Reed and Buckley; Stonich, 1982; Venkatraman and Camillus, 198; Waterman, Peters, and Phillips, 1980), which is also known as strategic fit.

Scholz (1987) believes that an idea of strategic fit was originally introduced by Waterman (1982) using the Mckinsey 7-S Framework. The framework is shown in Figure 2.3. Waterman (1982) introduced the framework initially for the purpose of helping managers to organize more effectively. From there, it was realised that the framework can be used to ensure “do ability of strategies” and achievement of strategic fit within an organisation.
Based on the McKinsey 7-S Framework, Waterman (1982) proposes that the seven organisational variables: strategy, structure, style, systems, staff, skills and shared values need to fit within the overall strategy for the organisation to be successful. The popularity of this framework can be seen through its use in various projects funded by McKinsey within large corporations in the US by Peter and Waterman (1984). The framework is simple and contributed significantly to the study of strategic management.

Despite the enthusiasm about the McKinsey 7-S Framework expressed in popular press, the framework had only focused on the internal elements of the organisation. There was no discussion on the interaction of the organisation with its environment and changes to the organisation. Moreover, besides aligning these organisational variables to the strategy, how do managers ensure that the implementation of the strategy happens successfully?

The McKinsey 7-S Framework presented by Waterman (1982) is a good example of a prescriptive approach to implementation. The framework provides managers with an easy to follow guideline to implementation, and it should be seen by managers as a guideline, not as the only method to use. Even though there are discussions in his paper on external elements which may influence the
strategic direction of an organisation, he fails to explain the relationships between the internal and external elements. Considerations on external factors such as economic viability, resources available, overall company strategy and practicality are equally important.

Although a strategy may be in line with all its goals, there are possible barriers in implementation that managers could have overlooked – such as communication channels or availability of resources to implement the plan. As organisations do not function in isolation, attention should be given to how both these elements interact to help an organisation succeed.

This is achieved by Zaja, Kraatz and Bresser’s (2000) dynamic model of strategic fit (illustrated in Figure 2.4) where they explained how both external and internal elements of an organisation affects an organisation’s strategic direction and eventually affects its overall performance. Even though the dynamic model of strategic fit incorporated possible changes to the organisation, it seems to present the assumption that everyone within the organisation is in agreement with the overall strategy. There is no mention of culture, people or structure within organisations which may potentially affect an organisation’s overall strategy.
The Dynamic Model of Strategic Fit attempts to capture the internal and external factors which affect the strategic direction of an organisation. Once these have been determined, the organisation decides the type of change it requires to achieve its goals. However, for the organisation to achieve its goals, it is important to ensure that the change or strategy decisions fits with other factors to ensure that there is a strategic fit.

Various authors have attempted to design models to include as many factors that explain the concept of ‘fit’ as possible to clarify a topic or issue. However, due to the nature of research being
exploratory or explanatory, there will always be limitations or assumptions that need to be in place for a research to be conducted. Otherwise, there might be too many aspects to consider, which may undermine the research. Therefore, models or frameworks which are developed should include explanations of its limitations and encourage its use as a guideline, not as a “prescribed method”.

2.5.2. Implementation Variables
Of all the different implementation frameworks developed by key authors in the field of strategic management, one of the frameworks which encourage this research is the study by Okumus (2001). In his article entitled ‘Towards a Strategy Implementation Framework’, Okumus (2001) presents a comprehensive list of implementation frameworks, highlighting key implementation variables identified by key authors. From these frameworks, ten common variables are identified. These are strategy formulation, environmental uncertainty, organisational structure, culture, operational planning, communication, resource allocation, people, control and outcome.

These variables have originally been classified by researchers into categories such as “content”, “process” and “outcomes” (Okumus, 2001). However, the classifications are not fixed on what is included in which categories. For example, the “process” variables identified in Okumus’ (2001) work vary from those in Bryson and Bromiley’s (1993) work. Therefore, instead of focusing on the classifications of these variables, this study will take the approach that these variables may potentially be barriers to the process of strategy implementation. This is because if the variables are important to the success of strategy implementation, if not managed well, they could become barriers to implementation.

The assumption that implementation variables can be barriers to implementation was supported by Beer and Eisentat’s (2000) “Six Silent Killers of Strategy Implementation and Learning”. They believe that the six barriers that they have identified are “silent killers” because they were “rarely acknowledged or explicitly addressed”. Most of these six barriers are attributable to leaders of organisations. The six barriers they identified are: top-down or laissez-faire senior management style, unclear strategy and conflicting priorities, ineffective senior management team, poor vertical communication, poor coordination across functions, business or borders and inadequate down-the-line leadership skills and development.

The prominence of Beer and Eisentat’s (2000) emphasis on top managers were understandable, as top managers are traditionally seen as the drivers of strategy. However, this research intends to
move away from only concentrating on the top managers. This research proposes to investigate common barriers to implementation at different levels of an organisation. This is assumed to provide this study with a better overview to an organisation’s behaviour, rather than only on top management team.

2.5.3. Strategic Consensus

Strategic consensus represents the concept of managers from different levels of an organisation acting on a common set of objectives and achieving these based on shared understanding and commitment to the objectives (Floyd and Wooldridge, 1992). There is often a tendency in the studies of strategic management to divide strategy formulation and strategy implementation into two different areas of study (Guth and MacMillan, 1986; Mintzberg and Waters, 1985). Most of these studies also imply that the top management are responsible for the formulation of strategy and has the ability to change the organisation to achieve these strategies (Chaffee, 1985; Guth and MacMillan, 1986; Mintzberg and Water, 1985). Furthermore, these approaches tend to ignore or implicitly suggest that it is important to secure the organisation’s commitment to the strategy chosen. Although it is undeniable that top management play a vital role in an organisation, the value of getting commitment and buy in from others within the organisation should not be taken too lightly (Floyd and Wooldridge, 1992; Guth and MacMillan, 1986).

Top managers often complain that their middle or operating managers lack the ability to implement strategies successfully (Floyd and Wooldridge, 1992). More often than not, it is not the abilities of the managers; it is more likely to be a problem of poor middle management understanding and commitment to the strategy (Floyd and Wooldridge, 1992). Guth and MacMillan (1986) suggest that if there are differences in the goals perceived by different levels of managers, the level of commitment to the goals will differ, hence potentially causing disagreements between these managers. This would then create an unnecessary barrier to the implementation process. The researcher is intrigued by this suggestion and would be interested to investigate if this is true in this research.

Moreover, differences in accessibility to information on specific strategies by middle managers in relation to top managers can lead to differences in opinions of the outcomes of strategies (Guth and MacMillan, 1986). For example, the traditional approach assumes that the top managers formulate and drive the strategy in the organisation. However, if the middle managers did not fully
understand the original idea of the strategy, they take the strategy for granted or do not realise the full importance of the strategy. This can result in a lack of commitment from the middle management level. On the other hand, they may disagree with the strategy and react to this disagreement in different ways (Guth and MacMillan, 1986). The reaction could take the form of passive compliance or intervention by middle managers, either during the formulation process or during the implementation stage of the strategy (Guth and MacMillan, 1986 and Kruger, 1996). Intervention can range from managers voicing their opinions on the strategy, to seeking other organisational members for support, to outright sabotage, which would not only cause serious implementation issues, but also deprivation of overall staff morale. On the contrary, although passive intervention seemed less “harmful” it can be as detrimental to the organisation’s well-being resulting in unnecessary delays comprising the quality of implementation (Guth and MacMillan, 1986).

Floyd and Wooldridge (1992) believed that successful execution of strategies means that top, middle and operating level managers are acting on a common understanding and commitment. They call this phenomenon strategic consensus. Another term which is commonly used in the study of strategic management to describe this is ‘participative management’.

Parnell et al. (2002) describe participative management as strategic diffusion. Their work is centred on involving middle to lower level managers in the strategy formulation stage, to increase involvement, understanding and commitment to strategy. It was believed that individuals who were involved in setting a goal tend to work harder to achieve a goal (Locke, Latham and Erez, 1988; Roberson, Moye and Locke, 1999).

Although the traditional concept of top managers being the drivers of strategy within an organisation is still important, the study encourages organisations to include middle and operating level managers in the strategic decision process, not to take over, but to be part of the overall strategic process. This is seen as a way to increase understanding of the benefits, impact and success of the strategy to the organisation. Therefore, instead of acting against the strategy, the managers can be appropriate ambassadors and implementers of the strategy (Floyd and Wooldridge, 1992).

To conclude, studies on strategic consensus or participative management open up the way studies on strategy was traditionally done. It encourages focus on both the top managers and other organisational members, on the different roles they play to contribute to an organisation’s success.
This study will incorporate participants from different levels of the company to find out whether strategic consensus can influence implementation efforts.

2.5.4. Change Management
Strategy implementation implies change to the organisation. Organisations are complex social systems with deep-rooted ways of doing things; systems; behaviours and cultures (Atherton, 1993). Therefore, change to organisations implies persuading people to abandon their existing beliefs and values and the behaviours that stem from them and adopt new ones (Sadler, 1998). Hence, change presents a challenge for managers in all organisations, especially when it comes to “something as integral to the organisation as its culture is affected, those challenges may be intense” (Pratt, 1998).

Studies of strategic change illustrate its complexity, the political battles, the cultural barriers, the inertia of the organisation structures, and systems and the bounded rationality of managers (Johnson, 1987 and Pettigrew, 1985). This complexity and several potential problems associated with the strategy itself, the way it was developed, or the management of change process makes realising strategy an extremely difficult task (Atherton, 1993; Johnson, 1987 and Pettigrew, 1985). The challenges presented in managing change are very similar to those of implementing strategy. Furthermore, the study of strategic management is often concerned with environmental changes and organisational adaptation (Ansoff, 1979; Schendel and Hofer, 1979). Descriptions and definitions of strategy formulation and strategy implementation often imply change. The change could be both external, concerned with the environment or internally, within an organisation (Ginsberg, 1988). As mentioned previously, the interconnectivity between change and strategic management is in the “operationalisation of some (but not all) strategies may require significant change to the process, structures and sometimes cultures of the organisation” (Forster and Browne, 1996). For example, Pettigrew’s (1985, 1992) studies on change were used by various researchers (De Wit and Meyer, 2004; Okumus, 2001) to categorise implementation variables and other studies within the strategic management field.

Although change is often intended to create betterment for organisations, it presents a challenge for managers. Changing anything in an organisation is commonly perceived as a complex and problematic process, especially when there is not a clear direction for the organisation as to how they interrelate” (Porras and Roberston, 1988). Successful change requires the expertise of
managing both the human elements of the organisation (Schwartz and Davis, 1981). To add to the intricacy of change, people generally dislike change, because they are reluctant to move out of their comfort zone (Leonard, Scholl and Beauvais, 1997). However, change is important process to avoid an organisation drifting too far away from the demands of the environment (Johnson, 1988).

Basically, any change involves an effort that is deliberate, organisation wide, better adaptation and to improve overall effectiveness of the organisation (Bennis, 1966; Beckhard, 1969; Burke, 1982; Leonard, Scholl and Beauvais, 1997; Marguilies and Raia, 1978). Similarly, the purpose of managing change for most organisations is to assist them in achieving desired outcomes.

In summary, the literature on change management is used to introduce the similarities and relationship between change and strategy implementation. Due to the lack of literature in strategy implementation, change management theory is useful in providing a theoretical base for this research.

2.6. Challenges to effective strategy implementation

“Top teams should know that reluctance or incompetence in crafting the process for implementing strategic change is the single most reliable predictor of its failure” (Freedman and Tregoe, 2003). Implementing strategies in an environment characterised by rapid and discontinuous change is a tremendous challenge (Ehlers and Lazenby, 2004). The frenetic pace of change in the contemporary business environment poses many obstacles to the successful implementation of strategy (Zagotta and Robinson, 2002). Table 2.2 below details some alarming statistics in failure rate in strategy implementation.
Table 2.2: Failure rate in strategy implementation

<table>
<thead>
<tr>
<th>SOME ALARMING STATISTICS</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90% Of all companies fail to realize their strategic ambitions</td>
<td>Zook and Allen, 2001</td>
</tr>
<tr>
<td>95% Of a company’s employees are unaware of, or do not understand, its strategy</td>
<td>Kaplan and Norton, 2005</td>
</tr>
<tr>
<td>85% Of executive leadership teams spend less than one hour per month reviewing their strategy</td>
<td>Kaplan and Norton, 2005</td>
</tr>
<tr>
<td>80% Of management decisions are made without ever considering an alternative</td>
<td>Lippitt, 2007</td>
</tr>
<tr>
<td>73% Of employees do not have access to the organisation’s strategic plans. Furthermore, only 42% of managers have access to the organisation’s strategic plans.</td>
<td>Axson, 1999</td>
</tr>
<tr>
<td>60% Of organisation do not link their budgets to strategic priorities.</td>
<td>Kaplan &amp; Norton, 2005</td>
</tr>
<tr>
<td>40% Of companies do not tie incentive compensation to achieving their strategic plans, while 97% percent tie compensation to their financial plan results.</td>
<td>Axson, 1999</td>
</tr>
<tr>
<td>37% Of the potential financial performance of most strategies is lost.</td>
<td>Mankins and Steele, 2006</td>
</tr>
<tr>
<td>15% Of companies make it a regular practice to track business results against the performance forecasts of its prior year’s strategic plans.</td>
<td>Mankins and Steele, 2006</td>
</tr>
</tbody>
</table>

Source: Adapted from Pederson (2008, 23)

With failure rates of strategy implementation efforts ranging between 37% and 90%, the question is: ‘What are the major reasons why organisations fail to implement their strategies?’ In this regard,
research by the Balanced Scorecard Collaborative (Business Day, 1999) has identified four major barriers to the effective implementation of strategy. These barriers are diagrammatically depicted in figure 2.5

**Fig 2.5. Barriers to effective strategy implementation**

![Diagram showing the barriers to effective strategy implementation]

- **Vision Barrier:** Five (5) % of the workforce understands the vision
- **Management Barrier:** 85% of top management teams spend less than one hour on strategy
- **People Barrier:** 25% of managers have rewards linked to strategy
- **Resource Barrier:** 60% of organisations do not link budgets to strategy
- **Overall Barrier:** Nine out of ten organisations fail to successfully implement strategy

**Source: Adapted from Business Day, 30 September 1999**

As indicated in figure 2.5, the following are major barriers to effective strategy implementation which was identified that workers do not understand the strategy of the organisation and key changes in responsibilities and behaviour of employees have not been clearly identified. The leadership and direction provided by top managers is inadequate and at the same time the allocation of resources, including financial resources, is not aligned with the strategy of the organisation.
Also the other challenge is that the goals and incentives have not been sufficiently defined and are not well aligned with the strategy of the organisation.

Alexander (1985) surveyed 93 private sector organisations in the US to determine which strategy implementation problems occurred most frequently as they attempted to implement strategic decisions. The respondents were the company presidents of the organisations, and the sample consisted of the strategic business units of medium and large organisations. Some 72 organisations (77%) were listed in the Fortune 500 list of leading industrials. The study focussed on implementing strategic decisions within individual strategic business units (SBUs). Responding vice-presidents were asked to select one recent strategic decision that had been implemented in their particular SBU. They were required to evaluate the extent to which some 22 possible implementation problems actually were a problem in the subsequent implementation of the strategic decision. This was done using a five-point Likert-type response scale. The ten most frequently-occurring problems associated with the implementation of strategy are depicted in table 2.3
Table 2.3. Problems associated with implementing strategy

<table>
<thead>
<tr>
<th>Potential strategy implementation problem</th>
<th>Frequency of any degree of the problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation took more time than originally allocated</td>
<td>76%</td>
</tr>
<tr>
<td>Major problems that had not been identified beforehand surfaced during implementation</td>
<td>74%</td>
</tr>
<tr>
<td>Co-ordination of implementation activities was not effective enough</td>
<td>66%</td>
</tr>
<tr>
<td>Competing activities and crises diverted attention from implementing the decision</td>
<td>64%</td>
</tr>
<tr>
<td>The employees involved were not sufficiently capable</td>
<td>63%</td>
</tr>
<tr>
<td>Training and instruction provided to lower level employees were not adequate</td>
<td>62%</td>
</tr>
<tr>
<td>Uncontrollable factors in the external environment had an adverse impact on implementation</td>
<td>60%</td>
</tr>
<tr>
<td>The leadership and direction provided by departmental managers were not adequate</td>
<td>59%</td>
</tr>
<tr>
<td>Key implementation tasks and activities were not defined in enough detail</td>
<td>56%</td>
</tr>
<tr>
<td>The information systems used to monitor implementation were not adequate</td>
<td>52%</td>
</tr>
</tbody>
</table>

Source: Adapted from Alexander (1985)
Some of the least frequently-occurring problems associated with implementing strategy identified in the above-mentioned study are depicted in table 2.4

**Table 2.4. Least frequently-occurring problems associated with implementing strategy**

<table>
<thead>
<tr>
<th>Potential strategy implementation problem</th>
<th>Frequency of any degree of the problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support and endorsement by top management in this SBU and the corporate level were not adequate</td>
<td>21%</td>
</tr>
<tr>
<td>The available financial resources were not sufficient</td>
<td>27%</td>
</tr>
<tr>
<td>Changes made to organisational structure were not sufficient</td>
<td>33%</td>
</tr>
<tr>
<td>Changes in the roles and responsibilities of key employees were not clearly defined</td>
<td>38%</td>
</tr>
</tbody>
</table>

**Source: Adapted from Alexander (1985)**

One explanation for the above could be that organisations are so effective in the potential problem areas indicated in table 2.3, that it was possible to prevent those problems. Alternatively, it could be that the implementation problems identified in this study are more important than what the literature suggests. This study also suggests that ‘high-success’ organisations experience implementation problems to a significantly less extent than do ‘low-success’ organisations. In fact, 11 problems were experienced to a significantly less extent by ‘high-success’ organisations when compared to ‘low success’ organisations.

Al Ghamdi (1998) replicated and extended the study of Alexander (1985) more than 15 years later for the purpose of identifying recurring implementation problems. One hundred questionnaires were mailed to organisations in the Bradford area of the United Kingdom. Six strategy implementation problems were experienced by more than 70% of the sample group. These problems were summarised in table 2.5.
Table 2.5. Problems associated with implementing strategy

<table>
<thead>
<tr>
<th>Potential strategy implementation problem</th>
<th>Frequency of any degree of the problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation took more time than originally allocated</td>
<td>92%</td>
</tr>
<tr>
<td>Major problem surfaced that had not been identified earlier</td>
<td>88%</td>
</tr>
<tr>
<td>The co-ordination of implementation activities was not effective enough</td>
<td>75%</td>
</tr>
<tr>
<td>Competing activities diverted attention from implementing this decision</td>
<td>83%</td>
</tr>
<tr>
<td>Key implementation tasks and activities were not sufficiently defined</td>
<td>71%</td>
</tr>
<tr>
<td>The information systems used to monitor implementation were inadequate</td>
<td>71%</td>
</tr>
</tbody>
</table>

Source: Adapted from Al Ghamdi (1998)

The research by Al Ghamdi (1998) confirms that ‘high-success organisations’ experience fewer problems with implementation that ‘low success’ groups. In addition, it was established that communication, management support, and good information systems are key tools for the execution of the processes involved in effective strategy implementation.

Beer and Eisenstat (2000), in studying the strengths and barriers to the effective implementation of strategy, followed a specified process, which included involving senior management participants in the change strategy definition stage. This was followed by planning implementation with managers who occupied positions two to three levels below senior managers. The objective was to profile ten business units and two organisations. The ‘organisational fitness profiling’ process explored the organisation’s responsiveness capabilities to changing competitive strategies. The sample size of internal and external customer representation is not defined. The task team, executive team and researchers analysed the findings of the task team to diagnose the source of the problems identified, and to simultaneously develop a change management implementation plan for the organisation. As part of their ‘Organisational Fitness Profiling’, Beer and Eisenstat (2000) mention the “six silent killers of strategy implementation” that should be counteracted in the form
of six core capabilities for sustainable strategy implementation. Beer and Eisenstat (2000) identify various factors responsible for stifling the leadership and capacity development of middle managers. These factors are listed in table 2.6

**Table 2.6. Six “silent killers” of strategy implementation**

<table>
<thead>
<tr>
<th>Responsible factors</th>
<th>Frequency of occurrence</th>
</tr>
</thead>
<tbody>
<tr>
<td>A top-down or laissez-faire approach to management</td>
<td>9 of 12 cases</td>
</tr>
<tr>
<td>Unclear strategy and conflicting priorities</td>
<td>9 of 12 cases</td>
</tr>
<tr>
<td>An ineffective senior management team</td>
<td>12 of 12 cases</td>
</tr>
<tr>
<td>Poor vertical communication</td>
<td>10 of 12 cases</td>
</tr>
<tr>
<td>Poor co-ordination across functions, businesses or borders</td>
<td>9 of 12 cases</td>
</tr>
<tr>
<td>Inadequate down-the-line leadership skills and development</td>
<td>8 of 12 cases</td>
</tr>
</tbody>
</table>

Source: Adapted from Beer and Eisenstat (2000)

According to Beer and Eisenstat (2000), the six barriers to the effective implementation of strategy mentioned in table 2.6 can be confronted by employing various principles. These principles are presented in table 2.7
### Table 2.7. Confronting the six “silent killers” of strategy implementation

<table>
<thead>
<tr>
<th>Implementation</th>
<th>Principles for engaging and changing the barriers to strategy implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>A top-down or <em>laissez-faire</em> management approach</td>
<td>The CEO creates a partnership in top management and lower levels built around the development of a compelling vision and mission, the creation of an enabling organisational context, and the delegation of authority to clearly-accountable individuals and teams.</td>
</tr>
<tr>
<td>Unclear strategy and conflicting priorities</td>
<td>Top managers, as a group, develop a strategy and priorities.</td>
</tr>
<tr>
<td>An ineffective senior management team</td>
<td>Top managers, as a group, are involved in all steps of the change process so that its effectiveness is tested and developed.</td>
</tr>
<tr>
<td>Poor vertical communication</td>
<td>An honest, fact-based dialogue is established with lower levels about the new strategy and the barriers to its implementation</td>
</tr>
<tr>
<td>Poor co-ordination across functions, businesses or borders</td>
<td>A set of business-wide initiatives and new organisational roles and responsibilities are defined. These require ‘the right people to work on the right things in the right way’ as a means of implementing the strategy.</td>
</tr>
<tr>
<td>Inadequate down-the-line leadership skills and development</td>
<td>Lower-level managers develop skills through newly-created opportunities to lead change and to drive key business initiatives. Managers are supported with coaching, training and recruitment.</td>
</tr>
</tbody>
</table>

**Source: Adapted from Beer and Eisenstat (2000)**

Mankins and Steele (2005) found that, on average, most strategies deliver only 63% of their potential financial performance. This ‘strategy-to-performance gap’ can be attributed to a combination of factors. The authors believe that managers commence with a formulated strategy that they believe will generate an expected level of financial performance. However, according to
the executives surveyed, various factors dilute some of the potential of the formulated strategy. Table 2.8 indicates the factors that cause the ‘strategy-to-performance gap’.

**Table. 2.8. Factors contributing to the 'strategy-to-performance gap'**

<table>
<thead>
<tr>
<th>Performance-loss percentage</th>
<th>Factor causing performance-loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>63%</td>
<td>Average realised performance</td>
</tr>
<tr>
<td>37%</td>
<td>Average performance loss</td>
</tr>
<tr>
<td>7.5%</td>
<td>Inadequate or unavailable resources</td>
</tr>
<tr>
<td>5.2%</td>
<td>Poorly-communicated strategy</td>
</tr>
<tr>
<td>4.5%</td>
<td>Actions required to implement strategy are not clearly defined</td>
</tr>
<tr>
<td>4.1%</td>
<td>Unclear accountability for implementation</td>
</tr>
<tr>
<td>3.7%</td>
<td>Organisational silos and culture are factors blocking implementation</td>
</tr>
<tr>
<td>3.0%</td>
<td>Inadequate performance monitoring</td>
</tr>
<tr>
<td>3.0%</td>
<td>Inadequate consequences or rewards for failure or success</td>
</tr>
<tr>
<td>2.6%</td>
<td>Poor senior leadership</td>
</tr>
<tr>
<td>1.9%</td>
<td>Uncommitted leadership</td>
</tr>
<tr>
<td>0.7%</td>
<td>Unapproved strategy</td>
</tr>
<tr>
<td>0.7%</td>
<td>Other obstacles</td>
</tr>
</tbody>
</table>

**Source: Adapted from Mankins and Steele (2005)**

When asked how they would decrease the ‘strategy-to-performance gap’, the top responses, in order of frequency, include improved in communication of strategic decisions, identification of specific actions required to implement strategy, monitoring against key milestones and the progress of implementation and holding individuals more accountable for delivering results. They also suggest people or employees must be given more freedom and authority to implement strategy, ensuring that appropriate employees are involved in the formulation of strategy from the
beginning. Employees must also be aware that there are consequences to both individual success and individual failure (Mankins and Steele, 2005).

Hrebiniak (2005) contributed two studies to the debate on the barriers to effective implementation of strategy. Firstly, a recent Wharton-Gartner survey of 243 managers (who reported that they were involved in both the formulation and the implementation of strategy) focused on various factors that impact on the effectiveness of strategy implementation. Secondly, a complementary Wharton Executive Education survey with responses from a sample of 200 managers was also undertaken (Hrebiniak, 2005). Table 2.8 shows the results of these research projects.

The Wharton-Gartner research also focused on the impact of strategy implementation problems on performance results. In addition to “…. not achieving desired execution outcomes or objectives”, managers ranked the following as additional results of poor methods of implementing strategy employees do not understand the contribution of their jobs to important execution outcomes. They indicated that resources are wasted as a result of inadequate or bureaucracy in the execution process. There is also time wastage in making execution decisions at the same time the organisation reacts slowly or inappropriately to competitive pressures (Hrebiniak, 2005).
Table: 2.9. Challenges to the implementation of strategy

<table>
<thead>
<tr>
<th>Challenges to the implementation of strategy</th>
<th>Ranking Wharton - Gartner (n=243)</th>
<th>Ranking Wharton-Executive Education Survey (n=200)</th>
<th>Either Survey Top five Rankings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to manage change effectively or to overcome internal resistance to change</td>
<td>1</td>
<td>1</td>
<td>√</td>
</tr>
<tr>
<td>Trying to implement a strategy that conflicts with the existing power structure</td>
<td>2</td>
<td>5</td>
<td>√</td>
</tr>
<tr>
<td>Poor or inadequate information sharing between individuals or business units responsible for strategy implementation</td>
<td>2</td>
<td>4</td>
<td>√</td>
</tr>
<tr>
<td>Unclear communication of responsibilities and/or accountability for implementation decisions or actions</td>
<td>4</td>
<td>5</td>
<td>√</td>
</tr>
<tr>
<td>Poor or vague strategy</td>
<td>5</td>
<td>2</td>
<td>√</td>
</tr>
<tr>
<td>Lack of feelings of ‘ownership’ of a strategy or implementation plans among key employees</td>
<td>5</td>
<td>8</td>
<td>√</td>
</tr>
<tr>
<td>Not having guidelines or a model to guide strategy implementation efforts</td>
<td>7</td>
<td>2</td>
<td>√</td>
</tr>
<tr>
<td>Lack of understanding of the role of organisational structure and design in the implementation process.</td>
<td>9</td>
<td>5</td>
<td>√</td>
</tr>
<tr>
<td>Inability to generate ‘buy-in’ or agreement on critical implementation steps or actions</td>
<td>7</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Lack of incentives to support implementation objectives</td>
<td>9</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Insufficient financial resources to implement the strategy</td>
<td>11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Lack of upper-management support of strategy implementation</td>
<td>12</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Source: Adapted from Hrebiniak (2005)
After examining the data from both these surveys, Hrebiniak (2005) concluded that there are eight major obstacles or challenges to the effective implementation of strategy which include coming up with a model to guide strategy implementation decisions or actions, understanding how the formulation of strategy affects the implementation of strategy, managing change effectively, including cultural change, understanding power or influence and using it for strategy implementation success. The same author further highlighted other challenges which includes developing organisational structures that foster information sharing, co-ordination, and clear accountability, developing effective controls and feedback mechanisms, knowing how to create an implementation-supportive culture and exercising implementation-based leadership.

Kaplan and Norton (2004) highlighted the importance of intangible assets in strategy implementation and stated that effective strategy implementation is dependent on “…. positive organisational capital”. According to Kaplan and Norton (2004), “…. negative organisation capital” is a major barrier to the effective implementation of strategy. An organisation with negative ‘organisation capital’ has an organisational culture that does not support the implementation of strategy and a shortage of competent leaders for strategy implementation. At the same time in such an organization has individual, team and departmental goals and incentives that are not aligned to the strategy of the organization. Also there is lack of teamwork and knowledge sharing required to support strategy implementation. From the above discussion it is evident that there are many barriers to effective strategy implementation and that no single approach, suggestion or offered guideline can counteract the deficiency experienced in the implementation of strategy. Poor communication of the strategy, a lack of information sharing and poor understanding of the strategy seem to be the major barriers to effective strategy implementation. Despite the fact that the implementation of strategy is an essential component of the strategic management process, no single winning ‘recipe’ exists for the implementation of strategy (Thompson and Strickland, 2003) and the nature of strategy implementation and the reasons for its success or failure are still poorly understood (Noble, 1999).
2.7.0. Drivers of Strategy Implementation in Public Health Institution and other Industries.

Strategy implementation theory focuses largely on the importance of various ‘drivers’ and ‘instruments’ in the form of building blocks that are required for the effective implementation of strategy. Successful implementation of the national health policies and plans contributes to improving health service systems, quality of health care and health service delivery (WHO, 2010). The key to, and challenge posed by, the effective implementation of strategy is to align these drivers and instruments with the chosen strategy or strategies to create an alignment between the strategies that have been formulated and those that have to be implemented (Ehlers and Lazenby, 2004).


The structural drivers of strategy implementation are organisational structure and resource allocation. The human drivers of strategy implementation are organisational culture, leadership (specifically strategic leadership) and reward systems.

In addition to the above-mentioned drivers of strategy implementation, organisations also make use of various instruments to aid the process of strategy implementation. These instruments support the strategy implementation process by focusing on what exactly needs to be done to ensure the effective implementation of strategy. These instruments are short-term objectives, functional tactics and policies.

The following paragraphs will focus on a discussion of the above-mentioned drivers of strategy implementation.

2.7.1. Structural drivers of strategy implementation

Organisational structure and resource allocation are the structural drivers of strategy implementation. Organisations have to adapt their strategies as the external environment changes. Consequently, as strategies evolve, it’s important to ensure that the chosen organisational structure supports the strategy of the organisation. The allocation of resources must also be aligned with the
chosen strategy in order to support the achievement of both the long-term goals and the short-term objectives (Ehlers and Lazenby, 2004).

2.7.2. Organisational structure as a driver of strategy implementation

The contemporary business environment is characterised by rapid and discontinuous change, which necessitates changes in the strategies of organisations. In turn, changes in strategy often require changes in the way in which an organisation is structured, as the existing organisational structure may become ineffective (David, 2001).

David (2001) wrote that, in a classic study of large organisations in the United States, Professor Alfred Chandler (Chandler, 1962) concluded that: “…. structure follows strategy”. Changes in the strategy of an organisation will necessitate changes in the organisational structure. He also concluded that a change in the organisational structure is the result of the fact that the old structure is ill-equipped to facilitate the change created by the new strategy.

It is the responsibility of top managers to ensure an alignment between the strategy and the structure of the organisation, and to undertake the appropriate changes to either or both when required. The degree of alignment between the strategy and the structure influences the effective implementation of strategy. For this reason, the ability to select an appropriate strategy and match it with an appropriate structure is viewed as an important characteristic of effective strategic leadership (Hitt et al., 2007).

Pearce and Robison (2005) agreed with this view and stated that “…. building an organisation…” is one of the critical tasks of strategic leaders. Effective strategic leaders spend considerable time rebuilding or remaking their organisations in order to align the organisational structure with the continuously-changing external environment and the requirements highlighted in the strategy. A very important concern is determining the types of structural changes that are required in order to implement new strategies and how these changes can best be accomplished (David, 2001).

2.7.3. Resource allocation as a driver of strategy implementation

One of the major barriers to the effective implementation of strategy is the ‘resource barrier’. All organisations have at least four types of resources that can be used to achieve objectives and to implement strategy. These resources include financial, physical, human and technological.
It is critically important to allocate the organisation’s resources in such a way that the allocation is aligned with the chosen strategy and it supports the achievement of strategic objectives. This is essential to ensuring the effective implementation of strategy. The real value of any resource allocation program lies in the resultant achievement of the organisation’s objectives. A change in strategy often requires a reallocation of resources in order to support the achievement of the new strategic objectives (David, 2001).

Lynch (1997) mentions resource allocation and budgeting as a driver of strategy implementation and stated that strategies necessitate the allocation of resources if they are to be implemented effectively. The author further described the resource allocation as well as special circumstances that may affect the allocation of resources, Criteria for the allocation of resources include, the contribution to the mission and strategic objectives of the organization the support of key strategies, risk profile, special circumstances, such as unusual changes in the external environment, may support different criteria for the allocation of resources.

2.7.4. Human drivers of strategy implementation

Traditional thinking on the drivers of strategy implementation largely focuses on the importance of structural drivers and tangible assets – including physical and financial assets – that are required for the effective implementation of strategy (Gratton, 2000; Kaplan and Norton, 2004). However, with intangible assets – human and information capital assets that are not measured by the financial system of the organisation – that constitute more than 75% the market value of an average organisation, strategy implementation efforts should explicitly address the mobilisation and alignment of these intangible assets as drivers of strategy implementation.

Kaplan and Norton (2004) identify three categories of intangible assets that are essential for the effective implementation of strategy, human capital, knowledge, skills and values, information capital, systems, databases and networks, organisational capital, culture and leadership, and the alignment of goals and rewards with the strategy; and knowledge sharing.

The components of organisational capital (culture, leadership, alignment of goals and incentives, and knowledge sharing) are widely regarded as the key drivers of strategy implementation, and the ability to create positive organisational capital is one of the best predictors of successful strategy implementation (Kaplan and Norton, 2004).
2.7.5. Organisational culture as a driver of strategy implementation

Organisational culture refers to the shared assumptions, beliefs, values, and behavioural norms that the members of an organisation share (Handy, 1993; Pearce and Robinson, 2005). Culture refers to ‘the way we do things around here’ and every organisation has its own unique culture or personality (Thompson and Strickland, 2003). A culture that is rare and not easily imitated can be a source of competitive advantage (Hitt et al., 2007). Kaplan and Norton (2004) view culture as the awareness and internalisation of the vision, mission, and core values required to effectively implement the strategy. In addition, they asserted that most new strategies require dramatic changes in the existing organisational culture. Top management generally feel that changes in strategy require basic changes in the way in which the organisation conducts its business. Strategies must be implemented through individuals on all levels of the organization and new cultures (attitudes and behaviours) will be required throughout the organisation as a means of implementing the changes in the organisation. According to, Janovsky, K., & P. Travis. (2007), culture in the public health institution can be changed and managed through change management strategies and this would require time, commitment and planning.

Kaplan and Norton (2004) state that organisational culture can be a barrier to, or an enabler of, strategy implementation and they referred to the high failure rate of mergers and acquisitions as a result of high ‘cultural incompatibility’. However, the ability to incorporate new organisations into the existing organisational culture can also serve as a competitive advantage for an organisation pursuing a growth strategy. Thompson and Strickland (2003) concur that an organisation’s culture can either be an important contributor, or an obstacle, to the successful implementation of strategy. A strong culture promotes effective implementation of strategy when the vision, mission, strategy, and objectives of the organisation are aligned with the culture. The authors further stated: “A deeply rooted culture well matched to the strategy is a powerful lever for successful strategy implementation”. Freedman and Tregoe (2003) agreed with this view and state that: “It (culture) is an unmistakably positive force when it is in alignment with the strategy an organisation’s people management. When misaligned, however, it can be disruptive and a serious barrier to implementation”.

Organisational culture and leadership are closely related. A major task of the leaders of an organisation is to ‘shape’ the corporate culture (Ehlers and Lazenby, 2004). Leaders are responsible for creating, maintaining and, if necessary, changing the culture of the organisation.
The top management team must introduce new attitudes and behaviours to all employees in order for a new strategy to be effectively implemented. The attitudes, beliefs and values of employees are an important manifestation of the organisational culture (Kaplan and Norton, 2004). Cultural change can only succeed when it is supported by the top- and middle managers of the organisation (Hitt et al., 2007). Organisational culture affects the commitment to the success of strategy implementation as well as the degree of the ‘ownership’ of the strategy implementation efforts that employees on all levels of the organisation take. Inappropriate organisational cultures that do not drive strategy implementation efforts must be changed (Hrebiniak, 2005).

2.7.6. Reward systems as a driver of strategy implementation

Competent and motivated people are essential to the effective implementation of strategy (Lynch, 1997). Managers and employees must be motivated and committed to the implementation of both current and new strategies. One of the most powerful tools that an organisation can use to improve commitment and motivation, and to encourage behaviour that promotes the implementation of strategy, is establishing or adjusting the organisation’s reward system (Thompson and Strickland, 2003).

‘Reward systems’ is the umbrella term for the different factors considered in performance evaluations and the allocation of monetary and non-monetary awards to these factors (Ehlers and Lazenby, 2004). Performance evaluations and the subsequent reward for performance can be powerful methods used in order to effectively implement strategy (Lynch, 1997). Reward systems should be created in such a way that they are aligned with the strategy of the organization.

Rewards should be structured in such a way that behaviours of employees change in order to support the effective implementation of strategy. Rewards should also be linked to the specific outcomes necessary to effectively implement the strategy, and must focus on rewarding managers and employees on all levels of the organisation for taking action and for achieving the desired results (Hrebiniak, 2005).

Reward systems reflect the attitude of top managers to performance and they exert an influence on organisational culture and leadership. Pearce and Robinson (2005) state that compensation rewards action and results. These authors discussed various bonus compensation plans that can provide executives and other top managers with incentives to ensure that they work toward achieving the goals of the organisation. However, in order to be effective as a driver of strategy implementation,
reward systems should not only focus on top managers, but should also be extended to middle and lower level managers (Thompson and Strickland, 2003).

Pearce and Robinson (2005) discuss the alignment of reward systems with the chosen strategy of the organisation and stated that a change in strategy requires a change in the reward system in order to ensure continued alignment with the strategy.

In line with shareholders’ and stakeholders’ drive for transparent and ethical reward systems, the King 11 report on corporate governance makes various recommendations on how remuneration should be controlled in order to ensure good corporate governance (Ehlers and Lazenby, 2004)

2.7.7. Leadership as a driver of strategy implementation

Kotter (2001) highlights the differences between management and leadership. In essence, “…. management is about coping with complexity”, while “…. leadership, by contrast, is about coping with change”. The process of implementing strategy often requires change in an organisation and leaders are required to drive this strategic change (Ehlers and Lazenby, 2004). Kaplan and Norton (2004) define leadership in the context of strategy implementation as the “….. availability of leaders at all levels to mobilise the organisation towards its strategy”. Hrebiniak (2005) believe that effective leadership must be implementation-biased and must drive the implementation of strategy by motivating ownership of, and commitment to, the process of implementing strategy.

Various authors support the view that strong leadership is a key driver of strategy implementation and is necessary to provide direction to integrated strategy formulation, implementation, and control (Collins, 2001; Useem, 2001; Locke, 1991). Hrebiniak (2005) argue that the climate created by leaders on all levels of the organisation, significantly impacts on the implementation of strategy. Leadership is pervasive and impacts on various factors, including change management, organisational culture and organisational power structures.

Leadership plays a critical role in translating the formulated strategy into action and results. In this regard, Freedman and Tregoe (2005) state: “Ultimately, the successful transition from formulation to implementation depends on leadership”. One of the challenges highlighted by Asante and Hall (2011) is weak management and leadership in Public Health Institution. Many public institutions administrations lack quality leadership to provide strategic directions to integrate the national policies in their institutional plans.
Kaplan and Norton (2004) mention that, from their Balanced Scorecard database, the desired competencies of leaders can be classified as value creation, the leader delivers bottom-line results that will lead to the effective implementation of strategy. Strategy implementation, the leader mobilises and guides the process of change required to effectively implement a new strategy. Also human capital development, the leader builds the competencies required to effectively implement the strategy.

2.7.8. Strategic leadership as a driver of strategy implementation

Strategic leadership can be defined as the “…. ability to anticipate, envision, maintain flexibility and to empower others to create strategic change as necessary” (Hitt et al., 2007). Hitt et al., (2007) argued that strategic leadership that positively contributes to effective strategy implementation has the following components which include, determining strategic direction, effectively managing the organisation’s resource portfolio, sustaining an effective organisational culture, emphasising ethical practices and establishing balanced organisational controls.
2.8.0. Conceptual Frame work

Fig. 2.6. Conceptual framework for effective strategy implementation in the Health Sector

Independent variable

- Leadership
- Communication
- Organisational structure
- Organisational culture
- Clear objectives and goals
- Commitment
- Environmental scanning

Dependent variable

- Improved health delivery performance

Source: Researcher
2.8.1. Clear objectives and goals
Weinrich, (2007) defines objectives are goals or aims which the management wishes the organization achieve. These are the end points or pole-star towards which all business activities like organizing, staffing, directing and controlling are decided. Only after having defined those points can the manager determine the kind of organization, the kind of personnel and their qualification, the kind of motivation, supervision and direction and the kind of control techniques which he must employ to reach those points. The objectives must be clear and easy to understand and aligned to mission and vision of the organization. Strategy formulation; It is clear that a poor or vague strategy can limit implementation efforts dramatically. Good execution cannot overcome the shortcomings of a bad strategy or a poor strategic planning effort (Hrebiniak, 2006). Several studies mention the fact that the kind of strategy that is developed (Alexander, 1985; Allio, 2005) and the actual process of strategy formulation, namely, how a strategy is developed (Kim & Mauborgne, 1991, 1993; Singh and Bajpai, 2008) will influence the effect of implementation.

2.8.2. Communication
Communication barriers; Rapert, Velliquette & Garretson (2002) state that communication and shared understandings play an important role in the implementation process. In particular, when vertical communication is frequent, strategic consensus (shared understanding about strategic priorities) is enhanced and an organization's performance improves. They explore vertical communication linkages as a means by which strategic consensus and performance can be enhanced. Communication is deeply connected with strategic consensus.
Everybody in the organization must know the direction the organization is going and what are the objectives. As well they must know the vision, thus the ideal state. Communication serves as a mean to reach this consensus. Management’s task is to ensure that this communication takes place, between themselves and middle management, between different functions and between other important connections in the organization.
2.8.3. Resources

Resource allocation also plays a major role in the process of strategy implementation. Hussey (2004) argues that, it is imperative to ensure that the people who carry out the action have the skills and knowledge. Lack of adequate skills, knowledge and capabilities to implement the strategy can be an issue if the employees have an incomplete understanding of the concepts they are trying to implement. All the resources mentioned above including enough funds to implement the strategies must be readily available for successful implementation of the strategy to improve the performance of the organization in terms of service delivery.

2.8.4. Organisation culture

Raps (2004) suggests the top managements principle challenge in the cultural context is to set the culture tone, pace, and character to see that its conducive to the strategic changes that the executives are charged with when implementing. The top management team must introduce new attitudes and behaviours to all employees in order for a new strategy to be effectively implemented. The degree of alignment between the strategy and the structure influences the effective implementation of strategy.

2.8.5. Commitment of both the management and employees.

MacMillan (1978) believed there is a need to develop commitment by the members of an organization to key strategic decisions. When implementing strategy, the most important facet is the top management's lack of commitment to the strategic direction itself, in fact, this commitment is a prerequisite for strategy implementation. Senior executives must not assume that lower managers have the same perceptions of the strategic plan and implementation, its underlying rationale, and its urgency. Instead they must assume they don't, so the executives must persuade employees of the validity of their ideas. Alexander (1985) believes that the need to start with a formulated strategy that involves a good idea or concept is mentioned most often in helping promote successful implementation. As Allio notes, good implementation naturally starts with good strategic input: the soup is only as good as the ingredients (Allio, 2005).
2.8.6. Environmental analysis
Analyses of the external and internal environment has been seen as essential steps before laying down a detailed plan since better decisions may be achieved through a thorough understanding of the situation. (Ho, 1997). The business environment of a firm is essentially its functional relationships (Oswald A. Mascarenhas, 2011). These are sources which are external to the organization and include factors such as Economic, Politico-legal, social, technological and environmental.

2.8.7. Organisation structure.
The structure of the organization is considered to be very essential when it comes to the implementation of the strategy (Heide et.al, 2012). It has been asserted that if an organization seeks to be effective in the process of strategy implementation it needs to craft an effective organization structure. This means therefore that if on the other hand the organization structure is ineffective then it follows that the organization structure acts as a barrier to effective organization structure. There must be a clear line of command and who does this and that. The structure must be must allow creativity and innovation in order to achieve the intended objectives.

2.8.8. Leadership
As pointed out by Hitt et al., (2007) strategic leadership determines the strategic direction, managing resources, set organizational culture, monitors and evaluates progress. The management translates the formulated strategy into action and results. Above all they motivates the employees to work towards company’s strategic objectives that’s improving organisation’s performance (heath delivery system).

In short if all of the above factors are addressed properly the health service delivery system will improve drastically.
2.9. Chapter Summary
The purpose of this chapter is to clarify the concept of strategy implementation within the strategic management context. Literature from various authors on strategy implementation, challenges, benefits and success stories was reviewed. Strategy implementation is a critical component of the strategic management process. However, the implementation of strategy is the most difficult component of the strategic management process and there is a high failure rate of strategy implementation efforts as a result. Reasons for this high failure rate can be found in the existence of various barriers to effective strategy implementation, specifically poor communication and understanding of the strategy. Various key drivers of strategy implementation exist to improve the effectiveness of strategy implementation efforts. These drivers can be divided into structural drivers and human drivers. Strategic leadership is a key driver of strategy implementation and various strategic leadership actions contribute positively to the effective implementation of strategy.
CHAPTER 3: RESEARCH METHODOLOGY

3.0 Introduction
This chapter describes the details of the research methodology, the motivation for the methods and techniques chosen are explained too. Additionally, data collection methods and analysis are also discussed.

3.2. Research Philosophy
According to (Saunders *et al*., 2009) five major philosophies in business and management exist, which are; positivism, critical realism, interpretivism, postmodernism and pragmatism. This research study was based on the pragmatic paradigm as it allowed the researcher to use any of the methods, techniques and procedures typically associated with quantitative or qualitative research. Pragmatism recognises that every method has its limitations and that the different approaches can be complementary. The mixed method approach was chosen in this study, agreeing with (Tashakkori and Teddlie, 2003) that pragmatism paradigm provides an underlying philosophical framework for the mixed methods research. The mixed methods approach ensures validity and reliability of research findings. Charumbira (2014) explains the need to use a mixed method approach especially when investigating subjects that are opaque and under researched such as strategy implementation. Pragmatism is generally regarded as the philosophical partner for the mixed methods approach.

Pragmatism is a viable alternative to positivism and anti-positivism, hence the decision not to use positivism and interpretivism paradigms in this research. Pragmatism is also considered because it is problem centred, hence agreeing with the purpose of this research grounded on problems cited in the first chapter and the need to address given research questions. Pragmatism opened the door to multiple methods, different worldviews, and different assumptions, as well as different forms of data collection and analysis (Morgan, 2007). A pragmatic, sequential mixed methods design was used in this study that included sequential collection of both quantitative and qualitative data to provide answers to the research questions. The ability to mix different approaches has also the advantages of enabling triangulation. Triangulation is a common feature of mixed methods, which was used in this research as informed by (Bryman and Bell, 2007). Data and methodological triangulation was used in this study to explore the research questions.
The pragmatic philosophy approach was used to study the barriers to strategy implementation at Parirenyatwa Group of Hospitals and is not committed to any one system of philosophy and reality, which means both quantitative and qualitative assumptions, can be used in this research. The researcher has the freedom of choice in choosing the methods, techniques, and procedures of research that best meet intended needs and purposes. Pragmatism is preferred because pragmatists do not see the world as an absolute unit and this will enable the researcher to consider many approaches for collecting and analysing data.

Postmodernism philosophy was not considered in this study as it dwells more on investigating individuals and social relations, and focuses more on selves as constructs and how they are formed through language and gain meaning within specific relations of power (Macdonald et al., 2000). Realism was not chosen as it often results in different interpretations being attached to the same phenomena due to people’s diverse ways of distinguishing meanings as a result of having contrasting perceptions and separate realities as informed by (Saunders et al., 2012).

3.3.0. Research Design

According to Saunders et al., (2009) research design is the general plan on how the researcher is going to answer the research question(s). Based on the literature review conducted in the previous chapter, strategy formulation and strategy implementation seems to be both equally important to the organisation’s success. However, there is a lack of study done in the area of strategy implementation. Most of the studies done in the area of strategy implementation focus on the management level and tend to be prescriptive in nature (Okumus, 2001). Therefore, it was proposed that a case study be conducted to investigate barriers that exist in strategy implementation initiatives encompassing all levels.

3.3.1. Rationale for the use of qualitative research

The qualitative research is thought as a more appropriate method for this research because qualitative research allows for “deep, sense, detailed accounts” (Denzin, 1989) in changing conditions (Cassell and Syman, 1994; Dane, 1990). This is relevant because implementation of strategies within the Parirenyatwa Group of Hospitals usually occur under a myriad of circumstances.
Furthermore, one of the unique characteristics of qualitative research is that it is usually conducted in the environment where the events occur (Lee, 1999; McCarthy, 2003). This provides the ideal opportunity to trace the process and sequence of events in the specific settings (Neuman, 2000). Therefore, the qualitative method is suitable for this research because this research will be conducted within the environment where the implementation initiatives occurred.

While some people believe qualitative data to be “fuzzy and elusive”, this is not necessarily the case (Neuman, 2000). Qualitative data can be derived from documentation of events, interview recordings, observations and analysis of organisational documents. These types of evidence are as valid as numerical data presented in quantitative research methods. As an alternative to using quantitative data, qualitative researchers obtain their data “from documenting real events, recording what people say, observing specific behaviours to studying written documents”, which are valid and accurate sources (Neuman, 2000).

The qualitative approach has been chosen for this study because it provides flexibility and gives the researcher the ability to conduct an in-depth research. However, there are many ways which a researcher can choose to conduct qualitative research. For this research, a case study is the strategy that was chosen. The following section profiles the case study strategy adopted for this research.

3.3.2. Case Study

Yin (1994) defines a case study as an “empirical enquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used.” A case study is also defined as a research project which takes into account the variety of elements which are present in the context of the study (Eisenhardt, 1989). It is not at all intended for data collection or design of research (Yin, 1994), but as a comprehensive research strategy that ties together several data gathering measures (Berg, 2001; Hamel, Defour and Fortin, 1993). A case study may concentrate on individuals, group or a community and at the same time employ other data collection methods such as participant observation, secondary data or in-depth interviews (Berg, 2001; Hagan, 1993 and Yin, 1994).
Ellet (2007) adds that case study is simulating or imitating a real life situation where the case must have the following three characteristics:

i. a significant issue or issues

ii. sufficient information on which to base conclusions

iii. no stated conclusions

A case study is one which investigates real life case to answer specific research questions and which seeks for a different kind of evidence according to Gillham, (2000). Case study research is used to seek answers to questions ‘what’, ‘how’ and ‘why’ according to Ghauri (2004) and Yin (2009). Yin (2009) states that ‘how’ and ‘why’ questions are explanatory in nature and likely to lead to the use of case studies, histories, and experiments as the preferred research method.

From all the definitions available on case studies, Robson (1993) summarises it as a “strategy for doing research which involves an empirical investigation of a particular contemporary phenomenon within its real life context using multiple sources of evidence.” For this research, the ‘phenomenon’ investigated is the existence of barriers to strategy implementation within its real life context, which is at the Parirenyatwa Group of Hospitals using multiple sources of evidence such as questionnaires, interviews and organisational documents.

While there may be doubts to using case study as a research tool, “case study research is now accepted as a valid research strategy” (Yin, 1994). The challenges that this method presents can be overcome (Yin, 1989). Nonetheless for any method chosen for research, careful thought is needed to ensure that the research would provide the research with the answers it seeks to find.

The following sections focuses on the research process to be used in this case study.

3.4.0. Data Collection

Having decided on the research design to employ, this section explains the data collection methods used for this study. There are different methods available to gather data for a research project. The method chosen is largely depending on the type of research conducted. Furthermore, the appropriate data collection strategies will assist in the organising and analysis of data after all the data had been collected (Robson, 1993 and Yin, 1989).
Quantitative and qualitative data was collected from respondents in the form of closed-ended questionnaires and semi-structured interviews respectively. Questionnaires were personally administered and interviews conducted by the researcher.

To start, the section introduces triangulation as a data collection strategy by highlighting its benefits to this case study and limitations that may occur from using this strategy. This is then followed by the explanation of the ways data will be collected throughout the study through interviews and secondary data. The section then concludes with a section on ethical issues that may arise from conducting this research and ways to minimise these issues from occurring.

3.4.1. Triangulation
The suitability of the methods chosen is vital to ensure the success of a research project. Brinberg and McGrath (1982) states that it is impossible to do an unflawed study, there will be limitations within each method that will affect the results obtained (Scandura and Williams, 2005). Hence, it is more beneficial for the researcher to acquire corroborating data from a variety of methods, a method also known as triangulation. Singleton et al. (1993) define triangulation as a method to describe use of multiple approaches to assist the researcher to ‘zero in’ on the information sought. According to, Blakie (1991) the common theme in discussions of triangulation is the desire to overcome problems of bias and validity. The deficiencies of any one method can be solved by combining methods and thus capitalising on their individual strength.

There are several approaches to triangulation. Denzin (1978) discusses four main approaches, methodological, data, investigator and multiple triangulations. Similarly, Brinberg and McGrath (1982) highlights a similar list, focusing on strategies, settings for data collection and sources of data. For the purpose of this case study, data triangulation was used. This is because data from different sources was used to corroborate, elaborate or illuminate the research in question Rossman and Wilson, (2010). In addition to the literature review done during the earlier stages of the case study; questionnaires, focussed interviews and secondary data were also used.

According to Yin, (1989), one of the most important advantages of using multiple sources of evidence are the development of converging lines of enquiry, that is the process of triangulation. There are limitations to using only one method Oppermann, (2000). For example, if interview was the only source of data for this research, the data will be limited to the responses given by the
participants. Furthermore, the participants may not want to disclose information which they feel is sensitive or politically incorrect Oppermann, (2000).

The following sections explain the sources of data used for this research.

3.4.2. Focused Interview

This form of interviewing engages participants who had been involved in a particular experience (Frankfort-Nachmias and Nachmias, 1996) and allows people’s view and feelings to emerge, but gives the interviewer some control (Merton, Fiske and Kendall, 1956 and Robson, 1993). While questions in focussed interviews are structured, participants are given considerable liberty in expressing their definition of a situation that is presented to them, (Frankfort-Nachmias and Nachmias, 1996). However, in order to preserve consistency across all the interviews, a research protocol was developed.

3.4.3. Secondary Data

In addition to interviews, secondary data is another source of data that was used for this research. There are two different sources of secondary data – internal and proprietary data which are internal to the organisation; and external data which are external to the organisation (Zikmund, 1997).

3.4.3.1. Internal Data

According to (Zikmund, 1997), most organisations routinely gather, record and store internal data for a variety of purposes. These data could be used for the purposes of assisting the organisations in their future decision making or in larger organisations, used for the purpose of internal communication (Robson, 1993 and Zikmund, 1997). Throughout this research, various documents such as internal publications, press releases, internal reports, weekly email from the CEO and other types of documents were collected. Documents or materials which contain information on projects or implementation initiatives within the organisation were considered relevant.

3.4.3.2. External Data

According to (Zikmund, 1997), external data are created, recorded or generated by an entity other than the researcher’s organization. Zikmund (1997) classifies these external sources into books and periodicals, government sources, trade association sources, media sources and commercial sources.
For the purpose of this research, a literature review was conducted on books and periodicals obtained from the library and the electronic databases on the internet. Books on the topics of strategic management, strategy formulation, strategy implementation and change management were used. This also included journals and articles which were thought to relate to the topic of strategy implementation. Keywords used to search for these were strategy, strategic management, strategy formulation, planning, strategy implementation, change and others which may relate to the topic studied.

The benefit of using secondary data is that it is a quick and inexpensive way to answer some of the questions that may arise from the research to complement the case study (Stewart, 1984). Secondary data also provide evidence of what was done at the time, whereas interviews after the event would have provided only a recollection of intention (Harris, 2001). Hence, the problem of recall could be overcome. Secondary data can also be used to “triangulation”, increasing the credibility of the research findings using primary data (Cowton, 1998; Harris, 2001 and Insch, Moore and Murphy, 1997).

3.5.0. Population and Sampling

3.5.1. Access to Participants

Access to participants and information was obtained from the Chief Executive Officer (CEO). The researcher is an employee at Parirenyatwa Group of Hospitals. To gain the gatekeeper’s approval for the study, Bogdan and Biklen (1992) suggest that the gatekeeper requires information about the study which includes explanation of why the organisation was chosen, time and resources required, whether the researcher’s presence will be disruptive, how the results are reported, the benefits to the organisation (Cresswell, 1998). Before the researcher met with the CEO, the research information sheet was emailed to him to initiate the meeting. Thereafter, the researcher met with the CEO to discuss the benefits and implications of this research to the Parirenyatwa Group of Hospitals as a whole. The CEO felt that the findings from the research could benefit future implementation initiatives at Parirenyatwa Group of Hospitals. Verbal and written permission was obtained from the CEO before the case study began.
3.5.2. Sample Selection

A majority of studies done on strategy or implementation had been primarily focused on top management level because strategy is seen as responsibility of top management (Daft and Weick, 1984). Therefore, to provide a more balanced view for this research, it was decided to include participants from various levels, from non-managerial staff to senior management levels. Doing this means that the research has a good representation of the organisation, and the perceptions and feelings felt beyond the top management level could be observed.

From a population size of 30 possible respondents, eighteen (18) respondents (60% of the sample size) was the target sample size. The high sampling error associated with random sampling is eliminated by drawing a large sample.

Traditionally, the strategy making process was seen as a responsibility of the executive management (Bourgeois, 1980; Fredrickson and Mitchell, 1984; Hart, 1992). However, more and more authors have now started to include the involvement organisational members (Floyd, 1992; Hart, 1992; Parnell, et al., 2002). For example, Hart (1992) study on the strategy making process highlighted a comprehensive framework which emphasises on the importance of integrating strategy making as an organisation wide phenomenon. Similarly, Floyd (1992) examines the level of commitment from managers at different levels of an organisation and its effect on the implementation. Therefore, a part of this research was to observe participants’ perception on strategy formulation and implementation in the organisation.

One of the examples of research which included several levels of an organisation is Wright’s (1996) study of the effectiveness of mission statements within organisations. He included top and middle management to obtain answers to specific questions for his research. Another example is the research conducted by Nutt (1998), where he found that although top and middle managers used similar approaches to implementation, they were used in different proportions and produced different results. Similarly, Okumus (2001) conducted several case studies by analysing responses from various levels of participants to get an overall view on implementation within the organisations he analysed.
3.5.3. Sampling Strategy for Interviews

One of the most important parts of the research process is the decision on the people or places to study and ways to gain access to good data (Cresswell, 2009; Marshal and Rossman, 1989; Zikmund, 1997). Miles and Huberman’s (1994) purposeful sampling provides researchers with suggestions on ways to firstly identify the specific strategies which suits their research, define these strategies for them and present rationales for each strategy (Cresswell, 2009; Marshal and Rossman, 1989).

Deliberate selection (judgemental sampling) of “information-rich” respondents to provide the required information was done. Semi-structured interview questions was administered to seven (7) assumed information rich participants (Chief Executive Officer, Director of Operations, Director of Finance, Clinical Director, Chief Pharmacist and Chief Hospital Equipment Technician).

Judgemental sampling is informed by (Creswell, 2002), who recommended that a minimum number of three to five participants can be used for case study research designs along with other types of data. The selection criteria is based on the seniority on the organogram plus perceived knowledge in strategy issues.

3.6. Process of Data Analysis and Presentation

Gray (2004) identifies two main approaches for analysing qualitative data; content analysis and grounded theory. The former method attempts to identify specific categories and criteria of selection before the analysis process starts, while in the second method (grounded theory), no criteria are prepared in advance. For the quantitative data analysis, Microsoft Excel was used considering its easy application and the nature of data been analysed. Tables, pie charts and bar graphs were used to present data. Graphs enable effective comparisons to be made, while tables are a means of grouping and summarising data.

3.7. Reliability and Validity

Reliability refers to whether or not you get the same answer by using an instrument to measure something more than once (Bernard, 2011). Research reliability is the degree to which a research method produces stable and consistent results. In this study, reliability was gained through a mixed method research approach. Both the qualitative and quantitative methods data collection methods will be used in attempt to raise the level of reliability.
3.8. Ethical Considerations

Ethical aspects of the study were effectively addressed as proposed by (Bryman and Bell, 2007) in the following manner;

i. Research participants were not be subjected to harm in any way whatsoever,

ii. Respect for the dignity of research participants was prioritised,

iii. Full consent was sought from the participants prior to the study,

iv. The protection of the privacy of the research was ensured,

v. Anonymity of individuals participating in the research was ensured,

vi. Texts belonging to other authors used in any part of this study were fully referenced with Harvard Referencing System,

vii. The questionnaires and interview questions do not contain any degrading, discriminating or any other unacceptable language that is offensive to members of the sample group,

viii. The questionnaire and interview questions were designed to collect information directly related to the research questions, no private or personal questions will be asked from respondents.
3.9. Chapter Summary

This chapter discussed and justified the various research philosophies, research designs and research approaches to be used in this study. The various research instruments that could be applied were also discussed and justified. The researcher then explained issues to do with reliability and validity of data and the whole process. Data analysis methods were selected based on the mixed methods approach. The chapter also explored the issues of ethical concerns and ensuring trustworthiness of the study. The next chapter focuses on data presentation and analysis, and findings from the research.
CHAPTER 4: DATA PRESENTATION AND ANALYSIS

4.0. Introduction
This chapter presents the findings obtained from the data collected in this research. The study was a single case study of PGH based in Harare. I have tried to increase the quality of findings by using various sources of information. These include internal documentation, official publications, interviews, questionnaires, archival records and the internet.

This chapter makes use of tables, bar graphs and pie charts for data presentation. Quantitative data was analysed using Microsoft Excel’s advanced features. Findings from this case study will be divided into four main sections, according to the four objectives of the study identified in Section 1.4. The first section starts with the participant’s demographics. The second section details participant’s perception of strategy formulation processes and strategy implementation. The third sections details a set of common challenges identified by participants in the case study and investigates the reasons these challenges exists. The final section presents some recommendations made by the participants on ways to overcome these barriers.

4.1.0. Data Analysis

4.1.1. Response Rate

Table 4.1. Survey Response rate

<table>
<thead>
<tr>
<th>Number of Questionnaires distributed</th>
<th>Number of Questionnaires returned</th>
<th>Response rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>18</td>
<td>100</td>
</tr>
</tbody>
</table>

The target sample size for the research study was 18 employees at PGH. Eighteen questionnaires were distributed by the researcher from 02 May 2018 to 18 May 2018. The 100% response rate was as a result of most questionnaires being personally administered by the researcher and also considering the fact that the researcher is employed by the same organization. The questionnaires were issued or distributed to all levels in the organisation (PGH) and all eighteen (18) questionnaires were completed and returned. The response rate was 100% as shown in table 4.1 above.
For the interviews category, seven (7) interviews were conducted by the researcher personally using semi-structured interview question as per Appendix 2. The respondents were deemed information rich, all the executives all PGH were interviewed and one middle manager actively involved in the key projects been initiated by the organisation. The response rate was also 100%.

4.1.2. Current Job position

![Pie Chart]

**Fig 4.0. Respondents’ job position**

The pie chart above indicate that the majority of those who were involved in the survey were either the executive or middle management. Only one person was not part of the management team, maybe he or she is a senior employee who is involved in strategy implementation.

The greater percentage of 94% constituted the Executive and Management team and 6% constituted the general staff for the target population as indicated in Figure 4.0 above. This implies that PGH is a big organisation in terms of its organisational structure.
4.1.3. Age ranges of the respondents

The findings in figure 4.1 above show that the majority of the respondents are aged between 30 to 39 years followed by those below the ages of 30. None of the respondents were in the 60 to 69 years range and over 70 years category. This implies that the majority of employees at PGH are youthful and energetic and as such are expected to adjust to the strategies adopted within the organisation.

Fig 4.1. Age ranges of respondents

The findings in figure 4.1 above show that the majority of the respondents are aged between 30 to 39 years followed by those below the ages of 30. None of the respondents were in the 60 to 69 years range and over 70 years category. This implies that the majority of employees at PGH are youthful and energetic and as such are expected to adjust to the strategies adopted within the organisation.
4.1.4. Gender of the respondents

Figure 4.2 Gender of respondents

Males constituted 72% while females constituted 28% of the target population as shown Figure 4.2 above.

4.1.5. Education Background

Fig 4.3 Education background

All the respondents have a minimum qualification of a degree which means they have a capability in terms of both strategy formulation and implementation.
4.2.6 Working experience for respondents

Fig 4.4. Number of years involved in strategy formulation and implementation

Figure 4.4 above shows that most of the respondents at PGH or the target populations have been involved in strategy formulation or implementation for more than ten years. This implies that PGH has experienced employees in its systems, who have been involved in strategy initiatives for some time and hence most of the respondents have greater understanding of the study topic.
4.1.7. Elements of strategy formulation

![Elements of strategy formulation](image)

**Fig 4.5. Important elements in strategy formulation**

The respondents are aware about the important of the vision and mission statement when formulating strategies. This is evidenced by the fact that 67% strongly agrees and 22% agrees that the vision and mission statement plays an important role in coming out with the best strategy. Only the minority about 11% neither support nor deny the fact that vision and mission statement plays an important role in coming up with the best strategy for the organization. All the respondents seems to be aware about the importance of analyzing the external environment. This is evidenced by the fact that 78% of the respondents strongly agrees and 12% agrees to the fact that external environment analysis plays a major role in formulating the best strategy. This goes the same route with analyzing the internal environment of the institution, all the respondents concur with the statement as shown from the graph that 56% strongly agrees and 44% agrees. The respondents also indicated that employee involvement is so important in coming up with the best strategy for the organization and about 78% strongly agrees, 17% agrees and only 5% didn’t confirm their side.
4.1.8 Factors that influence strategy implementation

Fig 4.6. Results on the factors that influence strategy implementation (knowledge and information sharing).

In terms of communication within the organization the respondents indicated that the employees are not reluctant to share important information with others. This is supported by the fact that 56% strongly disagree, 33% disagree and only 11% neither support or denying the statement. The respondents deny the statement that some sources of information are unreliable this is supported by 67% who strongly disagree and 33% disagree. Whilst all the information availed is true and relevant the respondents denied the statements that managers are reluctant to trust information generated from sources outside their own departments as is shown by 22% who strongly disagrees, 67% disagrees and only 11% agrees with the statement. 78% of the respondents strongly disagree and 17% disagrees to the fact that information fails to reach people who need it and only 5% agrees with the statement. The majority of respondents, nearly 56% disagrees that employees fail to understand or evaluate the usefulness of available information, only 22% agrees. The remainder,
that is 22% neither denies nor support the statement. Generally the information sharing at PGH is sound and reliable.

4.1.9. **Strategy implementation variables**

![Graph showing results of respondents on different strategy implementation variables.](image)

**Fig 4.7.** Graph showing results of respondents on different strategy implementation variables.
The respondent response indicated that 61% agree, 33 strongly agree to the fact that when execution of decisions take too long then there is problem in strategy execution, while 6% prophesy ignorance. The respondents agree (67%), strongly agree (33%) that there is a problem in strategy execution when employees don’t understand how their jobs contribute to important execution outcomes. The respondents gave an impression that they know that a problem exists when the responses to patient problems or complaints take too long to action. This is evidenced by the outcome where 56% agree and 44% strongly agree. The respondents indicate that about 83% of them agree, 11% strongly agree and 6% doesn’t know what is happening when the Hospital reacts slowly or inappropriately to competitive pressures while executing strategy. Time or money is wasted because of inefficiency or bureaucracy in the execution process whenever there is problem in strategy execution, this is evidenced by number of respondents which stand like 50% agree, 44% disagree whilst 6% have no clue. Playing “politics” is more important than performance against strategy execution goals for gaining individual recognition when the problem exist in strategy execution, this is evidenced by the number of respondents which is 67% who agree, 22% strongly agree and 11% neither agrees nor denying the fact. The respondents know there are problems with strategy execution at PGH when important information “falls through the cracks” during execution and doesn’t get acted on and this is evidenced by 72% agreeing and 28 % strongly agree with the statement. The respondents indicated that they further know that there is problem existing during strategy implementation when management spend lots of time reorganising or restructuring, but they don’t seem to know why this is important for strategy execution. This is supported by 56% who agree, 39% strongly agree with the statement, with 5% having no clue of what is happening. About 67% agree and 28% strongly agrees with the statement that they know that the problem is existing during strategy execution and only 5% neither support nor deny. The results obtained from the respondents show that the majority of the management is aware when the problem is existing.
4.1.10. Factors that affect strategy implementation

The results above indicate that the majority are in agreement to a large extent that the structure plays a major role in strategy implementations. About 83% agreed to a large extent that the structure of the organization contribute positively to strategy implementation. About 83% agreed that to a very large extent that allocation of resources plays a major role to strategy implementation. This also goes well with the culture with 72% in agreement to a large extent, the performance management system of the organization 50% agreed to a large extent, 44% agreed to a very large extent to make it 94%. For the strategic leadership, about 61% are in agreement to large extent, 38% to a very large extent, training and development 56% to a large extent, 44% to very a large extent and the information system of the organization 72% to a large extent, 22% to a very large extent. Generally it has been observed that these factors play a major role for the best implementation of strategy at PGH

Fig 4.8. Graph showing the results of respondents on the drivers of strategy implementation
4.2. Perceptions of Strategy formulation and implementation

Findings from the interviews confirmed that perceptions of strategy implementation and formulation are different depending on the position of the respondent. This was demonstrated by the manner in which participants described the importance of both the formulation and implementation process. A sample of the results presented below in Table 4.2 shows the different opinions from participants at different levels.

Table 4.2. Sample comments on perceptions to Strategy Implementation

<table>
<thead>
<tr>
<th>Level</th>
<th>Participant’s Comments</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Management</td>
<td>“I would say planning is more important.”</td>
<td>Strategy Formulation</td>
</tr>
<tr>
<td></td>
<td>(Respondent 1)</td>
<td></td>
</tr>
<tr>
<td>Middle Management</td>
<td>“For me personally, probably the implementation because I have the view that if the best plans were not implemented correctly, it’s not going to work. But then again, you need to plan so that you know what to do.”</td>
<td>Strategy Formulation and Implementation</td>
</tr>
<tr>
<td></td>
<td>(Respondent 2)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>“I think the planning side is actually more important. The better you plan, the smoother the implementation will be. The implementation is almost the by-product of how well you plan in the first place”.</td>
<td>Strategy Formulation</td>
</tr>
<tr>
<td></td>
<td>(Respondent 3)</td>
<td></td>
</tr>
<tr>
<td>Key Personnel</td>
<td>“It’s the planning piece that I enjoy because I like the visioning exercise….. we have to be realistic about this. Whereas the implementation bit is the focus, someone has to implement it.”</td>
<td>Strategy Formulation and Implementation</td>
</tr>
<tr>
<td></td>
<td>(Respondent 4)</td>
<td></td>
</tr>
</tbody>
</table>
More than half of the Senior Executives interviewed believed that both formulation and implementation were important whereas most of the Middle Management interviewed believed implementation to be more important. Although the participants from the Non-Managerial Staff were more involved in the implementation process, most of them perceived planning to be more important than implementation. The differences in the opinions found from this research is consistent with the findings from Floyd’s (1992) and Nutt’s (1998) studies where they found that stakeholders from different levels of the organisation do not necessarily share a common perspective or commitment to achieving a common goal. This could inevitably lead to problems in implementing strategic decisions. This finding is significant as previous studies in the area of strategic management are limited to the opinions of top management levels, for example (Beyer and Trice, 1982; Dean and Sharfam, 1996; Harrison, 1992; Nutt, 1987; Skivington and Daft, 1991) eliminating the opinions of the majority of an organisation – all the staff below the top management level (senior executives).

Literature review also revealed that strategy formulation is often viewed as the “province of the top management”, hence most researchers include this group only (Miller, 1997). On the other hand, middle managers and non-managerial level staff are most likely to be involved in the implementation process (Kingsley and Reed, 1991). The results from the research confirmed that this is the case at PGH, where middle managers and non-managerial staff implement and top executives formulate strategies. The participants at the middle (management level) believed they have intimate knowledge of day to day operational matters. This is backed by their comments that implementation is the core to any organisation, for without implementation, a plan remains as a plan. Hence it is important to these two processes as interdependent – one cannot exist without the other.

Senior Executives interviewed also perceived both the formulation and implementation stages to be equally important. This perception is important at PGH as it showed that its Senior Managers understand the significance of both processes to the success of their strategies, an idea supported by Thompson and Strickland (2009).

In his work in 1992, Floyd writes that one of the problems senior executives had was that they frequently found that their middle managers fail to take actions necessary to implement strategy. The Senior Executives in this study did not see this as an issue and suggested that it was more
important to educate their middle management team so that they understand the strategies for them to be able to take the necessary actions to implement strategies successfully. The middle managers agreed that this is important and implied that involvement in the planning stage would assist in the elimination of barriers to implementation at an early stage. There were some middle managers who said that involvement from other levels (general staff) of the organisation in the formulation process may help refine the operational aspects of strategies developed.

4.3.0. Challenges to Strategy implementation

The researcher felt that implementation variables identified in previous studies could potentially be challenges to the implementation process. Therefore, this research is an extension of the Wharton-Gartner Survey (2003) applied to the PGH. Participants were asked to provide feedback on their perceptions on twelve identified obstacles or hurdles to successful execution. The response provided to these questions were diverse. To make it easier to organise the findings, the researcher organised the responses into headings which represented common challenges identified by the participants. The following common barriers were identified that is poor or vague strategy, unclear communication of responsibility, organisational structure, organisational culture, change management, environment and resource allocation.

4.3.1. Weak or Vague Strategy

One of the first common barriers identified from the case study was weak strategy formulation. From the interviews conducted in this study, a lot of the participants believed that the success of implementation initiatives would largely depend on the soundness of the planning phase. If a strategy had been thought out diligently with the correct set of assumptions, the implementation stage would be simpler to carry out. Effective execution is impossible if strategies are flawed. No implementation can save a strategy, which is not feasible or sound to begin with. The strategy needs to be easy to understand for employees and stakeholders.
Table 4.3: Sample comments on strategy formulation as a challenge to strategy implementation

<table>
<thead>
<tr>
<th>Level</th>
<th>Participant’s comments</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Executive</td>
<td>“Lack of understanding from senior level decision makers. Because of the lack of understanding or lack of depth of understanding, it impacts on the quality of strategies developed.” (Respondent 5)</td>
<td>Lack of knowledge or understanding</td>
</tr>
<tr>
<td>Middle Manager</td>
<td>“Planning is a very complex process at PGH especially in this environment.” (Respondent 6)</td>
<td>Too complex</td>
</tr>
<tr>
<td>Other</td>
<td>“They (Senior Management) took a long time to plan what they wanted to do, and then at the end of it, only give the implementation team 3 weeks to implement! I think that’s really bad.” (Respondent 7)</td>
<td>Unrealistic expectations on implementation teams</td>
</tr>
<tr>
<td>Key Personnel</td>
<td>“….. the problem is, if you don’t allow your implementers to have some exposure to the planning, ultimately they become disillusioned with their ability to influence.” (Respondent 8)</td>
<td>Buy in and Involvement</td>
</tr>
</tbody>
</table>
From participants’ comments, one of the most common reasons that were given to explain strategy formulation as a barrier is poor formulation or understanding of the strategy. The majority of the participants interviewed said that if those who had to implement the strategy understood the strategy better, the implementation process would happen flawlessly. Interviewees also highlighted that the implementation teams were seldom given enough information on the strategy. Hence, most of the time strategies were implemented without a clear understanding of the strategy. Consequently, this caused unnecessary delays and errors being made thereby causing inadequacies to the outcome of the strategy.

Furthermore, the lack of understanding of strategies may be due to strategies which are too complex. This would cause unnecessary glitches during implementation. If the strategies are too complex and those who implement do not understand its objectives, then the effectiveness of the strategy could be lost. Although there are some managers or non-managerial staff who were more tolerant to the ambiguity, it was found that those who are able to tolerate the ambiguity of strategies are more successful during the implementation stage (Gupta and Govindarajan, 1984). Otherwise, if they felt that the implementation was not successful as it could be, the flow on effect of this could start a form of passive compliance (Guth and MacMillan, 1986). Signs of passive compliance were detectable from the interviews.

Some participants from the middle management level and lower level or general staff either felt that a majority of their colleagues, or that they themselves treated implementation of initiatives as something that just happens within the organisation. They believed that some of these opinion feelings might have arisen due to unrealistic expectations placed on the implementation team. The difference in the expectations or goals can lead to differences in perceptions, which in turn lead to the desirability of the strategy being implemented (Guth and MacMillan, 1986). There were participants who commented that they often felt they had to unnecessarily work through obstacles to make things happen during the implementation phase. These comments also implied connotations of active intervention or acts of sabotage. The act of passive compliance and active intervention can cause significant problems to the organisation.

The lack of commitment or buy in to a strategy could essentially be the biggest barrier to any implementation initiatives if not managed properly (Guth and MacMillan, 1996). This is in agreement with Parnell et al.’s (2002) opinion that greater participation in strategy formulation by
different levels of staff increases the success of implementation. Although there were several approaches to the study of implementation in the past (e.g. Ansoff, 1965; Hofer and Schendel, 1978), these approaches ignore or only mention in passing the problem of securing commitment to a particular strategy (Guth and MacMillan, 1986). The lack of buy in can be due to several reasons. Some of the reasons for lack of buy in given by Beer and Eisentat (1996) are that; the organisation could be undergoing change which changes behaviours and expectations within the organisation, management’s reluctance to relinquish control, or suitability of the strategy to the organisation as a whole. Out of these reasons given, the most relevant was that PGH had undergone change in management. The participants who were interviewed felt that because of this, they do not know what to expect. Some of them have complete faith in the new management whereas others tend to have a “wait and see” attitude.

4.3.2. Organisational Structure

Organisational structure was one of the challenges which were most frequently mentioned by participants. Although structure was intended to define responsibilities for different groups of people within an organisation, most participants felt that the structure of PGH could be one of the greatest challengers to implementation of new strategies.

Participants from all levels of the organisation commented in their own ways, their frustrations with the existing structure. Although structure is very important to an organisation of this size, the participants believed changes were needed to improve PGH’s current structure. In fact, most non-managerial staff felt the structure was too heavy, Respondent 9, strongly felt that:

“Four executives for such a small organisation, probably not right for the organisation as it create duplication of efforts and encourage a culture of negative competitiveness amongst executive and staff in different departments.”

One of the key things discovered during the interviews was the inability for managers to make decisions in their area. Policies that were set by the organisation may apply to some departments but not to others. In addition to frustration, it also created a long lead time between a strategy being formulated and implemented.

In summary, structure was brought up as a barrier by all participants in different ways. Although structure of the organisation may help the process of implementation, the management team would
need to ensure that the structure set would support the requirements of the organisation to improve efficiency and effectiveness of the overall business. Alternatively, strategies should be formulated based on the existing structure so that it can be implemented with fewer complications.

4.3.3. Organisational Culture

Organisational culture was another barrier which was identified from the findings. The literature review presented in Chapter two explained that implementation often implies change to the organisation. Organisations have their own culture which represents the norm and behaviours of the organisation; it can challenge to persuade them to change (Atherton, 1993 and Schein, 1985).

One of the most frequent themes implied from the organisational culture barrier is resistance to change. Several participants commented that resistance to change is something that is always prevalent in the implementation initiatives they had been in. Excuses such as “if it’s not broken why fix it” and “we have always done it like this” were often used to avoid being involved in implementation initiatives. Change is usually perceived as a complex process (Porras and Robertson, 1988). People tend to dislike change because they are reluctant to move out of their comfort zone (Leonard, Scholl and Beauvais, 1997), either because they are worried they might lose control of their responsibilities or having to adjust to new environments.

Another example of how history presented a challenge to the implementation was during the change from manual billing system to automated billing system for the patients. Patients or clients can now pay their bills by swipe or ecocash, welcash and one wallet. A number of senior executives said they had difficulties getting people to support the initiatives and for various stakeholders to “warm-up” to the strategy. However, after the successful automation of the billing system, most stakeholders have now accepted the initiatives although there is still resistance from some staff. As Bartol and Martin (1994) prove in their work on organisational culture, it is difficult to change “the way things are done around here.”

Holding formal meetings on a day to day basis is part of the PGH culture. A majority of the respondents argued against holding unnecessary meetings and participation of large number of individuals as they believe this tend to slow down implementation initiatives as a lot of time is wasted in meetings.
Although the comments from participants on organisational culture as a barrier were based around resistance, history and fear of change, there were also implied messages of strong loyalty and compliance to the organisation. There were instances where participants may initially display feelings of disagreement or unhappiness with a particular decision made by the top management team. However, their comments suggested that they would give the decision an opportunity to evolve, because they believe that there must be a reason behind the strategy being suggested. To summarise, the information gathered from the research is consistent with literature on achieving strategy culture fit which reduces the complication of achieving successful strategies (Schwartz and Davis, 2001).

4.3.4. Communication

Communication is another challenge identified. All the participants believed that communication played a big part in any implementation initiatives. Without communication, nothing can be implemented successfully. Communicating the strategy is about ensuring that every employee in the organisation knows and understands the direction in which the organisation is supposed to move.

Participants interviewed for this case study believed communication is the key to implementation. They felt that communication was the medium for dissipating information to others in the organisation, especially within an organisation the size of PGH. Therefore, communication (or lack of communication) was a major concern in any implementation initiatives. There were some concerns shown by participants in the current working environment. Working environment had to be one where people are not isolated in their cubicles but actually encouraged to interact with others. Respondent 10, one of the Senior Executive believed that in the current setting people found it easy to isolate themselves.

“How are people supposed to know what to do, if they don’t know about the strategy?”

She also felt that there were some groups of people who had not shared information with others who needed to know, especially during the recent project (new website development) where different departments had to work together.
In addition to cross departmental communication, there is also need for communication to be in different directions. Respondent 11, one of the Middle Managers involved in the new website development said:

“Communication direction is not just up, sideways or down, it’s to all directions! If you communicate like that effectively and regularly, you don’t let people feel left out.”

Some participants explained that a lot of the problems they had in their previous experience stemmed from communication. There were too many times when people tended to assume something rather than gathering the right information. Also, they found that some departments or staff members were reluctant to share information with others, for fear that the role would be taken away from them. On some occasions, situations like these made implementation a lot longer and costly for the organisation. Furthermore, Respondent 12 believed that:

“You need to be able to communicate the barriers when strategies become overly complex. That’s why simplicity and communication is important. If you don’t focus on that, it will start to stray away and you lose the deal.”

Also, if a manager could not communicate his/her intentions clearly to others who needed to implement the project, then others would not be able to implement the project as well as they could be if they actually understood the intentions of the project. Therefore, some managers had, in the projects that they had been involved in, kept the communications open to everyone who is involved, down to a suitable level. Respondent 13, another middle Manager who participated in the case study believed that:

“Communication is really important because communication helps solve political and emotional side of things.”

All the participants felt that although communication was important in implementation initiatives, if not used to its advantage, can be downfall of the strategy itself. Hence, there are two main challenges about communication of the strategy; the first challenge is to make sure that the employees are aware of the strategy. That can be achieved through various internal communication avenues, campaigns, briefings and meetings. The second challenge, which is both central and the most difficult, is to ensure that people understand the strategy. That they know the why, what, how, when and who of the strategy and they know exactly what individual role they have to
perform in order to make the strategy happen. To avoid misunderstandings of the strategy, it is therefore important to develop a “common language” (Hrebiniak, 2005), which everyone can understand and relate to, when referring to the strategy.

4.3.5. Resources

Another barrier that had been identified from the interviews and questionnaires was wherewithal allocation. Wherewithal allocation in this case study represents the way different types of resources within the organisation are allocated for the purposes of making things happen. Resources in this case study represents things such as money, equipment, staff or systems that had been requested to be allocated for each implementation initiatives.

Competition for resources is another barrier to strategy implementation initiatives. For example, one participant said at the time of implementation of the automated billing system, the IT team’s priority was to ensure “smooth” transition from manual trading system to automation. This meant that implementation of other initiatives at that time would have been stalled.

The general feeling amongst participants in the case study was there was always a lack of resources in some form or another in the projects that they had been involved in. Insufficient resources remain a real challenge to execute action plans.

4.3.6. Environmental challenges

Environment in which an organisation operates is another barrier that had been identified as a common barrier to implementation initiatives. Organisation’s performance is greatly influenced by variables such as economic, social, political, legal, technological and demographic factors. Although such variables are taken into account at the time of planning, their rapid changes continuously create new opportunities and threats that require environment scanning during implementation so that deliberate adjustments in strategies and action plans may distant the organisation from threats and make possible advantage of emerging opportunities.

According to the respondents in this study, changes and developments in the general environment require a new strategy. The new strategy should be appropriate to the market conditions, trends and developments in the external environment until the implementation process is completed. It seems PGH is the barometer of the economy; strategy implementation is always affected by environmental turbulence. Due to the exceptional situation in the economy, there was general
agreement among respondents that they have experienced much more threats than opportunities when implementing strategic initiatives at PGH. Financial constraints, legal restrictions, and rapid changes of rules and regulations were specifically highlighted by the majority of the respondents.

All participants described the health service industry as one which is easily affected by environmental changes; environmental variables seem to be the most important barrier of strategy implementation. Therefore, environmental uncertainty is one of the most common barriers that were found to affect strategy implementation initiatives at PGH.

4.3.7. Leadership

In addition to the six barriers identified, it was found that leadership and power played a significant role in implementation initiatives at PGH. All the participants interviewed implied either implicitly or explicitly in their responses that leadership and power play a large part in the strategy implementation process at PGH.

Leadership can be viewed as one’s influence in the internal and external elements and processes to an organisation to ensure the organisation’s efficiency, consistency and receptivity to its environment (Yukl, 1989). Therefore, for the implementation process to happen smoothly, it is necessary for the leader to have clear understanding of this process, how his or her leadership can affect the outcome of implementation. Most of the participants believed that a manager’s understanding of the implementation process does not only help with providing the implementation team with the direction they require, but also to act as the champion of the implementation process, to ensure that the process is effective and efficient as possible.

According to Yukl (1989), a leader is traditionally seen in a formal leader, who may involve others in undertaking his or her leadership functions. This seemed to be the case for PGH, where the participants saw the CEO as the leader of PGH. In a special issue of “Us”, the CEO communicated his intentions to restructure the organisation to change the direction of the organisation. The restructure proposed new positions. The plan for restructure was viewed by participants as a statement from their CEO, that he is leading change within the organisation. Comments from the participants showed that they were supportive of the CEO’s actions, believing that his leadership would help PGH attain its strategic objectives.
In addition to the leadership role mentioned, participants from this research spoke of the importance of a leader’s ability to communicate the strategy clearly. When staff involved in the implementation process has a clear understanding of the strategy, they will be able to implement the strategy better. The inclusion of different levels of stakeholders in strategy formulation was also believed to be vital to the success of implementation.

Another important issue which was deemed as important by the participants is a leader’s political skills, his or her abilities to gain resources, support and approval from others. From the findings in the previous sections, participants often commented on the lack of resources available during implementation of different initiatives they were involved in. Although some resources were genuinely restricted, some of the participants felt that the ability of a manager in gaining approval to additional resources was vital. They felt that there were times when resources were approved not based on the need of the resource, but more due to the benefit perceived from the project or decision.
4.4.0. How to overcome these challenges

Finally, once the challenges and the reasons for their existence had been identified, participants were asked for their opinions on how these barriers could be overcome. Although the ideas given by participants were varied, there were some common themes found. These key themes and comments are presented in Table 4.4 below.

Table 4.4: Sample comments on ways to overcome challenges to strategy implementation

<table>
<thead>
<tr>
<th>Level</th>
<th>Participant’s Comments</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senior Executive</td>
<td>“Understanding that not all new ideas are good ideas. There’s absolutely nothing wrong with investigating something and concluding that it is not good.” (Respondent 12)</td>
<td>Understanding a good idea or strategy presented</td>
</tr>
<tr>
<td>Middle Manager</td>
<td>“I guess if you are aware of the problem, you know what you have to deal with. It does not necessarily mean you will change, but you have to focus where you should put forward your effort, where you should do things better.” (Respondent 6)</td>
<td>Attitude and focus</td>
</tr>
<tr>
<td>Non-Managerial staff / other</td>
<td>“You just have to open to suggestions that come out.” (Respondent 14)</td>
<td>Open to suggestions</td>
</tr>
<tr>
<td>Middle Manager</td>
<td>“The only way that I have seen that does get achieved is by bringing in new talent and different experience in the decision making team.” (Respondent 13)</td>
<td>Leadership and new talent</td>
</tr>
</tbody>
</table>

As per the table above, the first theme that was identified was the ability for managers or implementers to investigate and understand the ideas or strategies presented. Several participants believed that barriers to implementation could be overcome if people understand that not all ideas
or strategies presented are good ideas. Although the idea may seem in the first instance, once it is thought through, the idea may not be suitable to the organisation. Managers need to have the ability to withdraw or exit from a strategy or an idea if it was not suitable, instead of pushing on with it just because they have spent a lot of time or money on it. It is more important understanding the impact of a decision than only getting things complicated. This is because the impact of the decision may bring along more barriers to the initiative than overcoming them.

4.4.1. Employee involvement
Most middle-management staff and non-managerial staff believe a strategy that is developed and implemented without the involvement of relevant employees is likely to be resisted during implementation by the affected employees. A strategy formulated without much employee involvement is more likely to have major flaws. Involving stakeholders such as middle managers, general staff, clients and the regulator may increase their commitment to the strategy. When employees feel that they have significant input in the strategy and see that certain ideas of their own are part of the strategy they tend to be very committed to that strategy. Participation allows management to tap into the specialised knowledge of lower-level employees. This can improve the strategy and its execution.

4.4.2. Competent management and employees.
The presence of competent employees and especially management is the most important success factor for strategy implementation. Some participants, mostly non-managerial staff believe inadequate capabilities of managers are common cause of strategy implementation failure. When employees have little confidence in the ability of management to execute the strategy then their commitment to the strategy will be low. Having incompetent members within a team has a negative influence on the performance of other team members. Successful organisational members tend to leave an organisation when they have to work for incompetent managers and feel that their performance is not appreciated or even worked against.

4.4.3. Employee attitude
Some participants also believed that the best way to overcome the barriers to implementation is to have people with the right attitude, very promptly. When people have the right attitude, they take on projects with a positive outlook. They take the time to think things through and weigh out the consequences of their actions, rather than launching into a project just because it had been given
to them to implement. Similarly, when they come across barriers when implementing projects, they will find ways to overcome this because they have the right attitude to deal with issues.

Furthermore, when implementing projects, a few of the participants believed that it does not only come down to the manager who deals with the barriers faced. They believed that being open to suggestions from others can be useful in overcoming barriers that arise. When objectives are not being met the assumptions underlying the strategy may be flawed or obsolete. When this happens it needs to be decided whether incremental improvements will suffice or that a new strategy is required. As execution plans are destined to change, implementation teams need to regularly meet in a well-structured sessions to share information, reconfirm priorities and make adjustments when objectives are not being met. This is because they believe that the manager who manages the project could be too entrenched with the project, hence, suggestions from others can help provide fresh ideas to help overcome the barriers identified.

### 4.4.4. Leadership

A majority of the participants believed that the quality of leadership is the key ingredient of overcoming challenges in the implementation process. Leadership is also equally important in formulation as these two processes need to coexist successfully for the organisation to be successful. For example, Respondent 4, brought up or emphasized the importance of leadership giving the example of the CEO of PGH looked at restructuring the business, bringing in new talent to make the organisation even more successful, creating a more team oriented culture to the organisation. And it all comes down to the ability of the leader to create this opportunity for the organisation. The implementation leader is responsible for articulating and communicating an attractive strategic vision that guides the strategy implementation. A successful leader inspires followers through the communication of a captivating vision designed to motivate followers to ambitious goals. When leaders practice moral virtues such as fairness, integrity, honesty, loyalty, determination, courage and responsibility increases the willingness of followers to follow the leader.

Some participants believed having a people-oriented management style is a key practice for successful implementation. As individuals go to work for both instrumental and social reasons, managers need to pay attention to both task performance and social relationships. Better social relations increase the cooperation, motivation, and effectiveness of organisational members. A
relationship-oriented manager listens, provides support and encouragement, coaching and counseling, develops social relations with subordinates, celebrates social activities and empowers organisational members during strategy implementation effort.

From the study, only under a third of the participants understand the strategy of the organisation. The objective should be to make organisational members understand what the strategy is all about and what its goals are. The strategy needs to be clearly explained in a way that employees understand and may become convinced that the strategy is sound and effective. Organisational members are more willing to accept undesirable decisions when they have received clear and adequate explanations for those decisions. It is not important to communicate the strategy to the people but it is also important to listen to their reactions to the strategy.

Some senior executives believe in hiring and firing non-performers. They believe, recruitment, promotion and demotion must provide the organisational members who have the required skills and attitude to successfully implement the new strategy especially when an organisation aims for radical change, new employees and especially managers are required to achieve it. It may be necessary to demote or lay off employees who do not have the required skills and attitude to implement the strategy. Some organisational members may have to be removed to show that resistance to change is not tolerated. Laying off employees needs to be done with great hesitation and prudence as it can result in reduced work motivation and task performance for survivors. It is crucial that layoffs are done in a way which is perceived fair by employees; otherwise layoffs reduce motivation and performance of survivors.

4.4.5. Training and Development

Most participants believe in training and education of organisational members as an important lever for strategy implementation. Adequately trained staff is one of the most critical steps top management can take to ensure successful strategy implementation. Implementing a new strategy often requires new activities and ways of thinking which can be learned by training and educating employees. Training and education improves employee knowledge and skills, self-confidence and makes them perform better. Training and education can consist of courses, collective classes, (on-the-job) training, and individual guidance and coaching.

Successful strategy implementation requires a clear, decentralised and moderately formalized organisation structure that is aligned to the strategy. A decentralised structure increases
commitment of employees to decision making, speed of decision making and improves the quality of decisions using specialised knowledge of employees at lower levels in the organisation. Some participants felt PGH has a centralised structure, management does not trust their skills and abilities resulting in a sense of incompetence, reducing self-determination and intrinsic motivation and performance. A moderately formalised structure with clear procedures, rules and responsibilities gives employees certainty during the implementation.

As a new strategy may involve layoffs, it can trigger intense emotions such as anxiety and fear for job security among staff members. Job insecurity is related to lower job satisfaction, lower organisational commitment, lower job involvement, increased psychological withdrawal, greater resistance to change, greater propensity to leave the organisation, lower trust in management and reduced work effort. Most participants agreed that organisations with high levels of centralisation, formalisation and rigid rules create a culture characterised by fear for making mistakes, taking responsibility, participation and change acting as major barriers to strategy implementation. Managers need to cultivate an empowering and fearless culture in which employees dare to take initiative, voice their opinion and not be afraid to make mistakes.

Increase self-efficacy of staff members through coaching and counseling, rewarding performance, a people-oriented management style and by creating an organisation culture in which people are able to make mistakes and learn from them. When staff members have high self-efficacy and believe that they can perform the new implementation tasks successfully, they are more likely to perform well. Another result of low self-efficacy may be that, staff members can become afraid to make mistakes, take initiative, and participate in decision making. Low self-efficacy can result from low self-confidence and self-esteem, an authoritarian management style, and an environment in which many things fail.

4.4.6. Commitment
Commitment to the strategy, especially by managers is crucial to strategy implementation success. When participants are committed to a strategy and its implementation, they are more motivated to implement the strategy and achieve its goals. Employees are likely to be uncommitted to the strategy and its execution if they have a feeling they are uninformed, lack of respect from managers, negative disposition and lacking participation in decision-making. Employee
commitment can be secured by involving employees in the strategy formulation and implementation process and by clearly communicating the strategy to them.

Politics and struggles over power and leadership may undermine an implementation effort. The existence of conflicts and the use of individual and group power need to be taken into consideration. Strategy formulation and implementation inevitably raise questions of power within the organisation. The very prospect of change confronts established positions and may lead to resistance to change. Resistance to change may lead to passivity toward the strategy or even sabotage. Managers can overcome resistance to change by involving potential opponents in decision making, taking their interests seriously and clearly communicating the new strategy and its advantages to them.

Strategy implementation requires a reward system that monitors the progress of the implementation and demonstrates top management’s commitment to the realisation of the strategy. Reward systems are essential for motivating staff and ensuring appropriate behaviour in relation to the strategy. Rewarding implementation performance increases the motivation and performance of organisational members. Informal rewards (pats on the back, a sense of pride, enthusiasm) greatly increase the motivation, self-confidence and performance of organisational members. Employees often do not get compliments when they perform well but do get criticism when they make mistakes. This greatly reduces the motivation, self-efficacy and performance of organisational members.

To summarise, a number of the participants interviewed believed strategy implementation success is determined by a variety of factors. Some factors related to soft factors such as people-oriented management which is often neglected but are crucial to implementation success. Successful strategy implementation begins with formulating a sound and clear strategic vision by top management. A clear and attractive strategic vision increases the confidence of employees in a successful outcome of the implementation effort.
4.5.0. Chapter Summary

This chapter presented the findings of data obtained from the case study. The findings for each of the objectives of the research identified in Section 1.4 were presented in different sections. Common barriers to strategy implementation initiatives were identified and discussed. Each of these barriers and reasons for their existence were provided. In each of the sections, a table which represented common themes and comments provided by the participants of this case study was provided. The research achieved its key intentions to identify the barriers to strategy implementation initiatives and proffered some solutions to the challenges identified.
CHAPTER 5: RESEARCH FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0. Introduction

The previous chapter discussed the results of the study. This chapter will focus on the conclusions and recommendations. The recommendations to management and recommendations for further study will also be suggested in this chapter.

5.1. Main objectives and Main questions

The focus of the study was to explore the barriers that exist in strategy implementation at PGH. Attempts were made to display multiple participant perspectives and indication of immensity and complexity of the subject matter, while illustrative quotations were adapted from the interview transcripts.

5.2. Summary of findings

The main finding from this research is that the barriers to strategy implementation do not comprise only of internal elements within an organisation, but also external factors which affect the organisation. The barriers themselves represent the volatility of an organisation, like mines in a minefield – when they are not triggered, nothing will happen, but if they were, the outcome could be disastrous. Taking this as a lesson learned, organisations can take the view of managing these barriers or variables to turn them into “inactive mines”. However, they should also be mindful not to take these barriers for granted because they can bring significant consequences to the organisation.

The identification of barriers to the implementation process has also brought about another important contribution which would help in realising an organisation’s strategies. Leadership qualities were implied as one of the most important calibre to seeing strategies through to implementation. Along with the leadership skills, factors such as power and politics contribute considerably to being an effective leader. Although there are factors which affect the effectiveness of an organisation are out of a leader’s control, this research revealed that a leader can manage these and increase an organisation’s effectiveness.

Following on from there, the research discovered that there is a strong sense of loyalty and commitment from staff to the organisation and industry. In their comments on ways to overcome barriers to implementation, all of the participants have in some ways implied their enjoyment of
the organisation and challenges it presents. Although they were sceptical initially, they have stood by their new management team and some even commented that they were proud of their new management team in moving the organisation forward.

It is important to realise that underlying the main purpose of this research is recognising that perceptions from different levels of the organisation perceive the strategy implementation differently. Taking this into consideration, their perceptions of barriers are different. Other findings from this research confirm that there is value in employee participation within organisations, as suggested by Floyd and Wooldridge (1992) and Parnell et al. (2002). Participation can be in any form for any purpose, whether within an actual setting or part of a research. Their contributions to either will provide valuable insights into the practice and study of strategic management.

5.3. Conclusions

5.3.1. Barriers to strategy implementation

The study revealed that the barriers to successful strategy implementation are varied but the most common barriers identified include poor or a vague strategy, unclear communication of responsibilities, inflexible organisational structure and culture deep rooted in tradition – resistance to change. Environmental barriers in the form of macroeconomic dynamics, financial constraints, rapid changes in rules and regulations are some of the common barriers identified. Insufficient resources, lack of relationship between the strategic plan and allocated budget are also some of the barriers to strategy implementation initiatives.

5.3.2 Institution formulation process

The study revealed that strategy formulation process is one of the most important strategic management functions at PGH. Strategy formulation is important for the achievement of organisational objectives. If strategies are poorly formulated, the implementation side is going to be poorly done.

Heads of department are involved in the formulation process giving their inputs and suggestion. Also from the questionnaire the respondents are aware of the important of aligning the strategy to the institution’s mission and vision in order to come out with the best strategy. They also put into consideration the environmental condition of the business to cater for eventualities. They consider both the external and internal conditions. However employee are not involved in the formulation
of strategies and this causes resistance of employees during implementation stage hence strategies
will be poorly implemented. The employees will just say the strategies belong to the management
and not to them and they are not part of it. Also another respondent in the interview indicated that
the PGH’s board of director is not playing a leading role in the formulation. Hence there is lack of
commitment in terms of the board of directors hence the management will also not take it serious.
As a result there is both poor strategy formulation and implementation. However I recommend
that during strategy formulation the board must take a leading role emphasizing the importance of
such an exercise, highlighting the consequences. Employees must also be involved in the
formulation stages such that they can buy in to the ideas of the objectives of the strategy and even
during implementation there will be fully participating and offer no resistance.

5.3.3 Challenges to effective strategy implementation
The study revealed that the organisational structure, culture, resource allocation and leadership
(specifically strategic leadership) are the common perceived barriers to effective strategy
implementation. Failure to recognize them beforehand they cause poor performance of strategic
plans. The management must look for possible challenges in the implementation during
formulation stage and come out with possible solutions. This will enable them to face little
challenges since they will be well prepared for the mishaps.

5.3.4 The drivers of strategy implementation
From the study, the majority of the respondents believed that the quality of leadership is the key
driver to overcome barriers in the implementation process. Most participants believe also in
training and development of organisational members as an important lever for effective strategy
implementation.

5.3.5. Solutions to overcome those challenges
A number of the participants believed strategy implementation success is determined by a variety
of factors. Some factors relate to soft factors such as people-oriented management which is often
neglected but is very crucial to implementation success. Successful strategy implementation begins
with formulating a sound and clear strategic vision by top management. A clear and attractive
strategic vision increases the confidence of employees in a successful outcome of the
implementation effort. The respondents also suggest that they must be adequate funding to support
strategy implementation. The Health management board must be involved and be aware with the
challenges being faced on the ground such that next time the can make informed decision and allocate adequate resources.

5.4. Recommendations to management

5.4.1. Challenges to strategy implementation

From the research, barriers that were found to be significantly strong suggest the need to take certain action in order to overcome these barriers. The researcher suggests that during planning, more emphasis should be placed on the implementation. Most of these barriers can be overcome if they are accounted for during the formulation stage. It is apparent that many strategic plans fail to realise the anticipated benefits due to problems and difficulties faced during implementation. Managers aiming to overcome these barriers should:

Ensure that a supportive organisational structure is in place to provide staff or employees with the needed training and instructions during implementation phase.

i. Have a visionary top management that has knowledge of the processes and also knows how to create an organisation that works together, support, encourage and provide resources that will enable the organisation to fully implement its strategies.

ii. Clarify the role of organisational structure and positions in the implementation of strategies.

iii. Spend more time and analysis on identification of problems in implementation.

iv. Develop and evaluate strategies that expedite implementation.

v. Involve strategic influencers in recommendations or support of follow through implementation tasks.

vi. Develop a good information system where employees will be updated on implementation tasks.

vii. Link employee performance during implementation phase with the overall reward and compensation system in the organisation.

viii. Align its own organisational structure to what the strategy is calling for in order to enhance effectiveness of communication and coordination during implementation processes.

ix. Ensure that the entire management is involved and maintain focus during the implementation processes.
x. Have higher involvement of lower level employees in strategic planning inputs and feedback and in the formulation of goals.

5.4.2. Institution formulation process

Top level management should take the lead and in turn responsibility; but still should hear from bottom lines as well. Participatory management style should be considered. To avoid any disconnects between upper and lower tiers of involvement, and to avoid any logistic impossibilities in a strategic plan. The top management must formulate the overall plan and before implementation, all tiers should be interviewed to assess the entire possibility of successful implementation. Blind-spots can be avoided in this way, and those responsible for the initial formulation of the strategic plan are more protected from scrutiny when all involved have been given the chance to review everything before implementation. This way, no one can be used as a scape-goat should the plan fail to materialise. Everyone could succeed and learn together and indeed, fail together as well. Crucial angles and insights previously gone unconsidered by upper echelons can always be learned from the prone, careful experiences and opinions of the 'janitors' of the earth. In short, avoiding a dictatorship structure is most likely always advisable.

A strategic plan must be formulated by a group of expert in the requested question or issue, and discussed by the executives following the goal assigned by the organization, and may be revised. Then open to general debate for adoption, revision, and implementation.

A strategic plan must emerge from the bottom of the firm. It must come from the shop-floor level from those people who physically interact with the product/service on a daily basis. Those people must take part in formulating the strategic plan. Hence, the strategic plan should be formulated not only by the top management team, but also in collaboration with mid-level management teams or even with low-level managers.

5.4.3. Drivers of strategy implementation

The management must make sure all the drivers needed for successful implementation of strategy must be in place otherwise they will act as barriers to strategy implementation. The leadership style must promote strategy implementation. They must lead by example, spearheading, motivating and rewarding those who excels. Management must instill a culture which promotes oneness in the organization such that employees work as a team rather than as individual
5.4.4. Solutions to strategy implementations

The identified solutions must be implemented to solve the existing problems for health service delivery to improve. They must always plan ahead before the problems existed.

5.4.5. Recommendations to policy makers

The policy makers must come down to the people before making policies to guide employees to see what is on the ground otherwise some policies are deterrent to proper working conditions in the health system. This will cause employees to be resistant to some of the orders given. Hence they must craft policies which recognize the existence of general employees. They must also include performance measurement tools like the balance score card or performance appraisals to measure performance of individual workers. Under such frameworks the must also be a rewarding system which goes hand in hand with individual performance. This scenario will improve individual worker’s performance and hence the overall institution service delivery. The polices must match the resources and infrastructure available

5.5 Suggestions for future research

The results of this research have shown that implementation variables identified in previous implementation literatures can be a barrier to the implementation process. In doing so, this research has stressed on the importance of further research into the topic of strategy implementation. Recommendations for future research are presented in the following sections to indicate further studies into areas which will benefit both researchers and practising managers.
5.5.1. Challenges to strategy implementation

Firstly, it is important to repeat this research with several organisations or with larger group of people to form patterns and themes which can be analysed to present more generalizable results. Although this research has succeeded in its intentions to identify common barriers to implementation initiatives, opening this research up to a larger sample would help reemphasise its effectiveness. Furthermore, this might mean that the study can include the analysis of relationships between the variables in the implementation process.

Secondly, it would be interesting to adapt this research to analyse the leadership, power and politics components within the implementation process. Despite the discovery of these components in this research, there was inconclusive evidence that these components can improve or deter the overall implementation process within the organisation. Hence, it would be advantageous to analyse the importance of these components to the implementation process.

5.5.2. Strategy formulation process

Some of the participants have commented, a research of this nature should be conducted by organisations themselves to investigate their existing processes to come up with improvements and opportunities to reflect on ways to do things better. They believed that these types of research if conducted by people from different levels in the organisation can increase staff morale, productivity and sense of loyalty to the organisation. The next researcher must also look on the expertise of those who do formulation stage and their commitment to the organization. They must also compare formulation process with that of private health institution to see where they are doing right and wrong.

5.5.3. Drivers of strategy implementation

The next researcher must look for other drivers which were not identified in this research and find out how they can effectively contribute to effective strategy implementation in public health institution. They must also compare the drivers found in public health institution with those found in private health institutions.
5.5.4. Solutions to the challenges in strategy implementation

The management and next researcher must further investigate on the other possible solutions since those identified in this research are not exhaustive. They might be several other solutions which are more applicable to both private and public health institutions.

In conclusion, this study has built on previous work in the area of implementation, providing support to some views and not to others. By identifying the common barriers to the implementation process at PGH, this research can contribute to increasing managers and researchers understanding of this complex process. More in depth analysis and test of these findings are required to present a more comprehensive result in other organisations.
5.6 Chapter Summary
The chapter presented the research conclusions and recommendations for management and future research was also given. The researcher managed to give recommendations to both the management and policy makers on strategy formulation, drivers for implementation, and challenges for implementation as well as solutions to the challenges of strategy implementation.

The researcher highlighted that the challenges and solutions identified are not exhaustive and future researchers must also look into other challenges and solutions.
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ANNEXTURE 1: Organogram of PGH (PGH Annual report 2016)
APPENDIX. 1: QUESTIONNAIRE

BINDURA UNIVERSITY OF SCIENCE EDUCATION

QUESTIONNAIRE Number: ……
Self-Administered Survey

Dear Respondent

The structured questionnaire is for collecting data on “CHALLENGES FACED IN STRATEGY IMPLEMENTATION IN PUBLIC HEALTH SECTORS IN DEVELOPING COUNTRIES: CASE STUDY OF PARIRENYATWA GROUP OF HOSPITALS IN ZIMBABWE.” You are kindly requested to provide the required data in the questionnaire.

The main purpose of the research is to assess the challenges faced by Public Hospitals in strategy implementation. This information will be solely used for academic purposes and will be in partial-fulfillment of the requirements of my Masters in Business Leadership degree. The information that you provide will remain confidential and is sought exclusively for academic purposes.

Thank you very much for your cooperation and time to complete this questionnaire. Your contribution will be greatly appreciated and it goes a long way in solving problems faced during strategy implementation in Public Health Institutions in Zimbabwe. However, your participation is optional.

Kind Regards

Connellius Njini.
INSTRUCTIONS:

i) Please answer all questions fully and honestly.

ii) Indicate your answer by ticking in the appropriate box where boxes are provided.

iii) Do not write your name or identity on the questionnaire.

THANK YOU FOR TAKING TIME TO COMPLETE THIS QUESTIONNAIRE

The Questionnaire consists of two sections

Section A: Demographic information

This section deals with background information pertaining to YOURSELF and Parirenyatwa Group of Hospitals (PGH). Please be assured that this information is CONFIDENTIAL and will only be used for academic purpose only.

Q1) Your age category?

<table>
<thead>
<tr>
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<th>Please tick</th>
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<tbody>
<tr>
<td>1</td>
<td>Younger than 30 years</td>
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<tr>
<td>2</td>
<td>30 – 39 years</td>
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<tr>
<td>3</td>
<td>40 – 49 years</td>
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<tr>
<td>4</td>
<td>50 – 59 years</td>
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<tr>
<td>5</td>
<td>60 – 65 years</td>
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<tr>
<td>6</td>
<td>66 years or older</td>
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Q2). Your gender?

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<tbody>
<tr>
<td>1</td>
<td>Male</td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
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</table>

Q3). Education background

<table>
<thead>
<tr>
<th>Undergraduate</th>
<th>Graduate 1st degree</th>
<th>Graduate other degrees</th>
<th>Post graduate</th>
<th>Professional qualification</th>
</tr>
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</table>
Q4). What is your current position with the institution? Please indicate by ticking

<table>
<thead>
<tr>
<th>Executive management</th>
<th>Middle management</th>
<th>Others</th>
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Q5). The number of completed years involved in strategy formulation and implementation in ANY organisation?

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<tbody>
<tr>
<td>1</td>
<td>Less than 1 year</td>
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<tr>
<td>2</td>
<td>1 - 3 years</td>
</tr>
<tr>
<td>3</td>
<td>4 - 7 years</td>
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<tr>
<td>4</td>
<td>8 - 10 years</td>
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<tr>
<td>5</td>
<td>11 years and above</td>
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</table>
SECTION B: Strategy formulation

Q1). In your experience, how much do you agree that the following elements play an important role in coming up with the best strategy for PGH? Use a 5-point scale, where a 1 means *I strongly disagree* and a 5 means *I strongly agree*.

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly agree</th>
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<td>1</td>
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</table>

1. Vision and Mission statement
2. External environment analysis
3. Conducting an analysis of the organisation’s internal environment
4. Employee involvement

Q3). Based on your perceptions of knowledge and information sharing within the PGH during strategy execution, please indicate the extent to which you agree or disagree with the following statements. Use a 5-point scale, where a 1 means *I strongly disagree* and a 5 means *I strongly agree*.

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<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>1. Employees are reluctant to share important information or knowledge with others</td>
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<td>2. Some sources of information are unreliable</td>
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<td>3. Managers are reluctant to trust information generated from sources outside their own departments</td>
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<td>4. Information fails to reach people who need it</td>
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<td>5. Employees fail to understand or evaluate the usefulness of available information</td>
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</table>
Q4). Using a 5-point scale, where a 1 means *strongly disagree* and a 5 means *strongly agree*, complete the following, “*I know there are problems with strategy execution at PGH when...*”

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<tbody>
<tr>
<td>1.</td>
<td>Executing decisions take too long to make</td>
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<td>2.</td>
<td>Employees don’t understand how their jobs contribute to important execution outcomes</td>
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<tr>
<td>3.</td>
<td>Responses to patient problems or complaints take too long to execute</td>
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<td>4.</td>
<td>The Hospital reacts slowly or inappropriately to competitive pressures while executing strategy</td>
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<td>5.</td>
<td>Time or money is wasted because of inefficiency or bureaucracy in the execution process</td>
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<tr>
<td>6.</td>
<td>“Playing politics” is more important than performance against strategy execution goals for gaining individual recognition</td>
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<tr>
<td>7.</td>
<td>Important information “falls through the cracks” during execution and doesn’t get acted on</td>
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<tr>
<td>8.</td>
<td>We spend lots of time reorganising or restructuring, but we don’t seem to know why this is important for strategy execution</td>
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<tr>
<td>9.</td>
<td>We are unsure whether the strategy we are executing is worthwhile, effective, or logical, given the competitive forces we face in our industry</td>
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</table>
Q5). To what extent does each of the following contribute positively to effective strategy implementation at PGH? Use a 5-point scale to answer the following question where, 1 means no extent, 2 means small extent, 3 means moderate extent, 4 means large extent and 5 means very large extent.

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<th>2</th>
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<tbody>
<tr>
<td>1. The structure of the organisation</td>
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<td>2. The allocation of resources in the organisation</td>
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<td>3. The culture of the organisation</td>
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<td>4. The performance management system of the organisation</td>
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<td>5. The strategic leadership of the organisation</td>
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<td>6. Training and development in the organisation</td>
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<td>7. The information systems of the organisation</td>
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Q6). Some managers highlight that executing strategy is more challenging than formulating strategy. Do you agree with this view? Please explain your answer briefly.

Q7). Finally, in your opinion, what other factors not mentioned in this survey make the execution process challenging or difficult at the Parirenyatwa Group of Hospitals?

Thank you very much for taking the time to complete this questionnaire and for your contribution to this study.
GREETINGS……………………………

Thank you for agreeing to participate in this research. The reason that you have been selected is because you are:

1. Either part of the executive management or one of the middle management or key personnel who has been involved in strategy formulation and implementation at the PGH.

As per the information sheet given to you prior to this interview, I am conducting this research for my research project or dissertation which is a fulfillment of my Master of Business Leadership degree at BUSE, Graduate School of Business.

Before we start this interview, do I have your permission to record this interview either in writing or with a tape recorder?

If their answer is yes, switch on the tape recorder and ask:

Can you please repeat your agreement to have this interview recorded with a tape recorder?

Thank you

A. Participant’s Involvement in Implementation Initiatives

1. Have you been involved (directly or indirectly) in strategy implementation initiatives at the PGH?

………………………………………………………………………………………………………………………………………………………………………………

2. Can you please describe your involvement in the strategy implementation?

………………………………………………………………………………………………………………………………………………………………………………

3. Were you involved in the planning stages (strategy formulation)?

………………………………………………………………………………………………………………………………………………………………………………

4. What was the outcome of the strategy implementation(s)? ……………………………………

5. Why did you think it was successful /unsuccessful?

………………………………………………………………………………………………………………………………………………………………………………
B. Barriers to the Strategy Implementation Process

1. What were the common barriers that you/your team face in the implementation process of the strategies? ……………………………………………………………………………………………
……………………………………………………………………………………………………

2. Do these barriers exist in other areas of the organisation? …………………………………
……………………………………………………………………………………………………

3. Why do you think these barriers exist? ………………………………………………………
……………………………………………………………………………………………………

C. Management versus Employees

1. For the barriers that you have listed earlier, do you think staff from different levels of the organisation, who might have been involved in the strategy implementation (s), identifies similar barriers? Why?
……………………………………………………………………………………………………

2. Could this potentially be one of the main barriers to implementation?
……………………………………………………………………………………………………
D. Implementation versus Formulation

1. Within Parirenyatwa Group of Hospitals, who would usually identify the need for a “new” strategy?

2. Who would be involved in the formulation of the strategies within the organisation or department?

3. What roles do various levels of staff usually play in these instances (formulation to implementation)?

4. What are the advantages to this?

5. What would you regard as the disadvantages to this method?

6. Is there anything else that I should know with regards to the formulation and strategy implementation stages at PGH?

7. Do you think that implementation stage is more challenging than planning stage? Why?

8. Would you say that the implementation stage is more important than planning? Why?
E. Overcoming Challenges to strategy Implementation

1. How would these barriers affect future implementation initiatives at Parirenyatwa Group of Hospitals?

2. Could these barriers have been taken into consideration before the implementation stage to prevent it from becoming a barrier?

3. How do you think the organisation could do to overcome the barriers that you have identified?

4. Do you have anything else to add?

Thank you very much for taking the time to participate in this face-to-face interview with me and for your contribution to this study. A transcript of the interview will be provided for you to sign to confirm that an accurate account of the interview had been recorded.
APPENDIX: 3. LETTER OF AUTHORISATION

O. Britton
Smarthian
Haven
5 April 2018

The Chief Executive Officer
Parirenyatwa Group of Hospital
P.O. Box CY 198
Causeway, Harare

Dear Sir / Madam

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

I am a student at Bindura University of Science Education studying for a Master’s in Business Leadership degree. I am conducting a research entitled: CHALLENGES FACED IN STRATEGY IMPLEMENTATION IN PUBLIC HEALTH SECTORS IN DEVELOPING COUNTRIES: CASE STUDY OF PARIRENYATWA GROUP OF HOSPITALS IN ZIMBABWE.

To achieve the objectives of my study, I am kindly requesting your permission to administer a structured questionnaire to selected staff members at Parirenyatwa Group of Hospital.

Participation in completing the questionnaire will be voluntary, no participant will be forced or coerced to be part of the research study. The completion of the questionnaire will take approximately 10 minutes. The researcher will distribute and collect the questionnaire within seven working days. It is envisaged that the findings of the study may assist Public Sector in identifying solution to the challenges in strategy implementation.

You can contact me on njini@bco@gmail.com and 0773 385 592 or may contact my supervisor Dr. E. M. Rouke at njini@bco@gmail.com or 0712 730 579

Yours sincerely

Conellius Njini