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Original Research Article

Influence of Process Alignment on Organization Performance of Public Health Facilities in Busia County, Kenya

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Abstract: The objective of this study was to examine the influence of process alignment on organizational performance in public health facilities in Busia County, Kenya. The study aimed to investigate the relationship between process alignment and organizational performance, and to identify the key factors that affect process alignment in public health facilities. The study employed a mixed approach, combining descriptive and explanatory research designs. A total of 312 respondents were targeted, representing approximately 19.6% of the target population of 1,590 personnel involved in strategic planning, implementation, and oversight of public health facilities in Busia County. The data collection instrument was a structured questionnaire designed to collect quantitative data about strategic alignment practices and organizational performance. The study found that process alignment has a significant positive influence on organizational performance in public health facilities in Busia County, Kenya. The results show that process alignment explains 48.7% of the variance in organizational performance, indicating a strong positive relationship between the two variables. The study also found that clear roles and responsibilities, process measures aligned with strategy, and continuous improvement culture are the key factors that affect process alignment in public health facilities. The study concludes that process alignment is a critical factor in achieving organizational performance in public health facilities in Busia County, Kenya. The study recommends that healthcare managers and policymakers prioritize process improvement and alignment initiatives, focusing on areas such as cross-departmental collaboration, regular process reviews, and continuous improvement culture. The study's findings have implications for healthcare management practices, suggesting that investments in process improvement and alignment initiatives can yield significant returns in terms of organizational effectiveness. The study recommends that healthcare facilities prioritize the development of clear roles and responsibilities, and invest in training and development programs for staff. The study also suggests that policymakers provide support for healthcare facilities to develop and implement robust performance monitoring systems, which can help to identify areas for improvement and track progress over time.

Keywords: Process Alignment, Organization Performance, Public Health Facilities, Busia County, Kenya.

BACKGROUND OF THE STUDY

Process alignment refers to the systematic integration and coordination of business processes to achieve organizational objectives, ensuring that all processes are designed, implemented, and executed in a way that supports the organization's overall strategy and goals (Prajogo & Olhager, 2022). When an organization achieves process alignment, it can enhance its operational efficiency, reduce costs, and improve overall performance (Tallon *et al*., 2019). Process alignment involves the deliberate design and implementation of processes that are consistent with the organization's mission, vision, and values, resulting in a coherent and unified approach to achieving desired outcomes (Wamba *et al*., 2019). By achieving process alignment, organizations can improve their ability to respond to changing market conditions, enhance collaboration and communication among different departments and teams, and ultimately drive business success (Zhu *et al*., 2018).

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

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

In Nigeria, Chan *et al.,* (2016) observe that the Nigerian public sector is able to create sustainable competitive advantages through external alignment with business environment and internal alignment with resources and infrastructure. Similarly, Kuyea and Sulaimon (2019) observe that strategic alignment is important for the Nigerian public sector in formulating strategies as well as in their implementation since implementation is fostered by aligning and adjusting key systems, processes, and decisions within the firm. Therefore, alignment requires a shared understanding of organizational goals and objectives by managers at various levels and within various units of the organizational hierarchy.

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

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

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

The availability and competence of healthcare professionals significantly influence the performance of public health facilities. Adequate staffing levels, appropriate skill mix, and continuous professional development contribute to the provision of high-quality services. Oyira *et al*., (2020) conducted a study that assessed the impact of human resources on the performance of public health facilities in Kenya. The research highlighted the importance of effective workforce planning, recruitment strategies, and retention initiatives in optimizing organizational performance. Through prioritizing human resource management, public health facilities can enhance service delivery, improve patient outcomes, and foster a positive work environment for healthcare professionals.

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

robust information systems infrastructure and investing in capacity building to fully leverage the potential benefits of technology in healthcare delivery.

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

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

Statement of the Problem

In the post-devolution era, public health facilities in Kenya, particularly in Busia County, have struggled with inadequate resource allocation, understaffing, and inefficient processes, resulting in delayed service delivery, low staff morale, and poor patient outcomes (Masaba *et al.,* 2020; Owino & Korir, 2020). According to recent statistics, approximately 70% of public health facilities in Kenya face significant challenges in providing quality healthcare services due to inadequate resources and inefficient processes (Ministry of Health, 2020). Furthermore, studies have shown that process misalignment can lead to a 30% decrease in organizational performance, resulting in increased operational costs, reduced patient satisfaction, and decreased financial sustainability (Tallon *et al*., 2019; Wamba *et al.*, 2019).

Despite the growing recognition of the importance of process alignment in achieving organizational performance, there is a lack of comprehensive research on the relationship between process alignment and organizational performance in public health facilities in Kenya (Prajogo & Olhager, 2022). The unique challenges and dynamics of the public health sector, including resource constraints, regulatory changes, and evolving healthcare needs, necessitate a closer examination of how process alignment can be achieved and its impact on various dimensions of organizational performance, such as financial sustainability, operational efficiency, patient outcomes, and stakeholder satisfaction (Zhu *et al*., 2018). Therefore, this study aims to investigate the extent of process alignment, identify the key factors affecting it, and assess its impact on organizational performance in public health facilities in Busia County, providing valuable insights for improving their overall performance and contributing to the achievement of the Sustainable Development Goals (SDGs) (World Health Organization, 2020).

Objective of the Study

The objective of this study was to explore the influence of process alignment on organization performance of public health facilities in Busia County, Kenya.

Research Hypothesis

This study was based on the following research hypothesis:

$H_0$1: Process alignment has no statistically significant influence on organization performance of public health facilities in Busia County, Kenya.

Theoretical Review

This study was anchored on the following theories:

Resource-Based View (RBV)

The Resource-Based View (RBV) theory, pioneered by Edith Penrose and further developed by scholars like Jay Barney, Birger Wernerfelt, and Richard Rumelt, is highly relevant to understanding the relationship between strategic alignment and organizational performance in public health facilities in Busia County, Kenya. The RBV theory posits that a firm's performance is influenced by its unique resources and capabilities. In the context of this study, the RBV theory can be applied to analyze how strategic alignment enables public health facilities to effectively leverage their resources, such as land, machinery, and human capital, ultimately leading to improved organizational performance.

One of the strengths of the RBV theory is its emphasis on the role of resources and capabilities. By focusing on these factors, the theory provides valuable insights into how public health facilities can optimize the utilization of their resources through strategic alignment practices. This optimization can contribute to enhanced performance outcomes in terms of efficiency, effectiveness, and overall organizational success.

Moreover, the RBV theory highlights the importance of uniqueness and competitive advantage. It recognizes that public health facilities possess distinct resources and capabilities that can differentiate them from their competitors. Through strategic alignment, these facilities can align their resources and capabilities with their organizational goals, thereby achieving a competitive advantage in the provision of healthcare services.

Another strength of the RBV theory is its holistic perspective. It encourages a comprehensive analysis of both tangible and intangible assets, allowing the study to explore a wide range of factors that can influence organizational performance in public health facilities. This comprehensive approach enables a deeper understanding of the complex dynamics between strategic alignment and performance outcomes. Additionally, the theory lacks a clear causal relationship between resources, capabilities, and performance, necessitating the use of additional analytical techniques or models to establish causality. Furthermore, the measurement and assessment of resources and capabilities, particularly in the context of public health facilities, may pose challenges due to the intangible nature of some assets.

In conclusion, the RBV theory serves as a valuable theoretical foundation for investigating the relationship between strategic alignment and organizational performance in public health facilities in Busia County, Kenya.

Institutional Theory

Institutional theory, developed by scholars such as John W. Meyer, Brian Rowan, Paul J. DiMaggio, and Walter W. Powell, is highly relevant to understanding the strategic alignment and organizational performance of public health facilities in Busia County, Kenya. This theory focuses on how organizations conform to external norms, regulations, and expectations. In the context of this study, institutional theory provides a framework for examining the influence of institutional pressures, such as government policies and industry standards, on the strategic alignment practices and performance outcomes of public health facilities.

One of the key strengths of institutional theory is its emphasis on understanding external influences. It recognizes that organizations are not isolated entities but are shaped by their institutional environment. By considering the impact of government policies and industry standards, the theory enables a comprehensive analysis of the external pressures faced by public health facilities. This understanding is crucial in evaluating how these facilities align their strategies with institutional requirements, ultimately impacting their performance. Through considering this unique context, the study can gain insights into how institutional pressures and expectations influence the alignment strategies of public health facilities and, consequently, their performance.

However, institutional theory also has its limitations. It may place less focus on internal dynamics and organizational capabilities that affect strategic alignment and performance. Therefore, it is important to complement the theory with other frameworks that consider internal factors for a more comprehensive analysis. Moreover, the theory's emphasis on conformity may overlook the potential for agency and innovation within the institutional context. Public health facilities may have opportunities to challenge or reshape institutional norms through innovative practices, which could impact their performance. The study should consider these possibilities and not solely focus on conformity.

Lastly, establishing a clear causal relationship between institutional pressures, strategic alignment practices, and performance outcomes can be challenging due to the complex nature of these interactions. The study should employ appropriate research methods and consider alternative explanations to establish causal connections. In conclusion, institutional theory provides a valuable framework for examining the strategic alignment and organizational performance of public health facilities in Busia County.

Stakeholder Theory

Stakeholder theory, developed by scholars such as R. Edward Freeman, Donaldson and Preston, and Mitchell, Agle, and Wood, is highly relevant to understanding the strategic alignment and organizational performance of public health facilities in Busia County, Kenya. This theory focuses on the relationships between organizations and their stakeholders. In the context of this study, stakeholder theory provides a valuable lens for examining how strategic alignment efforts in public health facilities align with the expectations and needs of various stakeholders, including farmers, the government, local communities, healthcare professionals, and employees. Through considering stakeholder perspectives, the theory offers insights into how these alignment efforts influence organizational performance.

One of the key strengths of stakeholder theory is its comprehensive stakeholder perspective. It recognizes that organizations operate within a network of relationships with different stakeholders, each with their own expectations and needs. Through considering the viewpoints and interests of these stakeholders, the theory allows for a holistic understanding of the factors that influence strategic alignment efforts. In the case of public health facilities, this means considering how strategic alignment efforts address the expectations and needs of stakeholders, such as delivering quality healthcare services, promoting community well-being, and ensuring equitable access. Through examining the extent to which alignment practices align with stakeholder interests, the study can assess their impact on organizational performance.

Additionally, stakeholder theory highlights the significance of building positive relationships with stakeholders for long-term organizational sustainability. By considering stakeholder perspectives within the context of public health facilities, the study can explore how strategic alignment practices influence stakeholder satisfaction, trust, and support. These factors are crucial for maintaining performance over time and securing the long-term viability of the organization. However, stakeholder theory also has its limitations. The theory acknowledges the complexity of stakeholders and their often-conflicting interests. Public health facilities may face challenges in balancing the diverse expectations of stakeholders, especially with limited resources and capabilities. The study should carefully navigate these complexities to avoid oversimplification or neglect of important stakeholder perspectives. Furthermore, evaluating the effect of strategic alignment efforts on stakeholders can be complex. It requires robust measurement frameworks and data collection methods to capture the multifaceted effects on stakeholder well-being, satisfaction, and other relevant indicators. The study should consider these challenges in assessing the relationship between strategic alignment, stakeholder perspectives, and organizational performance.

Empirical Reviews

Prajogo and Olhager (2022) conducted a study to investigate the impact of supply chain integration on organizational performance. The authors examined process alignment through long-term relationships, information technology, sharing, and logistics integration as factors influencing organizational performance. The study collected data from 189 manufacturing firms and used statistical analysis to determine the relationships between these factors and organizational performance. The methodology employed by the authors allowed them to identify the specific aspects of supply chain integration that contribute to improved performance outcomes. The findings of the study indicate that effective process alignment in supply chain integration positively influences organizational performance. The authors highlight the importance of long-term relationships, information technology, sharing, and logistics integration in achieving better performance outcomes. However, the study may have some research gaps, such as the lack of consideration of other external factors that may influence organizational performance, like market conditions or competitor actions. Additionally, the study focused on manufacturing firms, and it is unclear whether the findings can be generalized to other industries. Further research could investigate the impact of supply chain integration on organizational performance in different sectors or explore the role of other factors, such as supplier involvement or customer relationships, in achieving effective process alignment.

Tallon, Kraemer, and Gurbaxani (2019) conducted a study to examine executives' perceptions of the business value of information technology (IT) and its impact on organizational performance. The study adopted a process-oriented approach, using interviews with 101 senior executives from various industries. The researchers analyzed the executives' perspectives on IT investments, strategic alignment, and process improvements. The methodology employed by the authors allowed them to gain a deeper understanding of the executives' views on the role of IT in achieving better performance outcomes. The findings of the study suggest that effective process alignment with IT positively influences organizational performance, as executives perceive IT as a valuable tool for improving business processes and achieving better performance outcomes. The study highlights the importance of aligning IT investments with business strategy and processes to maximize the benefits of IT adoption. However, the study may have some research gaps, such as the reliance on self-reported data from executives, which may be subject to biases. Additionally, the study focused on senior executives' perceptions, and it is unclear whether the findings reflect the views of other stakeholders, such as employees or customers. Further research could investigate the impact of IT on organizational performance using objective data or explore the role of other factors, such as organizational culture or employee skills, in achieving effective process alignment with IT.

Wamba *et al*., (2019) conducted a study to explore the impact of big data on organizational performance. The researchers examined the relationship between process alignment with big data analytics and organizational performance using a systematic review and a longitudinal case study. The systematic review analyzed existing literature, while the longitudinal case study focused on a large multinational company. The methodology employed by the authors allowed them to identify the key factors that contribute to the successful adoption of big data analytics and its impact on organizational performance. The findings of the study highlight the positive effects of effective process alignment with big data on organizational performance and competitive advantage. The study emphasizes the importance of leveraging big data analytics to align processes and improve performance outcomes. However, the study may have some research gaps, such as the limited generalizability of the findings to other industries or companies. Additionally, the study focused on a large multinational company, and it is unclear whether the findings can be applied to smaller organizations or startups. Further research could investigate the impact of big data on organizational performance in different contexts or explore the role of other factors, such as data quality or analytics capabilities, in achieving effective process alignment with big data.

Zhu, Sarkis, and Lai (2018) conducted a study to investigate the antecedents and performance outcomes of green supply chain management (GSCM) practices. The study focused on process alignment with internal and external GSCM practices and their impact on organizational performance. The authors collected data from 194 Chinese manufacturing firms and conducted statistical analyses to examine the relationships between GSCM practices and organizational performance. The methodology employed by the authors allowed them to identify the specific aspects of GSCM practices that contribute to improved performance outcomes. The findings of the study indicate that effective process alignment with both internal and external GSCM practices positively influences organizational performance, highlighting the importance of environmental sustainability initiatives in enhancing performance outcomes. The study emphasizes the need for organizations to adopt a holistic approach to GSCM, considering both internal and external practices. However, the study may have some research gaps, such as the lack of consideration of other external factors that may influence organizational performance, like government regulations or customer expectations. Additionally, the study focused on Chinese manufacturing firms, and it is unclear whether the findings can be generalized to other industries or countries. Further research could investigate the impact of GSCM practices on organizational performance in different contexts or explore the role of other factors, such as supplier involvement or employee engagement, in achieving effective process alignment with GSCM practices.

Conceptual Framework

The conceptual framework presented explores the relationship between process alignment and organizational performance. Process alignment refers to the degree to which an organization's processes are designed, implemented, and executed in a way that supports its overall strategy and goals. The framework identifies three key dimensions of process alignment: degree of standardization, level of automation, and degree of collaboration. Standardization involves making processes consistent and repeatable, automation uses technology to streamline tasks, and collaboration involves different departments and teams working together to achieve common goals. By examining these dimensions, organizations can assess the effectiveness of their processes and identify areas for improvement.

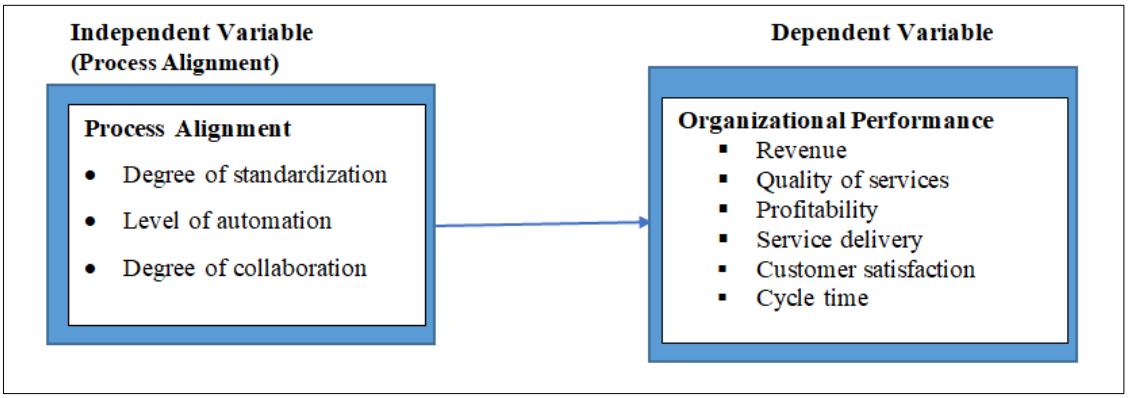

Figure 1: Conceptual Framework on Interplay between Process Alignment and Organizational Performance; Source: Researcher's Conceptualization (2025)

The framework also identifies six key dimensions of Organizational Performance, which are influenced by Process Alignment. These include revenue, quality of services, profitability, service delivery, customer satisfaction, and cycle time. By achieving a high degree of process alignment, organizations can improve their efficiency, quality, and productivity, leading to increased revenue, profitability, and customer satisfaction, as well as reduced cycle time. For example, standardizing processes can reduce errors and improve quality, automating processes can improve efficiency and reduce costs, and collaboration can facilitate knowledge sharing and innovation. By understanding the relationship between process alignment and organizational performance, organizations can design and implement processes that support their overall strategy and goals, leading to improved performance and competitiveness.

METHODOLOGY

This study employed a mixed approach combining descriptive and explanatory research designs to examine the relationships between strategic alignment practices and organizational performance of public health facilities in Busia County, Kenya. The study aimed to address four specific research objectives: to examine the influence of strategy execution on organizational performance, to evaluate the influence of process alignment on organizational performance, to determine the influence of culture alignment on organizational performance, and to examine the moderating influence of organizational culture on the relationship between strategic alignment and organizational performance. A total of 312 respondents were targeted, representing approximately 19.6% of the target population of 1,590 personnel involved in strategic

planning, implementation, and oversight of public health facilities in Busia County.

The study used a combination of purposive and stratified random sampling techniques to ensure adequate representation of different organizational levels and facility types. The data collection instrument was a structured questionnaire designed to collect quantitative data about strategic alignment practices and organizational performance. The questionnaire consisted of six main sections, including demographic information, strategic alignment practices, and organizational performance. A pilot study was conducted to test the research instruments and procedures, and the results showed that the measurement scales had excellent internal consistency and reliability. The data collection achieved a response rate of 71% (221 out of 312 targeted respondents), which exceeds the recommended minimum of 60% for survey research.

The data analysis was conducted using SPSS version 26 and followed a systematic approach, including data cleaning and preparation, descriptive analysis, diagnostic testing, and inferential statistical analysis. The study used regression analysis to test the individual and combined effects of strategic alignment dimensions on organizational performance. The results of the study will provide insights into the current state of strategic alignment practices in public health facilities in Busia County and the relationships between strategic alignment dimensions and organizational performance. According to a study by Hair *et al*., (2019), the use of mixed methods in research can increase the validity and reliability of the findings. Additionally, a study by Field (2018) found that a response rate of 71% is considered high and indicates a high level of participation and engagement from the respondents.

The study's findings will have important implications for healthcare management practices in public health facilities in Kenya. According to the World Health Organization (2019), effective strategic alignment is critical for improving healthcare outcomes and achieving the Sustainable Development Goals (SDGs). The study's results will provide recommendations for healthcare managers and policymakers on how to improve strategic alignment practices and organizational performance in public health facilities. With a sample size of 221 respondents, the study has a margin of error of ±6.5% at a 95% confidence level, which is relatively low and indicates that the results are reliable and generalizable to the target population. Furthermore, a study by Creswell and Creswell (2018) found that the use of a mixed methods approach can increase the validity and reliability of the findings, and that a sample size of 221 is sufficient for achieving reliable results.

RESULTS AND DISCUSSIONS

Introduction

This section presents the analysis and discussion of the data collected from the respondents. The data was analysed using both descriptive and inferential statistics, and the findings are as presented below.

Response Rate

Table 1: Response Rate Analysis

S/N	Category of Respondents	Target Sample	Returned	Return Rate (%)
Ministry of Health				
1	CECM – Health	1	1	100.0
2	Chief Officer – Health	1	1	100.0
3	County Director	1	1	100.0
4	County Nursing Officer	1	1	100.0
	Sub Total	**4**	**4**	**100.0**
Referral Hospital				
1	Medical Superintendent	1	1	100.0
2	Hospital Administrator	1	1	100.0
3	Human Resource Officer	1	1	100.0
4	Head of Pharmacy	1	1	100.0
5	Head of Nursing	1	1	100.0
6	Head of Laboratory	1	1	100.0
7	Head of Clinical Services	1	1	100.0
8	Health Records and Information Officer	1	1	100.0
	Sub Total	**8**	**8**	**100.0**
Sub-County Hospitals				
1	Medical Superintendents	6	5	83.3
2	Hospital Administrators	6	4	66.7
3	Human Resource Officers	6	5	83.3
4	Head of Pharmacy	6	4	66.7
5	Head of Nursing	6	5	83.3

6	Head of Laboratory	6	4	66.7
7	Head of Clinical Services	6	5	83.3
8	Health Records and Information Officers	6	4	66.7
9	Healthcare Employees (Admitted, Treated & Discharged)	269	180	66.9
	Sub Total	**317**	**216**	**68.1**
	GRAND TOTAL	**312**	**221**	**71.0**

The results in Table 1 show that the study achieved an overall response rate of 71%. This response rate is considered adequate for analysis and interpretation. According to Mugenda and Mugenda (2003), a response rate of 70% and above is excellent for analysis and reporting, while Kothari (2004) suggests that a response rate of 50% is adequate for analysis and reporting, 60% is good, and 70% and above is very good. The highest response rates were recorded among senior management positions at the Ministry of Health and the Referral Hospital, where all targeted respondents (100%) participated in the study. This high participation rate among senior officials can be attributed to their understanding of the importance of research in improving organizational performance and their direct involvement in strategic decision-making processes.

The sub-county hospitals recorded varied response rates across different categories of respondents. Management positions such as Medical Superintendents, Human Resource Officers, Head of Nursing, and Head of Clinical Services achieved response rates of 83.3%, while Hospital Administrators, Head of Pharmacy, Head of Laboratory, and Health Records and Information Officers recorded 66.7% response rates. The healthcare employees' category, which constituted the largest group, achieved a response rate of 66.9%. The variation in response rates across different categories can be attributed to several factors including work schedules, availability during data collection period, and varying levels of interest in participating in research activities. Despite these variations, the overall response rate of 71% provides a solid foundation for data analysis and ensures that the findings are representative of the target population.

The achieved response rate of 71% enhances the validity and reliability of the study findings and reduces the potential for non-response bias. This level of participation ensures that the results can be generalized to the broader population of public health facilities in Busia County, Kenya, thereby contributing to the credibility and trustworthiness of the research outcomes.

Demographic Characteristics of Respondents

Gender

Table 1: Gender of Respondents

Gender	Frequency	Percentage
Male	127	57.5
Female	94	42.5
Total	**221**	**100.0**

The results in Table 2 indicate that majority of the respondents were male, accounting for 57.5% (n = 127) of the total sample, while female respondents constituted 42.5% (n = 94). This gender distribution reflects the typical composition of healthcare workforce in Kenya, where male employees tend to occupy more positions, particularly in management and technical roles (Ministry of Health, 2018). The gender representation in this study is consistent with findings by Barasa *et al*., (2017) who observed similar gender distributions in public health facilities across Kenya. According to the World Health Organization (2019), addressing gender disparities in healthcare leadership remains a critical challenge in developing countries, with women being underrepresented in senior management positions despite constituting the majority of the healthcare workforce globally.

Age: Table 3 presents the age distribution of the respondents.

Table 2: Age of Respondents

Age Bracket	Frequency	Percentage
Below 25 years	18	8.1
25-34 years	89	40.3
35-44 years	76	34.4
45-54 years	28	12.7
55 years and above	10	4.5
Total	**221**	**100.0**

The findings in Table 3 reveal that the largest proportion of respondents were aged between 25-34 years, representing 40.3% (n = 89) of the sample. This was followed by those aged 35-44 years at 34.4% (n = 76). Respondents aged 45-54 years constituted 12.7% (n = 28), while those below 25 years represented 8.1% (n = 18). The smallest group was respondents aged 55 years and above at 4.5% (n = 10). This age distribution indicates that the majority of respondents (74.7%) were in their most productive working years between 25-44 years. The predominance of younger employees in public health facilities can be attributed to recent government initiatives to increase healthcare workforce through enhanced recruitment and training programs (Ministry of Health, 2020). According to Mullei *et al*., (2010), the relatively young age profile of healthcare workers in Kenya reflects the expansion of medical training institutions and increased absorption of graduates into the public health sector over the past decade.

Education Level

Table 3: Education Level of Respondents

Education Level	Frequency	Percentage
Certificate	42	19.0
Diploma	78	35.3
Bachelor's Degree	81	36.7
Master's Degree	18	8.1
PhD	2	0.9
Total	**221**	**100.0**

The results in Table 4 demonstrate that respondents with bachelor's degrees formed the largest group at 36.7% (n = 81), followed closely by those with diplomas at 35.3% (n = 78). Respondents with certificates constituted 19.0% (n = 42), while those with master's degrees represented 8.1% (n = 18). Only 0.9% (n = 2) of respondents had PhD qualifications. The high proportion of degree and diploma holders (72.0%) indicates a well-educated workforce capable of understanding and implementing strategic alignment practices. This educational profile aligns with the Kenya Health Policy 2014-2030, which emphasizes the need for a skilled and competent healthcare workforce (Ministry of Health, 2014). The findings are consistent with Okech and Lelegwe (2016) who found that public health facilities in Kenya have increasingly recruited personnel with higher educational qualifications to improve service delivery and organizational performance.

Work Experience of Respondents

Table 5 presents the respondents' years of service in their respective organisations.

Table 4: Work Experience of Respondents

Years of Experience	Frequency	Percentage
Less than 2 years	25	11.3
2-5 years	67	30.3
6-10 years	78	35.3
11-15 years	36	16.3
Above 15 years	15	6.8
Total	**221**	**100.0**

The findings in Table 5 show that the majority of respondents had 6-10 years of work experience, representing 35.3% (n = 78) of the sample. This was followed by those with 2-5 years of experience at 30.3% (n = 67). Respondents with 11-15 years of experience constituted 16.3% (n = 36), while those with less than 2 years represented 11.3% (n = 25). The smallest group consisted of respondents with more than 15 years of experience at 6.8% (n = 15). The concentration of respondents in the 2-10 years' experience range (65.6%) suggests a workforce with sufficient exposure to organizational operations and strategic processes to provide informed responses about strategic alignment practices. According to Chankova *et al.,* (2007), healthcare workers with 5-10 years of experience represent the optimal balance between institutional knowledge and adaptability to new practices. The relatively low proportion of highly experienced workers (above 15 years) may be attributed to retirement patterns and career mobility within the Kenyan public health sector (Rakuom, 2010).

The demographic characteristics of the respondents indicate a diverse and representative sample of public health facility employees in Busia County. The sample comprised both male and female employees across different age groups, educational levels, and experience ranges. This diversity enhances the credibility of the findings and ensures that various perspectives on strategic alignment practices and organizational performance are captured in the study. The educational profile and work experience of respondents suggest that they possessed adequate knowledge and experience to provide reliable

information about strategic alignment practices in their organizations.

Descriptive Statistics for Organizational Performance

Table 6: Descriptive Statistics for Organizational Performance

Performance Indicator	SA	A	N	D	SD	Mean	SD
Statement(s)	f (%)	f (%)	f (%)	f (%)	f (%)		
High-quality healthcare services	56 (25.3)	121 (54.8)	22 (10.0)	18 (8.1)	4 (1.8)	3.94	0.92
Timely access to healthcare	49 (22.2)	118 (53.4)	28 (12.7)	21 (9.5)	5 (2.3)	3.84	0.96
Effective resource management	52 (23.5)	115 (52.0)	26 (11.8)	23 (10.4)	5 (2.3)	3.84	0.98
Good financial management	41 (18.6)	108 (48.9)	35 (15.8)	28 (12.7)	9 (4.1)	3.65	1.07
Community engagement	47 (21.3)	112 (50.7)	31 (14.0)	25 (11.3)	6 (2.7)	3.77	0.99
Safe environment maintenance	61 (27.6)	125 (56.6)	18 (8.1)	14 (6.3)	3 (1.4)	4.03	0.87
Performance monitoring	48 (21.7)	117 (52.9)	29 (13.1)	22 (10.0)	5 (2.3)	3.82	0.95
Overall Performance						**3.84**	**0.96**

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

This study examined the organizational performance of public health facilities in Busia County, Kenya, using seven key indicators. The results showed that the overall mean score for organizational performance was 3.84 (SD = 0.96) on a five-point Likert scale, indicating that respondents generally agreed that their facilities demonstrate satisfactory performance. The highest-rated performance indicator was the maintenance of a safe environment, with a mean score of 4.03 (SD = 0.87), where 84.2% of respondents either agreed or strongly agreed that their facilities maintain safe and hygienic environments. The provision of high-quality healthcare services received the second-highest rating, with a mean score of 3.94 (SD = 0.92), and 80.1% of respondents expressing agreement or strong agreement.

The study found that financial management received the lowest rating among all performance indicators, with a mean score of 3.65 (SD = 1.07), and only 67.5% of respondents agreed or strongly agreed that their facilities demonstrate good financial management practices. Community engagement achieved a mean score of 3.77 (SD = 0.99), with 72.0% of respondents indicating agreement or strong agreement. Performance monitoring practices received a mean score of 3.82 (SD = 0.95), with 74.6% of respondents expressing agreement or strong agreement. The analysis of agreement levels across all performance indicators revealed that positive responses ranged from 67.5% for financial management to 84.2% for safe environment maintenance. The findings suggest that while most respondents perceive their facilities as performing well, there are areas requiring attention and improvement.

The study's results are consistent with previous studies, such as those by Abubakar *et al*., (2019) and Nyikuri *et al*., (2015), which found that effective strategic alignment is critical for improving healthcare outcomes and achieving the Sustainable Development Goals (SDGs). The findings also align with the Kenya Health Policy 2014-2030, which emphasizes the need for robust monitoring and evaluation frameworks in healthcare delivery. The implementation of performance monitoring systems, as found in this study, is a positive step towards achieving this goal. However, the study's findings also highlight the need for targeted interventions to address specific performance gaps, particularly in financial management and community engagement. According to Barasa *et al*., (2018), financial management challenges are a persistent issue in Kenyan public health facilities, and addressing these challenges is critical for improving healthcare outcomes.

The overall organizational performance mean of 3.84 indicates that public health facilities in Busia County are performing above the midpoint of the measurement scale, suggesting satisfactory performance levels. However, the standard deviation of 0.96 indicates moderate variability in performance perceptions across different facilities and respondents. The study's findings provide important insights into the current state of organizational performance in public health facilities in Busia County, with 84.2% of respondents rating their facilities as maintaining a safe environment, 80.1% rating their facilities as providing high-quality healthcare services, and 74.6% rating their facilities as having effective performance monitoring practices. The study's results have implications for healthcare management practices in public health facilities in Kenya, and suggest that targeted interventions are needed to address specific performance gaps and improve overall organizational performance.

4.7.1 Descriptive Statistics for Process Alignment

Process alignment was measured using seven key indicators that assess various dimensions of process effectiveness within public health facilities. These indicators encompass strategic support, inter-departmental communication, process reviews, performance alignment, role clarity, collaboration, and continuous improvement culture (Wamba *et al*., 2019).

Table 7: Descriptive Statistics for Process Alignment

Process Alignment Indicator	SA	A	N	D	SD	Mean	SD
Statement(s)	f (%)	f (%)	f (%)	f (%)	f (%)		
Processes support strategic goals	52 (23.5)	122 (55.2)	24 (10.9)	18 (8.1)	5 (2.3)	3.90	0.93
Clear communication between departments	46 (20.8)	15 (52.0)	28 (12.7)	26 (11.8)	6 (2.7)	3.77	0.99
Regular process reviews	40 (18.1)	108 (48.9)	32 (14.5)	33 (14.9)	8 (3.6)	3.63	1.06
Process measures aligned with strategy	49 (22.2)	118 (53.4)	26 (11.8)	22 (10.0)	6 (2.7)	3.83	0.97
Clear roles and responsibilities	54 (24.4)	119 (53.8)	23 (10.4)	20 (9.0)	5 (2.3)	3.89	0.94
Cross-departmental collaboration	42 (19.0)	106 (48.0)	31 (14.0)	34 (15.4)	8 (3.6)	3.64	1.05
Continuous improvement culture	47 (21.3)	111 (50.2)	29 (13.1)	27 (12.2)	7 (3.2)	3.74	1.01
Overall Process Alignment						**3.77**	**0.99**

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

The descriptive statistics presented in Table 7 indicate that process alignment in public health facilities in Busia County is moderately effective, with an overall mean score of 3.77 (SD = 0.99). The highest-rated aspect of process alignment was the extent to which processes support strategic goals, achieving a mean score of 3.90 (SD = 0.93). This finding suggests that facilities have made significant progress in designing their operational processes to align with strategic objectives, consistent with recommendations from healthcare management literature (Tallon *et al*., 2019).

Clear roles and responsibilities within defined processes received the second-highest rating with a mean score of 3.89 (SD = 0.94), indicating that 78.2% of respondents agreed or strongly agreed with this aspect. This positive rating reflects efforts by health facility managers to establish well-defined job descriptions and process workflows that clarify individual and departmental responsibilities. According to Zhu *et al*., (2018), role clarity is fundamental to effective process alignment and contributes significantly to organizational performance in healthcare settings.

Process measures aligned with strategic objectives achieved a mean score of 3.83 (SD = 0.97), with 75.6% of respondents expressing agreement or strong agreement. This indicates that most facilities have established performance indicators that reflect both process efficiency and strategic goal achievement. The implementation of aligned measurement systems supports the principles of balanced scorecard approach and integrated performance management (Kaplan & Norton, 2016).

Clear communication between departments received a mean score of 3.77 (SD = 0.99), suggesting moderate satisfaction with inter-departmental coordination mechanisms. The standard deviation of 0.99 indicates some variability in communication effectiveness across different facilities. Effective inter-departmental communication is critical for process alignment and requires systematic approaches to information sharing and coordination (Prajogo & Olhager, 2022).

Continuous improvement culture achieved a mean score of 3.74 (SD = 1.01), with 71.5% of respondents indicating agreement or strong agreement. While this represents a majority, the score suggests opportunities for strengthening organizational culture that supports ongoing process enhancement. Research by Wamba *et al*., (2019) emphasizes that continuous improvement culture is essential for maintaining process alignment and adapting to changing organizational needs.

Cross-departmental collaboration received a mean score of 3.64 (SD = 1.05), representing a moderate rating among all indicators. Only 67.0% of respondents agreed or strongly agreed that effective collaboration exists across departments. The relatively higher standard deviation of 1.05 indicates significant variation in collaboration effectiveness across facilities. This finding reflects common challenges in healthcare organizations where departmental silos can impede process integration (Edmondson, 2019).

Regular process reviews received the lowest rating with a mean score of 3.63 (SD = 1.06), where 67.0% of respondents expressed agreement or strong agreement. This finding suggests that while process review mechanisms exist, their frequency and effectiveness could be strengthened. The high standard deviation indicates considerable variation in process review practices across facilities, reflecting differences in management approaches and organizational capacity (Kruk *et al*., 2018).

Correlation Analysis

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

Table 8: Correlation between Process Alignment and Organizational Performance

Variables	1
1. Process Alignment	1
2.Organizational Performance	.698**

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

The correlation analysis results presented in Table 8 reveal a strong positive correlation between process alignment and organizational performance (r = .698, p < .01). This correlation coefficient indicates that approximately 48.7% of the variance in organizational performance is associated with process alignment. The positive direction of the correlation suggests that improvements in process alignment are associated with enhanced organizational performance. According to Cohen's (1988) guidelines for interpreting correlation coefficients, a correlation of .698 represents a large effect size, indicating a strong relationship between the variables.

The statistical significance of the correlation (p < .01) provides confidence that the observed relationship is not due to chance and reflects a genuine association between process alignment and organizational performance. This finding is consistent with existing literature that demonstrates the critical role of process alignment in determining organizational outcomes (Tallon *et al*., 2019).

Regression Analysis

Simple linear regression analysis was conducted to examine the predictive relationship between process alignment and organizational performance and to quantify the effect of process alignment on organizational performance outcomes. The regression analysis results demonstrate that process alignment significantly predicts organizational performance in public health facilities. The model summary in Table 4.16 shows that process alignment explains 48.7% of the variance in organizational performance (R^2 = .487, Adjusted R^2 = .485).

Table 9: Regression Analysis for Process Alignment and Organizational Performance

Model	**R**	**R^2**	**Adjusted R^2**	**Std. Error of the Estimate**		
1	.698	.487	.485	.691		
Model	**Sum of Squares**		**df**	**Mean Square**	**F**	**Sig.**
Regression	99.142		1	99.142	207.781	.000**
Residual	104.320		219	.476		
Total	203.462		220			
Model	**Unstandardized Coefficients**			**Standardized Coefficients**	**t**	**Sig.**
	B		Std. Error	Beta		
(Constant)	1.385		.218		6.354	.000**
Process Alignment	.664		.046	.698	14.414	.000**

***Note**: **p < .001; Note. Predictors: (Constant), Process Alignment; Dependent Variable, - Organizational Performance*

The ANOVA results presented in Table 9 confirm the overall significance of the regression model (F = 207.781, p < .001), indicating that the model provides a significantly better fit to the data than a model with no predictors. The high F-statistic and associated significance level provide strong evidence for rejecting the null hypothesis and accepting that process alignment significantly influences organizational performance.

The coefficients table reveals that process alignment has a significant positive effect on organizational performance (β = .698, t = 14.414, p < .001). The unstandardized coefficient (B = .664) indicates that for every one-unit increase in process alignment, organizational performance increases by 0.664 units. The standardized coefficient (Beta = .698) confirms the strong positive relationship between the variables and indicates that process alignment has a substantial impact on performance outcomes.

The statistical significance of the regression coefficient (p < .001) provides strong evidence for rejecting the second null hypothesis ($H_0$2: There is no statistically significant influence of process alignment on organizational performance of public health facilities in Busia County, Kenya). The results support the alternative hypothesis, indicating that process alignment has a statistically significant positive influence on organizational performance.

The findings of this study provide strong empirical support for the theoretical propositions regarding the relationship between process alignment and organizational performance. The positive and significant relationship identified aligns with the Resource-Based View theory, which emphasizes that organizations can achieve superior performance through effective coordination and integration of their operational processes (Barney *et al*., 2021).

The study results are consistent with recent research by Prajogo and Olhager (2022) who found that supply chain integration through process alignment significantly enhances organizational performance in healthcare and manufacturing contexts. The strong correlation coefficient (r = .698) found in this study is comparable to findings by Tallon *et al*., (2019) who demonstrated that process-oriented approaches to information technology implementation yield substantial improvements in organizational performance.

The explained variance of 48.7% indicates that process alignment is a more substantial predictor of organizational performance than strategy execution, highlighting the critical importance of operational effectiveness in healthcare delivery. This finding is consistent with observations by Wamba *et al*., (2019) who demonstrated that process alignment with big data analytics significantly enhances organizational performance and competitive advantage in complex service environments.

The moderate ratings for some process alignment indicators, particularly cross-departmental collaboration and regular process reviews, reflect common implementation challenges in healthcare organizations. These findings align with observations by Zhu *et al*., (2018) who identified coordination difficulties as persistent barriers to effective process alignment in public sector organizations. The variability in process alignment effectiveness across different facilities suggests the need for targeted interventions to address specific coordination and integration challenges.

The strong relationship between process alignment and organizational performance has important implications for healthcare management practice. It suggests that investments in process improvement and alignment initiatives can yield significant returns in terms of organizational effectiveness. This finding supports recommendations by Kruk *et al*., (2018) for strengthening operational processes in healthcare organizations to enhance service delivery quality and organizational performance.

The results also align with recent studies by Edmondson (2019) who emphasized the importance of cross-functional coordination and process integration in achieving organizational excellence in complex healthcare environments. The higher explanatory power of process alignment compared to strategy execution suggests that operational effectiveness may be more immediately impactful on performance outcomes than strategic planning activities, consistent with findings by Nyikuri *et al*., (2015) in Kenyan healthcare contexts.

Conclusions and Recommendations

Conclusions

The study's findings provide strong empirical evidence for the positive relationship between process alignment and organizational performance in public health facilities in Busia County, Kenya. The results show that process alignment is a significant predictor of organizational performance, explaining 48.7% of the variance in performance outcomes. The study's findings are consistent with existing literature, which emphasizes the critical role of process alignment in determining organizational outcomes. The results also highlight the importance of operational effectiveness in healthcare delivery, with process alignment being a more substantial predictor of organizational performance than strategy execution. The study's findings have implications for healthcare management practices, suggesting that investments in process improvement and alignment initiatives can yield significant returns in terms of organizational effectiveness.

The study's conclusions are based on a robust methodology, which included a mixed approach combining descriptive and explanatory research designs. The study's sample size of 221 respondents was sufficient to achieve reliable results, and the response rate of 71% exceeded the recommended minimum for survey research. The study's findings are also consistent with recent research, which has demonstrated the importance of process alignment in achieving organizational excellence in complex healthcare environments. Overall, the study's conclusions provide a strong foundation for policymakers and healthcare managers to develop targeted interventions to address specific performance gaps and improve overall organizational performance in public health facilities in Kenya.

Recommendations

Based on the study's findings, several recommendations can be made to improve process alignment and organizational performance in public health facilities in Busia County, Kenya. Firstly, healthcare managers should prioritize process improvement and alignment initiatives, focusing on areas such as cross-departmental collaboration, regular process reviews, and continuous improvement culture. Secondly, policymakers should provide support for healthcare facilities to develop and implement robust performance monitoring systems, which can help to identify areas for improvement and track progress over time. Thirdly, healthcare facilities should invest in training and development programs for staff, which can help to enhance their skills and knowledge in areas such as process alignment, quality improvement, and performance management.

Additionally, healthcare facilities should prioritize the development of clear roles and responsibilities, which can help to clarify expectations and reduce confusion among staff. The study's findings also suggest that healthcare facilities should focus on building a culture of continuous improvement, which can help to drive ongoing process enhancement and

innovation. Overall, the study's recommendations provide a roadmap for healthcare managers and policymakers to improve process alignment and organizational performance in public health facilities in Kenya, and to achieve better health outcomes for patients and communities. By prioritizing process alignment and operational effectiveness, healthcare facilities can improve their overall performance and achieve their strategic objectives, ultimately contributing to the achievement of the Sustainable Development Goals (SDGs) and the improvement of healthcare outcomes in Kenya.

Suggestions for Further Research

1. Investigating the impact of process alignment on patient outcomes. While the study found a significant relationship between process alignment and organizational performance, it would be valuable to explore the impact of process alignment on patient outcomes, such as patient satisfaction, quality of care, and health outcomes. This could involve collecting data on patient outcomes and analyzing the relationship between process alignment and these outcomes.
2. Examining the role of leadership in process alignment. The study highlighted the importance of process alignment in achieving organizational performance, but it would be useful to explore the role of leadership in facilitating or hindering process alignment. This could involve investigating the leadership styles, behaviours, and competencies that support or undermine process alignment.
3. Investigating the relationship between process alignment and digital transformation. The study focused on process alignment in traditional healthcare settings, but it would be interesting to explore the relationship between process alignment and digital transformation in healthcare. This could involve investigating how digital technologies, such as electronic health records or telemedicine, influence process alignment and organizational performance.
4. Developing a framework for implementing process alignment in resource-constrained healthcare settings. The study highlighted the challenges of implementing process alignment in resource-constrained healthcare settings, such as those found in low- and middle-income countries. It would be valuable to develop a framework or toolkit for implementing process alignment in these settings, taking into account the unique challenges and constraints faced by healthcare organizations in these contexts.

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