

CHAPTER ONE

INTRODUCTION

1.1 BACKGROUND OF THE STUDY

Healthcare delivery in Nigeria faces persistent challenges related to quality, access, and organisational performance. Despite improvements in infrastructure and personnel, many health facilities struggle to provide consistent, patient-centred, and efficient care. This has prompted scholars and policymakers to emphasise strategic management as a critical factor in improving healthcare quality and overall system performance (World Health Organization, 2025). Strategic management in healthcare entails integrating long-term planning, quality improvement goals, resource optimisation, human resource development, and continuous evaluation into hospital operations to achieve better health outcomes and organisational sustainability (Freeman et al., 2020; Perera & Peiró, 2012 as cited in International Journal of Education, Business and Economics Research, 2025).

Strategic management in healthcare is widely recognised as a vehicle for quality improvement and organisational performance. Studies in various global and regional contexts demonstrate that effective strategic planning and management correlate with improved operational efficiency, higher patient satisfaction, better clinical outcomes, and stronger organisational resilience (Hassan et al., 2023; International Journal of Education, Business and Economics Research, 2025). For instance, implementing structured strategic plans focusing on human resource development, service expansion, financial re-engineering, and technological utilisation has been shown to

enhance quality of care and system performance in Nigerian hospital settings (Nigerian Journal of Clinical Practice, 2022).

Despite this evidence, there is limited empirical research specifically on how strategic management practices influence quality healthcare delivery in secondary health facilities like Maria Assumpta Catholic Hospital in Ado-Ekiti. Private hospitals in Nigeria operate in a highly competitive healthcare market where patient expectations, resource constraints, and policy demands continuously evolve. Strategic management practices—if effectively implemented—can help align organisational goals with quality service delivery, improve patient satisfaction, and ensure sustainable healthcare outcomes (Global Learners, 2025).

Given the central role that quality care plays in health outcomes and development, understanding the current strategic management practices—and how they promote or impede quality delivery—becomes critical. Studies exploring quality management models suggest that integrating continuous quality improvement methodologies and evidence-based strategic frameworks can foster systemic improvement, promote better health outcomes, and align hospital objectives with national health priorities (Endalamaw et al., 2024).

The extant literature also points to the importance of managerial competency in achieving quality health outcomes. Studies on healthcare managers in Nigerian hospitals indicate significant gaps in managerial knowledge and capacity, particularly at operational and middle management levels (Okonkwo et al., 2020). Such gaps can compromise planning, resource use, and performance oversight, ultimately affecting service quality. From a strategic management perspective, equipping healthcare leaders with competencies in policy formulation, organisational change, and quality oversight is essential for sustaining improvements in care delivery. This body of evidence

suggests that in addition to clinical excellence, institutional leadership must be strategically positioned to drive quality initiatives in hospital settings.

Healthcare quality challenges in Nigeria are not confined to Ekiti or to private hospitals; they span both public and private sectors. Private hospitals, which constitute a significant proportion of service delivery points, face unique pressures including competition for patients, resource constraints, and the need to balance commercial viability with clinical excellence (Kumar et al., 2024). In these contexts, strategic management practices such as outsourcing specific services, investing in supply chain integration, and aligning clinical and administrative goals are gaining traction as ways to enhance service quality and patient satisfaction. Effective strategic management helps facilities not only to deliver care but to do so in ways that are efficient, patient-centred, and aligned with national quality standards.

In Nigeria, formal institutional mechanisms for promoting healthcare quality have been emerging. Organisations such as the Society for Quality in Health Care in Nigeria (SQHN) advocate for continuous quality improvement, training, and accreditation standards that align with international benchmarks. These efforts reflect broader movements to anchor quality as a principle of healthcare delivery across public and private facilities, signalling a shift toward more strategic approaches in health systems governance (SQHN, 2025). The involvement of regulatory and professional bodies underscores the recognition that strategic quality management is integral to stronger health systems and better health outcomes.

Moreover, Nigeria's health system reforms, including strategic health purchasing initiatives, suggest that institutionalising strategic decision-making in health financing and service delivery improves accountability and efficiency, which can positively influence quality of care (Onwujekwe et al., 2022; Onwujekwe & Agwu, 2022). Strategic purchasing links payment mechanisms and

performance outcomes, creating incentives for quality improvements. Although systemic fragmentation remains a challenge, evidence from strategic purchasing research reinforces the notion that health systems benefit when strategic principles guide resource allocation and quality prioritisation.

Maria Assumpta Catholic Hospital, located in Ureje, Ado-Ekiti, is a secondary healthcare facility established in 1970 and licensed by the Nigerian Ministry of Health, yet like many private and public hospitals in Nigeria, it faces pressures to enhance quality of care, patient satisfaction, and system responsiveness amidst limited resources and evolving health needs (The Hospital Book, 2023).

Quality healthcare delivery is multidimensional, including timely and safe clinical care, patient satisfaction, operational efficiency, and continuous quality improvement (Donabedian model; structure–process–outcome framework). According to the Donabedian model, quality is a product of organisational structure (inputs), processes (care delivery), and outcomes (health results), highlighting the importance of strong management strategies in aligning these elements to achieve quality healthcare (Donabedian model, 2025).

In Ekiti State—the context of this study—research on healthcare delivery highlights ongoing issues related to readiness and satisfaction. For example, patients' satisfaction levels and service quality indicators in local health facilities have been studied, revealing that long waiting times and inadequate service delivery can negatively impact patient perceptions of quality (Bamise et al., 2021). Likewise, maternal and child health readiness assessments in Ekiti primary health facilities showed that infrastructure, equipment, and personnel readiness remain suboptimal, pointing to

systemic health service challenges (Oluwole et al., 2022). These findings reflect broader quality concerns that extend beyond primary care into secondary facilities such as Maria Assumpta Catholic Hospital.

Understanding the background of this study therefore involves appreciating the intersection of several factors: persistent quality challenges in Nigerian health facilities, the demonstrated impact of strategic management frameworks on quality outcomes, the unique pressures faced by private secondary hospitals, and the broader policy environment that increasingly emphasises quality as a cornerstone of health system performance. In closing, effective strategic management is not merely a bureaucratic imperative but a practical and evidence-based approach to improving healthcare delivery, enhancing patient experience, and contributing to overall health system development in Nigeria. The proposed study at Maria Assumpta Catholic Hospital aims to provide context-specific evidence on these dynamics, and to contribute to policy and practice innovations in quality healthcare management.

1.2 STATEMENT OF THE PROBLEM

Despite the fundamental human right to quality healthcare, many health facilities in Nigeria—including private, faith-based hospitals—continue to struggle with providing consistently high standards of care. Quality healthcare is not defined solely by clinical expertise, but by the *experience* of the patient, the *efficiency* of service processes, and the *effectiveness* of organisational systems that support care delivery (World Health Organization, 2025). For many Nigerians, care quality is judged not just by whether illness is treated, but by how people are received, attended to, and supported throughout their health journey.

Maria Assumpta Catholic Hospital in Ado-Ekiti serves a diverse population with a range of health needs. As with many secondary healthcare facilities in Nigeria, it is confronted by complex operational challenges that affect service quality, including ageing infrastructure, limited funding, human resource constraints, and evolving patient expectations. These difficulties are felt most acutely by patients and frontline care staff and often translate into frustration, delays, and perceptions of sub-optimal care (Bamise, Agbele, & Adebayo, 2021).

Research into health service delivery in Ekiti State highlights persistent gaps between what patient's need and what facilities provide. For example, studies have shown that long waiting times, inadequate coordination of care, and inconsistent service quality contribute to lower patient satisfaction levels in local health facilities (Bamise et al., 2021). Although these studies focus on other public facilities, the issues they identify—long queues, service delays, and operational inefficiencies—mirror anecdotal concerns expressed by patients and staff at Maria Assumpta Catholic Hospital. Patients rarely comment on organisational boundaries; they care about their lived experience of care. But when organisational systems falter—when resources are misallocated, processes are poorly coordinated, or management overlooks quality improvement—it is patients who feel the consequences first.

At the heart of these difficulties is a deeper organisational question: Is the hospital effectively using strategic management to deliver quality care? Strategic management refers to the thoughtful, long-term planning and integrated oversight of human, financial, and material resources to achieve organisational goals. In healthcare, it includes setting clear vision and mission, aligning resources to key objectives, monitoring performance, and adapting to internal and external changes (Hassan, Oladejo, & Bello, 2023).

In Nigeria, studies examining hospital management suggest significant gaps in leadership capacity and strategic planning. For example, healthcare managers have reported limited training in strategic thinking and performance management, which affects their ability to coordinate services and improve care pathways (Okonkwo, Ekpeyoung, & Ndep, 2020). Without effective managerial frameworks, even motivated and clinically skilled staff may struggle to deliver consistent quality care because they lack the systems and tools to operate efficiently and adaptively.

Moreover, the economic context of healthcare in Nigeria adds further strain. With fluctuating funding streams, increasing out-of-pocket payments for care, and pressure to satisfy patients while maintaining financial viability, the absence of coherent strategic management practices can deepen institutional stress. Strategic management is not merely a theoretical ideal; it supports day-to-day decisions that influence how beds are allocated, how triage is prioritised, how staff are deployed, and how feedback from patients is translated into action.

For Maria Assumpta Catholic Hospital, the practical implications of weak strategic management are especially immediate. Patients—many of whom travel significant distances—expect care that is timely, respectful, safe, and coordinated. Yet feedback from community members and internal staff suggest persistent frustrations with service coordination, communication, and continuity of care. Patients and families do not experience the hospital as a set of administrative silos; they experience it as a system that should *work for them*. When strategic coordination is absent or inadequate, people feel unheard, delays occur, and trust is eroded.

Despite these concerns, there is a notable gap in empirical research focusing specifically on how strategic management practices influence quality healthcare delivery in this context. Most existing studies on Nigerian health services either examine clinical outcomes or focus on resource constraints, with limited attention to how strategic planning and management frameworks shape

quality outcomes (Oluwole et al., 2022). Without a clear understanding of how strategic practices affect hospital performance, policymakers and leaders risk implementing piecemeal solutions that fail to address root causes of quality shortfalls.

Thus, the core problem this study addresses is the absence of evidence-based understanding of how strategic management influences quality healthcare delivery at Maria Assumpta Catholic Hospital. The study seeks to explore how strategic planning, resource allocation, leadership approaches, and organisational coordination contribute to—or hinder—the delivery of quality care. By examining these dynamics, the study will provide insights into whether and how strategic management practices can be harnessed to improve patient experiences, operational performance, and institutional sustainability.

In essence, the problem is not simply that the hospital faces quality challenges; the deeper issue is that the mechanisms through which organisational decisions and strategic choices influence quality outcomes remain unclear, unmeasured, and insufficiently addressed in current practice. Bridging this knowledge gap is critical not only for Maria Assumpta Catholic Hospital but also for other similar private and faith-based facilities seeking to achieve sustainable improvements in quality healthcare delivery.

1.3 Objectives of the Study

The general objective of this study is to investigate the role of strategic management in promoting quality healthcare delivery at Maria Assumpta Catholic Hospital, Ado-Ekiti.

The specific objectives are to:

1. Examine the extent to which strategic planning is implemented in the hospital.

2. Evaluate the influence of resource management on quality healthcare delivery.
3. Assess the impact of leadership and organisational structure on service efficiency.
4. Investigate the relationship between strategic management practices and patient satisfaction.
5. Identify challenges affecting the effective implementation of strategic management in the hospital.

1.4 Research Questions

The study will be guided by the following research questions:

1. To what extent is strategic planning implemented at Maria Assumpta Catholic Hospital?
2. How does resource management influence the quality of healthcare delivery?
3. What is the impact of leadership and organisational structure on hospital service efficiency?
4. How do strategic management practices affect patient satisfaction?
5. What challenges hinder the effective implementation of strategic management in the hospital?

1.5 Hypothesis

1. Strategic planning is not significantly implemented at Maria Assumpta Catholic Hospital.
2. Resource management has no significant influence on the quality of healthcare delivery at Maria Assumpta Catholic Hospital.
3. Leadership and organisational structure have no significant impact on hospital service efficiency at Maria Assumpta Catholic Hospital.

4. Strategic management practices have no significant effect on patient satisfaction at Maria Assumpta Catholic Hospital.
5. There are no significant challenges hindering the effective implementation of strategic management at Maria Assumpta Catholic Hospital.

1.6 Significance of the Study

The significance of this study lies in its potential to contribute to improved healthcare delivery, effective hospital management, and policy development in Nigeria, particularly within private and faith-based secondary healthcare facilities. Strategic management is widely recognised as a critical tool for aligning resources, processes, and personnel with institutional goals to achieve sustainable, high-quality care (Hassan, Oladejo, & Bello, 2023). Understanding how it is implemented at Maria Assumpta Catholic Hospital can generate insights applicable to similar facilities across Ekiti State and beyond.

Firstly, the study is academically significant. It fills a gap in literature regarding the relationship between strategic management practices and quality healthcare delivery in secondary, faith-based hospitals. While much research exists on tertiary and primary healthcare settings, few studies have focused on private hospitals that serve diverse populations under resource constraints (Onwujekwe et al., 2022). The findings will enrich the academic discourse on healthcare management in Nigeria and provide a foundation for future studies exploring strategic management in similar contexts.

Secondly, the study holds practical significance for hospital administrators and healthcare managers. By identifying the extent to which strategic planning, resource management, and leadership influence quality care, the study provides actionable insights into how hospital management can improve service delivery, patient satisfaction, and operational efficiency

(Okonkwo, Ekpeyoung, & Ndep, 2020). Managers will be able to implement evidence-based interventions such as structured planning processes, improved resource allocation, and enhanced leadership strategies to reduce service inefficiencies and optimise patient outcomes.

Thirdly, the study has policy relevance. Findings can inform policymakers and regulatory bodies on the importance of strategic management in achieving health system goals, including equitable access to care, improved patient safety, and alignment with national quality standards (World Health Organization, 2025). Recommendations from this research may guide the development of policies that support strategic capacity building, leadership training, and resource optimisation in secondary healthcare facilities.

Fourthly, the study benefits healthcare professionals and staff. Understanding the role of strategic management in service delivery can enhance staff engagement, clarify roles and responsibilities, and improve teamwork and communication. When staff members see the impact of structured management on patient outcomes, it can foster motivation and commitment, reduce burnout, and enhance the overall working environment (Mba-Oduwusi et al., 2024).

Finally, the study has societal significance. Quality healthcare is a fundamental human need and a key determinant of community wellbeing. By improving strategic management practices, hospitals like Maria Assumpta Catholic Hospital can enhance the patient experience, reduce waiting times, and provide safer, more effective care (Bamise, Agbele, & Adebayo, 2021). Communities benefit directly when hospitals operate efficiently, staff are motivated, and resources are effectively deployed, ultimately contributing to improved public health outcomes in Ekiti State and Nigeria at large.

In summary, this study is significant because it bridges the gap between strategic management theory and practical healthcare delivery, offering evidence-based insights that can enhance hospital performance, inform policy, strengthen staff capacity, and improve the quality of care for patients. It underscores the essential role of strategic leadership and organisational planning in ensuring that healthcare facilities are responsive, efficient, and capable of meeting the evolving health needs of their communities.

1.7 Scope and Limitations of the Study

The study focuses on examining the role of strategic management in enhancing quality healthcare delivery at Maria Assumpta Catholic Hospital, Ado-Ekiti. It seeks to explore how strategic planning, resource management, leadership, and organisational structure influence the hospital's service efficiency, patient satisfaction, and overall quality of care. The research primarily targets hospital administrative staff, healthcare providers, and patients, recognising that both managerial decisions and frontline experiences shape the delivery of care. The study is limited to Maria Assumpta Catholic Hospital as a case study, providing a focused context for understanding the practical application of strategic management in a secondary, faith-based healthcare facility.

Despite its focus, the study faces certain limitations. Being conducted in a single hospital, the findings may not be fully generalisable to other healthcare facilities with different resources, management styles, or patient populations. The study also relies on the perceptions and experiences of staff and patients available during the research period, which may introduce subjective bias. Time constraints limit the ability to observe long-term effects or seasonal variations in hospital operations, and while the study emphasises strategic management factors, other external influences on healthcare quality, such as government policies or socio-economic conditions affecting patients, are not explored in depth.

Overall, while these limitations exist, the study provides valuable insights into how strategic management practices can enhance operational efficiency, improve patient experiences, and strengthen the overall quality of healthcare delivery within the hospital.

1.8 Definition of Terms

Strategic Management: A process by which hospital leaders plan, implement, and evaluate decisions to achieve long-term goals and improve service delivery.

Quality Healthcare Delivery: The provision of medical services that are safe, effective, timely, patient-centred, and efficient.

Strategic Planning: The act of setting organisational goals, defining priorities, and outlining actions to achieve desired outcomes.

Resource Management: Efficient allocation and utilisation of human, financial, and material resources to enhance service delivery.

Leadership: The ability of managers and administrators to guide, motivate, and coordinate staff toward organisational objectives.

Organisational Structure: The formal arrangement of roles, responsibilities, and relationships that determines how hospital activities are coordinated.

Patient Satisfaction: The degree to which patients' expectations and healthcare needs are met during service delivery.

Operational Efficiency: The hospital's ability to maximise output and quality of care with minimal wasted resources or delays.

Service Delivery: The process of providing healthcare services to patients, including clinical, administrative, and support functions.

Challenges: Obstacles or barriers that hinder the effective implementation of strategic management practices.

Healthcare Outcomes: The measurable results of healthcare services on patient health, wellbeing, and satisfaction.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.0 Introduction to the Literature Review

The literature review on strategic management for quality healthcare delivery in *Maria Assumpta Catholic Hospital, Ado-Ekiti* is anchored on the growing recognition that healthcare organizations operate in highly complex, dynamic, and resource-constrained environments that demand deliberate and well-coordinated strategic actions. Strategic management, in this context, refers to the systematic process of formulating, implementing, and evaluating decisions that enable healthcare institutions to achieve long-term objectives while ensuring the delivery of high-quality care (Koning, 2022). In contemporary healthcare systems, strategic management has become indispensable due to increasing patient expectations, technological advancements, regulatory pressures, and the need for efficiency in resource utilization (Andrieiev et al., 2024).

Within the healthcare sector, quality of care remains a central concern and a key indicator of organizational performance. Quality healthcare delivery is often defined in terms of effectiveness, efficiency, safety, timeliness, patient-centeredness, and equity, all of which are essential components of modern health systems (Endalamaw et al., 2024). Achieving these dimensions of quality requires not only clinical competence but also robust strategic planning and management practices that align organizational resources with service delivery goals. The literature consistently emphasizes that without strategic direction, healthcare organizations risk inefficiencies, poor service delivery outcomes, and reduced patient satisfaction.

Strategic management in healthcare is particularly significant because of the sector's inherent complexity and the interdependence of multiple subsystems, including human resources,

infrastructure, technology, and regulatory frameworks. Modern healthcare environments are characterized by rapid technological changes, evolving patient needs, and increasing demand for accountability and transparency. These dynamics necessitate adaptive and forward-looking strategies that can respond to both internal organizational challenges and external environmental pressures (Koning, 2022). Consequently, strategic management provides healthcare organizations with the tools to anticipate change, manage uncertainty, and maintain competitiveness while ensuring quality service delivery.

Furthermore, the literature highlights the critical role of quality management systems and continuous quality improvement (CQI) as integral components of strategic healthcare management. Approaches such as Total Quality Management (TQM) emphasize continuous improvement, staff involvement, and patient-centred care as mechanisms for enhancing healthcare outcomes. Empirical studies show that organizations that integrate TQM principles into their strategic frameworks experience improved patient satisfaction, better clinical outcomes, and more efficient resource utilization (Salah et al., 2019). This underscores the importance of embedding quality assurance mechanisms within broader strategic management processes to achieve sustainable improvements in healthcare delivery.

In addition, strategic management literature in healthcare emphasizes the importance of aligning organizational goals with external environmental factors such as government policies, funding mechanisms, and global health priorities. Strategic decision-making in healthcare must take into account these external influences to ensure relevance and sustainability. For instance, policy-driven reforms and global health initiatives increasingly encourage healthcare organizations to adopt digital health technologies, strengthen human capital, and enhance infrastructure to improve

service delivery outcomes (World Health Organization, 2022). This alignment between internal strategies and external demands is essential for achieving high-quality healthcare delivery.

Another key theme in the literature is the role of innovation and technological integration in strategic healthcare management. Digital transformation, including electronic health records, telemedicine, and health information systems, has become a critical strategic priority for healthcare organizations seeking to improve efficiency and quality of care. These innovations enable better coordination of services, improved data management, and enhanced decision-making processes. However, the successful implementation of such technologies depends on effective strategic planning, adequate resource allocation, and staff capacity building (Endalamaw et al., 2024).

Despite the growing body of literature on strategic management in healthcare, several gaps remain, particularly in the context of developing countries and faith-based healthcare institutions such as Maria Assumpta Catholic Hospital. Much of the existing research is concentrated on large, well-resourced hospitals in developed countries, leaving a gap in understanding how strategic management practices are applied in smaller or resource-constrained settings. Additionally, there is limited empirical evidence on how strategic management directly influences quality healthcare delivery outcomes in Nigerian hospitals, highlighting the need for context-specific studies.

In summary, the literature underscores that strategic management is a vital determinant of quality healthcare delivery, providing a structured approach to decision-making, resource allocation, and performance improvement. By integrating quality management principles, innovation, and environmental responsiveness, healthcare organizations can achieve improved patient outcomes and organizational sustainability. This literature review, therefore, seeks to critically examine existing studies on strategic management and quality healthcare delivery, identify gaps in

knowledge, and provide a theoretical and empirical foundation for assessing strategic management practices in Maria Assumpta Catholic Hospital, Ado-Ekiti.

2.1 Conceptual Framework

Introduction to Conceptual Framework

The conceptual framework provides a structured representation of the key variables in a study and illustrates the presumed relationships among them. In the context of this study—*strategic management for quality healthcare delivery*—the conceptual framework serves as a guide for understanding how strategic management practices influence healthcare outcomes in Maria Assumpta Catholic Hospital, Ado-Ekiti.

Strategic management in healthcare has gained increasing attention due to the growing complexity, uncertainty, and dynamic nature of healthcare systems. Modern healthcare organizations operate in environments characterized by rapid technological changes, evolving patient needs, and resource constraints, making strategic decision-making essential for achieving quality service delivery. Recent research emphasizes that strategic management involves long-term planning, environmental analysis, resource allocation, and performance evaluation, all of which are necessary for improving healthcare outcomes (Huebner & Flessa, 2022) .

The conceptual framework for this study is built on the premise that **strategic management (independent variable)** directly influences **quality healthcare delivery (dependent variable)**. Strategic management practices such as strategic planning, leadership effectiveness, human resource management, innovation, and infrastructure development are conceptualized as key drivers of healthcare quality. These elements enable healthcare organizations to align their internal

capabilities with external demands, thereby improving efficiency, patient satisfaction, and clinical outcomes.

Furthermore, contemporary studies highlight that strategic management is a continuous and integrated process that aligns organizational goals with available resources and environmental opportunities. It plays a crucial role in enhancing operational efficiency, strengthening institutional capacity, and promoting sustainable healthcare delivery (Soyege et al., 2024) . Similarly, strategic decisions regarding workforce development, infrastructure, and service delivery models have been shown to significantly improve healthcare quality and organizational performance (Andrieiev et al., 2024) .

In developing countries such as Nigeria, the relevance of a well-defined conceptual framework is even more pronounced due to systemic challenges such as inadequate funding, poor infrastructure, and workforce shortages. Strategic management provides a mechanism for addressing these challenges by promoting effective resource utilization, organizational adaptability, and long-term planning. It shifts healthcare institutions from reactive management approaches to proactive and sustainable strategies.

The conceptual framework for this study also recognizes the role of **intervening variables**, such as organizational culture, government policies, and leadership commitment, which may influence the relationship between strategic management and healthcare quality. These factors can either enhance or hinder the effectiveness of strategic initiatives within healthcare institutions.

In summary, the conceptual framework establishes a logical linkage between strategic management practices and quality healthcare delivery, providing a foundation for empirical investigation. It guides the study in identifying key variables, formulating hypotheses, and

analyzing how strategic interventions can improve healthcare outcomes in Maria Assumpta Catholic Hospital, Ado-Ekiti.

2.2 CONCEPT OF STRATEGIC MANAGEMENT

Strategic management is a fundamental concept in contemporary organizational studies, representing a comprehensive and systematic approach through which organizations define their long-term direction, achieve competitive advantage, and respond effectively to dynamic environmental conditions. In modern scholarship, strategic management is no longer viewed as a static or periodic activity; rather, it is conceptualized as a continuous, integrative, and adaptive process that aligns organizational goals, resources, and capabilities with external opportunities and threats.

At its core, strategic management refers to the ongoing process of planning, monitoring, analyzing, and evaluating organizational strategies to achieve long-term objectives (Sheldon et al., 2024). This definition underscores its cyclical and dynamic nature, emphasizing that organizations must continuously reassess their internal and external environments to remain competitive. Similarly, Bader (2024) conceptualizes strategic management as a coordinated set of managerial decisions and actions that determine the long-term performance of an organization. These definitions collectively highlight that strategic management is both forward-looking and action-oriented, involving deliberate efforts to shape the future of the organization.

Conceptually, strategic management encompasses several interrelated components that form a coherent process. These include environmental scanning, strategy formulation, strategy implementation, and evaluation and control. Environmental scanning involves the systematic analysis of internal strengths and weaknesses alongside external opportunities and threats, often

operationalized through frameworks such as SWOT analysis. Strategy formulation entails the development of long-term plans and objectives based on this analysis, while implementation focuses on translating these plans into actionable programs through effective resource allocation, leadership, and organizational design. Evaluation and control, on the other hand, involve monitoring performance outcomes and making necessary adjustments to ensure alignment with strategic goals (Scobercia et al., 2024). This structured process reflects the integrative nature of strategic management, linking analysis, decision-making, and execution in a continuous loop.

Beyond its procedural aspects, strategic management is also understood as a philosophy or mindset of management. It embodies a proactive orientation that encourages organizations to anticipate future challenges and opportunities rather than merely reacting to them. According to Agbayekhai (2025), strategic management promotes long-term thinking, innovation, and adaptability, enabling organizations to navigate complex and uncertain environments. This perspective aligns with the growing recognition that strategic success depends not only on formal planning but also on the ability to learn, adapt, and evolve over time.

Recent research further expands the concept by incorporating systems thinking and complexity theory. From this viewpoint, organizations are seen as complex, adaptive systems composed of interconnected elements that interact with their external environment. Strategic management, therefore, involves understanding and managing these interdependencies to achieve desired outcomes. Kunc (2024) argues that adopting a systems perspective enhances strategic decision-making by enabling managers to identify feedback loops, unintended consequences, and long-term implications of their actions. This approach reinforces the idea that strategic management is not confined to top-level decision-making but involves coordination across multiple levels and functions within the organization.

A central objective of strategic management is the creation and sustenance of competitive advantage. Classical theories such as Porter's competitive strategy emphasize positioning within an industry, while the Resource-Based View (RBV) focuses on leveraging unique organizational resources and capabilities. Contemporary studies build on these foundations by highlighting the importance of dynamic capabilities, which refer to an organization's ability to integrate, build, and reconfigure internal and external competencies in response to changing environments (Scobercia et al., 2024). This evolution reflects a shift from static notions of advantage to more fluid and adaptive forms of competitiveness, particularly in the context of globalization and technological disruption.

Furthermore, strategic management plays a crucial role in ensuring organizational alignment and coherence. It provides a framework for defining mission, vision, and core values, thereby guiding organizational behavior and decision-making. By integrating various functional areas—such as marketing, finance, human resources, and operations—strategic management fosters synergy and enhances overall effectiveness. Sheldon et al. (2024) note that this alignment is essential for optimizing resource utilization and achieving strategic objectives, particularly in resource-constrained environments.

In the contemporary era, the concept of strategic management has been significantly influenced by digital transformation and data-driven decision-making. Organizations increasingly rely on advanced analytics, artificial intelligence, and real-time data to inform strategic choices and improve responsiveness to environmental changes. This shift has led to the emergence of more agile and flexible strategic management approaches, which prioritize continuous learning, experimentation, and innovation (Scobercia et al., 2024). Consequently, strategic management is

no longer confined to long-term planning cycles but has become an ongoing process of adaptation and renewal.

Additionally, strategic management is recognized as both an analytical and creative discipline. While it involves rigorous analysis of data and environmental factors, it also requires intuition, vision, and innovative thinking. Managers must be able to interpret complex information, anticipate future trends, and develop strategies that are both feasible and distinctive. Simanjuntak et al. (2024) emphasize that this dual nature makes strategic management a challenging yet essential function, requiring a balance between scientific rigor and creative insight.

In conclusion, the concept of strategic management has evolved into a multidimensional framework that integrates planning, implementation, evaluation, and continuous adaptation. Grounded in both classical and contemporary research, it serves as a vital tool for achieving long-term organizational success and sustainability. Its emphasis on environmental alignment, competitive advantage, and organizational coherence makes it indispensable in today's complex and rapidly changing world. As organizations continue to face increasing uncertainty and disruption, the importance of strategic management as a guiding philosophy and practical tool will only continue to grow.

2.3 Core Elements of Strategic Management

Strategic management is a comprehensive and dynamic process that enables organizations to achieve long-term objectives, maintain competitiveness, and enhance performance outcomes. It is widely conceptualized as a continuous cycle involving critical elements that guide decision-making, resource utilization, and organizational direction. Contemporary literature identifies several core elements of strategic management, including environmental analysis, strategy

formulation, strategy implementation, and strategy evaluation and control. These elements are interdependent and collectively determine the effectiveness of strategic management practices in organizations (Nsirim, 2022; Kapila, 2023) .

At the foundation of strategic management lies environmental analysis (situation analysis), which involves the systematic assessment of both internal and external environments. This element enables organizations to identify strengths, weaknesses, opportunities, and threats (SWOT), thereby providing a basis for informed decision-making. Environmental analysis is particularly critical in dynamic sectors such as healthcare, where changes in technology, policy, and patient needs require continuous adaptation. Research indicates that organizations that effectively analyze their environments are better positioned to respond to uncertainties and achieve sustainable performance (Hoskisson et al., 1999; Nsirim, 2022) .

Closely linked to environmental analysis is strategy formulation, which involves defining organizational vision, mission, goals, and strategic objectives. This stage translates environmental insights into actionable plans that guide organizational direction. Strategy formulation requires aligning organizational capabilities with external opportunities while addressing identified challenges. According to Yu (2021), a complete strategy must include clear goals, defined problems, and guiding principles to ensure coherence and effectiveness . In healthcare institutions, strategy formulation often focuses on improving service quality, optimizing resource allocation, and enhancing patient outcomes.

The third core element is strategy implementation, which involves translating formulated strategies into practical actions. This stage is widely regarded as the most challenging aspect of strategic management, as it requires effective leadership, communication, organizational structure, and resource allocation. Successful implementation ensures that strategic plans are operationalized

through coordinated efforts across departments and personnel. Studies highlight that leadership commitment, employee involvement, and organizational culture play critical roles in determining the success of strategy implementation (Ali & Ali, 2017; Nsirim, 2022) . In healthcare settings, this may involve deploying new technologies, training staff, or restructuring service delivery systems.

Another essential element is strategy evaluation and control, which focuses on monitoring performance, assessing outcomes, and making necessary adjustments. This element ensures that organizational activities remain aligned with strategic objectives and that deviations are identified and corrected promptly. Evaluation involves the use of performance indicators, feedback mechanisms, and benchmarking to measure effectiveness. Strategic control is particularly important in ensuring continuous improvement and organizational learning, especially in complex environments such as healthcare systems.

In addition to these traditional elements, recent research emphasizes the importance of strategic alignment and adaptability as integral components of strategic management. Modern organizations must continuously align their strategies with changing environmental conditions and emerging trends such as digital transformation and innovation. Strategic management is no longer a static process but a dynamic and iterative one that requires flexibility and responsiveness (Fascinari & English, 2025). This perspective highlights the need for organizations to integrate technology, data-driven decision-making, and innovation into their strategic processes.

Furthermore, effective strategic management requires resource allocation and capability development, which are central to achieving competitive advantage. The ability to deploy financial, human, and technological resources efficiently determines the success of strategic initiatives. The Resource-Based View (RBV) underscores that organizations achieve superior

performance by leveraging unique resources and capabilities that are valuable, rare, and difficult to imitate. In healthcare, this includes skilled personnel, advanced medical equipment, and efficient management systems.

Overall, the core elements of strategic management form a continuous and integrated cycle that drives organizational performance and sustainability. Environmental analysis informs strategy formulation, which is executed through implementation and refined through evaluation and control. These elements collectively enable organizations to navigate complex environments, achieve strategic objectives, and deliver high-quality services.

In conclusion, the core elements of strategic management—environmental analysis, strategy formulation, implementation, evaluation, and continuous adaptation—are essential for organizational effectiveness. In the context of healthcare institutions such as Maria Assumpta Catholic Hospital, these elements provide a framework for improving service delivery, enhancing patient outcomes, and ensuring long-term sustainability.

2.4 Key Characteristics of Strategic Management

Strategic management is distinguished by a number of defining characteristics that make it essential for organizational success, particularly in complex and dynamic sectors such as healthcare. These characteristics reflect its comprehensive, forward-looking, and adaptive nature, enabling organizations to achieve long-term objectives and maintain competitive advantage. Contemporary research emphasizes that strategic management is not merely a planning tool but a holistic and continuous process that integrates multiple organizational functions and responds proactively to environmental changes (David et al., 2020; Rothaermel, 2021).

One of the most prominent characteristics of strategic management is its long-term orientation. Strategic management focuses on achieving sustainable organizational goals over an extended period, rather than short-term gains. It involves setting a clear vision and mission that guide decision-making and organizational direction. This long-term focus is particularly important in healthcare institutions, where investments in infrastructure, workforce development, and technology require time to yield measurable outcomes. Studies indicate that organizations with a strong long-term strategic focus are better positioned to achieve sustained performance and resilience (Rothaermel, 2021).

Another key characteristic is its holistic and integrative nature. Strategic management encompasses all aspects of an organization, including human resources, finance, operations, and marketing. It ensures that all functional areas are aligned with the overall strategic objectives of the organization. This integration facilitates coordination and synergy among different departments, thereby enhancing efficiency and effectiveness. In healthcare settings, this means aligning clinical services, administrative processes, and support systems to deliver high-quality care (David et al., 2020).

Strategic management is also inherently dynamic and adaptive. Organizations operate in environments characterized by rapid changes in technology, regulations, and market conditions. As such, strategic management requires continuous monitoring of the environment and the ability to adapt strategies accordingly. This flexibility enables organizations to respond to emerging challenges and opportunities, thereby maintaining relevance and competitiveness. Research highlights that adaptive strategic management practices significantly improve organizational performance in uncertain and complex environments (Teece, 2018).

Closely related to adaptability is the characteristic of environmental sensitivity. Strategic management involves a thorough analysis of both internal and external environments, including economic, social, technological, and political factors. This sensitivity allows organizations to anticipate changes, identify opportunities, and mitigate risks. In healthcare, environmental sensitivity is crucial for responding to policy changes, disease outbreaks, and advancements in medical technology.

Another defining feature of strategic management is its goal-oriented and results-driven approach. Strategic management emphasizes the achievement of specific organizational objectives through carefully planned and executed strategies. It involves setting measurable goals, monitoring progress, and evaluating outcomes to ensure that desired results are achieved. This results-oriented approach enhances accountability and performance within organizations.

Strategic management is also characterized by continuous evaluation and control. It is not a one-time activity but an ongoing process that involves regular assessment of strategies and performance. This ensures that strategies remain relevant and effective in achieving organizational goals. Continuous evaluation allows for timely identification of deviations and implementation of corrective actions, thereby promoting organizational learning and improvement (David et al., 2020).

Furthermore, resource allocation and optimization is a critical characteristic of strategic management. Effective strategy requires the efficient utilization of available resources, including financial, human, and technological assets. Strategic management ensures that resources are allocated in a manner that maximizes organizational performance and supports the achievement of strategic objectives. In healthcare, this involves optimizing the use of medical personnel, equipment, and facilities to deliver quality services.

Another important characteristic is leadership-driven decision-making. Strategic management requires strong leadership to formulate, implement, and evaluate strategies. Leaders play a crucial role in setting organizational direction, motivating employees, and ensuring the successful execution of strategic initiatives. Effective leadership enhances commitment, coordination, and overall organizational performance.

Additionally, strategic management is future-oriented and innovative. It encourages organizations to anticipate future trends, embrace innovation, and adopt new technologies. This forward-looking approach enables organizations to remain competitive and responsive to changing demands. In healthcare, innovation in areas such as digital health, telemedicine, and data analytics has become a key component of strategic management.

Finally, strategic management is risk-aware and proactive. It involves identifying potential risks and developing strategies to mitigate them. Rather than reacting to problems as they arise, strategic management emphasizes proactive planning and prevention. This characteristic is particularly important in healthcare, where risks can have significant implications for patient safety and organizational performance.

In conclusion, the key characteristics of strategic management—including long-term orientation, holistic integration, adaptability, environmental sensitivity, goal orientation, continuous evaluation, resource optimization, leadership involvement, innovation, and proactive risk management—collectively define its role as a critical tool for organizational success. These characteristics enable organizations, especially healthcare institutions, to navigate complex environments, achieve strategic objectives, and deliver high-quality services.

2.5 The Strategic Management Process

The strategic management process is a systematic and continuous set of activities through which organizations define their direction, make informed decisions, and achieve long-term objectives. It provides a structured approach for analysing the internal and external environment, formulating strategies, implementing them effectively, and evaluating outcomes. In contemporary management literature, the strategic management process is widely recognized as essential for organizational survival, competitiveness, and performance, particularly in complex sectors such as healthcare (David et al., 2020; Rothaermel, 2021).

The process typically begins with environmental scanning and analysis, which involves the systematic assessment of both internal and external environments. This stage enables organizations to identify their strengths and weaknesses, as well as external opportunities and threats. Tools such as SWOT analysis, PESTLE analysis, and industry analysis are commonly employed to provide a comprehensive understanding of the organizational context. Environmental scanning is particularly critical in healthcare settings, where rapid technological advancements, regulatory changes, and evolving patient needs require continuous monitoring and adaptation (Teece, 2018). By understanding these dynamics, organizations can make informed strategic decisions that enhance their ability to respond to uncertainties.

Following environmental analysis is the stage of strategy formulation, which involves defining the organization's vision, mission, goals, and strategic objectives. At this stage, decision-makers develop alternative strategies and select the most appropriate course of action based on the insights gained from environmental analysis. Strategy formulation requires aligning organizational capabilities with environmental opportunities while addressing identified challenges. It also involves prioritizing strategic initiatives that can drive performance and competitive advantage. In

healthcare institutions, this may include strategies aimed at improving service quality, expanding access to care, adopting new technologies, and enhancing workforce capacity (Rothaermel, 2021).

The next stage is strategy implementation, which translates strategic plans into actionable activities. This phase is often considered the most critical and challenging part of the strategic management process because it requires effective coordination, leadership, and resource allocation. Successful implementation depends on factors such as organizational structure, communication, employee involvement, and leadership commitment. It involves assigning responsibilities, allocating resources, establishing timelines, and ensuring that all organizational units work towards achieving the strategic objectives. Research indicates that even well-formulated strategies can fail if implementation is not effectively managed, highlighting the importance of strong leadership and organizational alignment (David et al., 2020).

Closely linked to implementation is the need for strategic control and evaluation, which involves monitoring progress, assessing performance, and making necessary adjustments. This stage ensures that organizational activities remain aligned with strategic goals and that deviations are promptly identified and corrected. Performance measurement tools such as key performance indicators (KPIs), benchmarking, and feedback systems are used to evaluate the effectiveness of implemented strategies. Continuous evaluation promotes organizational learning and improvement, enabling organizations to refine their strategies in response to changing conditions. In healthcare, this may involve assessing patient outcomes, service quality, and operational efficiency to determine the success of strategic initiatives.

An important feature of the strategic management process is its cyclical and iterative nature. The process is not linear but continuous, with each stage informing and influencing the others. Feedback from evaluation and control often leads to modifications in strategy formulation and

implementation, ensuring that the organization remains responsive to environmental changes. This iterative process enhances flexibility and adaptability, which are essential for sustaining performance in dynamic environments (Teece, 2018).

Furthermore, modern perspectives on strategic management emphasize the integration of innovation and digital transformation into the strategic process. Organizations are increasingly leveraging data analytics, information systems, and emerging technologies to inform decision-making and improve efficiency. In healthcare, digital health solutions such as electronic medical records, telemedicine, and data-driven decision-making have become integral components of strategic management, contributing to improved service delivery and patient outcomes.

Another critical aspect of the strategic management process is stakeholder involvement. Effective strategic management requires the participation of key stakeholders, including employees, management, patients, and regulatory bodies. Engaging stakeholders enhances the relevance, acceptance, and successful implementation of strategies. In healthcare institutions, stakeholder involvement is particularly important for ensuring that strategies are aligned with patient needs and regulatory requirements.

In conclusion, the strategic management process is a comprehensive and dynamic framework that encompasses environmental analysis, strategy formulation, implementation, and evaluation. Its cyclical nature ensures continuous adaptation and improvement, enabling organizations to navigate complex environments and achieve long-term objectives. In the context of healthcare institutions such as Maria Assumpta Catholic Hospital, Ado-Ekiti, the strategic management process provides a structured approach for enhancing service quality, improving patient outcomes, and ensuring organizational sustainability.

2.6 Strategic Management and Competitive Advantage

Strategic management is fundamentally concerned with how organizations achieve and sustain competitive advantage—that is, the ability to create more value than rivals over time. Competitive advantage arises when an organization implements strategies that are not simultaneously being pursued by competitors and are difficult to imitate, thereby enabling superior performance (Barney, 1991; Rothaermel, 2021). In contemporary scholarship, strategic management is viewed as the primary mechanism through which organizations position themselves, allocate resources, and build capabilities that lead to enduring advantage in dynamic environments (David et al., 2020).

At its core, strategic management contributes to competitive advantage through deliberate positioning and alignment. Organizations analyze their internal strengths and external opportunities to choose positions that maximize value creation. Classical strategy frameworks emphasize cost leadership, differentiation, and focus as generic routes to advantage (Porter, 1985). Cost leadership enables organizations to offer services at lower cost while maintaining acceptable quality, whereas differentiation involves providing unique features that are valued by customers. In healthcare, differentiation may take the form of superior clinical outcomes, patient-centered care, specialized services, or advanced technologies, all of which can enhance institutional reputation and patient preference.

A central theoretical explanation for competitive advantage within strategic management is the Resource-Based View (RBV), which posits that organizations achieve superior performance by possessing and effectively deploying resources and capabilities that are valuable, rare, inimitable, and non-substitutable (Barney, 1991). These resources may include skilled human capital,

organizational culture, proprietary processes, and technological infrastructure. In healthcare institutions, highly trained professionals, strong leadership, and efficient clinical systems represent strategic assets that can drive quality service delivery and organizational performance. Empirical studies show that investments in human resources and organizational capabilities significantly improve both operational efficiency and patient outcomes (Hitt et al., 2016).

Closely related to RBV is the concept of dynamic capabilities, which emphasizes an organization's ability to integrate, build, and reconfigure internal and external competencies in response to rapidly changing environments (Teece, 2018). In sectors such as healthcare—characterized by technological innovation, regulatory shifts, and evolving patient expectations—dynamic capabilities are essential for sustaining competitive advantage. Organizations that can adapt quickly by adopting new technologies, redesigning service delivery models, and responding to public health challenges are more likely to maintain superior performance over time.

Strategic management also enhances competitive advantage through innovation and continuous improvement. Innovation enables organizations to develop new services, improve processes, and create value in ways that competitors cannot easily replicate. In healthcare, innovations such as telemedicine, electronic health records, and data analytics have transformed service delivery, improving efficiency and patient outcomes. Continuous improvement practices, often grounded in quality management principles, ensure that organizations consistently refine their processes and maintain high standards of care. Research indicates that organizations that integrate innovation into their strategic processes achieve higher levels of performance and sustainability (Porter & Lee, 2013).

Another critical dimension is strategic leadership, which plays a pivotal role in creating and sustaining competitive advantage. Leaders are responsible for setting strategic direction, fostering

a culture of excellence, and ensuring effective implementation of strategies. Strategic leadership influences organizational performance by aligning resources, motivating employees, and facilitating change. In healthcare institutions, leadership commitment to quality improvement and patient-centered care is a key determinant of competitive positioning and service excellence.

Furthermore, strategic management promotes competitive advantage through effective resource allocation and operational efficiency. Organizations must allocate financial, human, and technological resources in a manner that maximizes value creation. Efficient operations reduce costs, improve service delivery, and enhance overall performance. In healthcare, efficient use of resources—such as optimizing staff deployment and minimizing waste—directly impacts the quality and accessibility of services.

In addition, customer (patient) focus and value creation are increasingly recognized as central to competitive advantage. Modern strategic management emphasizes delivering superior value to customers by meeting their needs and expectations. In healthcare, this translates to patient-centered care, improved patient experience, and better health outcomes. Studies show that patient satisfaction and perceived quality of care significantly influence healthcare utilization and institutional reputation, thereby contributing to competitive advantage (Porter & Lee, 2013).

It is also important to note that competitive advantage is not static but requires sustainability over time. Organizations must continuously monitor their environment, evaluate their strategies, and adapt to changes to maintain their advantage. This underscores the importance of the strategic management process as an ongoing and iterative cycle. Without continuous adaptation, competitive advantages may erode due to imitation, technological change, or shifts in market conditions.

In the context of healthcare institutions such as Maria Assumpta Catholic Hospital, Ado-Ekiti, strategic management is essential for achieving competitive advantage in terms of service quality, patient satisfaction, and operational efficiency. By effectively leveraging resources, adopting innovative practices, and maintaining a strong focus on quality care, the hospital can differentiate itself and sustain improved performance within a competitive healthcare environment.

In conclusion, strategic management and competitive advantage are intrinsically linked. Through strategic positioning, resource optimization, innovation, leadership, and continuous adaptation, organizations can achieve and sustain superior performance. In healthcare, this translates to improved quality of care, enhanced patient outcomes, and long-term organizational sustainability.

2.7 Concept of Quality Healthcare Delivery

Quality healthcare delivery is a fundamental pillar of effective health systems and a critical determinant of population health outcomes. It refers to the extent to which healthcare services provided to individuals and communities improve desired health outcomes and are consistent with current professional knowledge and evidence-based practices. According to the World Health Organization, quality healthcare is defined as the degree to which health services increase the likelihood of desired health outcomes and are aligned with evidence-based standards (WHO, 2025). This definition underscores the centrality of effectiveness and scientific validity in healthcare delivery.

Quality healthcare delivery is inherently multi-dimensional, encompassing several interrelated attributes. The World Health Organization identifies key dimensions of quality healthcare as effectiveness, safety, people-centeredness, timeliness, efficiency, equity, and integration (WHO, 2025). Effectiveness ensures that healthcare services are based on scientific knowledge and

produce measurable improvements in health outcomes, while safety focuses on minimizing risks and preventing harm to patients. People-centred care emphasizes responsiveness to patient needs, preferences, and values, thereby enhancing satisfaction and trust in the healthcare system.

Timeliness in healthcare delivery is equally critical, as delays in diagnosis or treatment can lead to worsening health conditions and increased mortality. Efficiency relates to the optimal use of available resources to achieve maximum health benefits while minimizing waste. Equity ensures that healthcare services are accessible and of consistent quality regardless of socio-economic status, geographic location, or demographic characteristics. Integration, on the other hand, promotes coordination across different levels and providers of care, ensuring continuity and comprehensiveness of services throughout the patient's life course (WHO, 2025).

Scholarly literature further conceptualizes quality healthcare delivery through structural and process-oriented frameworks. The classical model proposed by Donabedian categorizes healthcare quality into structure, process, and outcome components. Structure refers to the physical and organizational infrastructure of healthcare systems, including facilities, equipment, and human resources. Process involves the interactions between healthcare providers and patients during service delivery, while outcomes reflect the final health status of patients resulting from care (Donabedian, 1988; as cited in Arah et al., 2013). This framework highlights that quality healthcare delivery is not only about results but also about how care is organized and delivered.

In addition, quality healthcare delivery is increasingly viewed as a dynamic and continuous improvement process. Modern healthcare systems emphasize the adoption of quality improvement strategies such as evidence-based practice, performance monitoring, and patient feedback mechanisms. These approaches aim to enhance clinical effectiveness, patient safety, and organizational efficiency over time. Research indicates that continuous quality improvement

initiatives significantly contribute to better patient outcomes, reduced medical errors, and improved healthcare system performance.

The importance of quality healthcare delivery is particularly pronounced in low- and middle-income countries, where poor quality of care remains a major challenge. Evidence shows that millions of deaths annually are attributable to inadequate quality healthcare, even when access to services exists (WHO, 2025) . This highlights that access alone is insufficient; the quality of services provided is equally critical in determining health outcomes.

Furthermore, quality healthcare delivery is closely linked to patient satisfaction, trust, and overall system performance. High-quality care enhances patient confidence in healthcare systems, encourages utilization of services, and fosters positive health-seeking behaviours. Conversely, poor quality care leads to dissatisfaction, reduced utilization, and adverse health outcomes. It also imposes significant economic costs due to inefficiencies, medical errors, and lost productivity.

In the context of healthcare institutions such as Maria Assumpta Catholic Hospital, Ado-Ekiti, quality healthcare delivery depends on effective management practices, skilled personnel, availability of resources, and efficient organizational systems. Strategic management plays a crucial role in coordinating these elements to ensure that healthcare services meet established standards of quality.

In conclusion, quality healthcare delivery is a comprehensive and multidimensional concept that integrates effectiveness, safety, patient-centeredness, efficiency, equity, and continuous improvement. It is not only a measure of healthcare performance but also a fundamental requirement for achieving better health outcomes, patient satisfaction, and sustainable healthcare systems.

2.8 Theoretical Framework (Resource-Based View Theory)

The Resource-Based View (RBV) theory is one of the most influential frameworks in strategic management, providing a robust explanation of how organizations achieve and sustain competitive advantage through the effective utilization of internal resources. The theory was formally articulated by Jay Barney, who posited that firm performance is primarily determined by resources that are valuable, rare, inimitable, and non-substitutable (VRIN) (Barney, 1991). RBV shifts the focus of strategic analysis from external industry conditions to the internal capabilities and assets of the organization.

At its core, RBV argues that organizations are heterogeneous in terms of the resources and capabilities they control, and these differences explain variations in performance. Resources, in this context, include tangible assets such as infrastructure, medical equipment, and financial capital, as well as intangible assets such as human expertise, organizational culture, leadership quality, and institutional knowledge. In healthcare institutions like Maria Assumpta Catholic Hospital, Ado-Ekiti, these resources play a critical role in determining the quality of healthcare delivery, efficiency of operations, and patient satisfaction.

A key assumption of RBV is that not all resources are equally valuable. For a resource to generate sustained competitive advantage, it must satisfy the VRIN criteria. Valuable resources enable an organization to implement strategies that improve efficiency and effectiveness. In healthcare, this may include highly skilled medical personnel, advanced diagnostic equipment, and efficient management systems. Rare resources are those that are not widely possessed by competitors, such as specialized medical expertise or unique organizational practices. Inimitable resources are difficult to replicate due to factors such as historical conditions, causal ambiguity, or social

complexity, while non-substitutable resources cannot be replaced by alternative resources without loss of effectiveness (Barney, 1991).

The RBV is particularly relevant in the context of strategic management for quality healthcare delivery because it emphasizes the importance of internal capabilities in achieving superior performance. Healthcare institutions operate in environments characterized by limited resources, high demand, and increasing expectations for quality services. Therefore, the ability to effectively manage and deploy available resources becomes a critical determinant of service quality. Studies have shown that hospitals with strong human resource capabilities, efficient processes, and advanced technologies tend to deliver better patient outcomes and higher levels of satisfaction (Hitt et al., 2016).

Another important aspect of RBV is its emphasis on organizational capabilities, which refer to the ability of an organization to coordinate and utilize its resources effectively. Capabilities are often embedded in organizational routines, processes, and culture, making them difficult for competitors to imitate. In healthcare, capabilities such as effective clinical decision-making, coordinated care delivery, and efficient patient management systems are essential for ensuring quality healthcare services. These capabilities are developed over time and are closely linked to strategic management practices such as training, leadership development, and process optimization.

The RBV also aligns with the concept of strategic resource allocation, which is a fundamental component of strategic management. Organizations must allocate resources in a manner that maximizes value creation and supports the achievement of strategic objectives. In healthcare institutions, this involves prioritizing investments in areas that directly impact patient care, such as staffing, equipment, and technology. Effective resource allocation ensures that limited resources are used efficiently to achieve optimal outcomes.

Furthermore, the RBV provides a theoretical foundation for understanding sustainable competitive advantage. According to the theory, competitive advantage is sustained when resources are not only valuable and rare but also difficult for competitors to imitate or substitute. This implies that healthcare institutions must continuously invest in developing unique capabilities and improving their internal processes to maintain their advantage. For example, a hospital that develops a strong culture of patient-centred care and continuous improvement is more likely to sustain high-quality service delivery over time.

Despite its strengths, RBV has been critiqued for focusing primarily on internal factors while underestimating the role of external environmental influences. However, in the context of healthcare, this limitation can be addressed by integrating RBV with other theories such as Systems Theory and Resource Dependency Theory. Nonetheless, RBV remains highly relevant because it provides a clear framework for analyzing how internal resources contribute to organizational performance and quality outcomes.

In the context of this study, RBV is particularly appropriate because Maria Assumpta Catholic Hospital operates within a resource-constrained environment typical of developing countries. The theory helps to explain how the hospital can leverage its internal strengths—such as skilled healthcare professionals, leadership effectiveness, and organizational processes—to improve service delivery and achieve better patient outcomes. It also highlights the importance of investing in human capital development, technological advancement, and process improvement as key strategies for enhancing healthcare quality.

The Resource-Based View theory provides a strong conceptual foundation for understanding the relationship between strategic management and quality healthcare delivery. By emphasizing the importance of valuable, rare, inimitable, and non-substitutable resources, RBV explains how

healthcare institutions can achieve and sustain superior performance. Its relevance to this study lies in its ability to link internal organizational capabilities with improved healthcare outcomes, making it the most suitable theoretical framework for analyzing strategic management in Maria Assumpta Catholic Hospital, Ado-Ekiti.

2.9 Core of Resource-Based View (RBV) Theory and Its Relevance to Strategic Management for Quality Healthcare Delivery

The Resource-Based View (RBV) theory is a foundational framework in strategic management that explains how organizations achieve and sustain competitive advantage through the effective utilization of internal resources and capabilities. The core of RBV is anchored on the premise that organizations are heterogeneous in terms of the resources they possess, and these differences are responsible for variations in performance and outcomes (Barney, 1991). Rather than focusing on external industry conditions, RBV emphasizes the internal strengths of an organization as the primary drivers of strategic success.

2.10 Core Elements of RBV Theory

1. Organizational Resources as the Basis of Advantage

At the heart of RBV is the idea that organizational resources—both tangible and intangible—are the fundamental sources of competitive advantage. These include physical assets (e.g., infrastructure, medical equipment), human resources (skills, knowledge, and experience), and intangible assets (organizational culture, reputation, and knowledge systems). RBV argues that organizations that effectively utilize these resources are better positioned to achieve superior performance (Barney, 1991; Rothaermel, 2021).

In healthcare, these resources directly influence service delivery, as hospitals rely heavily on skilled personnel, medical technology, and efficient processes to deliver quality care.

2. Valuable Rare Inimitable and Non-substitutable (VRIN) Framework

A central core of RBV is the **Valuable Rare Inimitable and Non-substitutable (VRIN) criteria**, which determine whether a resource can generate sustained competitive advantage. Resources must be:

- **Valuable** – enable organizations to exploit opportunities or reduce threats
- **Rare** – not widely possessed by competitors
- **Inimitable** – difficult to copy due to complexity, history, or ambiguity
- **Non-substitutable** – cannot be replaced by alternative resources

Resources that meet these criteria provide a sustained competitive advantage because they are difficult for competitors to replicate (Barney, 1991; Hitt et al., 2016).

In healthcare settings, examples include highly trained medical professionals, advanced diagnostic systems, and strong institutional culture.

3. Resource Heterogeneity

RBV assumes that organizations differ in the resources they control. This **heterogeneity** explains why some organizations perform better than others, even within the same industry. In healthcare, hospitals differ in terms of staff competence, technological capabilities, leadership quality, and service delivery systems, all of which affect patient outcomes and quality of care.

4. Resource Immobility

Another core principle is that resources are **not easily transferable** across organizations. Some resources, particularly intangible ones like organizational culture and tacit knowledge, are deeply embedded and cannot be easily acquired or replicated by competitors. This immobility helps sustain competitive advantage over time (Barney, 1991).

5. Core Competencies and Organizational Capabilities

RBV emphasizes the development of **core competencies**, which are unique combinations of resources and capabilities that enable an organization to perform activities better than competitors. These competencies are embedded in organizational processes and routines.

In healthcare, core competencies may include:

- Efficient patient management systems
- Clinical expertise
- Effective teamwork and coordination

Recent research highlights that healthcare organizations rely on such capabilities to implement quality improvement initiatives and enhance performance outcomes (Ewan Ferlie, 2014) .

6. Focus on Internal Environment

RBV places strong emphasis on the **internal environment** of the organization, focusing on strengths and weaknesses rather than external threats. It assumes that internal resource configuration is more critical to performance than external industry structure. This internal focus is particularly useful in healthcare, where resource constraints and internal inefficiencies often determine service quality (Ferlie et al., 2014) .

7. Dynamic Capabilities (Modern Extension of RBV)

Modern RBV incorporates the concept of **dynamic capabilities**, which refers to the ability of organizations to integrate, build, and reconfigure resources in response to changing environments. This is particularly important in healthcare, where technological advancements, policy changes, and patient needs are constantly evolving.

Dynamic capabilities enable healthcare institutions to:

- Adapt to new technologies
- Improve service delivery systems
- Respond to emerging health challenges

This aligns with recent studies emphasizing knowledge mobilization and adaptive capacity in healthcare systems.

2.11 Relevance of Resource-Based View (RBV) to Strategic Management for Quality Healthcare Delivery

The Resource-Based View (RBV) theory is highly relevant to the understanding and improvement of strategic management for quality healthcare delivery in institutions such as Maria Assumpta Catholic Hospital, Ado-Ekiti. The theory provides a robust explanatory framework for how internal organizational resources and capabilities can be systematically leveraged to achieve superior performance, particularly in resource-constrained environments typical of many healthcare systems in developing countries. By emphasizing internal strengths rather than external conditions alone, RBV offers valuable insights into how hospitals can enhance service quality, improve efficiency, and achieve sustainable healthcare outcomes (Rothaermel, 2021).

2.12 Enhancing Healthcare Quality through Resource Optimization

One of the most significant contributions of RBV to strategic management in healthcare is its emphasis on the optimization of internal resources to improve service quality. Quality healthcare delivery is fundamentally dependent on the availability and effective utilization of key resources such as skilled healthcare professionals, modern medical equipment, and efficient organizational processes. RBV posits that these resources must not only be available but must also be strategically deployed to create value.

In the context of Maria Assumpta Catholic Hospital, this implies that strategic management must prioritize the efficient allocation and utilization of limited resources to achieve optimal patient outcomes. For example, ensuring that qualified medical personnel are properly deployed, that equipment is effectively maintained and utilized, and that clinical processes are streamlined can significantly enhance the quality of care delivered. Recent studies emphasize that hospitals that effectively align their internal resources with strategic goals tend to achieve higher levels of patient satisfaction and clinical effectiveness (Hitt et al., 2016).

2.13 Addressing Resource Constraints in Nigerian Healthcare

RBV is particularly relevant in the Nigerian healthcare context, where institutions often operate under severe resource constraints, including limited funding, inadequate infrastructure, and shortages of trained personnel. In such environments, external support may be unpredictable or insufficient, making internal resource optimization a critical strategic priority.

RBV provides a practical framework for addressing these challenges by encouraging healthcare institutions to focus on building and strengthening their internal capabilities. Rather than relying solely on external interventions, hospitals are guided to develop innovative ways of maximizing

the use of existing resources. This may include improving staff efficiency, enhancing training programs, adopting cost-effective technologies, and strengthening management practices. According to recent research, organizations that focus on internal capability development are better equipped to cope with resource limitations and maintain service quality (Teece, 2018).

2.14 Supporting Strategic Decision-Making

Strategic decision-making is a central component of strategic management, involving critical choices related to resource allocation, service delivery, and organizational structure. RBV supports this process by providing a clear framework for identifying and prioritizing resources that contribute most significantly to organizational performance.

By applying RBV, healthcare managers can make informed decisions about where to invest limited resources to achieve maximum impact. For instance, decisions regarding whether to invest in staff training, new medical technologies, or process improvements can be guided by an assessment of which resources offer the greatest potential for improving patient care. This approach ensures that strategic decisions are evidence-based and aligned with organizational objectives, thereby enhancing overall effectiveness (Rothaermel, 2021).

Improving Patient Outcomes and Service Quality

A key objective of healthcare institutions is to improve patient outcomes and ensure high-quality service delivery. RBV contributes to this objective by highlighting the importance of investing in critical internal resources such as human capital, technological infrastructure, and organizational capabilities.

In healthcare settings, human capital—particularly the skills, knowledge, and experience of healthcare professionals—is one of the most valuable resources. Continuous professional

development, training, and capacity building are essential for maintaining high standards of care. Similarly, investments in advanced medical technologies can improve diagnostic accuracy and treatment effectiveness. RBV suggests that these investments enhance the organization's capabilities, leading to improved patient outcomes and higher levels of patient satisfaction.

Empirical evidence supports the notion that healthcare institutions that invest in their internal capabilities tend to achieve better clinical outcomes and higher service quality (Hitt et al., 2016).

2.15 Supporting Continuous Quality Improvement

Continuous quality improvement (CQI) is a fundamental principle in modern healthcare management, focusing on the ongoing enhancement of processes, services, and outcomes. RBV supports CQI by emphasizing the role of internal resources in driving improvement initiatives.

Research indicates that the success of quality improvement programs depends heavily on the availability and effective utilization of organizational resources, including leadership commitment, staff engagement, and data management systems (Ferlie et al., 2014). RBV provides a framework for evaluating how these resources can be mobilized to support continuous improvement efforts.

In the case of Maria Assumpta Catholic Hospital, applying RBV would involve identifying key resources that support quality improvement, such as trained quality assurance personnel, effective monitoring systems, and a culture of continuous learning. By strengthening these resources, the hospital can ensure that quality improvement initiatives are sustainable and effective over time.

Enabling Competitive Advantage in Healthcare Delivery

RBV also plays a critical role in explaining how healthcare institutions can achieve and sustain competitive advantage. In a competitive healthcare environment, institutions must differentiate

themselves by offering superior services, enhancing patient satisfaction, and building strong reputations.

RBV suggests that competitive advantage arises when an organization possesses unique resources and capabilities that are difficult for competitors to replicate. In healthcare, this may include highly skilled specialists, advanced technologies, efficient service delivery systems, and a strong organizational culture focused on patient care.

Hospitals that effectively utilize their internal resources are more likely to provide high-quality services, attract more patients, and achieve better performance outcomes. This competitive advantage is not only important for organizational success but also for ensuring long-term sustainability in a dynamic healthcare environment (Teece, 2018).

In summary, the Resource-Based View theory is highly relevant to strategic management for quality healthcare delivery in Maria Assumpta Catholic Hospital, Ado-Ekiti. It provides a comprehensive framework for understanding how internal resources and capabilities can be leveraged to enhance service quality, improve patient outcomes, and achieve competitive advantage. By focusing on resource optimization, supporting strategic decision-making, addressing resource constraints, and promoting continuous quality improvement, RBV offers practical and theoretical insights that are essential for effective healthcare management. Its application in this study underscores the importance of internal capability development as a key driver of sustainable healthcare delivery in resource-constrained environments.

The Resource-Based View theory provides a comprehensive framework for understanding how internal organizational resources drive strategic management and quality healthcare delivery. Its core elements—resource heterogeneity, VRIN criteria, immobility, core competencies, and

dynamic capabilities—offer valuable insights into how healthcare institutions can achieve sustained performance. In the context of Maria Assumpta Catholic Hospital, Ado-Ekiti, RBV is particularly relevant as it highlights the importance of optimizing internal resources to overcome constraints and improve healthcare quality. By leveraging this theory, the hospital can enhance its strategic management practices, improve patient outcomes, and achieve sustainable organizational performance.

2.16 EMPIRICAL REVIEWS

Empirical Review on the Extent to Which Strategic Planning is Implemented at Maria Assumpta Catholic Hospital

Empirical studies on the implementation of strategic planning in healthcare institutions consistently demonstrate that effective strategic planning is a critical determinant of organizational performance, service quality, and sustainability. In the context of hospitals, strategic planning involves the systematic formulation, execution, and evaluation of long-term goals, resource allocation, and operational strategies aimed at improving healthcare delivery outcomes (Rothaermel, 2021). While there is limited direct empirical literature specifically on Maria Assumpta Catholic Hospital, Ado-Ekiti, existing studies on similar mission-based and secondary healthcare facilities in Nigeria and comparable settings provide strong insights into the extent and challenges of strategic planning implementation.

Empirical evidence suggests that many healthcare institutions in developing countries, including Nigeria, demonstrate moderate to low levels of strategic planning implementation. Studies by Akinyele and Fasogbon (2017) and Owolabi et al. (2020) reveal that although some hospitals

develop strategic plans, the actual implementation is often inconsistent due to weak monitoring mechanisms, lack of managerial commitment, and inadequate resource allocation.

In many cases, hospitals adopt strategic planning as a formal requirement rather than as a functional tool for organizational development. This results in strategic documents that are not fully operationalized. At institutions similar to Maria Assumpta Catholic Hospital, strategic planning processes are often present but not deeply institutionalized, meaning that planning activities may not translate into measurable performance outcomes (Owolabi et al., 2020).

Empirical studies highlight that effective strategic planning requires active participation from key stakeholders, including medical staff, administrative personnel, and management teams. However, research indicates that in many Nigerian hospitals, strategic planning is predominantly top-down, with limited involvement of lower-level staff (Aremu & Oyinlola, 2019).

This lack of inclusiveness can reduce staff commitment to strategic goals and hinder effective implementation. In healthcare settings, where teamwork and interdisciplinary collaboration are essential, insufficient stakeholder engagement often leads to poor alignment between strategic objectives and day-to-day clinical practices. If this pattern is reflected in Maria Assumpta Catholic Hospital, it may limit the extent to which strategic plans are effectively implemented across departments.

A recurring theme in empirical literature is the influence of resource availability on the implementation of strategic planning. Studies by Adeoye and Elegunde (2019) indicate that hospitals with better access to financial, human, and material resources are more likely to implement strategic plans effectively.

In contrast, resource-constrained hospitals often struggle to execute strategic initiatives due to insufficient funding, shortage of skilled personnel, and lack of modern infrastructure. This is particularly relevant in many faith-based and mission hospitals in Nigeria, including Maria Assumpta Catholic Hospital, where dependence on limited funding sources may restrict the full implementation of strategic plans.

Empirical findings further show that even when strategic plans are well-designed, inadequate funding and logistical support can significantly hinder implementation, leading to gaps between planned objectives and actual performance (Adeoye & Elegunde, 2019).

Another important dimension of empirical review is the monitoring and evaluation (M&E) of strategic plans. Effective strategic management requires continuous tracking of progress and performance evaluation to ensure that organizational goals are being achieved.

However, empirical studies reveal that many healthcare institutions in Nigeria lack robust M&E systems. According to Oladipo et al. (2021), weak monitoring mechanisms often result in poor feedback systems, making it difficult to assess the effectiveness of implemented strategies. Without proper evaluation, hospitals are unable to identify deviations from planned objectives or implement corrective measures.

If Maria Assumpta Catholic Hospital faces similar challenges, this could significantly limit the extent to which strategic planning is effectively implemented, as monitoring and evaluation are essential for ensuring accountability and continuous improvement.

Empirical research consistently emphasizes the role of leadership in the successful implementation of strategic planning. Leadership commitment determines the extent to which strategic goals are prioritized, communicated, and executed within an organization.

Studies by Mintzberg et al. (2020) and Okoye and Nwaorgu (2022) indicate that strong leadership enhances strategic alignment, fosters organizational culture, and improves implementation outcomes. In contrast, weak or inconsistent leadership often leads to poor execution of strategic plans.

In many Nigerian healthcare institutions, leadership challenges such as bureaucratic inefficiencies, limited managerial training, and lack of strategic vision can hinder effective planning and implementation. If similar issues exist at Maria Assumpta Catholic Hospital, they may negatively affect the overall extent of strategic planning implementation.

Empirical evidence also highlights the importance of organizational culture in shaping the success of strategic planning. A culture that promotes teamwork, innovation, accountability, and continuous improvement is more likely to support effective implementation of strategic plans.

Research by Schein (2017) and more recent studies indicate that healthcare institutions with a strong performance-oriented culture tend to achieve better alignment between strategic objectives and operational activities. However, in many healthcare facilities, resistance to change, hierarchical structures, and lack of performance incentives can limit the effectiveness of strategic planning.

In mission hospitals like Maria Assumpta Catholic Hospital, organizational culture may play a dual role—on one hand, promoting values of care and service; on the other hand, potentially limiting adaptability if rigid traditions dominate decision-making processes.

Despite the growing body of research on strategic planning in healthcare, there remains a significant gap in empirical studies focusing specifically on faith-based hospitals in Nigeria, particularly in relation to the extent of strategic planning implementation.

Most existing studies focus on general public or teaching hospitals, leaving a gap in understanding how mission hospitals like Maria Assumpta Catholic Hospital implement strategic planning within their unique organizational and resource contexts. Additionally, there is limited empirical evidence on the relationship between strategic planning and healthcare quality outcomes in such institutions.

Empirical evidence from related studies suggests that while strategic planning is recognized as an important management tool in healthcare institutions, its implementation in many Nigerian hospitals is often partial and constrained by factors such as limited resources, weak leadership, inadequate monitoring systems, and low stakeholder involvement. These findings provide a relevant context for assessing the extent of strategic planning implementation at Maria Assumpta Catholic Hospital, Ado-Ekiti, and highlight the need for further empirical investigation into how strategic management practices can be strengthened to enhance quality healthcare delivery.

Empirical Review on the Influence of Resource Management on Quality Healthcare Delivery

Empirical literature consistently demonstrates that resource management plays a fundamental role in determining the quality of healthcare delivery in hospitals. Resource management in healthcare encompasses the efficient planning, allocation, and utilization of human resources, financial resources, medical equipment, infrastructure, and consumables to achieve optimal patient outcomes. Recent empirical studies indicate that the effectiveness of resource management directly influences service quality, patient safety, operational efficiency, and overall healthcare performance (Jones & Bartlett, 2020; Kumar & Nash, 2019).

A growing body of empirical research shows that effective resource allocation significantly enhances the quality of healthcare delivery. According to a systematic review by Hernandez et al. (2020), hospitals that adopt structured resource management practices—such as optimal staffing

levels and efficient inventory control—record improved patient outcomes, including reduced readmission rates and shorter waiting times. Poor resource allocation, on the other hand, leads to delays in care, increased medical errors, and reduced patient satisfaction.

Similarly, evidence from global healthcare systems suggests that quality of care is closely tied to the availability and accessibility of essential resources, including skilled healthcare workers and functional medical equipment (Qin et al., 2023). These findings reinforce the argument that resource management is not merely an administrative function but a core determinant of clinical effectiveness and service delivery.

Empirical studies strongly highlight the centrality of human resource management in healthcare quality delivery. Health workers are considered the most critical resource in any healthcare system, as their skills, motivation, and availability directly impact patient outcomes. Research by Qin et al. (2023) emphasizes that the quality and efficiency of healthcare services depend heavily on effective human resource planning, training, and deployment.

Further empirical evidence indicates that inadequate staffing levels and poor workforce management lead to burnout, reduced morale, and increased turnover among healthcare professionals, which ultimately compromises patient care quality. Conversely, hospitals that invest in workforce development, training, and performance management systems tend to achieve higher levels of patient satisfaction and better clinical outcomes (Qin et al., 2023).

Empirical research also highlights the impact of material resource management on healthcare delivery. Efficient management of medical supplies, drugs, and equipment ensures that healthcare providers can deliver timely and effective care. A study by Kim and Rifai (1992) demonstrated

that the implementation of efficient material management systems in hospitals significantly improves operational efficiency and reduces waste in healthcare delivery processes.

More recent studies confirm that hospitals with strong inventory control systems experience fewer shortages, reduced operational costs, and improved patient care quality (Hernandez et al., 2020). In contrast, poor material resource management often results in stockouts, treatment delays, and compromised patient safety.

Financial resource management is another critical dimension influencing healthcare quality. Empirical evidence suggests that hospitals with sound financial planning and budgeting systems are better positioned to invest in infrastructure, technology, and staff development, all of which contribute to improved healthcare delivery.

Studies indicate that inefficient financial management leads to resource wastage, underfunding of critical services, and inability to maintain essential healthcare infrastructure, thereby negatively affecting service quality (Powell-Jackson et al., 2023). Effective financial resource management, on the other hand, enables hospitals to sustain quality improvement initiatives and respond to changing healthcare demands.

A significant portion of empirical literature establishes a direct link between resource management and patient outcomes. A systematic review by Hernandez et al. (2020) shows that hospitals with efficient resource management systems report lower mortality rates, shorter hospital stays, and higher patient satisfaction levels. Similarly, resource constraints are associated with poor diagnosis, inadequate treatment, and reduced continuity of care, all of which negatively affect patient outcomes.

Empirical studies further reveal that resource management influences both structural and process aspects of healthcare quality. Structural quality refers to the availability of resources such as facilities and equipment, while process quality involves the actual delivery of care. Effective resource management enhances both dimensions, thereby improving overall healthcare quality (Donabedian, 1988; Powell-Jackson et al., 2023).

Recent empirical research underscores the role of leadership and management practices in optimizing resource utilization. Effective leadership ensures that resources are strategically aligned with organizational goals, while poor leadership often results in misallocation and inefficiencies.

Studies by Green et al. (2018) and Rahamneh et al. (2023) show that transformational leadership and participatory management styles improve resource utilization, staff motivation, and service quality. Furthermore, modern management approaches such as Lean and Six Sigma have been empirically shown to reduce waste, streamline processes, and enhance patient care quality (Almomani et al., 2023; Taylor et al., 2019).

Despite its importance, empirical studies highlight several challenges associated with resource management in healthcare, particularly in developing countries. These include limited funding, inadequate infrastructure, workforce shortages, and poor management systems. According to recent literature, such constraints often result in inefficient service delivery, increased patient waiting times, and reduced quality of care (Hernandez et al., 2020).

Additionally, external shocks such as pandemics and emergencies further strain resource availability, exposing weaknesses in existing resource management systems. This reinforces the need for resilient and adaptive resource management strategies to ensure continuous and quality healthcare delivery (Huang et al., 2021).

Although numerous studies have established a positive relationship between resource management and healthcare quality, there are still gaps in empirical research. Many studies focus on developed countries, with limited context-specific evidence from resource-constrained settings such as Nigeria. Furthermore, there is a lack of integrated studies that simultaneously examine multiple dimensions of resource management—human, material, and financial—and their combined impact on healthcare quality.

In summary, empirical evidence strongly supports the view that effective resource management is a critical determinant of quality healthcare delivery. Studies consistently show that efficient allocation and utilization of human, material, and financial resources lead to improved patient outcomes, enhanced service efficiency, and higher levels of patient satisfaction. Conversely, poor resource management contributes to inefficiencies, delays in care, and compromised healthcare quality. These findings provide a solid empirical foundation for examining how resource management influences healthcare delivery in institutions such as Maria Assumpta Catholic Hospital, Ado-Ekiti.

Empirical Review on the Impact of Leadership and Organisational Structure on Hospital Service Efficiency

Empirical research over the past decades consistently demonstrates that leadership and organisational structure are critical determinants of hospital service efficiency. Service efficiency in hospitals is often measured in terms of patient throughput, waiting time, cost-effectiveness, quality of care, and overall organizational performance. Recent empirical studies highlight that both leadership styles and structural arrangements within healthcare institutions significantly influence how effectively resources are coordinated and utilized to achieve optimal service delivery outcomes.

Empirical evidence strongly supports the assertion that leadership style has a direct and measurable impact on hospital efficiency. Leadership determines the direction, motivation, and coordination of healthcare personnel, which in turn affects service delivery processes. A recent study by Fahlevi et al. (2022) found that leadership styles such as transformational, strategic, and innovative leadership significantly improve hospital performance and efficiency by enhancing organizational commitment and aligning staff with institutional goals .

Similarly, other empirical research indicates that effective leadership fosters a positive organisational climate, enhances teamwork, and improves employee engagement—all of which contribute to higher service efficiency. For example, a large-scale study involving hospital physicians revealed that leadership styles emphasizing support, collaboration, and professional development are associated with better social climate, innovation, and employee engagement, while poor leadership styles negatively affect organizational climate and efficiency .

Furthermore, leadership plays a pivotal role in shaping healthcare outcomes at both micro and macro levels. Studies show that leadership influences critical operational factors such as decision-making speed, conflict resolution, staff motivation, and innovation adoption. These factors collectively determine how efficiently hospitals can deliver care services (Al-Habib, 2020). Effective leaders also ensure clear communication, role clarity, and accountability, which enhance workflow coordination and reduce delays in patient care processes.

Empirical studies also highlight the negative consequences of poor or toxic leadership. For instance, toxic leadership in healthcare settings has been associated with reduced organisational performance, increased nurse silence, and diminished efficiency in service delivery, thereby negatively impacting patient care outcomes (Abdelaliem & Zeid, 2023) .

Different leadership styles have been empirically linked to varying levels of service efficiency. Transformational and participative leadership styles are generally associated with improved hospital performance because they encourage innovation, employee involvement, and shared decision-making. These leadership approaches foster a culture of continuous improvement and responsiveness, which are essential for efficient healthcare delivery.

In contrast, authoritarian or overly bureaucratic leadership styles may hinder efficiency by limiting staff autonomy, reducing creativity, and slowing down decision-making processes. Empirical findings indicate that leadership styles that emphasize support, recognition, and collaboration are associated with higher efficiency, job satisfaction, and reduced burnout among healthcare workers

Organisational structure refers to how tasks, authority, communication, and responsibilities are distributed within a hospital. Empirical research shows that organisational structure significantly affects hospital service efficiency by influencing coordination, workflow, and communication across departments.

A well-designed organisational structure enhances efficiency by clearly defining roles, establishing communication channels, and promoting coordination between departments. Research indicates that hospitals with streamlined and well-coordinated departmental structures are better able to manage patient flow, reduce duplication of services, and improve clinical outcomes (Hearld et al., 2008) .

In contrast, poorly structured organisations often experience inefficiencies such as role ambiguity, communication breakdowns, and bureaucratic delays. These structural inefficiencies can lead to longer patient waiting times, increased operational costs, and reduced quality of care.

Empirical studies emphasize that hospitals are complex systems composed of multiple interdependent departments. The structure of these departments and the coordination between them significantly influence service efficiency. For example, network-based analyses of hospital operations demonstrate that effective coordination between departments—such as emergency, radiology, and surgery—improves patient flow and reduces delays in treatment (Abuhay et al., 2020).

Organisational structures that promote interdepartmental collaboration and integration are associated with better healthcare outcomes. Conversely, fragmented or siloed structures can hinder communication and coordination, leading to inefficiencies in service delivery.

Empirical literature highlights that leadership and organisational structure are interdependent factors that jointly influence hospital efficiency. Leadership determines how organisational structures are implemented and managed, while the structure provides the framework within which leadership operates.

Effective leaders are able to adapt organisational structures to changing healthcare demands, implement reforms, and ensure that processes are aligned with strategic goals. Studies show that hospitals adopting more flexible and decentralised structures, supported by strong leadership, tend to achieve higher levels of efficiency and responsiveness (Fahlevi et al., 2022).

Moreover, recent research suggests that the integration of managerial leadership with structured governance systems—such as boards, executive management, and departmental heads—enhances decision-making efficiency and improves overall hospital performance.

Despite the extensive empirical evidence linking leadership and organisational structure to hospital efficiency, several gaps remain. First, many studies are conducted in developed countries, limiting

their applicability to resource-constrained settings such as Nigeria. Second, there is limited empirical research examining the combined effect of leadership and organisational structure within faith-based hospitals like Maria Assumpta Catholic Hospital. Third, most studies focus on either leadership or structure independently, with fewer studies examining their interactive effects on service efficiency.

Empirical evidence clearly demonstrates that both leadership and organisational structure play critical roles in determining hospital service efficiency. Effective leadership enhances coordination, motivation, and decision-making, while a well-designed organisational structure ensures efficient workflow, communication, and resource utilization. Together, these factors significantly improve healthcare delivery outcomes, reduce inefficiencies, and enhance patient satisfaction. However, further empirical research is needed to explore how these dynamics operate in specific contexts such as mission hospitals in Nigeria, particularly in relation to improving quality healthcare delivery.

Empirical Review on the Relationship Between Strategic Management Practices and Patient Satisfaction

Empirical research increasingly demonstrates that strategic management practices play a vital role in determining patient satisfaction in healthcare institutions. Patient satisfaction is widely recognized as a key indicator of healthcare quality, reflecting patients' perceptions of care effectiveness, service delivery, communication, and overall hospital experience. Strategic management, which involves planning, implementation, monitoring, and evaluation of organizational goals, directly influences how healthcare services are delivered and perceived by patients.

Empirical studies consistently show that strategic planning positively influences patient satisfaction by improving service delivery processes and aligning organizational goals with patient needs. Strategic planning enables hospitals to anticipate healthcare demands, allocate resources efficiently, and establish clear service delivery standards.

Research by Rothaermel (2021) indicates that organizations that adopt well-structured strategic planning frameworks tend to achieve higher levels of performance, including improved customer (patient) satisfaction. In healthcare settings, strategic planning facilitates better coordination of services, reduced waiting times, and enhanced responsiveness to patient needs.

Similarly, Akinyele and Fasogbon (2017) found that strategic planning in Nigerian healthcare institutions significantly improves service delivery outcomes, which in turn enhances patient satisfaction. Hospitals with clear strategic objectives are better able to streamline operations, reduce inefficiencies, and ensure that patients receive timely and effective care.

Empirical evidence highlights leadership as a critical component of strategic management that influences patient satisfaction. Effective leadership ensures that strategic plans are properly implemented and aligned with patient-centered care objectives.

Studies by Fahlevi et al. (2022) demonstrate that transformational leadership significantly improves organizational performance in healthcare institutions by fostering innovation, staff motivation, and service quality. Such leadership styles create a supportive environment where healthcare workers are more committed to delivering high-quality care, which directly enhances patient satisfaction.

In addition, research by Okoye and Nwaorgu (2022) shows that leadership commitment to strategic goals leads to improved communication, better staff coordination, and enhanced service delivery,

all of which contribute to higher patient satisfaction levels. Conversely, weak leadership often results in poor coordination, inefficiencies, and reduced patient satisfaction.

Empirical studies also establish a strong relationship between strategic resource allocation and patient satisfaction. Strategic management ensures that limited healthcare resources—such as staff, equipment, and finances—are allocated efficiently to meet patient needs.

According to Adeoye and Elegunde (2019), effective resource allocation in healthcare institutions leads to improved service delivery, reduced waiting times, and better patient outcomes. When hospitals strategically deploy their resources, patients experience faster access to care, better treatment outcomes, and improved satisfaction.

On the other hand, poor resource management leads to shortages of essential supplies, staff burnout, and service delays, all of which negatively affect patient satisfaction. Empirical evidence suggests that hospitals that integrate resource planning into their strategic management processes achieve better patient-centred outcomes.

Quality management is a key aspect of strategic management that directly influences patient satisfaction. Empirical research shows that hospitals that adopt quality improvement initiatives—such as Total Quality Management (TQM) and continuous quality improvement (CQI)—tend to achieve higher levels of patient satisfaction.

Studies by Owolabi et al. (2020) reveal that strategic quality management practices, including performance monitoring, staff training, and service standardization, significantly improve patient satisfaction in healthcare institutions. These practices ensure that care delivery is consistent, efficient, and aligned with patient expectations.

Furthermore, empirical findings indicate that hospitals that prioritize patient safety, clinical effectiveness, and responsiveness as part of their strategic goals tend to record higher satisfaction levels among patients (Donabedian, 1988; updated applications in modern studies such as Powell-Jackson et al., 2023).

Strategic management practices also emphasize the importance of communication and patient-centred care, both of which are critical determinants of patient satisfaction. Empirical studies show that effective communication between healthcare providers and patients improves trust, understanding, and satisfaction.

According to Schein (2017), organizational culture—shaped by strategic management—plays a significant role in fostering patient-centred care. Hospitals that adopt patient-focused strategies ensure that patients are actively involved in decision-making processes regarding their treatment, leading to improved satisfaction and better health outcomes.

Empirical evidence further shows that clear communication, empathy, and responsiveness from healthcare providers significantly enhance patient perceptions of care quality. Strategic management ensures that these values are embedded in organizational policies and staff training programs.

Empirical research highlights the importance of monitoring and evaluation (M&E) as part of strategic management in improving patient satisfaction. Hospitals that continuously assess their performance and gather patient feedback are better able to identify service gaps and implement corrective actions.

Studies by Oladipo et al. (2021) indicate that effective monitoring systems enable healthcare institutions to track patient satisfaction levels and improve service delivery processes. Continuous

quality improvement initiatives, driven by strategic management, ensure that hospitals remain responsive to patient needs and expectations.

Without effective M&E systems, hospitals may fail to identify inefficiencies in service delivery, leading to persistent dissatisfaction among patients. Therefore, strategic management must include robust evaluation mechanisms to sustain improvements in patient satisfaction.

Empirical studies also suggest that organisational structure, as part of strategic management, influences patient satisfaction. A well-structured healthcare system ensures clear roles, efficient communication, and smooth coordination of services.

Research by Hearld et al. (2008) shows that organisational structures that promote integration and collaboration between departments enhance service delivery efficiency and patient satisfaction. In contrast, fragmented structures often lead to delays, miscommunication, and poor patient experiences.

Strategic management ensures that organisational structures are aligned with service delivery goals, enabling healthcare institutions to respond effectively to patient needs.

Despite the substantial body of research linking strategic management to patient satisfaction, several gaps remain. First, most empirical studies are conducted in developed healthcare systems, with limited context-specific research in developing countries like Nigeria. Second, there is insufficient empirical evidence focusing on faith-based hospitals such as Maria Assumpta Catholic Hospital, particularly regarding how strategic management practices influence patient satisfaction in such settings.

Additionally, many studies examine individual components of strategic management (such as leadership or resource allocation) in isolation, rather than exploring their combined effect on

patient satisfaction. This presents an opportunity for more comprehensive, context-specific research.

Empirical evidence strongly supports the view that strategic management practices significantly influence patient satisfaction in healthcare institutions. Effective strategic planning, leadership, resource allocation, quality management, and organisational structure all contribute to improved service delivery and enhanced patient experiences. Hospitals that adopt and implement strategic management practices are better positioned to meet patient needs, improve service quality, and achieve higher satisfaction levels. However, further empirical research is needed to explore these relationships in specific contexts such as mission hospitals in Nigeria.

Empirical Review of the Challenges Affecting the Effective Implementation of Strategic Management in Hospitals

Empirical studies across global and particularly developing healthcare systems consistently demonstrate that while strategic management is widely adopted in hospital settings, its effective implementation remains problematic due to a range of structural, managerial, and contextual challenges. These challenges are often interrelated, making strategy execution more complex than strategy formulation.

A dominant theme in empirical literature is the challenge of inadequate financial resources. Studies show that hospitals, especially in low- and middle-income countries, often operate under severe budgetary constraints that limit their ability to implement strategic plans effectively. Sadeghifar et al. (2014) found that insufficient funding significantly hampers the execution of strategic initiatives in hospital systems, as essential activities such as infrastructure development, procurement of modern equipment, and staff training are often underfunded. Similarly, Ochieng

(2015) observed that financial instability restricts hospitals from translating strategic objectives into measurable outcomes, thereby widening the gap between planning and implementation.

In many empirical cases, even when strategic plans are well-articulated, lack of consistent financial backing results in partial or abandoned implementation. This highlights the critical role of financial sustainability in ensuring that strategic objectives are achieved.

Another major empirical challenge is inadequate human resource capacity. Studies indicate that shortages of skilled healthcare professionals, combined with limited managerial competencies, negatively affect the execution of strategic plans. Matheka (2014) found that insufficient training in strategic management among hospital managers leads to poor understanding and weak implementation of strategic initiatives.

Additionally, staff resistance to change is a recurring issue in empirical studies. Employees often perceive strategic changes as disruptive to established routines, leading to reluctance or outright resistance. Adhu (2013) noted that resistance among healthcare workers significantly undermines the successful implementation of strategic initiatives, especially when staff are not adequately involved in the planning process.

Furthermore, empirical evidence suggests that a lack of continuous professional development limits the ability of hospital personnel to adapt to new strategic demands, thereby weakening organizational performance (Koech, 2013).

Leadership plays a pivotal role in strategic management implementation, yet empirical studies reveal that weak leadership commitment is a major barrier in hospitals. Effective implementation requires visionary leadership, strong communication, and consistent monitoring. However, many

studies report that hospital leaders often fail to provide the necessary guidance and support for strategy execution.

According to Matheka (2014), inadequate leadership involvement leads to poor coordination of strategic activities and weak accountability mechanisms. Similarly, Ochieng (2015) found that lack of top management support results in poor prioritization of strategic goals, thereby affecting implementation outcomes.

Empirical findings also suggest that leadership styles that are overly bureaucratic or authoritarian tend to suppress innovation and limit staff participation, which are essential for successful strategy implementation. In contrast, participatory leadership has been shown to improve employee engagement and enhance implementation effectiveness.

Empirical literature consistently highlights that organizational structure significantly influences the success of strategic management implementation. Hospitals with rigid hierarchical structures often face communication breakdowns and inefficiencies in decision-making processes.

Adhu (2013) found that poorly defined roles and responsibilities within hospital structures lead to duplication of efforts and lack of accountability. This structural misalignment often results in delays and inefficiencies in executing strategic plans.

Moreover, empirical studies indicate that lack of coordination between departments hinders collaboration, which is essential in healthcare delivery. Hospitals require integrated systems where different units work collaboratively toward common strategic goals. However, structural fragmentation often prevents such integration, thereby reducing overall efficiency (Sadeghifar et al., 2014).

Effective communication is a critical determinant of successful strategic management implementation, yet empirical studies show that communication gaps are widespread in hospital settings. Poor dissemination of strategic goals and objectives leads to a lack of awareness among staff, which ultimately affects implementation.

Ochieng (2015) observed that inadequate communication between management and employees results in misinterpretation of strategic priorities. This misalignment reduces staff commitment and weakens implementation efforts.

In addition, weak information systems limit the flow of accurate and timely data needed for decision-making. Empirical evidence shows that hospitals with poor communication infrastructure struggle to monitor progress and evaluate strategic outcomes effectively.

Organizational culture has been identified as a significant determinant of strategy implementation success. Empirical studies reveal that resistance to change, often rooted in organizational culture, is a major obstacle in hospitals.

Koech (2013) found that entrenched cultural norms and practices hinder the adoption of new strategies, especially when they conflict with existing routines. Employees may resist changes due to fear of uncertainty, lack of trust in management, or inadequate understanding of the benefits of the new strategy.

Additionally, Adhu (2013) noted that organizations with weak cultures of accountability and innovation tend to experience greater difficulty in implementing strategic initiatives. A supportive organizational culture that promotes adaptability, teamwork, and continuous improvement is therefore essential for effective implementation.

Empirical studies highlight the absence of robust monitoring and evaluation (M&E) systems as a critical challenge. Without proper monitoring mechanisms, hospitals are unable to track progress or assess the effectiveness of strategic initiatives.

Sadeghifar et al. (2014) emphasized that many hospitals fail to establish clear performance indicators, making it difficult to evaluate success or identify areas for improvement. This lack of feedback loops undermines the ability to make timely adjustments to strategic plans.

Furthermore, empirical findings indicate that weak evaluation systems result in poor accountability, as managers and staff are not held responsible for achieving strategic targets. This reduces motivation and weakens implementation efforts.

Empirical research also identifies technological limitations as a barrier to effective strategic management implementation. Modern healthcare systems rely heavily on information technology for planning, monitoring, and evaluation.

However, studies show that many hospitals lack adequate technological infrastructure, such as electronic health records, data management systems, and communication platforms. Sari et al. (2025) found that inadequate health information systems significantly hinder strategic planning and execution in hospitals.

Without sufficient technological support, hospitals face challenges in data collection, performance tracking, and decision-making, all of which are essential for effective strategic management.

The complexity of healthcare systems is another major challenge identified in empirical studies. Hospitals operate in dynamic environments characterized by multiple stakeholders, regulatory requirements, and rapidly changing healthcare needs.

Koning (2022) explains that this complexity makes it difficult for hospitals to align their strategic objectives with operational realities. The need to balance competing demands from patients, staff, and regulatory bodies often leads to conflicts that hinder effective implementation.

Empirical studies also show that external environmental factors such as policy changes, economic instability, and public health crises further complicate strategic management implementation.

Empirical evidence strongly indicates that the effective implementation of strategic management in hospitals is constrained by a combination of financial, human resource, leadership, structural, cultural, technological, and environmental challenges. These factors are often interconnected, making it difficult for hospitals to achieve their strategic objectives without addressing them holistically. Therefore, successful implementation requires strong leadership commitment, adequate resource allocation, effective communication systems, supportive organizational culture, and robust monitoring and evaluation mechanisms.

Despite the extensive body of research on strategic management in healthcare institutions, several gaps remain that justify further investigation, particularly in the context of mission hospitals such as Maria Assumpta Catholic Hospital, Ado-Ekiti. Empirical studies consistently show the positive relationship between strategic management practices—such as strategic planning, leadership, resource management, and quality improvement—and healthcare outcomes, including patient satisfaction, service efficiency, and organizational performance (Adeoye & Elegunde, 2019; Owolabi et al., 2020; Fahlevi et al., 2022). Similarly, literature identifies numerous challenges to effective implementation, including financial constraints, human resource limitations, organizational culture, inadequate communication, technological deficits, and weak monitoring systems (Sadeghifar et al., 2014; Ochieng, 2015; Matheka, 2014; Koech, 2013; Koning, 2022).

However, the existing literature reveals the following gaps:

1. **Limited Context-Specific Studies:** Most empirical studies on strategic management in healthcare have been conducted in large public or private hospitals in developed countries or in tertiary referral hospitals in urban African centres. There is limited research on mission or faith-based hospitals, which often operate under unique resource constraints, organizational cultures, and governance structures. This gap is significant because findings from public or corporate hospitals may not fully capture the realities of hospitals like Maria Assumpta Catholic Hospital, where strategic decisions are influenced by religious affiliation, community expectations, and donor support.
2. **Fragmented Focus on Strategic Management Components:** Many studies examine individual components of strategic management—such as leadership, resource management, or quality improvement—in isolation (Fahlevi et al., 2022; Adeoye & Elegunde, 2019). There is a paucity of research that integrates these elements holistically to understand their combined influence on healthcare delivery, patient satisfaction, and service efficiency. This limits the understanding of how strategic management functions as a system in hospital settings.
3. **Insufficient Empirical Evidence on Implementation Challenges:** While the challenges to strategic management implementation are well-documented, much of the literature is descriptive or based on generalized reports. Few studies provide rigorous empirical analysis that quantifies the extent to which specific barriers—such as resource scarcity, organizational culture, or leadership deficiencies—directly affect the success of strategic management in hospitals (Adhu, 2013; Sari et al., 2025).

4. **Lack of Focus on Outcomes in Patient-Centered Care:** Although there is a recognized link between strategic management and patient satisfaction, limited empirical research directly investigates how strategy implementation influences patient-centered outcomes, especially in faith-based or community-focused hospitals. Understanding this relationship is crucial because patient satisfaction is increasingly used as a benchmark for hospital quality and competitiveness.
5. **Minimal Exploration of Monitoring and Evaluation Mechanisms:** The literature highlights the importance of monitoring and evaluation (M&E) in strategy execution but rarely explores how hospitals practically design and use M&E systems to ensure effective implementation. There is a gap in understanding how feedback loops, performance metrics, and continuous improvement initiatives are operationalized in resource-constrained hospital settings.

In summary, although previous studies provide valuable insights into strategic management practices, challenges, and outcomes in healthcare institutions, there is a clear gap in context-specific empirical research on mission hospitals like Maria Assumpta Catholic Hospital, Ado-Ekiti. There is a need for an integrated study that examines the extent of strategic management implementation, its impact on healthcare quality and patient satisfaction, and the specific challenges affecting its success within this unique hospital environment. Addressing these gaps will provide evidence-based recommendations to enhance strategic management effectiveness and quality healthcare delivery in faith-based hospital contexts.

2.17 Summary of Reviewed Literature

The literature reviewed in this study highlights the critical role of strategic management in enhancing quality healthcare delivery, particularly in hospital settings such as Maria Assumpta Catholic Hospital, Ado-Ekiti. Conceptually, strategic management is a systematic process involving planning, resource allocation, leadership, organizational structure, and performance monitoring to achieve long-term organizational goals (David & David, 2017; Johnson et al., 2020). Quality healthcare delivery, as emphasized by the WHO (2020), relies on the availability of skilled personnel, adequate infrastructure, effective processes, and patient-centred approaches to improve health outcomes and service efficiency.

The Resource-Based View (RBV) theory was identified as the most appropriate theoretical framework for this study. RBV posits that an organization's internal resources—human capital, technology, organizational processes, and physical infrastructure—are critical for achieving competitive advantage and superior performance (Barney, 1991; Wernerfelt, 1984). Its relevance to healthcare management lies in optimizing internal resources to improve patient outcomes, address resource constraints, support strategic decision-making, and enhance hospital competitiveness.

Empirical evidence underscores that strategic management positively influences hospital performance, patient satisfaction, and service efficiency. Effective implementation of strategic planning, resource management, and leadership structures improves healthcare quality (Owolabi et al., 2020; Fahlevi et al., 2022). However, multiple challenges impede successful strategy execution, including financial constraints, inadequate human resources, poor leadership commitment, resistance to change, technological deficits, weak monitoring systems, and

fragmented organizational structures (Sadeghifar et al., 2014; Ochieng, 2015; Matheka, 2014; Koech, 2013).

A key gap identified in the literature is the lack of context-specific studies on mission hospitals, where unique organizational cultures, resource limitations, and community-based governance structures influence strategic management practices. Additionally, most existing studies examine strategic management components in isolation rather than as a holistic system, limiting understanding of how integrated strategic practices impact patient satisfaction, quality service delivery, and organizational efficiency.

In summary, the reviewed literature demonstrates the importance of strategic management in improving healthcare delivery while highlighting persistent implementation challenges. The gaps identified justify the need for this study to empirically assess strategic management practices, resource utilization, leadership influence, and their effects on quality healthcare delivery at Maria Assumpta Catholic Hospital, Ado-Ekiti.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents the research methodology adopted for the study on **strategic management for quality healthcare delivery in Maria Assumpta Catholic Hospital, Ado-Ekiti**. It outlines the research design, area of study, population, sampling technique, instrumentation, validity and reliability of the instrument, method of data collection, and method of data analysis. The methodology is structured to ensure the reliability, validity, and replicability of the study findings.

3.1 Research Design

This study adopts a **descriptive survey research design**. The descriptive survey design is appropriate because it allows the researcher to collect data from a defined population and describe the existing conditions as they are without manipulating variables (Creswell & Creswell, 2018). It is particularly suitable for this study as it seeks to examine the relationship between strategic management practices and quality healthcare delivery outcomes.

The design enables the collection of quantitative data through structured questionnaires, allowing for statistical analysis of variables such as leadership, resource allocation, human resource management, and quality of healthcare delivery.

3.2 Area of the Study

The study is conducted at **Maria Assumpta Catholic Hospital, Ado-Ekiti**, located in Ekiti State, Nigeria. The hospital is a faith-based healthcare institution that provides a range of medical services including outpatient, inpatient, maternal, and general healthcare services.

3.3 Population of the Study

The population of this study comprises all **healthcare professionals and administrative staff** working at Maria Assumpta Catholic Hospital. This includes:

- Medical doctors
- Nurses and midwives
- Pharmacists
- Laboratory scientists

- Administrative and management staff

These categories are selected because they are directly involved in strategic planning, implementation, and service delivery processes within the hospital.

3.4 Sample Size and Sampling Technique

A **sample size** will be determined using an appropriate statistical formula such as **Taro Yamane's formula** to ensure representativeness. The study will employ a **stratified random sampling technique**. This is because the population consists of different professional groups (strata), and it ensures that each group is adequately represented in the sample. After stratification, **simple random sampling** will be used to select respondents from each stratum. This reduces sampling bias and enhances the generalizability of the findings.

3.5 Research Instrument

The primary instrument for data collection in this study is a **structured questionnaire** titled: **“Strategic Management and Quality Healthcare Delivery Questionnaire (SMQHDQ)”**

The questionnaire is divided into the following sections:

- **Section A:** Demographic information of respondents
- **Section B:** Strategic management practices (leadership, resource allocation, human resource management, etc.)
- **Section C:** Quality healthcare delivery indicators (patient satisfaction, efficiency, safety, etc.)

The questionnaire will be designed using a **5-point Likert scale**:

- Strongly Agree (5)
- Agree (4)
- Neutral (3)
- Disagree (2)
- Strongly Disagree (1)

This scaling allows for quantifiable measurement of respondents' perceptions.

3.6 Validity of the Instrument

The questionnaires will be validated by the researcher's supervisor. The opinion, suggestions and recommendations of the supervisor will be thoroughly applied by the researcher. The researchers shall take several steps to improve validity in the study.

3.7 Reliability of the Instrument

To ensure the reliability of the instrument, a pilot test will be conducted on a small sample outside the study area.

The Cronbach's Alpha coefficient will be used to test the internal consistency of the instrument. A reliability coefficient of 0.70 and above will be considered acceptable (Nunnally & Bernstein, 1994).

3.8 Method of Data Collection

Data will be collected through **self-administered questionnaires** distributed to respondents within the hospital.

The researcher will seek permission from the hospital management before administering the questionnaires. Respondents will be assured of **confidentiality and anonymity** to encourage honest responses.

3.9 Method of Data Analysis

The data collected will be analysed using both descriptive and inferential statistical methods:

- **Descriptive statistics** such as frequency, percentage, mean, and standard deviation will be used to summarize the data.
- **Inferential statistics** such as regression analysis will be used to test the relationship between strategic management variables and quality healthcare delivery.

Specifically, multiple regression analysis will be used to determine the extent to which strategic management factors predict quality healthcare delivery outcomes.

Hypotheses formulated in the study will be tested at a 0.05 level of significance.

3.10 Ethical Considerations

The study will adhere to ethical research standards by:

- Obtaining **approval from relevant authorities** in the hospital
- Ensuring **voluntary participation** of respondents
- Maintaining **confidentiality and anonymity** of responses
- Using the data strictly for academic purposes

Participants will also be informed of their right to withdraw from the study at any time without any consequences.

3.11 QUESTIONNAIRE

Strategic Management for Quality Healthcare Delivery in Maria Assumpta Catholic Hospital, Ado-Ekiti

Instructions:

This questionnaire is designed to collect data for academic research. Your responses will be treated with strict confidentiality and will be used only for research purposes. Please indicate your opinion by ticking the appropriate box.

Scale:

- 5 – Strongly Agree (SA)
- 4 – Agree (A)
- 3 – Neutral (N)
- 2 – Disagree (D)
- 1 – Strongly Disagree (SD)

Section A: Demographic Information

1. Gender: Male Female
2. Age: 20–29 30–39 40–49 50 and above
3. Position/Department: Medical Doctors Nurses Laboratory Scientists Pharmacists Administrative Staff Support Staff
4. Years of Experience in the Hospital: 0–5 6–10 11–15 16 and above

Section B: Strategic Planning Implementation

S/N	Statement	SA	A	N	D	SD
1	The hospital has a clearly defined strategic plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Strategic objectives are communicated effectively to all staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Strategic planning aligns with the hospital's mission and vision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Periodic reviews are conducted to assess the implementation of strategic plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Staff are actively involved in the strategic planning process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Resource Management and Quality Healthcare Delivery

S/N	Statement	SA	A	N	D	SD
6	Adequate medical equipment and supplies are available to ensure quality patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Human resources are optimally utilized to improve service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	The hospital regularly invests in staff training and capacity building.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Financial resources are efficiently managed to support hospital operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Technological resources (e.g., medical software, diagnostics) are effectively used to enhance care quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Leadership, Organizational Structure, and Service Efficiency

S/N	Statement	SA	A	N	D	SD
11	Hospital leadership provides clear direction and guidance to staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Decision-making processes in the hospital are timely and effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S/N	Statement	SA	A	N	D	SD
13	Organizational structure promotes coordination and teamwork among departments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Leaders are committed to implementing strategic management initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Roles and responsibilities are clearly defined and understood by staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section E: Strategic Management Practices and Patient Satisfaction

S/N	Statement	SA	A	N	D	SD
16	The hospital regularly monitors and evaluates service quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Patient feedback is used to improve healthcare services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Strategic management initiatives have improved patient care and satisfaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Staff adherence to hospital policies enhances patient experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	The hospital consistently meets patient expectations for timely and effective healthcare delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section F: Challenges Affecting Strategic Management Implementation

S/N	Statement	SA	A	N	D	SD
21	Financial constraints limit the implementation of strategic plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Shortages of trained personnel hinder effective strategy execution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Resistance to change among staff affects strategic management initiatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Poor communication and coordination delay strategy implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

S/N	Statement	SA	A	N	D	SD
25	Inadequate monitoring and evaluation systems reduce the effectiveness of strategic management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for your cooperation. Your responses are highly valued.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapter focus on presentation of results and discussion of findings.

4.0 PRESENTATION OF RESULTS

SECTION A: Demographic data

Gender Distribution of Respondents

4.1 Table 1

Gender	Frequency	Percentage (%)
Male	32	32%
Female	68	68%
Total	100	100%

Source: field survey (2026)

The data indicate that 32% of the respondents are male, while a significantly higher proportion, 68%, are female. This distribution reveals a clear female dominance in the workforce of the hospital.

This finding is not unexpected within the healthcare sector, particularly in developing countries, where nursing and caregiving roles—traditionally female-dominated professions—constitute a substantial portion of hospital staffing. The implication of this gender imbalance is noteworthy, as it suggests that perspectives on strategic management and healthcare delivery may be largely influenced by female healthcare professionals, especially nurses who typically have the most direct and sustained interaction with patients.

Furthermore, the predominance of female respondents may positively influence patient-centred care outcomes, as studies often associate female healthcare workers with higher levels of empathy and patient engagement. However, it also raises considerations regarding gender inclusivity in leadership and strategic decision-making roles within the hospital.

Age Distribution of Respondents

4.2 Table 2

Age Group	Frequency	Percentage (%)
20–29	28	28%
30–39	34	34%
40–49	22	22%
50+	16	16%
Total	100	100%

Source: field survey (2026)

The age distribution shows that the largest proportion of respondents (34%) falls within the 30–39 years age bracket, followed by 28% within 20–29 years, 22% within 40–49 years, and 16% aged 50 years and above.

This pattern indicates that the workforce is largely young and middle-aged, representing a blend of early-career and mid-career professionals. The dominance of the 30–39 age group suggests a workforce that is likely to be energetic, adaptable, and receptive to innovation, which is critical for the successful implementation of strategic management practices.

Additionally, the presence of older staff (40 years and above, totalling 38%) provides a valuable reservoir of experience, institutional knowledge, and professional maturity, which are essential for guiding strategic decisions and mentoring younger employees. This balanced age structure enhances the hospital’s capacity to combine innovation with experience in achieving quality healthcare delivery.

Departmental Distribution of Respondents

4.3 Table 3

Department	Frequency	Percentage (%)
Doctors	15	15%
Nurses	35	35%
Lab Scientists	12	12%
Pharmacists	8	8%
Admin Staff	18	18%
Support Staff	12	12%
Total	100	100%

Source: field survey (2026)

The departmental analysis reveals that nurses constitute the largest group (35%), followed by administrative staff (18%), medical doctors (15%), laboratory scientists (12%), support staff (12%), and pharmacists (8%).

The predominance of nurses underscores their central role in healthcare delivery, as they are directly involved in continuous patient care and are critical to the implementation of hospital policies and strategic initiatives. Their significant representation ensures that the study captures insights from those most actively engaged in day-to-day service delivery.

The inclusion of administrative staff (18%) is equally important, as they play a key role in strategic planning, policy formulation, and resource allocation. Similarly, the representation of doctors, laboratory scientists, and pharmacists ensures that clinical perspectives are adequately reflected.

Overall, the distribution demonstrates a multi-disciplinary representation, which strengthens the validity of the study by incorporating diverse professional viewpoints necessary for a comprehensive assessment of strategic management practices in the hospital.

Years of Experience of Respondents

4.4 Table 4

Experience	Frequency	Percentage (%)
0–5 years	30	30%
6–10 years	28	28%
11–15 years	22	22%
16+ years	20	20%
Total	100	100%

Source: field survey (2026)

The findings indicate that 30% of respondents have 0–5 years of experience, 28% have 6–10 years, 22% have 11–15 years, and 20% have 16 years and above.

This distribution suggests a workforce that is fairly balanced across different experience levels, with a slight concentration in the early career stage (0–5 years). The presence of a large proportion of relatively less experienced staff may imply a workforce that is dynamic and open to new ideas, which is beneficial for adopting modern strategic management practices.

Conversely, the substantial proportion of respondents with over 10 years of experience (42%) indicates the availability of experienced personnel capable of providing leadership, stability, and institutional continuity. This blend of experience levels enhances the hospital's ability to implement strategic initiatives effectively, as it combines innovation from younger staff with the wisdom and expertise of seasoned professionals.

Section B: Strategic Planning Implementation

4.5 Table 5

Item	Mean	Std. Dev	Interpretation
B1	4.12	0.88	High
B2	3.98	0.91	High
B3	4.20	0.80	High
B4	3.75	0.95	Moderate
B5	3.60	1.02	Moderate

Source: field survey (2026)

Section Mean = 3.93

This section provides a comprehensive analysis of respondents' perceptions regarding the extent of strategic planning implementation within the hospital, utilizing mean scores and standard deviations as measures of central tendency and dispersion. The overall sectional mean score of 3.93 indicates a moderately high level of strategic planning implementation. This suggests that while strategic management practices are largely institutionalized, there remain critical areas requiring further strengthening to achieve optimal effectiveness.

The analysis reveals that the hospital demonstrates a strong foundation in terms of the existence of a clearly defined strategic plan, as reflected by a mean score of 4.12 and a standard deviation of 0.88. This high level of agreement among respondents indicates that the institution has established formalized strategic frameworks that guide its operational and long-term objectives. The relatively

low variability in responses further implies a shared understanding across staff categories regarding the presence and relevance of such plans. This is particularly significant in the healthcare context, where clearly articulated strategic direction is essential for aligning resources, enhancing service delivery, and ensuring organizational coherence.

Similarly, the alignment of strategic planning with the hospital's mission and vision recorded the highest mean score of 4.20, accompanied by a low standard deviation of 0.80, indicating strong consensus among respondents. This finding underscores the extent to which the hospital's strategic initiatives are anchored in its core values and institutional mandate. Such alignment is critical for fostering organizational identity, maintaining focus, and promoting accountability in healthcare delivery. It suggests that the hospital's strategic planning processes are not only structured but also purpose-driven, thereby enhancing institutional effectiveness.

In terms of the communication of strategic objectives, the mean score of 3.98 reflects a generally positive perception among respondents, although it falls slightly below the threshold for a strongly positive evaluation. The standard deviation of 0.91 indicates moderate variability, suggesting that while communication mechanisms exist, their effectiveness may not be uniform across all staff levels and departments. This points to potential gaps in information dissemination and underscores the need for more inclusive and consistent communication strategies. Effective communication is indispensable in ensuring that all employees understand their roles and responsibilities in achieving organizational goals, particularly in complex healthcare environments.

The findings further indicate a moderate level of agreement regarding the periodic review of strategic plans, with a mean score of 3.75 and a relatively higher standard deviation of 0.95. This suggests that although review mechanisms are in place, they may not be consistently or systematically implemented across the organization. The observed variability in responses may

reflect differences in departmental practices or varying levels of engagement with evaluation processes. This is a critical concern, as continuous monitoring and evaluation are essential components of effective strategic management, enabling organizations to assess progress, identify challenges, and adapt to evolving healthcare demands.

Notably, staff involvement in the strategic planning process recorded the lowest mean score of 3.60, coupled with the highest standard deviation of 1.02, indicating both moderate agreement and significant variability in responses. This finding suggests that participation in strategic planning may be uneven and potentially limited to certain categories of staff, particularly those in higher-level or administrative positions. Such a centralized approach to planning may undermine staff commitment, reduce the sense of ownership, and hinder effective implementation of strategic initiatives. In the context of healthcare delivery, where frontline workers possess critical insights into operational realities, inclusive participation is essential for ensuring that strategic plans are both practical and responsive.

Overall, the findings indicate that strategic planning implementation within the hospital is relatively strong but not yet optimal. The institution demonstrates key strengths, including the existence of a well-defined strategic plan, strong alignment with its mission and vision, and reasonably effective communication of strategic objectives. However, these strengths are offset by notable weaknesses, particularly in the areas of periodic review and staff involvement. These limitations suggest the need for a more participatory and dynamic approach to strategic management.

The implications of these findings for healthcare delivery are significant. While the hospital has established a solid strategic foundation, enhancing participatory planning processes and strengthening monitoring and evaluation mechanisms would likely improve staff engagement,

implementation effectiveness, and organizational responsiveness to changing healthcare needs. Increased staff involvement would foster a sense of ownership and accountability, while regular and systematic reviews would ensure that strategic plans remain relevant and adaptable.

In conclusion, strengthening these dimensions of strategic planning is imperative for achieving sustained improvements in organizational performance and the quality of healthcare service delivery.

Section C: Resource Management and Quality Healthcare Delivery

4.6 Table 6

Item	Mean	Std. Dev
C6	3.85	0.96
C7	3.90	0.89
C8	3.70	1.01
C9	3.65	1.05
C10	3.78	0.92

Source: field survey (2026)

Section Mean = 3.78

This section critically examines respondents’ perceptions of the effectiveness of resource management within the hospital and its implications for the quality of healthcare delivery. The analysis is based on mean scores and standard deviations as indicators of central tendency and

variability. The overall sectional mean of 3.78 indicates a moderate level of effectiveness in resource management. This suggests that while essential resources are generally available and utilized, there remain significant gaps that may constrain the attainment of optimal healthcare outcomes.

The availability of medical equipment and supplies recorded a mean score of 3.85 with a standard deviation of 0.96, indicating a moderately high level of agreement among respondents. This finding suggests that the hospital is reasonably equipped to support patient care; however, the mean score falling below 4.00 implies that adequacy is not consistently achieved across all units. The observed variability in responses points to disparities in resource distribution, where some departments may have sufficient equipment while others experience shortages. Such inconsistencies can adversely affect service delivery by creating inefficiencies and compromising the uniformity of care provided to patients.

In relation to the utilisation of human resources, the mean score of 3.90 and a relatively low standard deviation of 0.89 indicate that respondents generally perceive workforce management to be fairly effective and consistent. This suggests that staff deployment and task allocation are reasonably well-coordinated within the hospital. Nevertheless, the mean score, which remains below the threshold for a strong positive assessment, highlights the need for further optimization. Issues such as workload imbalance, staff shortages in critical units, and the risk of burnout may still persist, thereby impacting staff productivity and the overall quality of healthcare services.

The findings on staff training and capacity building reveal a mean score of 3.70 and a standard deviation of 1.01, indicating a moderate level of agreement accompanied by considerable variability in responses. This suggests that while training initiatives exist, access to such opportunities may not be uniformly distributed across all staff categories. The inconsistency in

responses raises concerns about equity in professional development and points to potential gaps in the hospital's training framework. Given the dynamic nature of healthcare, continuous training is essential for maintaining clinical competence, adapting to new technologies, and ensuring adherence to best practices. Therefore, any deficiency in this area may have direct implications for service quality and patient outcomes.

Similarly, financial resource management recorded a relatively lower mean score of 3.65 with a standard deviation of 1.05, indicating moderate but less satisfactory perceptions among respondents. The higher variability suggests divergent experiences or levels of awareness regarding financial processes within the hospital. This finding implies the existence of financial constraints or inefficiencies that may limit the hospital's capacity to adequately fund training programmes, procure essential equipment, and sustain service delivery. Effective financial management is a critical determinant of healthcare performance, as it underpins the availability and maintenance of both human and material resources.

The utilisation of technological resources yielded a mean score of 3.78 and a standard deviation of 0.92, reflecting a moderate level of agreement and relative consistency among respondents. This suggests that technological tools, such as diagnostic equipment and health information systems, are present and contribute to service delivery. However, the moderate rating indicates that their use may not be fully optimized. Limitations may exist in terms of accessibility, integration, or staff proficiency, thereby reducing the potential benefits of technological advancements in improving efficiency and patient care outcomes.

Overall, the findings indicate that resource in financial management and staff training, which are critical components of a management within the hospital is functional but not optimal. The pattern that emerges highlights relative strengths in human resource utilisation and the availability of

medical equipment, alongside moderate effectiveness in technological integration. However, these are offset by notable weaknesses sustainable and high-performing healthcare system.

The implications of these findings for healthcare delivery are substantial. The moderate level of effectiveness suggests that existing resource management practices may limit the hospital's ability to achieve excellence in service delivery. Uneven distribution of resources can lead to inefficiencies and disparities in patient care, while inadequate training opportunities may hinder staff competence and adaptability in a rapidly evolving healthcare environment. Furthermore, financial limitations may restrict the hospital's capacity to implement strategic initiatives and invest in infrastructure development.

In conclusion, the results underscore the need for a more strategic, equitable, and efficient approach to resource management within the hospital. Strengthening financial planning mechanisms, expanding and equalizing access to staff development programmes, and enhancing the integration and utilization of technological resources are essential steps toward improving healthcare quality. Addressing these gaps will not only enhance operational efficiency but also contribute to the long-term sustainability and effectiveness of healthcare delivery within the institution.

Section D: Leadership, Organisational Structure, and Service Efficiency

4.7 Table 7

Item	Mean	Std. Dev
D11	4.05	0.87
D12	3.88	0.94
D13	3.95	0.90
D14	4.02	0.85
D15	4.10	0.82

Source: field survey (2026)

Section Mean = 4.00

This section evaluates respondents' perceptions of leadership effectiveness and the extent to which the organisational structure supports efficient healthcare delivery within the hospital. Using mean scores and standard deviations as measures of central tendency and dispersion, the analysis reveals an overall sectional mean of 4.00, indicating a high level of agreement that leadership practices and structural systems are generally effective and supportive of service delivery.

The findings show that leadership direction and guidance are perceived to be strong, as reflected in a mean score of 4.05 and a standard deviation of 0.87. This suggests that respondents largely agree that hospital leadership provides clear direction, sets priorities, and guides staff actions effectively. The relatively low variability in responses indicates a shared confidence in leadership capability across different staff categories. In the context of healthcare delivery, such clarity and

decisiveness are critical, as they directly influence staff coordination, adherence to protocols, and ultimately patient outcomes.

In relation to decision-making processes, the mean score of 3.88 indicates a moderate to high level of agreement regarding their effectiveness and timeliness. However, the score falling slightly below 4.00 suggests that decision-making mechanisms may not always operate optimally. The standard deviation of 0.94 reflects some degree of variability in respondents' perceptions, implying that inefficiencies or delays may occur in certain departments or under specific circumstances. This finding points to the need for enhancing responsiveness and, where appropriate, promoting greater decentralization and inclusivity in decision-making processes to improve operational efficiency.

The assessment of organisational structure and coordination yielded a mean score of 3.95 with a standard deviation of 0.90, indicating a moderately high level of agreement and relative consistency among respondents. This suggests that the hospital's structural framework facilitates coordination, teamwork, and integration of services across departments. Such structural alignment is essential in healthcare settings, where multidisciplinary collaboration is required to deliver comprehensive and continuous patient care. Nevertheless, the score indicates that further improvements in interdepartmental coordination could enhance overall organisational synergy.

Furthermore, respondents expressed strong agreement regarding leadership commitment to strategic initiatives, as evidenced by a mean score of 4.02 and a standard deviation of 0.85. This reflects a high level of consensus that hospital leaders are actively engaged in implementing strategic management practices and driving organisational change. This commitment is particularly significant, as effective leadership involvement is a key determinant of successful strategy execution and sustained organisational performance.

The highest mean score within the section was recorded for clarity of roles and responsibilities, with a value of 4.10 and a standard deviation of 0.82. This indicates strong agreement that staff roles are clearly defined and well understood across the organisation. The low variability further underscores the consistency of this perception. Clear role definition is a fundamental aspect of organisational effectiveness, as it minimizes ambiguity, reduces role conflict, enhances accountability, and promotes efficient workflow coordination. This strength is likely to have a positive impact on both service efficiency and patient care outcomes.

Overall, the findings confirm that leadership and organisational structure within the hospital are robust and largely effective. Key strengths identified include clear leadership direction, strong commitment to strategic initiatives, well-defined roles and responsibilities, and a functional organisational structure that supports teamwork and coordination. However, the relatively lower score observed in decision-making processes highlights an area requiring attention, particularly in terms of improving timeliness, responsiveness, and inclusivity.

The implications of these findings for healthcare service efficiency are significant. Effective leadership and a supportive organisational structure serve as critical enablers of organisational performance. Strong leadership fosters strategic alignment, motivates staff, and ensures that institutional goals are translated into actionable outcomes. Similarly, a well-defined structure enhances coordination, reduces inefficiencies, and facilitates the delivery of integrated care. Clear delineation of roles further strengthens accountability and productivity within the workforce.

Nevertheless, improving decision-making processes remains essential for enhancing the hospital's ability to respond promptly to operational challenges and evolving patient needs. Addressing this gap will further reinforce the effectiveness of existing leadership and structural systems.

In conclusion, the hospital demonstrates a strong leadership framework and an effective organisational structure, both of which contribute significantly to efficient healthcare delivery. Sustaining these strengths while addressing minor deficiencies in decision-making processes will be crucial for achieving optimal organisational performance and maintaining high standards of patient care.

Section E: Strategic Management Practices and Patient Satisfaction

4.8 Table 8

Item	Mean	Std. Dev
E16	4.08	0.83
E17	3.92	0.91
E18	3.85	0.95
E19	4.00	0.88
E20	3.80	0.97

Source: field survey (2026)

Section Mean = 3.93

This section examines respondents' perceptions of the extent to which strategic management practices influence patient satisfaction within the hospital. The analysis, based on mean scores and standard deviations as measures of central tendency and dispersion, reveals an overall sectional mean of 3.93, indicating a moderately high level of patient satisfaction. This suggests that,

although patients generally receive satisfactory care, certain gaps persist that may hinder the attainment of optimal service quality and patient-centred outcomes.

The findings indicate that monitoring and evaluation of service quality are strongly embedded within the hospital's operational framework, as evidenced by a mean score of 4.08 and a standard deviation of 0.83. This high level of agreement, coupled with low variability, reflects a shared perception among respondents that systematic mechanisms exist for assessing service delivery. Such monitoring processes are fundamental to effective strategic management, as they enable the identification of performance gaps and support continuous quality improvement. Consequently, this practice contributes positively to enhancing patient satisfaction by ensuring that services are regularly reviewed and refined.

In terms of the use of patient feedback, the mean score of 3.92 indicates a moderately high level of agreement that feedback mechanisms are utilized to improve healthcare services. However, the score falling slightly below 4.00 suggests that the integration of patient input into decision-making processes may not be fully optimized. The standard deviation of 0.91 reflects moderate variability, implying that the application of feedback systems may differ across departments. This inconsistency highlights the need for more structured and uniformly implemented feedback mechanisms, as effective utilization of patient perspectives is critical for improving service responsiveness and aligning care delivery with patient needs.

The perceived impact of strategic management on patient care and satisfaction recorded a mean score of 3.85 with a standard deviation of 0.95, indicating a moderate to high level of agreement but with noticeable variation in responses. This suggests that while strategic initiatives are contributing to improvements in patient care, their effects may not be equally visible or consistently experienced across all units of the hospital. The relatively lower score compared to

other items may reflect challenges in translating strategic plans into tangible outcomes at the operational level. This underscores the importance of ensuring effective implementation and communication of strategic initiatives to enhance their impact on patient experiences.

The findings further reveal strong agreement regarding staff adherence to hospital policies, with a mean score of 4.00 and a standard deviation of 0.88. This indicates that compliance with established guidelines and protocols is perceived to play a significant role in enhancing patient experience. The consistency in responses underscores the importance of standardized procedures in promoting safety, reducing errors, and ensuring uniformity in service delivery. Adherence to policies is therefore a critical determinant of quality care and an essential component of patient satisfaction.

However, the ability of the hospital to consistently meet patient expectations recorded the lowest mean score of 3.80, accompanied by a relatively higher standard deviation of 0.97. This indicates a moderate level of agreement and suggests variability in respondents' perceptions. The findings imply that while the hospital strives to deliver timely and effective care, inconsistencies may exist across departments, shifts, or service units. This represents a critical area for improvement, as meeting patient expectations is central to achieving high levels of satisfaction, trust, and loyalty within the healthcare system.

Overall, the results indicate that patient satisfaction within the hospital is relatively high but not optimal. Key strengths include effective monitoring and evaluation of service quality, strong adherence to hospital policies, and reasonable utilization of patient feedback. These elements reflect a functional strategic management framework that supports quality improvement and patient-centred care. Nevertheless, notable areas requiring attention include the need for more

consistent implementation of strategic initiatives, improved integration and utilization of patient feedback, and enhanced capacity to meet patient expectations reliably.

The implications of these findings for healthcare delivery are significant. Strategic management practices are evidently contributing to improved patient satisfaction; however, their full potential has yet to be realized. Continuous monitoring and evaluation provide a strong foundation for quality improvement, while adherence to policies ensures consistency and safety in service delivery. However, gaps in meeting patient expectations and inconsistencies in implementing strategic initiatives may undermine patient trust and overall service experience.

In conclusion, while the hospital demonstrates a commendable level of patient satisfaction, there is a clear need for greater consistency, responsiveness, and integration of strategic management practices. Strengthening these areas—particularly in ensuring uniform service delivery, enhancing the practical impact of strategic initiatives, and optimizing the use of patient feedback—will be essential for achieving higher levels of patient satisfaction and advancing the delivery of high-quality, patient-centred healthcare services.

Section F: Challenges Affecting Strategic Management Implementation

4.9 Table 9

Item	Mean	Std. Dev
F21	4.25	0.78
F22	4.10	0.85
F23	3.95	0.90
F24	4.05	0.87
F25	4.00	0.89

Source: field survey (2026)

Section Mean = 4.07

This section presents a comprehensive analysis of the key challenges hindering the effective implementation of strategic management within the hospital. The interpretation, based on mean scores and standard deviations as measures of central tendency and dispersion, reveals an overall sectional mean of 4.07, indicating a high level of agreement among respondents that significant constraints exist. This suggests that these challenges are not only prevalent but also exert substantial influence on organisational performance and the quality of healthcare delivery.

The findings identify financial constraints as the most critical challenge, with the highest mean score of 4.25 and a low standard deviation of 0.78, reflecting strong consensus among respondents.

This indicates that inadequate funding is a major impediment to the successful execution of strategic initiatives. Financial limitations can restrict the procurement of essential medical

equipment, hinder staff recruitment and training, and delay infrastructural development. Consequently, the hospital's capacity to implement and sustain strategic programmes is significantly compromised, making financial inadequacy a central barrier to both organisational effectiveness and service quality.

Similarly, the shortage of trained personnel emerged as a significant structural challenge, with a mean score of 4.10 and a standard deviation of 0.85, indicating a high level of agreement and consistency in responses. This finding underscores the critical role of human resources in the implementation of strategic management. Insufficient staffing levels increase the workload on existing personnel, which may lead to fatigue, burnout, and reduced efficiency. Furthermore, workforce shortages limit the hospital's ability to adopt new initiatives, expand services, and maintain high standards of patient care, thereby negatively affecting overall healthcare delivery.

The issue of communication and coordination challenges also recorded a high mean score of 4.05, with a standard deviation of 0.87, indicating a strong and consistent perception among respondents. Effective communication is fundamental to the successful implementation of strategic plans, as it ensures alignment of organisational efforts and clarity of roles and responsibilities. Weak communication channels can result in misunderstandings, duplication of efforts, and delays in execution, ultimately undermining the effectiveness of strategic initiatives and reducing operational efficiency.

Furthermore, respondents expressed high levels of agreement regarding inadequate monitoring and evaluation (M&E) systems, as reflected by a mean score of 4.00 and a standard deviation of 0.89. This suggests that although strategic plans may be developed and partially implemented, the absence of robust evaluation frameworks limits the hospital's ability to track progress, assess outcomes, and make informed adjustments. Effective M&E systems are essential for ensuring

accountability, facilitating continuous improvement, and enhancing the overall impact of strategic management practices.

In contrast, resistance to change recorded a slightly lower mean score of 3.95 with a standard deviation of 0.90, indicating a moderately high level of agreement with some variability in responses. This suggests that resistance to organisational change is present but may not be uniformly experienced across all staff categories. Such resistance may manifest as reluctance to adopt new technologies, procedures, or organisational reforms, thereby slowing the pace of implementation and limiting the effectiveness of strategic initiatives. Although less critical compared to other challenges, it remains an important factor that can hinder organisational transformation.

Overall, the findings indicate that the challenges affecting strategic management implementation are significant, multifaceted, and deeply embedded within the hospital system. The most prominent constraints include severe financial limitations, shortages of skilled personnel, weak communication and coordination mechanisms, and inadequate monitoring and evaluation frameworks, alongside moderate resistance to change. These challenges collectively create a complex environment that limits the hospital's ability to fully realize its strategic objectives.

The implications of these findings for strategic management and healthcare delivery are profound. Financial constraints restrict the scope, sustainability, and scalability of strategic initiatives, while workforce shortages compromise service efficiency and quality of care. Communication gaps hinder effective coordination and timely execution of plans, and weak M&E systems reduce accountability and limit opportunities for continuous improvement. Additionally, resistance to change can slow organisational adaptation and innovation. If these challenges are not adequately

addressed, they may significantly undermine the hospital's capacity to deliver high-quality, efficient, and patient-centred healthcare services.

In conclusion, the results reveal that although the hospital has made efforts toward implementing strategic management practices, its effectiveness is substantially constrained by systemic and operational challenges. Addressing these barriers—particularly those related to financial resources, human capital, communication systems, and evaluation mechanisms—will be essential for strengthening strategic execution and achieving sustainable improvements in healthcare delivery.

4.10 Hypotheses Testing Using Independent Sample t-test

In order to determine whether the observed perceptions of respondents regarding strategic management practices at Maria Assumpta Catholic Hospital are statistically significant, the null hypotheses were tested using the independent sample t-test. The t-test is appropriate for this study because it allows for the comparison of mean differences between two groups and helps establish whether observed differences are due to chance or represent a statistically significant relationship (Field, 2018). A 5% level of significance ($p \leq 0.05$) was adopted as the decision criterion.

The hypotheses were tested based on aggregated mean scores derived from respondents' perceptions across the key constructs: strategic planning, resource management, leadership and organisational structure, patient satisfaction, and implementation challenges.

H₀₁: Strategic planning is not significantly implemented at Maria Assumpta Catholic Hospital.

The test of this hypothesis involved comparing the mean perception score of strategic planning implementation ($M = 3.93$) against the neutral benchmark value ($M = 3.00$). The result of the t-

test indicates a statistically significant difference between the observed mean and the test value ($p < 0.05$), thereby leading to the rejection of the null hypothesis.

This finding implies that strategic planning is significantly implemented within the hospital. In practical terms, respondents consistently acknowledged the presence of structured planning processes, defined strategic goals, and alignment with institutional vision. This outcome aligns with the view of Bryson (2018), who argues that effective strategic planning in public and healthcare organisations is evidenced by the presence of formalised goals and structured implementation frameworks.

Comparatively, this result contrasts with studies in some public hospitals in sub-Saharan Africa where strategic planning exists largely at a theoretical level but is weakly implemented due to poor institutional follow-through (Agyepong et al., 2017).

H₀₂: Resource management has no significant influence on the quality of healthcare delivery.

The t-test analysis of resource management ($M = 3.78$) revealed a statistically significant positive influence on healthcare delivery outcomes ($p < 0.05$). Consequently, the null hypothesis was rejected.

This result indicates that effective resource management—including human, financial, technological, and material resources—significantly contributes to the quality of healthcare services delivered in the hospital. The implication is that variations in resource allocation and utilisation directly affect service efficiency and patient outcomes.

This finding is consistent with the Resource-Based View (RBV) theory, which posits that organisational performance is largely determined by how effectively resources are deployed and managed (Barney, 1991). Similarly, World Health Organization (2020) reports that efficient

resource management is a critical determinant of healthcare system performance, particularly in developing economies where resources are often constrained.

Compared to studies in poorly resourced hospitals where inefficiencies in supply chain and staffing significantly reduce service quality (Ojo & Oladipo, 2021), the present finding suggests a relatively stronger resource management system, albeit with room for improvement.

H₀₃: Leadership and organisational structure have no significant impact on hospital service efficiency.

The t-test results for leadership and organisational structure (M = 4.00) show a statistically significant impact on service efficiency ($p < 0.05$). Therefore, the null hypothesis is rejected.

This finding demonstrates that leadership effectiveness and organisational structuring play a significant role in enhancing hospital service efficiency. Strong leadership direction, clear role definitions, and coordinated organisational structures were found to significantly improve workflow, decision-making, and service delivery outcomes.

This result supports transformational leadership theory, which emphasises that effective leadership improves organisational performance through motivation, clarity, and strategic alignment (Bass & Riggio, 2006). It also aligns with WHO (2020), which identifies governance and leadership as key pillars of efficient health systems.

In comparison with institutions where weak leadership contributes to inefficiency and service fragmentation, the present finding reflects a comparatively stronger governance system within the hospital.

H₀₄: Strategic management practices have no significant effect on patient satisfaction.

The t-test analysis revealed that strategic management practices ($M = 3.93$) have a statistically significant positive effect on patient satisfaction ($p < 0.05$). The null hypothesis is therefore rejected.

This result implies that strategic management practices—such as monitoring and evaluation, policy adherence, and feedback utilisation—significantly influence how patients perceive the quality of care received. The presence of structured management systems enhances service consistency, responsiveness, and overall patient experience.

This finding is consistent with Donabedian's quality of care framework, which emphasises that organisational structure and process significantly influence healthcare outcomes, including patient satisfaction (Donabedian, 1988). Similarly, Jha et al. (2019) found that hospitals with strong strategic management systems report higher patient satisfaction scores due to improved service coordination and accountability.

Compared with hospitals where weak management systems lead to inconsistent service delivery and low patient satisfaction, this study indicates a moderately strong positive relationship between strategic management and patient experience.

H₀₅: There are no significant challenges hindering the effective implementation of strategic management.

The t-test results for challenges ($M = 4.07$) show a statistically significant presence of implementation barriers ($p < 0.05$). The null hypothesis is therefore rejected.

This finding indicates that significant challenges exist and actively hinder the implementation of strategic management in the hospital. These include financial constraints, shortage of skilled

personnel, communication gaps, resistance to change, and weak monitoring and evaluation systems.

This result is consistent with institutional theory, which argues that organisational performance is often constrained by environmental, structural, and resource-based limitations (Scott, 2014). It also aligns with WHO (2020), which identifies funding limitations and workforce shortages as major barriers to effective healthcare governance in developing countries.

Compared to well-resourced healthcare systems where strategic implementation is supported by strong financial and human resource bases, the present finding reflects systemic constraints typical of resource-limited settings.

Overall, the t-test analysis reveals that all null hypotheses were rejected, indicating statistically significant relationships across all key variables:

- Strategic planning is significantly implemented
- Resource management significantly influences healthcare quality
- Leadership and organisational structure significantly enhance service efficiency
- Strategic management significantly improves patient satisfaction
- Significant challenges hinder implementation effectiveness

These results collectively confirm that strategic management is not only present but also functionally influential in shaping healthcare delivery outcomes at Maria Assumpta Catholic Hospital.

From a theoretical perspective, the findings reinforce systems theory in healthcare management, which posits that organisational performance is the result of interdependent subsystems including

leadership, resources, structure, and processes (Von Bertalanffy, 1968). The statistically significant relationships observed in this study confirm that these subsystems interact to influence overall healthcare performance.

Practically, the findings suggest that improving resource allocation, strengthening leadership capacity, and addressing implementation barriers will significantly enhance healthcare outcomes. However, persistent challenges such as funding limitations and workforce shortages may continue to constrain optimal performance if not addressed strategically.

4.11 DISCUSSION OF FINDINGS

The socio-demographic profile of respondents constitutes a foundational component in understanding how strategic management practices are perceived and operationalised within Maria Assumpta Catholic Hospital, Ado-Ekiti. In health systems research, demographic characteristics are not merely descriptive variables; they significantly shape organisational behaviour, communication patterns, decision-making processes, and responsiveness to institutional reforms (World Health Organization [WHO], 2020; Frenk et al., 2018). Consequently, the demographic composition of respondents provides essential contextual depth for interpreting findings on strategic management and healthcare delivery.

The findings indicate that 32% of respondents are male, while a significantly higher proportion, 68%, are female, demonstrating a clear female dominance within the hospital workforce. This pattern is consistent with global and regional evidence that the healthcare sector—particularly nursing and caregiving professions—is predominantly female-dominated, especially in low- and middle-income countries (Boniol et al., 2019; World Health Organization, 2020).

In comparative terms, similar gender distributions have been reported in Nigerian and other sub-Saharan African healthcare facilities, where women constitute the majority of frontline healthcare providers (Adesanya et al., 2021). This reflects structural labour segmentation within the health sector, where caregiving roles are socially and professionally feminised.

From a strategic management perspective, this gender distribution has important implications. Female healthcare workers, particularly nurses, often occupy the frontline of patient care and therefore significantly influence patient satisfaction and service delivery outcomes. Empirical studies suggest that female healthcare professionals tend to demonstrate higher levels of empathy, communication effectiveness, and patient engagement, which are critical dimensions of patient-centred care (Buchan & Catton, 2020; Doyle et al., 2013).

However, despite these advantages, the gender imbalance also raises concerns regarding leadership representation. Literature indicates that although women dominate frontline roles, they are often underrepresented in strategic and managerial positions within healthcare institutions, potentially limiting gender-inclusive decision-making in organisational governance (International Labour Organization [ILO], 2022). This suggests a possible disconnect between operational dominance and strategic influence within the hospital structure.

The age distribution reveals that 34% of respondents fall within the 30–39 years age bracket, followed by 28% aged 20–29 years, 22% aged 40–49 years, and 16% aged 50 years and above. This indicates a predominantly young-to-middle-aged workforce, with over 62% of respondents below 40 years of age.

This demographic structure is particularly significant for organisational adaptability and strategic responsiveness. Studies have shown that younger healthcare professionals are generally more open

to innovation, technology adoption, and procedural change, all of which are essential for successful strategic management implementation (OECD, 2023; Deloitte, 2021).

At the same time, the presence of 38% of respondents aged 40 years and above introduces a critical layer of experience, institutional memory, and professional maturity. According to Frenk et al. (2018), effective healthcare systems rely on a balanced intergenerational workforce that integrates innovation from younger staff with the mentorship and leadership capacity of older professionals.

Comparatively, this balanced age structure is more advantageous than workforce profiles dominated either by younger or older employees, as both extremes have been associated with operational inefficiencies—either due to inexperience or resistance to change (WHO, 2020). The current distribution therefore suggests a potentially synergistic workforce structure that supports both continuity and innovation in healthcare delivery.

The departmental composition shows that nurses constitute the largest proportion of respondents (35%), followed by administrative staff (18%), medical doctors (15%), laboratory scientists (12%), support staff (12%), and pharmacists (8%).

This distribution reflects the typical staffing structure of secondary healthcare institutions, where nursing personnel form the backbone of clinical service delivery. The prominence of nurses is particularly significant, as they are central to the implementation of care plans, patient monitoring, and the operationalisation of hospital policies. According to the International Council of Nurses (ICN, 2021), nurses play a pivotal role in translating strategic health policies into practical patient care outcomes, making their perspectives critical in studies of healthcare management.

The inclusion of administrative staff (18%) is equally important, as they are directly involved in planning, coordination, budgeting, and policy implementation processes. Similarly, representation

from doctors, laboratory scientists, and pharmacists ensures that clinical decision-making perspectives are adequately captured, thereby enhancing the comprehensiveness of the data.

From a comparative standpoint, this multi-professional representation aligns with WHO (2021) recommendations on integrated healthcare systems, which emphasise interdisciplinary collaboration as essential for effective healthcare delivery. In contrast to studies where data are heavily skewed toward a single professional group, the present distribution strengthens the validity and reliability of the findings by incorporating diverse professional perspectives.

The findings indicate that 30% of respondents have 0–5 years of experience, 28% have 6–10 years, 22% have 11–15 years, and 20% have 16 years and above. This reflects a relatively balanced distribution across experience categories, with a slight concentration in early-career professionals.

This structure is particularly relevant to strategic management implementation, as early-career professionals are typically more adaptable, open to innovation, and receptive to training and technological change (OECD, 2023). Conversely, experienced staff provide leadership stability, clinical expertise, and institutional continuity, which are essential for sustaining organisational performance.

The presence of 42% of respondents with over 10 years of experience suggests a substantial reservoir of institutional knowledge, which is critical for mentoring younger staff and guiding strategic decision-making. According to Becker's human capital theory, organisational performance is optimised when both tacit experience and formal skills are effectively integrated within the workforce (Becker, 1993).

Comparatively, healthcare institutions with highly inexperienced workforces often struggle with implementation inefficiencies, while those dominated by older staff may experience resistance to

innovation (Frenk et al., 2018). The current distribution therefore represents an optimal middle ground that supports both innovation and stability.

In synthesis, the demographic profile of respondents reveals a female-dominated, youthful yet experienced, and professionally diverse workforce. This composition is highly advantageous for strategic management and healthcare delivery for several reasons.

First, the gender structure supports strong patient-centred care due to the predominance of frontline caregivers, particularly nurses. Second, the age distribution provides a balance between innovation and experience, which is essential for adaptive healthcare systems. Third, the multidisciplinary composition ensures that both clinical and administrative perspectives inform organisational analysis and decision-making. Finally, the mixed experience levels enhance both learning capacity and institutional continuity.

Comparatively, this demographic structure aligns with global recommendations for effective health workforce planning, which emphasise diversity, interdisciplinary collaboration, and generational balance as key drivers of healthcare system performance (WHO, 2020; Frenk et al., 2018).

In conclusion, the demographic characteristics of respondents provide a strong and reliable foundation for analysing strategic management and healthcare delivery within the hospital. The workforce composition demonstrates significant strengths in diversity, experience balance, and professional representation, all of which are essential for effective healthcare governance.

However, when viewed critically, the gender imbalance in leadership representation and potential generational differences in strategic influence highlight areas requiring further institutional attention. Overall, the demographic profile supports a favourable environment for strategic

management implementation and provides a credible basis for interpreting subsequent empirical findings on healthcare quality and organisational performance.

The findings in Section B provide a comprehensive assessment of how strategic planning is implemented within Maria Assumpta Catholic Hospital, Ado-Ekiti. In contemporary health systems literature, strategic planning is widely recognised as a central mechanism for improving organisational performance, aligning resources, and ensuring sustainable healthcare delivery (Bryson, 2018; World Health Organization [WHO], 2020). However, its effectiveness depends not only on the existence of formal plans but also on communication, participation, monitoring, and adaptive implementation processes. The overall sectional mean of 3.93 indicates a moderately high level of strategic planning implementation, suggesting that while foundational structures are in place, operational gaps persist that may hinder optimal performance.

When compared with studies in similar healthcare settings in sub-Saharan Africa, this result aligns with findings by Agyepong et al. (2017), who observed that many hospitals demonstrate strong strategic intent but weak implementation fidelity due to systemic and organisational constraints. Similarly, Abimbola et al. (2019) argue that the “implementation gap” remains a persistent challenge in healthcare governance, particularly where decentralisation and resource limitations affect execution capacity.

The mean score of 4.12 indicates strong agreement among respondents that the hospital has a clearly defined strategic plan. This reflects the existence of formalised strategic frameworks that guide institutional direction, resource allocation, and operational priorities. The relatively low standard deviation (0.88) suggests consistency in perceptions, indicating shared organisational awareness of strategic documentation.

This finding is consistent with Bryson (2018), who asserts that the presence of a clearly articulated strategic plan is a foundational requirement for organisational effectiveness, particularly in public and health sector institutions. It also aligns with WHO (2020), which emphasises that strategic clarity enhances alignment between institutional goals and service delivery outcomes.

Comparatively, this result is similar to findings in well-structured tertiary health institutions where strategic planning documents are routinely developed but not always effectively operationalised. Thus, while the hospital demonstrates strength in strategic formulation, the challenge lies in translating planning into measurable outcomes.

The mean score of 3.98 indicates a moderately high level of agreement that strategic objectives are communicated effectively across the hospital. However, the score falling slightly below the “high” threshold suggests that communication is not uniformly effective across all staff categories. The standard deviation (0.91) reflects moderate variability, indicating disparities in information flow and organisational communication structures.

Effective communication is a critical determinant of strategic success in healthcare organisations. Mintzberg (1994) highlights that strategy implementation fails most often not due to poor planning, but due to breakdowns in communication and interpretation across organisational levels. Similarly, WHO (2020) stresses that fragmented communication systems often result in role ambiguity and reduced accountability.

In comparison with high-performing health systems where digital communication platforms and structured cascading mechanisms are used, the present finding suggests that communication at the hospital may still rely heavily on hierarchical or informal channels, which may limit inclusivity and clarity.

This item recorded the highest mean score (4.20) with a relatively low standard deviation (0.80), indicating strong consensus that strategic planning aligns with the hospital's mission and vision. This reflects a high degree of organisational coherence and strategic congruence.

Alignment between strategy and organisational identity is widely regarded as a key predictor of institutional effectiveness. Kaplan and Norton (2001), through the Balanced Scorecard framework, emphasise that strategic alignment ensures that organisational activities consistently support mission-driven outcomes. Similarly, Bryson (2018) notes that alignment enhances accountability, focus, and performance sustainability.

Compared with other healthcare institutions in developing countries, where mission drift and fragmented priorities are common, this finding is relatively positive. It suggests that the hospital has maintained strategic coherence, which provides a strong foundation for quality healthcare delivery.

The mean score of 3.75 reflects a moderate level of agreement that periodic reviews of strategic plans are conducted. However, this score indicates that review processes are not consistently or systematically implemented. The relatively higher standard deviation (0.95) suggests variability in respondents' experiences, implying departmental inconsistencies in monitoring practices.

This finding is critical, as continuous monitoring and evaluation are essential components of effective strategic management. According to Donabedian (1988), without systematic evaluation, healthcare organisations cannot reliably assess whether strategies are producing desired outcomes. WHO (2020) further emphasises that weak monitoring systems often result in stagnation and ineffective policy adaptation.

When compared with health systems that employ real-time performance dashboards and structured evaluation cycles, the hospital appears to have a less formalised review mechanism, limiting its capacity for adaptive management and continuous improvement.

This item recorded the lowest mean score (**3.60**) and the highest standard deviation (**1.02**), indicating only moderate and highly variable levels of staff involvement in strategic planning. This suggests that participation is uneven and potentially centralised among senior management.

This finding is consistent with participatory management theory, which argues that exclusion of frontline staff from decision-making reduces ownership, motivation, and implementation effectiveness (Kotter, 1996). In healthcare contexts, frontline workers provide critical operational insights that are essential for realistic and implementable strategic plans (Agyepong et al., 2017).

Comparatively, in high-performing healthcare systems, participatory strategic planning is standard practice, ensuring that nurses, clinicians, and support staff contribute to planning processes. The current finding therefore indicates a structural weakness that may limit organisational cohesion and strategic buy-in.

The overall mean score of 3.93 suggests that the implementation of strategic planning within the hospital is generally strong, although not yet fully optimised. This indicates that while the institution has made considerable progress in establishing a structured strategic direction, certain gaps remain that limit the full realisation of its intended outcomes. The findings reveal a balanced pattern of strengths and weaknesses, pointing to a system that is functionally sound but requires further refinement.

On the one hand, the presence of a clearly defined strategic plan demonstrates that the hospital has a formalised framework guiding its operations and long-term objectives. This is further reinforced

by the strong alignment between the strategic plan and the hospital's mission and vision, suggesting coherence in organisational direction and purpose. Additionally, the moderately effective communication of strategic objectives indicates that, to a reasonable extent, staff are informed about institutional goals, which is essential for coordinated action and performance alignment.

On the other hand, notable weaknesses persist. The inconsistency in periodic review and evaluation mechanisms suggests that the hospital may lack a systematic approach to assessing the progress and effectiveness of its strategic initiatives. This limitation can impede timely decision-making and hinder continuous quality improvement. Furthermore, the limited and uneven participation of staff in the strategic planning process points to a gap in inclusiveness, which may reduce collective ownership and weaken commitment to organisational goals.

This pattern is consistent with broader empirical evidence indicating that healthcare institutions in developing contexts often demonstrate stronger capacity in strategy formulation than in implementation and evaluation (Abimbola et al., 2019; World Health Organization [WHO], 2020). In such settings, strategic plans are frequently well-articulated at the conceptual level but are not always effectively translated into operational practice.

The implications of these findings for healthcare delivery are significant. Although the hospital benefits from a solid strategic foundation, deficiencies in participation and evaluation may constrain the extent to which strategic objectives are achieved. Limited staff involvement can lead to reduced motivation and weaker alignment with institutional priorities, while inadequate evaluation systems may hinder the tracking of performance and the identification of areas requiring improvement. Similarly, inconsistencies in communication can affect coordination across departments, ultimately impacting service delivery efficiency.

Conversely, strengthening participatory planning processes and institutionalising robust monitoring and evaluation systems would likely yield substantial benefits. Greater staff involvement can enhance engagement, foster a sense of ownership, and improve motivation, while effective evaluation mechanisms can support accountability and evidence-based decision-making. Improved communication structures would also enhance coordination and responsiveness to patient needs, thereby contributing to better healthcare outcomes.

In conclusion, the hospital exhibits a strategic planning system that is solid yet not without limitations. While the alignment with mission and vision reflects strong strategic intent, the depth of implementation is moderated by challenges related to staff participation and evaluation processes. Comparatively, this mirrors a common trend in many developing healthcare systems, where strategic planning is more robust at the conceptual level than at the operational level (Bryson, 2018; WHO, 2020). Addressing these gaps through more inclusive governance, strengthened communication, and continuous evaluation will be essential for translating strategic plans into tangible improvements in healthcare quality and organisational performance

The findings presented in Section C provide a critical evaluation of how resources are managed within Maria Assumpta Catholic Hospital, Ado-Ekiti, and the extent to which such management influences the quality of healthcare delivery. In health systems theory, resource management is widely recognised as a foundational pillar of service delivery, encompassing financial, human, technological, and material resources, all of which must be efficiently coordinated to achieve optimal health outcomes (World Health Organization [WHO], 2020; Roberts et al., 2008). The overall sectional mean of 3.78 indicates that resource management in the hospital is moderately effective but not optimal, suggesting functional systems with notable inefficiencies that may constrain service excellence.

When compared with high-performing health systems, particularly in OECD countries, where integrated resource planning and robust financing mechanisms ensure efficiency and equity, the present findings reflect a typical pattern observed in many low- and middle-income healthcare systems where resource constraints and uneven distribution remain persistent challenges (OECD, 2023; Kruk et al., 2018).

The mean score of 3.85 reflects a moderately high level of agreement that medical equipment and supplies are available to support patient care. However, the fact that the score does not reach a high threshold indicates that adequacy is not universal across all hospital units. The standard deviation (0.96) suggests moderate variability, indicating unequal distribution of resources across departments.

This finding aligns with WHO (2020), which reports that inequitable distribution of medical supplies is a common challenge in resource-constrained health systems. It also reflects the “availability gap” described in health systems literature, where infrastructure exists but is inconsistently accessible across service points (Kruk et al., 2018).

In comparison with well-resourced health systems, where supply chain management ensures real-time stock monitoring and equitable distribution, the current finding suggests fragmentation in logistics and procurement systems. Such disparities may lead to inefficiencies in care delivery and variations in patient outcomes across departments.

The mean score of 3.90 indicates a generally positive perception of human resource utilisation within the hospital. The relatively low standard deviation (0.89) suggests consistency in responses, implying shared agreement that workforce deployment is reasonably effective.

This finding is consistent with Frenk et al. (2018), who emphasise that effective health systems depend not only on workforce availability but also on optimal deployment and task allocation. Efficient human resource utilisation contributes directly to service delivery efficiency, reduced waiting times, and improved patient outcomes.

However, compared with high-performing healthcare systems where workforce planning is data-driven and workload-balanced using digital scheduling systems, the present finding suggests that while human resources are being used effectively, there remains potential for optimisation—particularly in workload distribution and burnout prevention.

The mean score of 3.70 indicates a moderate level of agreement that the hospital invests in staff training and capacity development. However, the relatively high standard deviation (1.01) reveals significant variability in responses, suggesting unequal access to training opportunities across staff categories.

This finding is critical, as continuous professional development is widely recognised as essential for maintaining healthcare quality in rapidly evolving clinical environments. According to WHO (2020), health workforce capacity building is a core component of quality improvement and patient safety strategies.

In comparison with healthcare systems that institutionalise continuous professional development through mandatory training cycles and e-learning platforms, the current finding suggests inconsistencies in training delivery. This inequity may lead to skill gaps, reduced adaptability, and inconsistencies in clinical practice standards across departments.

The mean score of 3.65, one of the lowest in the section, indicates a moderate but relatively weak perception of financial resource management. The high standard deviation (1.05) reflects

substantial divergence in responses, possibly indicating differences in staff awareness or departmental experiences with financial allocation processes.

This finding is consistent with Roberts et al. (2008), who identify financial management as one of the most challenging components of health system governance in developing contexts. Inefficiencies in financial planning often result in delayed procurement, inadequate staffing, and underfunded service delivery points.

Comparatively, in OECD health systems where financial management is supported by transparent budgeting frameworks and insurance-based funding mechanisms, hospitals benefit from predictable resource flows that enhance strategic execution (OECD, 2023). The present finding therefore suggests that financial constraints remain a significant structural limitation affecting service delivery capacity and strategic implementation.

The mean score of 3.78 indicates a moderate level of agreement that technological resources are effectively utilised to enhance healthcare delivery. The standard deviation (0.92) reflects moderate consistency among respondents.

This suggests that while some level of digital or technological integration exists—such as diagnostic equipment or electronic health systems—utilisation may be constrained by accessibility issues, infrastructure limitations, or insufficient technical skills among staff.

This finding aligns with WHO (2021), which notes that digital health adoption in many developing countries remains uneven due to infrastructural and capacity barriers. In contrast, advanced healthcare systems increasingly rely on integrated electronic health records, AI-assisted diagnostics, and interoperable digital platforms to enhance efficiency and decision-making. Thus,

while the hospital demonstrates moderate progress in technological adoption, optimisation remains necessary to fully leverage digital health benefits.

The overall sectional mean score of 3.78 indicates that resource management within the hospital is functional, though not yet fully optimised. This suggests that while the institution has established basic systems for managing its resources, there are notable inefficiencies that limit maximum performance. The pattern of findings reflects a mixed scenario in which certain aspects of resource management are relatively strong, while others require significant improvement.

On the positive side, the hospital demonstrates relatively adequate utilisation of human resources and a reasonable level of equipment availability. This implies that staffing levels and basic medical tools are generally sufficient to support routine healthcare delivery. In addition, the moderate integration of technological systems suggests that the hospital has begun incorporating modern tools into its operations, although this integration is not yet comprehensive or fully efficient.

However, important weaknesses are evident, particularly in the areas of financial management and staff training systems. Inefficiencies in financial management may affect budgeting, allocation, and overall accountability, thereby limiting the hospital's ability to invest strategically in infrastructure and service improvement. Similarly, gaps in staff training indicate that opportunities for continuous professional development may be uneven or insufficient, which can negatively impact clinical competence and the adoption of innovative practices.

This pattern aligns with broader empirical evidence from sub-Saharan African health systems, where the mere availability of resources does not necessarily translate into efficient utilisation. Structural challenges such as weak governance systems, funding constraints, and limited institutional capacity often hinder optimal performance (Kruk et al., 2018; World Health

Organization [WHO], 2020). As such, the hospital's situation reflects a common systemic issue in developing healthcare contexts.

The implications of these findings for healthcare quality are considerable. According to Donabedian's (1988) framework, effective resource management is closely linked to service quality, patient safety, and health outcomes. In this regard, uneven distribution of resources within the hospital may lead to disparities in service delivery across departments. Limited training opportunities may reduce the ability of healthcare workers to maintain high standards of care or adopt new medical innovations. Financial inefficiencies can constrain long-term planning and infrastructure development, while suboptimal use of technology may affect operational efficiency and diagnostic accuracy.

When compared with high-performing healthcare systems—where resources are efficiently integrated and strategically managed—the current findings suggest the presence of structural inefficiencies that may hinder the hospital's ability to achieve optimal outcomes. In such advanced systems, strong financial controls, continuous staff development, and seamless technological integration contribute significantly to improved service delivery and patient satisfaction.

In conclusion, while Maria Assumpta Catholic Hospital has made commendable progress in managing its resources, its overall system remains moderately effective rather than fully optimised. Strengths in human resource utilisation and equipment availability are evident, yet these are offset by weaknesses in financial management, staff training equity, and technological integration. Comparatively, this reflects broader challenges observed in developing healthcare systems, where resource limitations and governance inefficiencies continue to constrain performance despite ongoing reforms (WHO, 2020; Kruk et al., 2018). To enhance efficiency and overall healthcare

quality, the hospital will need to prioritise improved financial accountability, expand equitable training opportunities, and strengthen the adoption and effective use of technological systems.

The findings in Section D provide a comprehensive assessment of leadership effectiveness and organisational structure within Maria Assumpta Catholic Hospital, Ado-Ekiti, and how these elements influence service efficiency. In health systems governance literature, leadership and organisational design are widely recognised as central determinants of healthcare performance, influencing coordination, accountability, and the translation of strategic plans into operational outcomes (World Health Organization [WHO], 2020; Frenk et al., 2018). The overall sectional mean of 4.00 indicates a high level of agreement that leadership and organisational structures are generally effective, suggesting that the hospital possesses a relatively strong governance framework that supports service delivery.

When compared with studies across sub-Saharan African health systems, this result is comparatively positive, as many institutions in similar contexts often report weaker leadership capacity and fragmented organisational structures that hinder service efficiency (Agyepong et al., 2017; Abimbola et al., 2019). The present finding therefore reflects a moderately strong institutional governance environment, albeit with identifiable areas requiring improvement.

The mean score of 4.05 indicates that respondents strongly perceive hospital leadership as providing clear direction and guidance. The relatively low standard deviation (0.87) suggests consistency in perception, indicating broad organisational confidence in leadership effectiveness.

This finding aligns with transformational leadership theory, which emphasises that effective leaders provide vision, clarity, and motivation that align staff behaviour with organisational goals (Bass & Riggio, 2006). In healthcare settings, leadership clarity is particularly critical, as

ambiguity in direction can directly compromise patient safety and service quality (West et al., 2015).

Comparatively, this result is consistent with findings from high-performing healthcare organisations where leadership clarity is strongly associated with improved staff morale and patient outcomes. It suggests that the hospital benefits from leadership structures that provide adequate direction, thereby enhancing organisational coherence and operational stability.

The mean score of 3.88 reflects a moderate to high level of agreement regarding the effectiveness and timeliness of decision-making processes. However, the score falling slightly below the high threshold indicates that decision-making is not consistently optimal across all contexts. The standard deviation (0.94) further suggests variability in responses, implying that delays or inefficiencies may occur in certain departments or hierarchical levels.

This finding is consistent with Mintzberg's (1994) critique of bureaucratic organisational structures, which often centralise decision-making, leading to delays in responsiveness. Similarly, WHO (2020) notes that overly centralised decision-making in healthcare systems can reduce responsiveness and limit frontline autonomy.

In comparison with decentralised health systems, where decision-making authority is distributed to lower levels, the current finding suggests that while the hospital has functional governance, greater decentralisation could enhance responsiveness, especially in clinical decision contexts where timely action is critical.

The mean score of 3.95 indicates a moderately high level of agreement that the organisational structure promotes coordination and teamwork across departments. The standard deviation (0.90) reflects relatively consistent perceptions among respondents.

This finding suggests that the hospital operates within a structured framework that supports interdepartmental collaboration, which is essential for integrated healthcare delivery. According to Mintzberg (1983), organisational structure plays a key role in facilitating coordination, particularly in complex organisations such as hospitals where multiple professional groups must collaborate.

Comparatively, this result aligns with studies in similarly structured healthcare institutions where functional departmentalisation enhances operational clarity but may sometimes limit cross-functional integration. The present finding suggests that while coordination is effective, further strengthening of interdepartmental synergy could enhance continuity of care.

The mean score of 4.02 indicates strong agreement that hospital leadership is committed to implementing strategic management initiatives. The low standard deviation (0.85) reflects strong consensus among respondents.

This finding is consistent with Kotter's (1996) change leadership framework, which emphasises that leadership commitment is a critical driver of successful organisational transformation. In healthcare systems, leadership commitment is directly linked to successful policy implementation, innovation adoption, and quality improvement initiatives (West et al., 2015).

Compared with institutions where leadership commitment is weak or inconsistent, often resulting in failed reforms, the present finding suggests a relatively strong leadership culture that supports strategic continuity and organisational development.

This item recorded the highest mean score (4.10) in the section, indicating strong agreement that roles and responsibilities are clearly defined and well understood by staff. The low standard deviation (0.82) further reinforces the consistency of this perception.

Clear role definition is a fundamental principle of organisational efficiency, as it reduces ambiguity, minimises role conflict, and enhances accountability (Robbins & Judge, 2019). In healthcare settings, clearly defined roles are particularly important because they ensure smooth workflow coordination and reduce clinical errors (WHO, 2020).

Comparatively, this finding is stronger than reports from several fragmented health systems where unclear job descriptions contribute to inefficiencies and duplication of tasks. The clarity observed in this hospital therefore represents a significant organisational strength that likely contributes to improved service delivery outcomes.

The overall sectional mean score of 4.00 indicates that leadership and organisational structure within the hospital are strong and largely effective. This suggests that the institution benefits from a stable governance framework that supports coordination, accountability, and the execution of strategic objectives. The findings reflect a system in which leadership and structural arrangements function as key enablers of organisational performance.

A number of important strengths are evident. The presence of clear leadership direction and guidance implies that management provides a coherent vision for staff, which is essential for aligning activities with institutional goals. This is complemented by a strong commitment to strategic initiatives, indicating that leadership is not only focused on planning but also actively engaged in driving implementation. Furthermore, the existence of well-defined roles and responsibilities enhances operational clarity, reducing ambiguity and promoting accountability across different units. The functional organisational structure also supports effective coordination, ensuring that tasks and responsibilities are systematically organised to facilitate service delivery.

Despite these strengths, the relatively lower score associated with decision-making processes points to some limitations within the system. Specifically, there may be occasional delays in operational decisions, which could affect the timeliness of service delivery. This may be linked to a degree of centralisation of authority, where key decisions are concentrated at higher levels of management. As a result, there is a need to improve responsiveness and inclusivity in decision-making processes to ensure that frontline staff can contribute more effectively to operational decisions.

This pattern is consistent with organisational theory, which suggests that even well-structured institutions can experience inefficiencies when decision-making is overly hierarchical or centralised (Mintzberg, 1994; World Health Organization [WHO], 2020). In such contexts, rigid structures may limit flexibility and slow down responses to emerging challenges, particularly in dynamic environments such as healthcare.

The implications of these findings for healthcare service efficiency are significant. Leadership and organisational structure are widely recognised in health systems literature as critical “enabling conditions” that influence coordination, responsiveness, and staff motivation (Frenk et al., 2018). Strong leadership enhances strategic alignment and fosters workforce motivation, while clear organisational structures improve coordination and reduce duplication of efforts. Additionally, well-defined roles increase accountability and ensure that responsibilities are clearly understood. However, weaknesses in decision-making processes may undermine these benefits by causing delays and reducing the system’s ability to respond promptly to patient needs.

When compared with high-performing healthcare systems, where decentralised decision-making and adaptive leadership approaches are more common, the hospital demonstrates a governance structure that is strong but still evolving. In such advanced systems, decision-making authority is

often distributed across multiple levels, enabling faster responses and greater innovation. The current findings suggest that while the hospital has a solid leadership foundation, it could benefit from greater managerial flexibility and inclusivity.

In conclusion, the hospital exhibits a robust and well-functioning leadership and organisational structure that significantly supports efficient healthcare delivery. Strengths in leadership clarity, strategic commitment, and role definition contribute positively to institutional performance. However, moderate inefficiencies in decision-making processes highlight the need for further improvement. Enhancing decentralised decision-making, promoting participatory governance, and improving managerial agility will be essential for increasing responsiveness and sustaining high-quality healthcare delivery. Overall, the findings are consistent with global health systems literature, which emphasises that effective leadership, when combined with flexible organisational structures, is fundamental to achieving resilient and high-performing healthcare systems (WHO, 2020; Frenk et al., 2018).

The findings presented in Section E provide an important empirical insight into how strategic management practices influence patient satisfaction in Maria Assumpta Catholic Hospital, Ado-Ekiti. In contemporary health systems discourse, patient satisfaction is widely recognised as a key indicator of healthcare quality, reflecting not only clinical outcomes but also service responsiveness, communication effectiveness, and organisational efficiency (World Health Organization, 2020; Doyle et al., 2013). The overall sectional mean of 3.93 indicates a moderately high level of patient satisfaction, suggesting that while the hospital delivers generally acceptable services, there remains scope for improvement in achieving optimal patient-centred care.

When compared with global benchmarks, particularly in high-performing health systems where patient satisfaction scores tend to be higher due to strong integration of quality assurance systems

and patient-centred care models, the current finding reflects a transitional stage of performance—where foundational systems are present but not yet fully optimised (OECD, 2023; Anhang Price et al., 2014). This pattern is also consistent with findings in many sub-Saharan African healthcare facilities, where patient satisfaction is often moderate due to systemic constraints despite ongoing reforms (Agyepong et al., 2017).

The mean score of 4.08 indicates a high level of agreement that the hospital regularly monitors and evaluates service quality. The relatively low standard deviation (0.83) suggests strong consensus among respondents, reflecting institutional consistency in quality assurance practices.

This finding is significant, as monitoring and evaluation (M&E) systems are central to strategic management in healthcare, enabling continuous quality improvement and evidence-based decision-making (WHO, 2020). According to Donabedian's quality framework, structured evaluation systems are essential for improving healthcare outcomes by linking structure, process, and outcomes in service delivery (Donabedian, 1988).

Comparatively, this result is stronger than findings from several Nigerian public healthcare institutions where weak or inconsistent monitoring systems have been identified as major barriers to quality improvement (Oleribe et al., 2019). The present finding therefore suggests a relatively well-developed M&E culture within the hospital, which positively supports patient satisfaction.

The mean score of 3.92 reflects a moderately high perception that patient feedback is utilised to improve healthcare services. However, the score falling slightly below 4.00 suggests that feedback integration is not fully optimised or consistently applied.

The moderate standard deviation (0.91) indicates variability in responses, suggesting that the use of feedback mechanisms may differ across departments or service points. This finding aligns with

Doyle et al. (2013), who emphasise that while patient feedback systems are increasingly adopted globally, their effectiveness depends on how systematically feedback is collected, analysed, and acted upon.

In comparison with high-performing health systems, where patient feedback is embedded into real-time quality improvement cycles, often supported by digital platforms (OECD, 2023), the present finding suggests partial implementation. Strengthening feedback loops would likely enhance responsiveness and patient-centredness.

The mean score of 3.85 indicates a moderate-to-high perception that strategic management initiatives have positively influenced patient care and satisfaction. However, this comparatively lower score suggests that the impact of strategic interventions may not be uniformly visible across all staff or service areas.

The relatively high standard deviation (0.95) reflects divergence in responses, indicating inconsistent experiences of strategic implementation across departments. This is consistent with Agyepong et al. (2017), who observed that in many healthcare systems, strategic reforms often yield uneven outcomes due to implementation gaps and contextual variability.

From a comparative perspective, in well-integrated health systems, strategic management reforms are more consistently translated into measurable improvements in patient outcomes due to strong alignment between policy and operational execution (WHO, 2020). The present finding therefore suggests partial effectiveness of strategic initiatives in influencing patient care.

The mean score of 4.00 reflects a high level of agreement that staff adherence to hospital policies enhances patient experience. The relatively low standard deviation (0.88) indicates consistency in perceptions across respondents.

This finding is particularly important, as adherence to clinical and administrative protocols is a core determinant of healthcare quality and patient safety. According to Donabedian (1988), standardisation of care processes reduces variability in service delivery and enhances reliability of outcomes.

Comparatively, studies in similar healthcare contexts in Nigeria have also found that policy compliance significantly improves patient trust and service satisfaction (Oleribe et al., 2019). The present result therefore suggests that the hospital benefits from a relatively strong culture of compliance, which positively influences patient experience.

The mean score of 3.80 indicates a moderate level of agreement that the hospital consistently meets patient expectations regarding timely and effective healthcare delivery. However, this is the lowest score within the section, suggesting that patient expectations are not fully or consistently met.

The relatively high standard deviation (0.97) indicates variability in responses, likely reflecting inconsistencies in service delivery across departments, shifts, or care units. This aligns with findings by Anhang Price et al. (2014), who noted that inconsistencies in service delivery are a major factor influencing patient dissatisfaction in many healthcare systems.

When compared with high-performing healthcare systems, where service delivery is standardised and patient waiting times are tightly managed, the present finding suggests that operational inefficiencies may still exist, affecting the patient experience (OECD, 2023).

The overall sectional mean score of 3.93 indicates that patient satisfaction within the hospital is moderately high, though not yet at an optimal level. This suggests that while patients generally perceive the quality of care positively, there are underlying inconsistencies that limit the attainment

of a fully patient-centred experience. The findings reveal a mixed performance pattern, reflecting both notable strengths and important areas requiring improvement.

Among the key strengths identified is the effective monitoring and evaluation of service quality, which provides a foundation for continuous quality improvement. This indicates that the hospital has mechanisms in place to assess performance and identify gaps in service delivery. Additionally, strong adherence to clinical and organisational policies contributes to consistency, safety, and standardisation of care, all of which are essential for building patient trust. The reasonable utilisation of patient feedback mechanisms further demonstrates an awareness of the importance of incorporating patient perspectives into service improvement efforts.

However, these strengths are counterbalanced by several weaknesses. The inconsistent translation of strategic management initiatives into visible patient outcomes suggests a gap between planning and execution. While strategies may be well designed, their impact is not always fully experienced at the patient level. Furthermore, variability in service delivery across departments indicates a lack of uniformity, which can lead to unequal patient experiences depending on where care is received. The limited consistency in meeting patient expectations also highlights challenges in responsiveness, communication, and service delivery processes.

This pattern aligns with broader empirical literature, which shows that although many healthcare institutions implement quality improvement systems, their effectiveness in enhancing patient satisfaction is often constrained by implementation gaps and contextual challenges (Agyepong et al., 2017; World Health Organization [WHO], 2020). In many cases, the presence of quality frameworks does not automatically translate into improved patient experiences unless they are consistently and effectively operationalised.

The implications of these findings for healthcare delivery are significant. The results suggest that strategic management practices are positively influencing patient satisfaction, but their full potential has not yet been realised. Effective monitoring systems contribute to ongoing quality improvement, while adherence to policies enhances reliability and patient confidence in care. However, gaps in responsiveness and consistency may weaken patient loyalty and overall satisfaction, particularly in a healthcare environment where expectations are increasingly high.

From a comparative perspective, evidence from high-performing health systems, as highlighted by the Organisation for Economic Co-operation and Development (OECD, 2023), indicates that optimal patient satisfaction is achieved when strategic management is closely integrated with real-time feedback systems, strong staff engagement, and efficient operational processes. The current findings suggest that the hospital is partially aligned with these best practices but has not yet achieved full integration.

In conclusion, the hospital demonstrates a commendable level of patient satisfaction, supported by effective monitoring systems and strong policy adherence. Nevertheless, the presence of implementation gaps—particularly in responsiveness, consistency, and feedback utilisation—limits the achievement of optimal patient-centred outcomes. To advance performance, there is a need to strengthen the integration between strategic initiatives and frontline service delivery, enhance responsiveness to patient expectations, and improve the systematic use of feedback for service improvement. This is consistent with global evidence, which emphasises that sustainable improvements in patient satisfaction depend on the seamless alignment of strategy, execution, and continuous quality improvement mechanisms (WHO, 2020; Doyle et al., 2013; OECD, 2023).

The findings presented in Section F provide a critical diagnostic assessment of the barriers hindering the effective implementation of strategic management within Maria Assumpta Catholic

Hospital, Ado-Ekiti. In health systems literature, implementation challenges are widely recognised as a key determinant of whether strategic plans translate into measurable improvements in service delivery or remain largely theoretical frameworks (World Health Organization, 2020; Bryson, 2018). The overall sectional mean of 4.07 indicates a high level of agreement among respondents that significant challenges exist, suggesting that these constraints are pervasive, structurally embedded, and substantially influential on organisational performance.

When compared with broader empirical evidence from healthcare systems in sub-Saharan Africa, this finding aligns with studies by Agyepong et al. (2017) and Abimbola et al. (2019), which consistently report that despite the existence of strategic frameworks, implementation is often constrained by systemic bottlenecks such as inadequate funding, workforce shortages, and weak institutional systems. This reinforces the well-established “implementation gap” in health systems governance, where policy intent does not always translate into operational effectiveness.

The mean score of 4.25 indicates a very high level of agreement that financial constraints are the most significant barrier to effective strategic management implementation. The relatively low standard deviation (0.78) reflects strong consensus among respondents, underscoring the universality of this challenge across staff categories.

This finding is consistent with WHO (2020), which identifies inadequate health financing as one of the most critical constraints to health system strengthening in low- and middle-income countries. Financial limitations directly affect procurement of essential equipment, infrastructure development, workforce expansion, and staff training, thereby limiting the operationalisation of strategic plans.

Comparatively, in high-income health systems, where sustainable financing mechanisms such as pooled funding and insurance-based models are well established, strategic plans are more effectively implemented due to predictable resource flows (OECD, 2023). The present finding therefore highlights a structural financing gap that significantly undermines strategic execution in the hospital context.

The mean score of 4.10 reflects a high level of agreement that shortages of trained personnel impede effective strategy implementation. The relatively low standard deviation (0.85) indicates consistent perceptions among respondents.

This finding aligns with Frenk et al. (2018), who emphasise that workforce shortages remain one of the most persistent global health system challenges, particularly in developing countries. Inadequate staffing not only increases workload pressure on existing personnel but also reduces the capacity of institutions to implement new strategies effectively.

In comparison, healthcare systems with strong human resource planning frameworks ensure adequate staffing ratios and continuous professional development, thereby enhancing implementation capacity (WHO, 2020). The current finding suggests that workforce inadequacy remains a structural constraint limiting strategic effectiveness and service quality.

The mean score of 3.95 indicates a moderately high level of agreement that resistance to change among staff affects strategic management implementation. The standard deviation (0.90) suggests moderate variability in perceptions, indicating that resistance is present but not uniform across all staff groups.

This finding is consistent with organisational change theory, which posits that resistance is a natural response to new systems, particularly where change disrupts established routines or power

structures (Kotter, 1996). In healthcare settings, resistance often manifests in reluctance to adopt new technologies, protocols, or workflows, thereby slowing implementation processes (Dorgan et al., 2021).

When compared with high-performing health systems, where change management strategies such as staff engagement, training, and participatory planning are routinely used to reduce resistance, the current finding suggests that change management processes may require strengthening to improve strategic adoption.

The mean score of 4.05 indicates a high level of agreement that poor communication and coordination significantly delay strategy implementation. The relatively low standard deviation (0.87) reflects consistency in responses.

Effective communication is widely recognised as a cornerstone of successful strategic management. Bryson (2018) emphasises that without clear communication channels, organisational alignment becomes difficult, leading to duplication of efforts and inefficiencies. Similarly, WHO (2020) highlights that fragmented communication systems are a major barrier to coordinated healthcare delivery.

In comparison with integrated health systems where digital communication platforms and structured reporting mechanisms enhance coordination, the present finding suggests that communication inefficiencies remain a limiting factor in achieving seamless strategic execution.

The mean score of 4.00 reflects a high level of agreement that inadequate monitoring and evaluation (M&E) systems reduce the effectiveness of strategic management. The standard deviation (0.89) indicates moderate consistency among respondents.

This finding is significant, as M&E systems are essential for tracking progress, measuring outcomes, and ensuring accountability in strategic implementation. According to Donabedian (1988), evaluation mechanisms are critical for linking healthcare processes to outcomes and ensuring continuous quality improvement.

Comparatively, OECD (2023) notes that high-performing healthcare systems rely heavily on real-time data analytics and performance dashboards to support adaptive management. The absence or weakness of such systems in the present context suggests limited capacity for evidence-based decision-making and performance tracking.

The overall sectional mean score of 4.07 indicates that the challenges affecting strategic management implementation in the hospital are significant, systemic, and multidimensional. This suggests that the barriers identified are not isolated issues but rather interconnected constraints that collectively influence the effectiveness of strategic execution. The findings point to a complex operational environment where structural, human resource, and institutional limitations interact to hinder optimal performance.

Specifically, the results reveal a convergence of several critical challenges. Severe financial constraints emerge as a major limitation, restricting the hospital's capacity to fully implement strategic initiatives and sustain long-term improvements. Shortages of skilled personnel further compound these difficulties by reducing service efficiency, increasing workload pressures, and potentially contributing to staff burnout. In addition, communication and coordination inefficiencies within the organisation affect the smooth flow of information, thereby delaying implementation processes and reducing overall system coherence.

The study also identifies weak monitoring and evaluation systems, which limit the hospital's ability to track performance, assess progress, and make evidence-based improvements. Without strong evaluation mechanisms, it becomes difficult to ensure accountability or to identify areas requiring corrective action. Furthermore, moderate resistance to organisational change reflects behavioural and cultural barriers that may slow down the adoption of new policies, technologies, or practices, thereby constraining innovation and adaptability.

This pattern is consistent with broader health systems literature, which emphasises that failures in healthcare implementation are rarely due to deficiencies in strategy formulation. Instead, they are often the result of systemic and contextual constraints that affect execution capacity (Agyepong et al., 2017; Abimbola et al., 2019). In many developing health systems, well-designed strategic plans frequently encounter challenges during implementation due to resource limitations, workforce constraints, and institutional inefficiencies.

The implications of these findings are significant for both strategic management and healthcare delivery. The consistently high agreement across all challenge indicators suggests that these constraints operate collectively, thereby undermining organisational effectiveness. Financial limitations restrict the scale and sustainability of strategic interventions, while workforce shortages reduce service efficiency and place additional pressure on existing staff. Communication gaps hinder coordination and timely decision-making, and weak monitoring and evaluation systems reduce the capacity for accountability and continuous improvement. At the same time, resistance to change slows organisational transformation and limits the adoption of innovative practices that could enhance service delivery.

When compared with global health system standards, the findings highlight a clear implementation gap. In high-performing health systems, effective strategic execution is supported by strong

governance structures, adequate and sustainable financing, well-distributed human resources, and robust monitoring frameworks (World Health Organization [WHO], 2020; OECD, 2023). In contrast, the present findings suggest that although strategic management practices exist within the hospital, their effectiveness is constrained by persistent systemic weaknesses.

In conclusion, Maria Assumpta Catholic Hospital demonstrates evidence of strategic management implementation; however, its effectiveness is significantly limited by structural and operational challenges. Financial constraints, workforce shortages, communication inefficiencies, weak evaluation systems, and resistance to change collectively undermine the full realisation of strategic objectives. Comparatively, this aligns with extensive evidence from developing healthcare systems, where implementation gaps persist despite the presence of well-formulated strategic plans (Abimbola et al., 2019; WHO, 2020). Addressing these challenges will therefore require strengthened financing mechanisms, improved human resource planning, enhanced communication systems, and more robust monitoring and evaluation frameworks to support sustainable improvements in healthcare delivery and organisational performance.

The interpretation of the frequency distribution for Item 1 reveals a robust and analytically meaningful pattern of respondents' perceptions, situated within the broader methodological logic of Likert-scale measurement in social and health sciences research. The observed distribution—anchored on a five-point continuum from Strongly Disagree (SD) to Strongly Agree (SA)—demonstrates a clear and statistically persuasive inclination toward agreement, thereby signalling a high level of consensus regarding the construct under investigation. Such a pattern is not merely descriptive; it reflects deeper attitudinal alignment and shared experiential realities among respondents, which is critical in organisational and healthcare-related studies where perception often shapes behaviour and outcomes (Joshi et al., 2015; Boone & Boone, 2012).

A detailed examination of the response categories indicates that 40% of respondents selected “Strongly Agree,” while 35% selected “Agree,” resulting in a cumulative agreement level of 75%. This magnitude of agreement is substantial and exceeds conventional thresholds often interpreted as indicative of strong endorsement in survey research. Methodologically, such a concentration in the upper categories suggests not only directionality (positive perception) but also intensity (strength of conviction), which enhances the interpretive validity of the findings (Likert, 1932; Sullivan & Artino, 2013). In comparative terms, studies in healthcare management and organisational behaviour frequently report moderate agreement levels (typically between 55% and 65%) when assessing perceptions of institutional effectiveness or policy implementation (Agyepong et al., 2017; Abimbola et al., 2019). Therefore, the 75% agreement observed in this study reflects a comparatively stronger endorsement, suggesting that the phenomenon captured in Item 1 is particularly salient and positively experienced within the study context.

Equally important is the relatively low proportion of neutral responses (10%). In Likert-scale analysis, neutrality can indicate ambivalence, lack of awareness, or insufficient information about the subject matter (Krosnick & Presser, 2010). The limited neutrality observed here implies that respondents possess a clear understanding or direct experience of the issue being assessed, thereby reinforcing the reliability and interpretive strength of the data. From a measurement perspective, low neutrality enhances discriminative capacity, as it reduces the ambiguity often associated with midpoint responses and allows for a more definitive interpretation of attitudinal direction.

The distribution of negative responses further consolidates the overall interpretation. With only 10% selecting “Disagree” and 5% selecting “Strongly Disagree,” the combined disagreement level stands at 15%, which is comparatively minimal. In empirical research, such a low level of opposition typically suggests that dissenting views, while present, are not dominant enough to

challenge the prevailing trend (DeVellis, 2017). However, it is analytically important not to dismiss this minority outright. Contemporary scholarship emphasises that even small pockets of disagreement may point to contextual inconsistencies, implementation gaps, or subgroup-specific experiences that warrant further qualitative exploration (Creswell & Plano Clark, 2018). Thus, while the overall perception is positive, the existence of dissent signals the need for nuanced inquiry into potential areas of improvement.

The observed positive skewness of the distribution, where responses are concentrated toward the higher end of the scale adds another layer of analytical depth. Skewness in Likert data is often interpreted as evidence of strong attitudinal leaning, particularly when accompanied by a high proportion of “Strongly Agree” responses (Boone & Boone, 2012). In this case, the skewness suggests that respondents are not merely agreeing in a passive or moderate sense but are expressing a high degree of confidence and conviction. This aligns with findings from organisational research, where strong positive skewness is typically associated with perceived effectiveness, satisfaction, or successful implementation of policies and practices (Bryson, 2018; WHO, 2020).

From a substantive standpoint, the implications of these findings are significant. The high level of agreement may be interpreted as evidence of effective implementation, strong institutional awareness, or tangible benefits associated with the variable under study. In healthcare contexts, for instance, such positive perceptions are often linked to improved service delivery, enhanced staff engagement, or successful policy adoption (Abimbola et al., 2019; WHO, 2020). When compared with settings where responses are more evenly distributed or skewed toward neutrality or disagreement, the current findings suggest a relatively higher level of organisational alignment and functional effectiveness.

Nevertheless, a critical, thesis-level interpretation requires acknowledging that high agreement does not automatically equate to optimal performance. Scholars caution against equating perception with objective reality, as responses may be influenced by social desirability bias, organisational culture, or power dynamics that shape how individuals express their views (Podsakoff et al., 2003). Therefore, while the data strongly indicate positive perception, it is methodologically prudent to triangulate these findings with other data sources—such as observational metrics or performance indicators—to validate the extent to which perceived effectiveness corresponds with actual outcomes.

In comparative perspective, the pattern observed in this study contrasts with findings from more resource-constrained or institutionally fragmented settings, where higher levels of disagreement and neutrality often reflect uncertainty, dissatisfaction, or weak implementation structures (Agyepong et al., 2017). The relatively strong consensus in the present case may therefore suggest a more stable or better-functioning system, although contextual factors must be carefully considered.

In conclusion, the frequency distribution for Item 1 demonstrates a clear, consistent, and strongly positive perception among respondents, characterised by high agreement, low neutrality, and minimal opposition. This pattern provides compelling evidence that the variable under investigation is widely recognised and favourably evaluated within the study population. However, the presence of a small proportion of dissenting responses, alongside potential methodological limitations inherent in self-reported data, underscores the importance of cautious interpretation and the need for complementary analyses. Overall, the findings contribute meaningfully to the broader discourse on perception measurement in organisational and healthcare research, highlighting both the strengths and interpretive nuances of Likert-scale data.

The hypothesis testing results derived from the independent sample t-test provide a rigorous statistical basis for evaluating the extent to which strategic management practices influence healthcare delivery at Maria Assumpta Catholic Hospital. By adopting a 5% level of significance ($p \leq 0.05$), the study ensures that the conclusions drawn are both reliable and inferentially robust, thereby moving beyond descriptive observations to establish statistically validated relationships among the study variables. The rejection of all five null hypotheses underscores a critical insight: strategic management is not merely present in the hospital system but is functionally significant in shaping organisational performance and patient-related outcomes.

In examining the first hypothesis, the statistically significant difference between the observed mean score for strategic planning ($M = 3.93$) and the neutral benchmark ($M = 3.00$) confirms that strategic planning is actively implemented within the hospital. This finding reflects a structured organisational environment where formal planning processes, clearly defined goals, and alignment with institutional mission and vision are evident. Such a result substantiates Bryson's (2018) assertion that effective strategic planning in healthcare is characterised by deliberate goal-setting and systematic implementation mechanisms. However, when situated within the broader sub-Saharan African context, this finding presents a notable divergence. Studies such as Agyepong et al. (2017) reveal that in many public hospitals, strategic plans often exist as policy documents with limited operational translation. The comparatively stronger implementation observed in this study suggests a relatively higher level of institutional discipline and governance within the hospital, although, as earlier findings indicate, this does not entirely eliminate execution gaps.

The second hypothesis further reinforces the centrality of resource management in healthcare delivery. With a mean score of 3.78 and a statistically significant p-value, the study demonstrates that resource management exerts a meaningful influence on service quality. This aligns closely

with the Resource-Based View (RBV) theory, which posits that organisational effectiveness is contingent upon the optimal deployment of valuable, rare, and inimitable resources (Barney, 1991). In the context of healthcare, these resources encompass skilled personnel, medical equipment, financial capital, and technological systems. The implication of this finding is profound: even in resource-constrained environments, the efficiency with which available resources are managed can significantly determine service outcomes. Comparatively, in less efficient systems, such as those documented by Ojo and Oladipo (2021) poor resource allocation and supply chain inefficiencies have been shown to undermine healthcare quality. Thus, while the hospital demonstrates relatively effective resource utilisation, the moderate mean score indicates that further optimisation is necessary to achieve excellence.

The third hypothesis highlights the pivotal role of leadership and organisational structure, with a mean score of 4.00 indicating strong positive perceptions among respondents. The statistically significant result confirms that leadership and structural arrangements significantly enhance service efficiency. This finding lends empirical support to transformational leadership theory, which emphasises the role of visionary leadership, motivation, and strategic alignment in driving organisational performance (Bass & Riggio, 2006). Effective leadership facilitates clear communication, fosters teamwork, and ensures that organisational goals are translated into actionable tasks. Additionally, the result aligns with the World Health Organization's (2020) framework, which identifies leadership and governance as foundational pillars of effective health systems. When compared to healthcare institutions characterised by weak leadership and fragmented organisational structures, the present study suggests a relatively cohesive and well-coordinated system. Nevertheless, the persistence of implementation challenges indicates that

leadership effectiveness, while strong, may not be uniformly experienced across all operational levels.

The fourth hypothesis establishes a statistically significant relationship between strategic management practices and patient satisfaction, with a mean score of 3.93. This finding is particularly critical, as it bridges the gap between managerial processes and patient-centred outcomes. It confirms that practices such as monitoring and evaluation, adherence to policies, and the utilisation of patient feedback mechanisms directly influence how patients perceive the quality of care. This is consistent with Donabedian's (1988) quality of care framework, which posits that healthcare outcomes are a function of both structural and process-related factors. Furthermore, Jha et al. (2019) demonstrate that hospitals with robust management systems tend to achieve higher patient satisfaction due to improved coordination and accountability. However, when compared with high-performing healthcare systems in developed contexts, where patient satisfaction scores often exceed optimal thresholds, the moderately high mean observed in this study suggests that while strategic management is impactful, it is not yet fully optimised to deliver consistently superior patient experiences.

The fifth hypothesis reveals the existence of significant challenges hindering the effective implementation of strategic management, as indicated by a high mean score of 4.07 and a statistically significant result. This finding introduces a critical counterbalance to the otherwise positive outcomes observed across the other variables. It suggests that despite the presence of strong strategic frameworks, systemic barriers continue to impede full implementation. These challenges, ranging from financial constraints and workforce shortages to communication gaps and resistance to change are well-documented in institutional theory, which argues that organisational performance is often constrained by environmental and structural limitations (Scott,

2014). The World Health Organization (2020) similarly identifies these barriers as pervasive in developing healthcare systems. In comparison with well-resourced healthcare environments, where strategic initiatives are supported by robust funding and human capital, the challenges identified in this study reflect the realities of operating within a resource-limited setting. This underscores the need for context-sensitive strategies that address these constraints while leveraging existing strengths.

Taken together, the rejection of all null hypotheses provides compelling evidence that strategic management is both operational and influential within the hospital. The findings collectively validate systems theory (Von Bertalanffy, 1968), which conceptualises organisations as interconnected systems where changes in one component invariably affect others. In this case, strategic planning, resource management, leadership, and organisational structure function as interdependent subsystems that jointly shape healthcare delivery outcomes. The statistically significant relationships observed confirm that improvements in one domain, such as leadership or resource allocation can have cascading effects on service efficiency and patient satisfaction.

From a practical standpoint, these findings carry important implications for healthcare management. While the hospital demonstrates commendable performance across several domains, achieving optimal outcomes will require a deliberate focus on addressing the identified challenges. Enhancing financial capacity, strengthening workforce development, improving communication channels, and institutionalising continuous monitoring mechanisms will be critical for sustaining and improving performance. Moreover, bridging the gap between strategic intent and operational execution remains essential for translating managerial effectiveness into consistently high patient satisfaction.

In conclusion, the t-test analysis not only affirms the statistical significance of strategic management practices but also highlights the dynamic and multifaceted nature of healthcare performance. The hospital stands at a point of relative strength, yet the persistence of systemic challenges suggests that continued efforts are necessary to transition from moderate effectiveness to sustained excellence in healthcare delivery.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The content of this chapter includes a summary of the findings of the research, conclusion, and recommendations. It also includes suggestions for further research work in addition to the contributions to the study to knowledge.

5.1 SUMMARY OF FINDINGS

The discussion of findings from this study on Strategic Management for Quality Healthcare Delivery at Maria Assumpta Catholic Hospital, Ado-Ekiti reveals a generally positive but uneven performance across the key dimensions of strategic management, namely strategic planning, resource management, leadership and organisational structure, patient satisfaction, and implementation challenges.

Overall, the results indicate that strategic management practices are significantly present and operational within the hospital, with varying degrees of effectiveness across different domains. The statistical analysis and mean score interpretations consistently show values above the neutral benchmark, suggesting that respondents perceive strategic management processes as functional and impactful on healthcare delivery outcomes.

The findings show that strategic planning is significantly implemented, with strong agreement on the existence of a clearly defined strategic plan and alignment with the hospital's mission and vision. However, weaknesses were identified in staff involvement and periodic review mechanisms, indicating that strategic planning remains partially centralised. This suggests that

while planning structures exist, participatory and adaptive planning processes require strengthening.

Resource management was found to be moderately effective, with strengths in human resource utilisation and equipment availability. However, deficiencies were noted in financial management and staff training. This indicates that while operational resources support service delivery to some extent, inefficiencies in funding allocation and capacity building may limit overall healthcare quality and sustainability.

The study established that leadership and organisational structure have a strong and significant influence on service efficiency. Leadership was generally perceived as clear, committed, and direction-giving, while organisational structure supports coordination and teamwork. Nevertheless, decision-making processes were identified as relatively less efficient, suggesting a need for improved decentralisation and responsiveness in managerial decisions.

Patient satisfaction was found to be moderately high and significantly influenced by strategic management practices. Strengths include effective monitoring and evaluation systems and adherence to hospital policies. However, inconsistencies in meeting patient expectations and variable application of feedback mechanisms indicate that service delivery is not uniformly optimal across all units.

The study identified significant and widespread challenges affecting strategic management implementation. The most critical constraints include financial limitations, shortage of skilled personnel, weak communication systems, resistance to change, and inadequate monitoring and evaluation frameworks. These challenges collectively hinder the full realisation of strategic objectives and limit healthcare performance.

In summary, the study demonstrates that strategic management is a key driver of healthcare delivery quality in the hospital, with statistically significant relationships established across all major variables. However, its effectiveness is constrained by structural, financial, and human resource challenges. The findings suggest that while the hospital has a strong foundational strategic framework, enhancing inclusiveness in planning, strengthening resource allocation systems, improving decision-making efficiency, and addressing systemic constraints are essential for achieving optimal healthcare delivery outcomes.

Ultimately, the study confirms that strategic management is not merely present but actively shapes organisational performance, although its full potential is yet to be fully realised due to persistent implementation barriers.

5.2 CONCLUSION

This study set out to examine strategic management for quality healthcare delivery at Maria Assumpta Catholic Hospital, Ado-Ekiti, with particular attention to strategic planning implementation, resource management, leadership and organisational structure, patient satisfaction, and the challenges affecting implementation. The findings, based on descriptive and inferential analyses, provide a clear and coherent picture of how strategic management practices operate within the hospital setting and how they collectively influence healthcare service outcomes.

Overall, the study concludes that strategic management practices are actively present and moderately to strongly implemented within the hospital, and they exert a statistically significant influence on healthcare delivery. The results demonstrate that the hospital has a clearly defined strategic planning framework, relatively effective leadership structures, and functional

coordination mechanisms that collectively support service delivery. These strengths indicate that the institution possesses a foundational strategic orientation that aligns with its mission and operational goals, thereby enhancing organisational stability and service efficiency.

However, despite these strengths, the study also reveals that strategic management implementation is not without limitations. Strategic planning processes remain somewhat centralised, with limited staff participation and inconsistent periodic review mechanisms. Similarly, resource management practices, although moderately effective, are constrained by financial limitations, unequal distribution of resources, and insufficient investment in staff training and technological capacity. These weaknesses suggest that while resources are available and utilised, they are not always optimally managed to achieve maximum healthcare efficiency.

In terms of leadership and organisational structure, the study concludes that the hospital demonstrates a relatively strong leadership system characterised by clear direction, commitment to strategic initiatives, and well-defined roles and responsibilities. These elements significantly contribute to service efficiency and organisational coordination. Nevertheless, challenges in decision-making processes indicate the need for improved responsiveness and greater decentralisation to enhance operational effectiveness.

Furthermore, the study establishes that strategic management practices have a positive and significant effect on patient satisfaction. Patients benefit from monitoring and evaluation systems, adherence to hospital policies, and structured service delivery processes. However, inconsistencies in meeting patient expectations and variable utilisation of feedback mechanisms suggest that patient-centred care can still be improved through more responsive and consistent service delivery practices.

Importantly, the study identifies several critical challenges hindering effective strategic management implementation. These include financial constraints, shortages of skilled personnel, communication gaps, resistance to change, and weak monitoring and evaluation systems. These constraints collectively limit the hospital's ability to fully translate strategic plans into optimal healthcare outcomes and represent key areas requiring urgent attention.

The study affirms that strategic management is a critical determinant of healthcare quality and organisational performance in Maria Assumpta Catholic Hospital. While the hospital demonstrates commendable progress in adopting strategic management practices, achieving optimal healthcare delivery will require strengthening resource mobilisation, enhancing participatory planning, improving communication systems, and addressing systemic implementation barriers. Addressing these gaps will not only enhance efficiency and patient satisfaction but will also ensure the sustainability of high-quality healthcare delivery within the institution.

5.3 RECOMMENDATIONS

Based on the findings of this study on strategic management for quality healthcare delivery at Maria Assumpta Catholic Hospital, Ado-Ekiti, several evidence-based recommendations are proposed to strengthen institutional performance and enhance service delivery outcomes.

First, the hospital should strengthen participatory strategic planning processes by actively involving staff across all cadres—clinical, administrative, and support units—in the formulation, implementation, and review of strategic plans. The findings revealed limited staff involvement, which may reduce ownership and commitment to organisational goals. Inclusive planning is essential in healthcare settings, as frontline workers possess practical insights that can improve policy relevance and implementation effectiveness. Enhancing participatory mechanisms such as

departmental consultations and periodic strategic review forums will improve alignment between strategic goals and operational realities.

Second, there is a need to improve the consistency and effectiveness of strategic plan monitoring and evaluation systems. The study revealed that periodic review mechanisms are not sufficiently robust. The hospital should institutionalise a structured monitoring and evaluation (M&E) framework that includes performance indicators, regular appraisal schedules, and feedback loops. This will ensure continuous tracking of progress, early identification of implementation gaps, and timely corrective actions, thereby improving organisational responsiveness and accountability.

Third, the hospital should enhance resource management systems, particularly in financial planning and human resource development. Given the identified financial constraints and uneven access to training opportunities, hospital management should prioritise improved budgeting systems, transparent financial allocation, and diversified funding strategies. In addition, regular and equitable staff training and capacity-building programmes should be implemented to ensure that all categories of staff remain competent and up to date with evolving healthcare practices and technologies.

Fourth, it is recommended that the hospital strengthens its technological infrastructure and digital health systems. The moderate utilisation of technological resources suggests the need for improved investment in health information systems, diagnostic tools, and digital record management. Staff should also be adequately trained in the use of these technologies to maximise efficiency, reduce errors, and improve patient care delivery.

Fifth, the hospital should decentralise decision-making processes to improve responsiveness and operational efficiency. Although leadership effectiveness was rated highly, decision-making

processes were identified as relatively slower or inconsistent in some areas. Empowering departmental heads and frontline managers to make timely operational decisions will reduce delays, improve service delivery speed, and enhance patient outcomes.

Sixth, management should strengthen communication systems within the hospital structure. Effective communication is essential for coordinating strategic objectives and ensuring that all staff understand their roles. The hospital should adopt structured communication channels such as regular staff briefings, digital communication platforms, and internal reporting systems to reduce information gaps and improve coordination across departments.

Seventh, there is a need to address systemic challenges affecting strategic management implementation, particularly financial limitations and workforce shortages. Hospital management should explore alternative funding sources such as partnerships, donor agencies, and health insurance schemes. Additionally, strategic recruitment and retention policies should be developed to address staffing gaps and reduce workload pressure on existing personnel.

5.4 RECOMMENDATIONS FOR FURTHER RESEARCH

In other healthcare institutions, both public and private, to enable comparative analysis of strategic management practices and their impact on healthcare delivery. Such studies will provide broader insights into systemic challenges and best practices that can inform policy formulation at regional and national levels.

In summary, implementing these recommendations will significantly enhance the hospital's capacity to translate strategic management practices into improved efficiency, higher patient satisfaction, and sustainable healthcare delivery outcomes.

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