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Erastus Nondi Adanyo and Dr. Antony Sije

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A STRATEGIC ROLE OF TECHNOLOGY ON PERFORMANCE OF MEDICAL HEALTHCARE SECTOR IN KENYA

[1*]Erastus Nondi Adanyo

[1]Post graduate Student: Jomo Kenyatta University of Agriculture and Technology

[*]Corresponding Author's Email: noerastus@yahoo.com

[2]Dr. Antony Sije

Lecturer: Jomo Kenyatta University of Agriculture and Technology

Abstract

Purpose: The purpose of this study was to determine the strategic role of technology on performance of medical healthcare sector in Kenya

Methodology: The study used descriptive research design. The target population was 665 and the sample size was 66.The study used both primary and secondary data. The data was collected by use of research questionnaires. The data was processed by use of SPSS and analyzed both descriptively and by the use of inferential statistics for regression analysis. The output of the results was presented in the form of tables, graphs and pie charts.

Results: The study findings established that the respondents were not adequately trained on latest technological advancement in the medical healthcare. The study also established that people's social class plays a key role in determining the implementation and operationalization of modern technological tools. The study also established that e-health awareness level among the respondents was not well vast. In addition, the study established that majority of the respondents had used imported pharmaceutical drugs to manage an ailment. The study further established that medical technology use can help the healthcare providers improve on their service delivery.

Unique contribution to theory, practice and policy: The study recommends that Medical health care sector in Kenya should embrace the use of modern technology tools and equipment's in their day to day activities. Stakeholder involvement should also be emphasized through civic education trainings, retraining and employ motivation so that improved performance can be realized in the sector.

Keywords: *Social technical skills, technical exposure, foreign imports, healthcare providers, performance.*

1.0 INTRODUCTION

1.1 Background of the Study

Medical technology plays a key role in enhancing the strategic importance of acquisition of healthcare related products. Scholars have argued in length that the world is experiencing lots of dynamic change more so in regard to technological advancement. This encompasses several subjects and areas of expertise from a global regional and local outlook [Santili 2015]. The global expression of strategic component is metamorphosed in various parts of the world. For instance after the passage of the Affordable Care Act (ACA) in 2010, USA.

Among some of the often mentioned trends have been accountable care organizations (ACOs), which are group of doctors, hospitals and other healthcare providers who come together voluntarily to give coordinated high quality care to their Medicarepatients, the formation of large hospital health systems, and the continuation of private insurance coverage by self-funded employers. However, the marketplace had undergone many subtle changes that began before the ACA, which only accelerated after its passage. In fact, one trend is that change has been occurring at a rapid rate throughout the various healthcare stakeholders (Santili 2015)

Tracking the emerging trends and tracing innovation patterns in the post-ACA marketplace in 2014 has led to the identification of several high-level strategic trends that are or will be increasingly significant. The trends that will increasingly impact multiple healthcare stakeholders over the next few years comprises of but not limited to;

Patients becoming more informed consumers in their respective geographical locations, growth of well-structured and quality attributes in the health sector, regional and local revenue consolidation approaches, new and alternative provider payment models, specialty towards drug use and administration as well as information technology innovations driving inter-stakeholders needs. The discussion details some insights into each of these key market strategic trends that impact multiple healthcare stakeholders and will continue to affect decision-making and relationship dynamics. Again from a global context, these strategies can be given emphasis on its economic proposition to various stakeholders (Santili 2015).

Health insurance products and benefit structures that increase consumerism are helping to manage benefit costs. With the increased financial responsibility, consumers are reevaluating how and when to spend on healthcare services. The 2014 Employee Benefit Research Institute/Greenwald & Associates Consumer Engagement in Health Care Survey found that 26 million individuals with private insurance were enrolled in a consumer-directed health plan (CDHP), a health plan associated with a health savings account (HSA) or health reimbursement arrangement (HRA), or an HSA-eligible health plan. Demands for more, better and safer healthcare seen to increase indefinitely and worries that resources do not meet needs are frequently presented (Davies *et al*, 2013). Numerous tools and interventions for achieving interventions and many trends have come and gone (Chassin & Loeb, 2011).

The current trends in increased utilization and spending for specialty drugs are expected to continue, placing burdens on all healthcare stakeholders. In particular, insurers or other third-party payers and manufacturers will be challenged to develop novel approaches to formulary

design and pricing practices that ensure patient access. Diagnostics, drugs, and devices continue to drive the overall care spending. In the short term, in the midst of uncertainty regarding the bio-similar market and the rapid innovation in personalized medicine beyond 2015, plans and pharmacy benefit managers will continue to focus on unit cost-savings. Technological drive in addressing various stakeholders: Innovations in computing and big data services are changing the way health information is recorded and delivered between patients and providers. Electronic health records (EHRs) and electronic medical records (EMRs), clinical documentation tools, and telemedicine devices are changing the way that providers collect and consume health information regarding their patients.

The National Health Strategy presents a set of interventions that the health sector plans to use to facilitate the efficient and effective delivery of services. It reviews how the sector has performed over time in terms of the policies, strategies and plans that have been in use. It identifies the strengths and opportunities that exist and which can be leveraged to fast-track e-Health. With the National ICT policy and e-Government strategy already in force, it is recognized that critical success factors in the implementation of the strategy will include political will; the availability of skilled manpower and high standard health institutions as well as the availability of ICT infrastructure. Challenges to the effective implementation of e-Health include the lack of an e-Health Policy; inadequate infrastructure and equipment; insufficient human resources and skills as well as low funding to the sector; low awareness; insufficient/unreliable power supply as well as inadequate legislation.

Narrowing the strategic role on medical parameters, its clear demonstration from the foretold that human resource application begins with good healthcare to the citizenry. This good healthcare system was largely benchmarked on medical technological prowess which encompasses provision of high-tech instruments and devices on the part of world providers and knowledgeability/awareness of the information technology on part of the consumers. It should not be forgotten that the government of the day provides a bridging ground upon which this vital infrastructural development is premised. Indeed, healthcare development was ingrained in the Kenya Vision 2030 and as such the innovative approaches towards medical technological emancipation cannot be ignored.

1.2 Statement of the Problem

The Kenyan health system was struggling to cope with the rising cost and demand for quality health care services, against the backdrop of a shortage of skilled health care professionals. This was a long shot from the health sector vision(s) quoted in the policy context annex. There was therefore a compelling need to devise ways and means of closing the gap between vision and reality. According to Kenya National Health Strategy (2011 – 2017), the strategy sought to set in motion the process of closing the gap by harnessing ICT for improved healthcare delivery in addition to other ongoing efforts.

In total, Kenya has over 6150 health care facilities. Public facilities, or those that are owned and operated by the government, make up 41%. Private, for profit facilities make up 44% of the facility total. The remaining 15% of facilities are nonprofit; these include NGOs and Mission-based facilities. Nineteen (19) districts out of two hundred and fifty four (254) reporting

indicated that they had no computers available at the district level for health staff. Fourteen (14 to 20% of districts reported that they had facilities where both computers and internet were available to health staff. On the other hand, according to A Report by the Kenya Healthcare Sector (Opportunities for the Dutch Life, Sciences and Health Sector, September 2016).

Kenya has currently not one medical equipment manufacturer within its borders and hosts about 42 pharmaceutical manufacturers and less than a handful of medical supplies manufacturing plants. The recent enactment of the Special Economic Zones Act (2015-SEZA) presented an opportunity for Dutch companies to invest manufacturing plants for medical supply to the region. There are various incentives envisaged in the Act which is soon to be operationalized The strategic input of this study primarily focused on economic benefits that Kenya can realize by adopting appropriate machinery in discharging medical activities. From the above studies, it was evident that none of the studies focused on the strategic role of technology on enhancing performance in medical health care sector in Kenya and therefore the current study was determined to fill this gap.

1.3 Objectives of the Study

1. To find out the role of social technical skill on performance of medical healthcare sector in Kenya.
2. To determine how technical exposure and awareness affect performance of medical healthcare sector in Kenya.
3. To examine the role of foreign imports on performance of medical healthcare sector in Kenya.
4. To establish the role of healthcare providers technical expertise on performance of medical healthcare sector in Kenya

2.0 LITERATURE REVIEW

2.1 Theoretical framework

2.2.1 Technological Theories

There are a number of theories attempting to address technology, which tend to be associated with the disciplines of science and technology studies (STS) and communication studies. Most generally, the theories attempt to address the relationship between technology and society and prompt questions about agency, determinism/autonomy (Thomas, 1992).

If forced, one might categorize them into social and group theories. Additionally, one might distinguish between descriptive and critical theories. Descriptive theories attempt to address the definition and substance of technology, the ways it has emerged, changed and its relation to the human/social sphere. More substantively it addresses the extent of which technology is autonomous and how much force it has in determining human practice or social structure. Critical theories of technology often take a descriptive theory as their basis and articulate concerns, examining what way the relationship can be changed (Andrew, 2002).

2.2.2 Theory of Health Change

An essential characteristic of advanced practice nurses is the use of theory in practice. Clinical nurse specialists apply theory in providing or directing patient care, in their work as consultants to staff nurses, and as leaders influencing and facilitating system change. Knowledge of technology and pharmacology has far outpaced knowledge of how to facilitate health behaviour change, and new theories are needed to better understand how practitioners can facilitate health behaviour change. The Integrated Theory of Health Behaviour Change is described, and an example of its use as foundation to intervention development is presented. The Integrated Theory of Health Behaviour Change suggests that health behaviour change can be enhanced by fostering knowledge and beliefs, increasing self-regulation skills and abilities, and enhancing social facilitation. Engagement in self-management behaviours is seen as the proximal outcome influencing the long-term distal outcome of improved health status. Person-centred interventions are directed to increasing knowledge and beliefs, self-regulation skills and abilities, and social facilitation. Using a theoretical framework improves clinical nurse specialist practice by focusing assessments, directing the use of best-practice interventions, and improving patient outcomes. Using theory fosters improved communication with other disciplines and enhances the management of complex clinical conditions by providing holistic, comprehensive care (Polly, 2009).

Personal behaviour influences one's health. Many people can improve their health by managing their chronic condition or engaging in health promotion behaviours. Persons with chronic conditions improve their health by managing specific health behaviours, a process that requires behaviour change. Healthy people, as well as persons with chronic conditions, have opportunities to improve their health by regularly engaging in health promotion activities, a behaviour change process similar or identical to the process used to manage chronic conditions. For example, just as persons with pulmonary conditions who smoke need to change their behaviour; healthy people who smoke may also need to change their behaviour. Nurses and other healthcare professionals play a major role in identifying behaviours critical to health, assessing the needs of individuals and groups and recommending specific health behaviours, preparing and delivering interventions designed to enhance engagement in health behaviours, and evaluating the effectiveness of interventions for individuals, groups, communities, and the nation. To fulfil these role responsibilities, nurses and other healthcare professionals benefit from understanding the theory and science of health behaviour change, what is known as well as the gaps and opportunities. Knowledge development and use are best when built on the success of the past (Polly 2009).

2.2 Empirical Review

An examination of how two large health systems formulate and implement strategy with a specific focus on differences and similarities in the nature of strategic initiatives across systems. This is in order to gain better understanding of the role of Resource Dependency Theory (RDT) and Resource Based View (RBV) in healthcare strategic management. The health systems have as their top initiatives very similar pursuits thus an indication that both utilize an externally oriented RDT method of strategy formulation. The relevance of the RBV becomes apparent during resource deployment for strategy implementation. The process of healthcare strategic

decision-making incorporates RDT and RBV as separate and compatible activities that are sequential (Bita, Aaron, Larry &Christopher, 2014).

The study on improving healthcare practice behavior. An explanatory study identifying effective and ineffective behavior in healthcare advanced unique proposition. It asserts that an examination of the relationship between healthcare provider and consumers/patients/clients is critical. With the information healthcare educators should be in a better position to improve the training offered in their programs and practitioners to better serve their customers. The findings indicate that the human values of excellence, innovation, joy, respect and integrity plays a significant role in building a strong service relationship between consumer and health provider (David & Tim, 2016).

It is equally imperative to showcase the role of central government health expenditure and advancement in medical technology as two separate determinants of economic growth. In the pacific Island countries, health expenditure has a significant impact on the economic growth rate of the nations. Contemporary level of usage of advanced medical technology in the Pacific Island Countries (PICs) is relatively low as compared to the total population of the country. If the PICs need to achieve high levels of economic growth rates, governments of the PICs need to improve its expenditure in the health sector. Good and qualified doctors need to be hired and the medical education has to be made more competitive. Improvement in the health services in the PICs will reduce mortality, improve per capita health and improve the national economic welfare of Oceania region (Sumastika & Anand, 2013).

3.0 RESEARCH METHODOLOGY

The study used descriptive research design. The target population was 665 and the sample size was 66.The study used both primary and secondary data. The data was collected by use of research questionnaires. The data was processed by use of SPSS and analyzed both descriptively and by the use of inferential statistics for regression analysis. The output of the results was presented in the form of tables, graphs and pie charts.

4.0 RESULTS AND DISCUSSIONS

4.1 Social and Technical Skills

Table 1: Social Classes Has an Impact on Adoption of Medical Technology

Response	Frequency	Valid Percent	Cumulative Percentage
Yes	39	72.2	72.2
No	15	27.8	100
Total	**54**	**100**	

The study findings on table 1 indicates that majority 39(72.2%) of the respondents reported that social class had an impact on the adoption of medical technology, while 15(27.8%) of the

respondents reported that they did not believe social class had an impact on the adoption of medical technology in the sector.

Table 2: Strategic Road Map

Response	Frequency	Valid Percent	Cumulative Percentage
Strongly Agree	31	57.4	57.4
Agree	19	35.2	92.6
Disagree	4	7.4	100
Total	**54**	**100**	

The study findings on table 2 indicated that majority of the respondents strongly agreed that strategic road map required people to be creative as far as technology adoption is concerned in the healthcare sector.

Table 3: Form of Training on the Latest Technological Advancement on the Machines or Information Delivery

Response	Frequency	Valid Percent	Cumulative Percentage
Yes	15	27.8	27.8
No	39	72.2	100
Total	**54**	**100**	

From the study findings on table 3, 39(72.2%) of the respondents reported that they had not trained on latest technological advancement in the sector, while 15(27.8%) of the respondents reported that they had trained on the latest technological advancement in the healthcare sector.

Table 4: Employees Training on the Importance of Technological Adoption in Hospital Setups.

Response	Frequency	Valid Percent	Cumulative Percentage
Very Often	4	7.4	7.4
Often	24	44.4	51.9
Sparingly	18	33.3	85.2
Never	8	14.8	100
Total	**54**	**100**	

The study findings on table 4 revealed that majority 24(44.4%) of the respondents indicated that they were often trained on the importance of technology adoption in hospital setups, 18(33.3%) of the respondents reported that the employees trained on the importance of technology adoption in hospital setup, 8(14.8%) of the respondents indicated that they had never experienced such

cases on employees while 4(7.4%) of the respondents reported that employees were very often trained on the importance of technology adoption in hospital set up.

Table 5: Extent to Which Respondents Agree with Regard to Technological Empowerment in the Medical Field

Statement	Mean	Std. Dev	M
Peoples social classes plays a key role in determining the implementation and operationalization of modern technology tools	4.78	0.861	54
Strategic roadmap requires people to be creative as far as technology in the healthcare sector is concerned.	4.50	0.637	54
Introduction of modern technological tools will enhance our strategic role in healthcare	4.42	0.540	54

The study findings in table 5 shows that majority of the respondents strongly agreed that peoples social classes play a key role in determining the implementation an d operationalization of modern technological tools with a mean (M=4.78: SD=0.861). Other respondents indicated that they also strongly agreed that strategic roadmap required people to be creative as far as technology in the healthcare sector is concerned with a mean (M=4.50: SD=0.637). Some respondents agreed that introduction of modern technological tools enhances strategic role in the healthcare sector with a mean (M=4.42: SD=0.540).

4.2 Technical Exposure and Awareness

Table 6: Technology

Response	Frequency	Valid Percent	Cumulative Percentage
Yes	14	25.9	25.9
No	40	74.1	100
Total	**54**	**100**	

The study sought to establish if the respondents had heard about E-health. From the study findings in table 6 majority of the respondents reported that they had not heard about E-health while 14(25%) of the respondents reported that they had heard about E-health. This shows that E-health is not well adopted in the healthcare sector.

Table 7: Hospitals that Provide Best of Services in Case of Ailment.

Response	Frequency	Valid Percent	Cumulative Percentage
Public	17	31.5	31.5
Private	26	48.1	79.6
Mission	11	20.4	100
Total	**54**	**100**	

The study findings on table 7 revealed that majority 26(48.1%) of the respondents reported that private hospitals provided best of services in case they were ill 17(31.5%) of the respondents reported that public hospitals offered best services while 11(20.4%) of the respondents reported that mission hospitals provided best services in case they were taken ill.

Table 8: Reasons Attributed to the Choice of Hospital

Response	Frequency	Valid Percent	Cumulative Percentage
Efficiency on Technological Tools	33	61.1	61.1
Customer Care	11	20.4	81.5
Public Image	4	7.4	88.9
Availability of Facilities	6	11.1	100
Total	**54**	**100**	

From the study findings in table 8 it was revealed that majority 33(61.1%) of the respondents reported that efficiency due to good technological tools and equipment was reason why they preferred private hospitals. Other respondents 11(20.4%) indicated that customer care was the reason for their choice 6(11.1%) and 4(7.4%) of the respondents indicated that availability of facilities and public image respectively were the reason for their choice of hospitals.

Table 9: Extent to which Respondents Agree with Respect to Technical Exposure and Awareness

Statement	Mean	Std. Dev	M
Strategic role of information sharing through word of mouth from beneficiaries of medical technology	4.93	0.470	54
A strong media campaign both social and mainstream has a positive impact in providing information on latest medical technology	4.74	0.650	54

The government to do enough campaign n on E-health, ICT in the health sector	4.28	0.452	54

The study findings on table 9 revealed that majority of the respondents strongly agreed that the strategic role of information sharing through word of mouth from beneficiaries of medical technology and a strong media campaign both social and mainstream has a positive impact in providing information on the latest technology with a mean of (M=4.93; SD=0.470) and (M=4.74; SD=0.650) respectively. Other respondents reported that they agreed that the government should do enough campaign to carry out civil education on E-health and ICT in the healthcare sector with a mean of (M=4.28; SD=0.52).

4.3 Foreign and Technological Tools

The study sought to find out if the respondents had ever used a pharmaceutical drug to manage an ailment and its origin.

Table 10: Use of Pharmaceutical Drugs

Response	Frequency	Valid Percent	Cumulative Percentage
Yes	34	63.0	63.0
No	20	37.0	100
Total	**54**	**100**	

The study findings on table 10 indicated that majority of the respondents reported that Yes 34(63%) they had used a pharmaceutical drug to manage an ailment while 20(37%) of the respondents revealed that they had not used a pharmaceutical drug to manage an ailment.

Table 11: Origin of the Drug

Response	Frequency	Valid Percent	Cumulative Percentage
Imported	28	51.9	51.9
Locally Manufactured	14	25.9	77.8
Don't Know	12	22.2	100
Total	**54**	**100**	

The study findings in table 11 showed that majority 28(51.9%) of the respondents indicated that the drugs they used were imported from other countries, 14(25%) of respondents indicated that the drugs they used were locally manufactured and 12(22.2%) of respondents indicated that they did not know the origin of drugs they used to manage ailments. This shows that most of drugs used were imported.

Table 12: Use of Surgical Product or Medical Device

Response	Frequency	Valid Percent	Cumulative Percentage
No	25	46.3	46.3
Yes	27	50.0	96.3
Don't Know	2	3.7	100
Total	**54**	**100**	

From the study findings on table 12 it indicates that majority 27(50%) of the respondents revealed that they had used surgical product or medical device in seeking good health. 25(46.3%) of the respondents reported that they did not use surgical products or medical device in seeking a god health while 2(3.7%) of the respondents indicate that they did not know if they had ever used surgical product or device while seeking good health.

Table 13: Extent to which Respondents' Rate Local and Foreign Technological Tools

Product	Mean	Std. Dev.	N
Foreign Surgical Products	3.61	0.811	54
Biomedical Foreign	3.34	0.861	54
Locally Sourced	3.17	0.746	54

From the study findings in table 13 it showed that foreign surgical products were rated as very good with a mean of (M=3.61. SD=0.811) while Biomedical foreign and locally sourced were rated as good with a mean (M=3.44: PD=0.861) and (M=3.17, SD=0.746) respectively.

4.4 Healthcare Providers Technical Expertise

Table 14: Adequate Services

Response	Frequency	Valid Percent	Cumulative Percentage
Yes	13	24.1	24.1
No	41	75.9	100
Total	**54**	**100**	

The study sought to find out if the respondents get adequate services of healthcare from their providers. The findings on the table 14 indicates that majority 41(75.9%) of the respondents reported that they do not get adequate services from their healthcare provider.

Table 15: Medical Technology

Response	Frequency	Valid Percent	Cumulative Percentage
Yes	43	79.6	79.6
No	11	20.4	100
Total	**54**	**100**	

The study sought to figure out if the respondents thought that medical technology can help the healthcare providers improve on their service delivery. From the study findings majority 43(79.6%) of the respondents reported that medical technology can help the healthcare providers improve on their service delivery while 11(20.4%) of the respondents held the contrary opinion. The reason for the majority of the respondents is that the healthcare providers will have a known on how he may tackle each and every problem efficiently.

Table 16: Technical Equipment Used By Staff

Response	Frequency	Valid Percent	Cumulative Percentage
Yes	46	85.2	85.2
No	8	14.8	100
Total	**54**	**100**	

The study sought to establish technical equipment used by staff. From the study findings the majority 46(85.2%) of the respondents indicated that there were technical equipment's used by the staff during their service delivery based on their specialization 8(14.8%) of the respondents reported that there were no technical equipment's being used by the staff.

Table 17: Extent to which Respondents Rated Healthcare Providers and Technical Expertise in Their Service Delivery.

	Mean	Std. Dev.	N
Customer Care/Receptionist	4.67	1.082	54
Human Resource	3.72	0.787	54
Security Personnel	3.17	0.746	54
Accountants	3.09	0.986	54

From the study findings majority of the respondents reported that customer care staff/receptionist are very good in their service delivery with a mean (M=4.67, SD=1.082). Other respondents indicated that human resource were rated as good in their service delivery with a mean (M=3.72, SD=0.787) while security personnel and accountants were reported to be average in their service delivery with a mean of (M=3.17, SD=0.746) and (M=3.09, SD=0.896) respectively.

4.5 Regression Analysis

Table 18: Model Summary

Model	R	R. Square	Adjusted R Square	Std. Error of the Estimate
1	.824a	.684	.498	.497

The findings on table 18 indicates that the coefficient analysis of determination or percentage variation in the dependent variable being explained by the changes in the independent variables, R^2 equals 0.68 that is 68%. This means that performance of healthcare sector was influenced by predictor variables at 68%.

Table 19: Analysis of Variance (ANOVA)

Model	Sum of Squares	df.	Mean Square	F	Sig
Regression	13.745	4	3.436	13.886	.000[b]
Residual	12.125	49	.247		
Total	25.870	53			

From table 19, the ANOVA findings, (P-value of 0.000) shows that the correction between the independent variable and the dependent variable. The P-value of 0.000 is less than 0.005 indicates that the model percentage in the healthcare sector performance is statistically significant at 5% significant level.

Table 20: Coefficient of Regression Equation

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)					
Social and Technical Skills	4.238	.563		7.534	.000
People social classes plays A key role in determining The implementation and Operationalization modern Technological Tools.	.067	.092	.083	.735	.016
Technical Exposure and Awareness					

Strategic Role of Information Sharing through Word of Mouth from Beneficiaries of Technological Products.	-.786	.152	-.529	-5.173	.000
Foreign and Technological Tools					
Foreign Surgical Products					
Healthcare Providers and Technical Expertise	-.082	.090	-.101	-.914	.035
Rate how Customer Care/ Receptionist Treated individuals in their service Delivery	.239	.070	.370	3.391	.001

The findings shows the existence of both a positive and a negative relationship between the independent variables and the dependent variables

Medical healthcare sector performance = 4.238+0.67 Social and technical skills - 0.786, Technical exposure and Awareness - 0.082, Foreign and Technological tools +0.239, Technical providers and Technical Expertise.

5.0 CONCLUSIONS AND RECOMMENDATION

5.1 Conclusion

Social classes/stratifications have a major bearing towards performance of healthcare sectors. The upper and middle class groups tend to have an upper hand in technological drive towards access to relevant healthcare needs. Equally foreign impo0rtts or products have been lauded to have better efficacy standards primarily due to involvement of high tech innovations in the operationalization process. Finally it cannot be ignored that healthcare providers acts as the fulcrum between the products and the end users. Their technical prowess and under6staning of every bit of information are directly relevant in promoting the performance of healthcare needs.

5.2 Recommendations

The study recommends that Medical health care sector in Kenya should embrace the use of modern technology tools and equipment's in their day to day activities. Stakeholder involvement should also be emphasized through civic education trainings, retraining and employ motivation

so that improved performance can be realized in the sector courtesy of the implementation of strategic technological practices. This should be capitalized to ensure that all persons in different social groupings can access the required information. Government input shall be imperative.

The stakeholders in the Healthcare sect should put more resources on research and development to establish pharmaceutical products and surgical products that are locally based. This will help reduce the chances of over relying on imported products or foreign technological tools and equipment. Healthcare providers and technical expertise should be well trained on modern technological tools and equipment so that they offer efficient services to public. Continuous training of staff on technological advancement should be encouraged in the medical healthcare sector in Kenya.

There should be an emphasis an emphasis on bilateral and multilateral medical engagement targeting medical technology. This will aid in imparting required knowledge and skills to various healthcare providers that will result in sound medical practice. Different countries more so developed ones have different technological products that needs to be embraced by lesser developed countries.

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