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**Evaluating the Impact of Leadership, Culture, and Structure on Service Delivery in Kenya's Defence Forces Medical Insurance Scheme: A Qualitative Study**

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<p><b>Chief Editor</b> Web: <a href="http://www.ijfdc.org">www.ijfdc.org</a> Email: <a href="mailto:info@ijfdc.org">info@ijfdc.org</a></p> <p><b>Editing Oversight</b> Imperials Consultants International Limited</p>	<p><b>Abstract:</b> Effective leadership, organizational culture, and structure are essential for optimal service delivery in public service organizations. This study sought to evaluate the Impact of Leadership, Culture, and Structure on Service Delivery in Kenya's Defence Forces Medical Insurance Scheme (DEFMIS). Specifically, it sought to: investigate how organizational leadership influences service delivery at, determine how organizational culture impacts service delivery at DEFMIS and finally, establish how the organizational structure affects service delivery at DEFMIS. DEFMIS operates under a top-down, bureaucratic model inherited from the military. The study used a descriptive survey research design. Data was collected through 7 key informant interviews (KIIs) comprising top management, departmental heads, and healthcare providers. The study revealed that DEFMIS's top-down leadership style enforces accountability yet limits prompt decision-making and restricts innovation, often leading to delays in healthcare services. Despite this, DEFMIS is noted for its commitment to patient welfare, as reported by healthcare providers. The centralized structure, while maintaining control, creates inefficiencies in claim approvals and slows technological adoption, impacting the quality and timeliness of care. The study provides insights into DEFMIS's operational challenges, emphasizing the need for transformational leadership, a customer-centered culture, and a decentralized structure to enhance service delivery. These findings extend relevance to other public service organizations seeking to improve performance through leadership, culture, and structural adaptations.</p> <p><b>Key words:</b> Leadership Style, Organizational Culture, Service Delivery, DEFMIS, Healthcare Structure.</p>
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**1.1 Background of the Study**

Effective leadership is a critical component for the sustainability and growth of any organization, especially within complex and dynamic environments. It involves prudent management of resources, processes, and systems to align with strategic goals, regardless of environmental uncertainties (Madanchian et al., 2017; Soko, et al., 2012). Effective leadership plays a catalytic role, influencing

whether an organization thrives or declines. This is evident across various sectors, including healthcare, where leadership significantly impacts service delivery and overall performance.

The provision of healthcare services to serving and retired military personnel is a top priority in many countries. In the United Kingdom, for example, the National Health Service (NHS) provides healthcare to ex-servicemen and women similar to that offered to other UK citizens (National Health Service-UK, 2018). Similarly, in the United States, military medical care is a congressionally authorized entitlement, encompassing active-duty personnel, retirees, and their families (Congressional Research Service, 2021). The Department of Defense (DoD) and the Department of Veterans Affairs (VA) manage healthcare services through direct care facilities and contracted civilian providers.

In other parts of the world, military healthcare services follow comparable models. India's Armed Forces Medical Stores (AFMS) ensures that current and retired service personnel receive healthcare through the Ex-Servicemen Contributory Health Scheme (ECHS), which provides both in-patient and out-patient care (Ministry of Defence, 2022). In South Africa, the South African Military Health Service (SAMHS) manages healthcare services for active and retired military personnel through the Military Health Service Fund (MHSF), offering a range of medical benefits and facilities exclusive to fund members (Mabona et al., 2019).

Service delivery is increasingly central to organizations in today's highly competitive environment. As Kinyoo (2017) suggests, quality service delivery can provide organizations with a competitive advantage, improving financial outcomes. Successful service delivery demands the commitment and cooperation of both management and staff, facilitated by an enabling organizational culture. In the context of military organizations like the Kenya Defence Forces Medical Insurance Scheme (DEFMIS), the welfare of personnel is a command responsibility. Hence, a leadership style that fosters total cooperation and commitment among staff is critical to quality service delivery, aligning with Kinyoo's (2017) assertions.

### ***Context of DEFMIS***

The Kenya Defence Forces (KDF) established DEFMIS to provide post-retirement healthcare services to its personnel. Governed by the Armed Forces Standing Instructions No. 4 of March 1998, DEFMIS became a Trust in 2001 and operates under the Trustees Perpetual Succession Act. Its core mandate is to ensure that retired military personnel and their families receive healthcare benefits. Despite having a well-articulated vision and mission, DEFMIS has largely adopted a top-down, transactional leadership style, reflecting the broader military command structure. This approach has implications for service delivery, staff motivation, and operational efficiency, particularly in the healthcare sector, where responsiveness and flexibility are vital.

The transactional leadership style, characterized by clear authority and adherence to formal rules, has both benefits and limitations. While it ensures accountability and reduces fraud risks, it limits creativity, innovation, and responsiveness to evolving challenges in the health insurance sector (Govender et al., 2018). As DEFMIS strives to provide quality healthcare, aligning its operations with modern leadership and management approaches is imperative.

## 1.2 Problem Statement

Kenya's Defence Forces Medical Insurance Scheme (DEFMIS's) current leadership style, culture, and organizational structure may not adequately support optimal service delivery. Leadership, as Ledimo (2014) notes, is central in public service organizations, impacting performance and adaptability. In DEFMIS, the existing bureaucratic and top-down leadership approach may contribute to delays in service delivery, slow decision-making, and insufficient stakeholder engagement. The scheme's organizational culture, which is largely hierarchical and lacks a strong customer-centered focus, may not fully support service quality. Additionally, DEFMIS's structure, with limited autonomy for staff at lower levels, may impede prompt decision-making, adversely affecting service delivery. A 2014 report by DEFMIS's Board of Trustees highlighted inefficiencies in service provision, such as delays in payment processes, inadequate management of beneficiary data, and limited adoption of innovative technological solutions (DEFMIS, 2014). These challenges suggest a need for leadership transformation, cultural shifts, and structural reforms to enhance responsiveness, foster innovation, and improve overall performance. The study aims to bridge the knowledge gap in the management of healthcare schemes serving retired military personnel in Kenya.

## 1.3 Theoretical Framework

This study is anchored on three main theories: Kurt Lewin's Change Leadership Theory, Edgar Schein's Organizational Culture Model, and Hofstede's Cultural Dimensions Model. Lewin's theory emphasizes a three-step change process (unfreezing, changing, and refreezing), providing a robust foundation for implementing systematic change within organizations (Schein, 1996). Edgar Schein's model highlights the critical role of leaders in shaping and transforming organizational culture, ensuring it aligns with strategic objectives (Schein, 2010). Hofstede's model, on the other hand, offers insights into how cultural dimensions like power distance affect decision-making and employee involvement, particularly relevant in hierarchical organizations like DEFMIS (Soares et al., 2007). By applying these theories, the study seeks to understand how leadership, culture, and structure influence service delivery at DEFMIS. The research aims to identify the gaps and opportunities for adopting more adaptive and customer-centered approaches that can improve healthcare delivery for retired military personnel.

## 1.4 Research Objectives

- a) To investigate how organizational leadership influences service delivery at DEFMIS.
- b) To determine how organizational culture impacts service delivery at DEFMIS.
- c) To establish how the organizational structure affects service delivery at DEFMIS.

## 1.5 Significance of the Study

The study's findings will offer valuable insights into the management of healthcare schemes for retired military personnel, specifically in the Kenyan context. It will provide evidence-based recommendations for DEFMIS to adopt transformational leadership, enhance organizational culture, and reform its structure to improve service delivery. Additionally, the study's implications extend to other public service organizations seeking to optimize performance through better leadership and management practices.

## 1.6 Research Methodology and design

This study employed a descriptive research design, to investigate how organizational leadership, culture, and structure impact service delivery at the Kenya Defence Forces Medical Insurance Scheme (DEFMIS). A qualitative approach was chosen to allow an in-depth exploration of participants' experiences, perspectives, and opinions, which provides detailed, contextual insights into underlying themes and patterns (Creswell, 2014). The focus was on capturing nuanced insights into leadership styles, cultural influences, and structural challenges within DEFMIS, aiming to understand service delivery realities from both management and beneficiary viewpoints.

**Research Setting:** The research was conducted across multiple DEFMIS sites, including the headquarters in Nairobi and several affiliated healthcare facilities that serve DEFMIS beneficiaries. These varied settings allowed for a comprehensive understanding of DEFMIS's internal dynamics and its service delivery processes. Additionally, external stakeholders, such as accredited healthcare providers, were included to gain insights into how DEFMIS's operational structure influences service delivery outcomes.

**Participants:** Key Informant Interviews (KIIs) were conducted with seven purposively selected participants from three categories: DEFMIS top management, DEFMIS departmental heads, and representatives of DEFMIS-accredited healthcare providers. In the top management category, either the managing director or deputy managing director participated. Among departmental heads, one manager from each of three departments was included. Lastly, three representatives were selected from accredited healthcare providers within Nairobi County, representing 12% of the total 26 facilities serving DEFMIS beneficiaries.

**Data Collection Procedures:** Data collection involved semi-structured interviews, document analysis, and observational notes. This combination allowed for a thorough exploration of participants' perspectives while ensuring data triangulation. Semi-structured interviews offered flexibility, enabling participants to elaborate on leadership, culture, and structure aspects that affect service delivery.

**Data Analysis:** Thematic analysis was employed to interpret the qualitative data collected in this study, following a structured, multi-step approach. First, all interviews were transcribed verbatim to ensure the accuracy and integrity of the data. This step was crucial for preserving participants' authentic perspectives, allowing for a comprehensive examination of their experiences. After transcription, an open coding process was conducted, where significant segments within the transcripts were identified and labeled according to their relevance to the research objectives, as outlined by Moustakas (1994). Codes reflecting bureaucratic leadership, organizational culture, and decision-making—such as "top-down," "delays," "value for patients," and "system inefficiency"—were noted and highlighted the core elements relevant to DEFMIS's operations and service delivery dynamics. The codes were then grouped into broader categories that represented recurring patterns within the data, such as bureaucratic leadership's impact on service delivery, the timeliness of decision-making, and patient value. These categories formed themes that underscored the primary issues affecting service delivery at DEFMIS. Key themes included the influence of top-down bureaucratic leadership, the processes governing healthcare decision-making, and the perceived value provided to DEFMIS patients. Representative quotes were used to illustrate these themes, grounding the findings in participants' voices and ensuring that the analysis remained rooted in their lived experiences.

**Ethical Considerations:** Ethical considerations were integral to the study, ensuring respect and protection for all participants. Before participation, each individual was fully informed about the purpose of the research, their role in the study, and the measures taken to ensure confidentiality. Written consent was obtained, emphasizing the voluntary nature of their involvement. This step was crucial to uphold ethical standards, providing participants with transparency about the research process and their rights within it. To further safeguard participant privacy, all identities were anonymized, and personal identifiers were removed from the data. Access to collected data was restricted to the researcher, with secure storage procedures in place to maintain confidentiality throughout the study. Additionally, ethical approval was obtained from both the Kenya Defence Forces Research Committee and the Ethical Review Board of the healthcare institutions involved. These approvals reinforced the study's ethical framework, ensuring compliance with institutional and regulatory standards.

### 1.7 Study Findings

The Kenya Defence Forces Medical Insurance Scheme (DEFMIS) plays a crucial role in providing healthcare coverage for retired KDF personnel, yet its effectiveness in service delivery is subject to various organizational influences. This study explores three core themes impacting DEFMIS's performance: bureaucratic top-down leadership, patient value, and decision-making processes within healthcare services. Findings from key informants reveal that while DEFMIS's hierarchical leadership structure ensures accountability and control, it also creates inefficiencies, slowing down processes crucial to timely healthcare delivery. For instance, delays in approving necessary medical items, like hearing aids, can inconvenience beneficiaries and worsen health outcomes. Conversely, DEFMIS has built a reputation for valuing its members, with a commitment to patient support that healthcare providers commend as exceptional in Kenya's insurance sector. Furthermore, technology has been introduced to improve operational efficiency, but limitations in its application reveal persistent challenges in managing claims and decision-making processes. This complex interplay of leadership style, patient focus, and technological constraints underscores the ongoing challenges and strengths of DEFMIS as it strives to serve its unique beneficiary population.

#### ***Theme 1: Bureaucratic top-down leadership and service delivery in DEFMIS***

Majority of the key informants interviewed generally had the same view on the aspect of DEFMIS having a bureaucratic and top-down leadership style. This was contrary to results from the beneficiaries demonstrated in the first three statements measuring beneficiaries' opinions on the DEFMIS leadership style. The key informants interviewed both in the management team and healthcare facilities concurred that this leadership approach had some negative influence on service delivery by slowing down approval processes despite timeliness being a critical component of quality health care. One of the key informants stated that when such delays occur due to bureaucratic processes, especially during admission, it does not support the aspect of empathy, which DEFMIS holds as a value.

One of the key informants reported that

*“bureaucratic leadership leaves very little room for delegation of duties where the team is allowed to only advice, but wait for guidance and cannot make a decision, which may be required urgently.”* (RES001, 2024).

Another key informant provided an example of the negative effect of the bureaucratic approach and how it impacts efficiency in the way some activities are supposed to be done:

*...Decisions about patients are delayed, for example, a patient has requested a hearing aid, and the approval to acquire one may take up to two months. The effects are the price of the hearing aid might have already increased, the condition of the beneficiary keeps worsening, and the patient has already been inconvenience (RES002, 2024).*

One of the key informants stated that

*“the top-down approach where Managing Directors serve short terms due to new appointments from the HQ, interferes with the business continuity plan, does not allow enough time for the MD to settle and execute their strategy or plans.” (RES003, 2024).*

From the key informant interviews, it was established that DEFMIS had 4 Managing Directors in the span of the last three years, which the key informants generally felt disrupted DEFMIS unique positioning as a post-retirement healthcare service provider for KDF personnel in terms of service delivery. To add voice on the issue of duration of serving in DEFMIS, key informants, including respondents of health care facilities, observed that

*“short deployment of staff to serve in DEFMIS denies the organization the opportunity to nurture skills, knowledge and talent and organizational knowledge.” And that “DEFMIS staff needs to be given longer terms of service.” (RES005, 2024).*

However, the key informants also expressed that the bureaucratic top-down approach had some positive effects in terms of accountability. As gathered from the key informants in the management team, DEFMIS is managed by a 3 tier management team made of a board of trustees chaired by the Cabinet Secretary in charge of defence, a board of management chaired by the Assistant Chief of Defence in charge of personnel, and a management team chaired by the Managing Director and comprised of Deputy Managing Director and department heads, including Finance, Human Resource, actuarial, ICT, Medical and Human Resource and Admin. The key informants observed that:

*“Considering the high-level fraud in the insurance sector, the leadership approach has helped reduce fraud incidences.” “The top-down leadership approach influences the organization highly and positively, and the leadership approach acts as a control measure for the huge sums of funds. Has increased accountability and responsibility.” “Initially managed by retirees, which led to almost the scheme collapsing due to mismanagement.” (RES001, 2024).*

The management team’s key informants concurred with the results from the fourth and fifth statements in objective one of the quantitative analysis, confirming that DEFMIS leadership demonstrated attributes of transformational leadership. However, they were of contrary views on the first three statements on the DEFMIS leadership approach to innovation and creativity, focus on skills, competencies and qualifications, and prioritizing motivation of staff.

On the question of focus on skills, competencies, and qualifications, results from the management team

members generally pointed out that due to the bureaucratic leadership style, deployment of staff was dependent on the priorities of the parent military organization and not the core business of DEFMIS. A key informant reported that:

*“...The influence of the mother organization can be negative, especially in work interruptions; for example, when staff is selected for military career progression training and have to leave immediately, which impacts some important functions. In some incidences, personnel with no relevant skills to DEFMIS core business being posted. Skills development is generally dependent on the priorities of the Managing Director and the parent organization” (RES002, 2024).*

On the same issue, other key informants said

*“There is emphasis on military skills development as compared to required skills for DEFMIS Business. This reduces motivation.” “There is no consideration in exposure to insurance-related matters when staff is being deployed. The people handling bills need to be medical, and have a vast understanding of the procedures.” (RES003, 2024).*

### ***Theme 2: Value for DEFMIS patients seeking healthcare***

All the four management team key informants concurred with the beneficiaries on the opinion that DEFMIS leadership inspired the organization for better service delivery and focus on fulfilling the obligation to DEFMIS beneficiaries. A key informant representing the health facilities serving DEFMIS beneficiaries added voice to the aspect of leadership ensuring quality services:

*“They are one of the insurances in Kenya that will follow you to pay you. This is unique, while others do cost-saving; you have to follow up to be paid.” (RES004, 2024).*

To emphasize this point, another healthcare facility representative added that:

*“...DEFMIS values its members a lot. A month ago, when one patient died, DEFMIS did a lot of follow-up, including providing a lot of support to the family and loved ones. Their client care is very good. Once a client is admitted, they visit immediately, and they follow even the minor details. This is maybe because of the comradeship they have with their members, being retired military officers” (RES003, 2024).*

In terms of leadership attention to beneficiaries’ concerns, key informants from the management team reported that:

*“DEFMIS, through the Information and Communication Technology Department, regularly sends bulk text messages to beneficiaries to gather their feedback on services... Letters for complaints from individual beneficiaries are treated with priority, and necessary remedial actions taken. Further, the leadership has ensured the retirees have representation at the DEFMIS board on the management level, and there are beneficiary representatives for each County in Kenya (RES004, 2024).*

A key informant in the management team expressed confidence in the importance of innovation as a core value where technology was adopted in DEFMIS to enhance service delivery through speeding up of patient clearance and approval services in real time, through the one-time password system, immediately they visited any of the health care facilities.

The three representatives from the health care facilities concurred with the friendly and responsive customer care service DEFMIS as an insurance scheme provided to their beneficiaries. One of the key informants stated that:

*“They know their patients name by name, have a history of all clients, Have a relationship with their clients. Fight to ensure their members get the best quality.”* (RES006, 2024).

### ***Theme 3: Decision-making processes and system for healthcare services***

Responses from the study key informants from both DEFMIS management team and health care providers concurred with the results from the interviewed beneficiaries that use of technology had reduced waiting time when the beneficiaries received health services. This was mainly because the adopted technology allowed all procedures and approvals to be done manually. One of the DEFMIS management team members reported that,

*“DEFMIS was rated the second-best government institute in the insurance sector in last year's trade fare.”* (RES006, 2024).

However, the representatives of the health care providers raised several concerns about the efficiency and effectiveness of the adopted technology, which affected decision-making processes, leading to longer waiting hours for some patients. The healthcare facilities representatives who are actually external stakeholders reported that:

*“There are still claims being lost especially when a patient dies, and the service provider cannot get the fingerprint of the patient.”* (RES007, 2024).

*“A claim is rejected due to missing information like national identity card with re-uploading the claim takes longer, further delaying payments for even up to 60 days though the process currently takes a maximum of 45 days.”* (RES002, 2024).

Healthcare facilities representative reported that handling of old claims required a defined system within DEFMIS, in order to ease management of old claims. A key informant buttressed this point by indicating that there were claims from the year 2020 going back to 2014, which had not yet been cleared due to the slow system.

*...The System is very slow and frequently on and off! There was a meeting with the Chief executive officer where they promised to work on the system to help resolve the outstanding problems. After the meeting, the facility noted some improvements in the system (RES005, 2024).*

The organization has not defined how the scheme is supposed to be managed in terms of decision-making processes, which leaves it entirely dependent on the individual or personal trait of the Managing Director entrusted with the mandate at any given time. The key informants reported that this



had a negative effect on service delivery, with the leadership sometimes making decisions that are contrary to expert opinion.

### ***Discussions of the Results***

This section presents the discussion of the study results in relation to social transformation and literature review, which entails a reflection on the pastoral cycle in relation to the subject matter and contrasting with available knowledge on the subject from other authors.

### ***Discussions of the study results in relation to the literature review***

This section entails a discussion of the research findings in relation to the literature review.

### ***Influence of Organizational Leadership***

The findings by Sibiya (2019) and Twanga (2017) establish a strong positive correlation between organizational leadership and service delivery. In line with the findings by Mabona et al. (2019), the findings from key informants pointed to DEFMIS leadership greatly adopting the top-down bureaucratic leadership style from the parent military organization, which may be authoritarian, rigid, and hierarchical, providing limited or no opportunity to nurture innovation and creativity. However, both descriptive and inferential statistics confirm that the style did not contribute to an unhealthy work environment, as concluded by Mabona et al, (2019). The health facilities representatives who are external stakeholders of DEFMIS reported positive attributes of the leadership in DEFMIS, reflecting their dedicated commitment to uphold the wellbeing and interests of their beneficiaries in terms of healthcare which is supported by the respondents.

The findings in this study concur with the observations by Ibrahim and Daniel (2019), who observed that a manager's leadership style had a direct impact on the employee's organizational performance. This is demonstrated by how the top-down bureaucratic leadership approach at DEFMIS slowed down some aspects of service delivery especially delayed approvals and decision making limited only to top management and board level. Further, Ibrahim and Daniel (2019) concluded that the delegation of tasks and participatory leadership improve employee performance and the achievement of organizational goals and objectives, which, according to the study findings, may not be applicable to DEFMIS due to the top-down bureaucratic leadership style.

Qualitative results of the study showed that deployment and redeployment of staff in DEFMIS was purely top-down at the discretion of the personnel department in the parent military organization, with very minimal attention on how such may disrupt the continuity of service delivery at DEFMIS. This further demonstrates the lack of an important aspect of transformational leadership in DEFMIS where, according to Shimengah (2018) and Chelagat et al. (2021), transformational leadership focuses on skills and competencies while assigning duties and tasks to staff.

### ***Influence of organizational culture***

The results of this study also match the findings by Owino and Kibera (2021), Mutegi et al. (2021), Sukdeo (2018) and Ahmed (2018) on the premise that organizational culture significantly influences service delivery. The qualitative results resonate with Metz et al. (2020), who established that customer services significantly improved as a result of strengthening the organizational core values with a focus on ensuring the values are adopted by all members of the organization.

### *Influence of organizational structure*

The findings of this study support the claims by Mumanthi et al. (2021) especially that ambiguities and non-sharing of organizational charts affect service delivery in organizations such as DEFMIS. Further, the study findings agree with Bindeeba (2021) that upholding a code of ethical behaviour positively impacts on the management's team and staff members' overall performance, which is reflected in the performance of the organization. This is demonstrated by the emphasis on the DEFMIS set of core values by the leadership to all stakeholders, whether internal or external.

The descriptive results of this study concur with Fiorio et al. (2018) argument that organizational structure affects how well the organization delivers services, which, in turn, directly affects customer satisfaction.

Finally, the findings of this study point to the importance of organizational structure on service delivery as per the conclusions by Mbiti and Misango (2021) and Gaitho et al. (2019) that the delivery of services was significantly influenced by key core factors, including organizational structure.

### **1.8 Summary of Findings**

Overall, the findings suggest that while DEFMIS's leadership and culture offer certain strengths in terms of accountability and commitment to beneficiaries, there are notable challenges in how these factors influence service delivery. The bureaucratic leadership style limits innovation, slows decision-making, and hampers the organization's ability to adapt to the dynamic healthcare environment. Similarly, while DEFMIS's culture is rooted in discipline and professionalism, its rigid structure and lack of autonomy for lower-level staff inhibit the organization's ability to deliver timely and effective healthcare services. These findings highlight the need for leadership transformation, cultural shifts, and structural reforms to enhance the overall efficiency and responsiveness of DEFMIS in serving its beneficiaries. Let me know if you would like further elaboration on any specific aspects.

### **1.9 Conclusion**

The study explored the influence of organizational leadership, culture, and structure on service delivery at the Kenya Defence Forces Medical Insurance Scheme (DEFMIS). The qualitative analysis revealed significant insights into how these elements impact the effectiveness and responsiveness of the organization in fulfilling its healthcare mandate.

***Bureaucratic Leadership Impact:*** DEFMIS's leadership is primarily bureaucratic and top-down, a structure inherited from its parent military organization. While this approach promotes accountability and reduces the risk of fraud, it also creates barriers to timely decision-making, limits innovation, and restricts staff autonomy. This leadership style slows down service delivery processes, often causing delays that can negatively affect the health outcomes of beneficiaries. Frequent changes in leadership further disrupt long-term planning and strategic initiatives, limiting the organization's ability to adapt to evolving healthcare needs.

***Organizational Culture Challenges:*** The organization's culture emphasizes discipline, hierarchy, and compliance with established rules, reflecting its military origins. While this culture supports professional conduct and commitment to beneficiaries, it is misaligned with the customer-centered approach needed in the healthcare sector. The lack of flexibility in the service delivery processes

hinders DEFMIS's ability to provide personalized, empathetic, and timely care to its members, resulting in dissatisfaction among beneficiaries.

**Structural Barriers to Decision-Making:** DEFMIS's highly centralized organizational structure limits the decision-making capacity at lower levels, affecting the efficiency of service delivery. Staff members, including healthcare providers, are often unable to make necessary decisions promptly due to the chain-of-command approval requirements. Although some technological solutions have been introduced, the existing systems are outdated and often contribute to delays in claims processing and service approvals. The findings demonstrate that DEFMIS's current leadership, culture, and structure, while suited for a military context, are not fully effective in the dynamic and customer-centered environment of healthcare service delivery. There is an urgent need for transformation to improve service quality, responsiveness, and overall beneficiary satisfaction.

### **1.10 Recommendations**

Based on the study's findings, the following recommendations are proposed to enhance DEFMIS's service delivery through changes in leadership, culture, and organizational structure:

#### **a) Adopt Transformational Leadership Approaches**

DEFMIS should invest in training its leaders on transformational leadership approaches, which emphasize innovation, staff empowerment, and responsiveness. This approach can foster a more flexible decision-making environment, encouraging staff to contribute to strategic decisions that enhance service delivery. The frequent changes in leadership at DEFMIS should be minimized by increasing the tenure of managing directors and other key personnel. Longer tenures would allow for more effective implementation of strategic plans, enhancing business continuity and overall organizational performance.

#### **b) Foster a Customer-Centered Culture**

DEFMIS should initiate programs that promote a customer-centered culture, encouraging empathy, personalized service, and faster responses to beneficiary needs. Such a shift can be achieved through regular staff training, workshops, and awareness campaigns aimed at aligning organizational values with customer-focused service delivery. Establish regular feedback channels with beneficiaries to understand their needs and preferences better. This can include surveys, focus group discussions, and digital feedback platforms that allow beneficiaries to voice their concerns and suggestions for service improvement.

#### **c) Decentralize Decision-Making Structures**

DEFMIS should review its decision-making processes and empower mid-level managers and healthcare staff to make decisions within their scope of responsibility. This can be achieved by delegating authority to lower levels, allowing for faster approvals of healthcare services, especially in urgent situations. Consider a more decentralized organizational structure that allows departments and teams to operate with greater autonomy while maintaining accountability. This restructuring should focus on creating flatter hierarchies, where decision-making is distributed across levels, promoting agility in service delivery.

**d) Enhance Technological Infrastructure**

DEFMIS should invest in modernizing its information technology infrastructure to support faster claims processing, patient management, and data analysis. Improved systems would minimize delays and errors, enhancing the overall service experience for beneficiaries.

Implement e-governance tools that facilitate real-time communication between DEFMIS, healthcare providers, and beneficiaries. Digital solutions such as online portals for claims processing, mobile applications for beneficiary engagement, and automated approvals can significantly improve service efficiency.

**e) Introduce Continuous Capacity Building Programs**

Implement continuous professional development programs for DEFMIS staff, focusing on skills relevant to the healthcare insurance sector, such as claims management, customer service, and technological skills. Training should also emphasize leadership development, encouraging a shift toward a transformational leadership culture.

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