

EFFECT OF PROJECT LEADERSHIP ON EFFECTIVE IMPLEMENTATION OF PUBLIC HEALTH CONSTRUCTION PROJECTS IN NYAMIRA COUNTY, KENYA

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Abstract: The purpose of the study was to examine the effect of project leadership on Effective implementation of Public Health Construction projects in Nyamira County in Kenya. The study used descriptive research design and the focus was on the 46 Public Health Construction projects within the 133 public Health facilities in Nyamira County. The unit of observation was Project managers, assistant project managers and the project supervisors of the 46 Public Health Construction Projects and the unit of analysis were the 46 public health construction projects in Nyamira County. The study adopted a census survey design with the respect of the unit of analysis which was the 46 Public Health Construction Projects in Nyamira County. A census was conducted since only 46 projects were studied and a census is applicable when the entire population is small. Data was collected through the use of semi structured questionnaires which were administered to the project manager's, assistant project managers and project supervisors who oversaw the activities of the 46 Public health Construction Projects. A pilot study was conducted to pretest the validity and reliability of data collection instruments. After data, had be collected it was prepared in readiness for analysis by editing, handling blank responses, coding, categorizing and keying into statistical package for social sciences (SPSS) computer software for analysis. SPSS software version 21.0 was used to produce frequencies, descriptive and inferential statistics were used to derive conclusions and generalizations regarding the population. A multiple regression model was used to show the relationship between the independent variables to the dependent variable. Data was presented using pie charts and tables to make it reader friendly. The study found that project leadership had a positive and significant effect on the effective implementation of Public Health Construction projects in Nyamira County. The study recommends that best tools for monitoring projects be identified, the monitoring process should also be improved from the current annual case and more so the reports are prepared after every monitoring and evaluation process. The project leaders and project teams should be competent and funds delays should be minimized at all costs to enhance effective implementation of Public Health Construction Projects.

Keywords: Project, Leadership, Public Health.

1. INTRODUCTION

Projects are activities or an undertaking that need to be accomplished by certain date, for a certain amount of money and within some expected level of performance. Important aspects of a project includes "inputs" in the form of men, money, materials, and plans and "outputs" in the form of activities, products or services (Asfandyar, 2012). Abuya, (2016) argues that development projects in Kenya have become the principal mechanisms through which governments deliver public services. Understanding this strategic role is important because few politicians and citizens appreciate the role that development projects play in the delivery of essential public services.

Health construction projects include the improving of health facilities and installing of the latest patient safety technology and advanced medical equipment. KHSSP, 2012-2018 defines health construction infrastructure as all investments relating to physical infrastructure, medical equipment, communication and ICT. With establishment of Counties, the National level prioritize establishment of a minimum number of health facilities, based on the expected services as defined in the KEPH (KHSSP III).

As the economy in Kenya is growing and the middle class is becoming larger, the need for investments in healthcare facilities is present. More investors are planning to set up chains of clinics and hospitals in the country or expanding current facilities to serve a larger and broader segment of patients (KHS, 2016). The growth in Kenya's healthcare sector is being driven by a rising population and increased awareness of preventative healthcare. Local healthcare sector has been growing at double digits, with revenues rising from 11.8 per cent to Sh212 billion in 2013 compared to Sh190.3 billion in 2014 (MHR, 2016)

Construction is a basic pillar for global competitiveness and foundational enabler to Kenya's Vision 2030. Kenya has experienced a construction boom during the last decade. According to Kenya National Bureau of Statistics (KNBS) construction sector in Kenya contributes 4.9 per cent of the Gross Domestic Product (GDP) (KNBS, Economic Survey Report, 2013). Infrastructure development accounted for 8.7 per cent of the total budget for Financial Year 13/14 of the total budget of KES1.6 Trillion (KNBS, Economic Survey Report, 2013).

Al-Kharashi and Skitmore (2009) identify leading causes of construction project delay in Saudi Arabia by conducting a questionnaire survey administered to contractors, consultants and clients. They conclude that the most two significant causes of project delay are lack of finance to complete the work by the client and delay in progress payments by the owner. Haseeb et al. (2011) conduct a research on the causes of delay in large construction projects in Pakistan, where the following factors are reported to be the most influential: natural disaster; financial and payment problems; improper planning; poor site management; insufficient experience; shortage of materials and equipment.

Pourrostan and Ismail, (2012) carried out a study in construction industry and found out that the process of construction in Iran is slow and delay as well as prolongation of contract time is considered as a common problem in the Iranian construction projects. The delay time depends on such factors as the governing conditions on contracts, the available funds, contractors' experience, consultants' experience, construction materials and the environmental conditions. Prolongation of contract duration seems to be an important problem in construction projects in the developing countries. In Iran, the majority of projects are completed with delay. The delays inflict major damages to both the employers and contractors. According to the study undertaken by Sambasivan and Soon (2007), the construction projects are delayed in Malaysia as a result of: contractor's improper planning, contractor's poor site management, inadequate contractor experience, inadequate client's finance and payments for completed work, problems with subcontractors, shortage in material, labor supply, equipment availability and failure, lack of communication between parties, and mistakes during the construction stage.

The problem of delays in the construction industry is a global phenomenon and studies carried out in Saudi Arabia found that only 30% of the construction projects were completed within the scheduled completion dates and that the average time overrun was between 10% and 30% and in Nigeria, the performance of the construction industry was found to experience time overruns such that 7 out of 10 projects surveyed were not completed on time (International Journal of Project Management, 2007).

Mohammed (2012) while carrying out a study on the causes of delay in Nigeria construction industry observes that delay is one of the major problems in the construction industry. These delays led to many negative effects such as disputes between clients and contractors, increased costs, loss of productivity and revenue, and termination of contract. Like most developing countries, Nigeria construction industry has suffered many setbacks in terms of completion of the project at stipulated period within the predetermined sum. Majority of the construction project in Nigeria experience time and cost overrun which in turn lead to the abandonment of project. He observes that the factors influencing delay in the country are; improper planning, lack of an effective communication system, errors in design, shortage of supply like steel, concrete, slow decision making, financial issues, shortage of material, cash-flow problems during construction, increase in quantities, mismanagement by the contractor, notification of extra work, changes in site conditions, date of notice to proceed, subcontractors.

Fugar and Adwoa (2010) observe that construction delay is a major problem facing the Ghanaian construction industry. He finds out that the major causes of delay are; delay in honoring certificates, underestimation of the cost of a project, underestimation of complexity of project, difficulty in accessing bank credit, poor supervision, underestimation of time for completion of projects by contractors, shortage of materials, poor professional management, fluctuation of prices/rising cost of materials and poor site management. The top three were financial, materials as well as scheduling and control.

El-Razek et al. (2008) evaluated the main causes of delays in Egypt. According to their study, the main causes included financial difficulties of contractors during construction, changes by employers or his agent and payment problems by employers. Even though the contractor was identified as the most significant factor in causing delays, it is worth noting that the factors relating to contractors are caused by employers. The reason is that awarding projects by means of tender is done by considering the lowest price in most cases which in turn leads to the selection of less experience and incompetence contractors. Lack of project funding is also directly associated with employer.

Muchungu, (2012) provides evidence that despite the high quality of training of consultants in the building industry in Kenya and regulation of the industry in major urban areas, construction projects do not always meet the key performance. This is manifested by myriad projects that have cost overrun, delayed completion period and poor quality resulting to collapse building in various parts of the country, high maintained costs, dissatisfied clients and even buildings which are not functional.

2. STATEMENT OF THE PROBLEM

Abuya, (2016) argues that development projects in Kenya have become the principal mechanisms through which governments deliver public services. In Kenya the government and investors are investing heavily on setting up chains of clinics, hospitals and expanding the current health facilities to serve a larger boarder segment of patients (KHS, 2016). Despite the efforts of both the government and investors there has been an increase in the number of incomplete and completely stalled public health construction projects others have being completed but the health facilities are not being used (MHR, 2016).

In Nyamira County a total number of 46 Public Health Construction Projects were listed as either incomplete or completed but with unused facilities (MHR, 2016). A report by the Ministry of Health indicated that a total of 20 (43.5%) of Public Health Construction projects in Nyamira County had stalled with respect to funding allocation but rated as almost in completion state. Others were 14 (30.4%) rated as medium stalled and 12 (26.1%) rated as low priority rate of completion status. Twenty nine percent (29%) of the Public Health Construction Projects in Nyamira had been completed but unused. This translated to an economic loss estimated to be Ksh 145 million per year in lost revenues if services were offered. The delay of project implementation affects every stakeholder in the economy. It delays the government source of revenue and lead to loss of government funds. Project delays prolong the investors' payback period and deny the citizens the much-needed health services (Ogari, 2012). This study aims at bridging the existing gaps by examining the effect of project leadership on effective implementation of public health construction projects in Nyamira county in Kenya.

3. LITERATURE REVIEW

McClelland & McBer in the 1980s established the competence theory. The authors defined competency as the underlying characteristic of an individual that is causally related to criterion-referenced effective and/or superior performance in a job or situation. Interest in project management competence stems from the very reasonable and widely held assumption that if people who manage and work on projects are competent, they will perform effectively and that this will lead to successful projects and successful organizations (Beer, 1990; Smith, 1976). Competence is generally accepted, however, as encompassing knowledge, skills, attitudes and behaviors that are causally related to superior job performance. Crawford (as cited in Boyatzis, 1982 & Spencer, 1993), stated that professional competence in project management is attained by combination of knowledge acquired from training and its subsequent application and other skills developed in the course of work.

In the context of construction project management; it is assumed that if the project manager and the project team have all the required competence for the work then the project implementation will be successful. The theory is linked to the objective of how project team competency determines the effective implementation of project by looking at the project

management skills needed to successfully implement projects. According to this theory if the project team is competent then it will perform effectively and this will lead to successful implementation of the project hence this theory will answer the research question: to what extent does the Project Team Competency influence the effective implementation of Public Health Construction projects in Nyamira County, Kenya?

Nyangilo, (2012) did an assessment of the organization structure and leadership effects on construction projects' performance in Kenya, he found out that lack of appropriate project organization structures, poor management systems and leadership are the major causes of poor project performance. Researchers Tools and Ogunlana, (2008) conducted a study and found out that the leadership capabilities of project managers can greatly influence the project outcomes. If the project manager is experienced, knowledgeable and well conversant with the overall project situation, there is a high likelihood of successful completion of the project. The most important issue is top and senior management support (Kerzner, 2001; Tinnirello, 2011). Soham&Rajiv, (2013) states that management needs to be involved in the up-front planning efforts and effectiveness of communication, control systemmanagement system and organizational culture. Ochieng &Price, (2010) pointed that project manager needs to understand the individual need of each member. To achieve a project environment where the majority of the members involved are motivated about the project, project managers have to be sensitive to the needs of the project team. The lack of top management involvement is the primary challenge project managers felt was most deserving of their attention (Simonsen, 2007).The proposed approach raises a major conflict issue with the role of the project manager as it is very hard for project managers to keep the pace of the project when kept under a constant auditing (Alshanbari, 2010).

4. RESEARCH METHODOLOGY

The study adopted a census survey design with the respect of the unit of analysis which was the 46 Public Health Construction Projects in Nyamira County. A census was conducted since only 46 projects were studied and a census is applicable when the entire population is small. Data was collected through the use of semi structured questionnaires which were administered to the project manager's, assistant project managers and project supervisors who oversaw the activities of the 46 Public health Construction Projects. A pilot study was conducted to pretest the validity and reliability of data collection instruments. After data, had be collected it was prepared in readiness for analysis by editing, handling blank responses, coding, categorizing and keying into statistical package for social sciences (SPSS) computer software for analysis. SPSS software version 21.0 was used to produce frequencies, descriptive and inferential statistics were used to derive conclusions and generalizations regarding the population. A multiple regression model was used to show the relationship between the independent variables to the dependent variable. Data was presented using pie charts and tables to make it reader friendly.

5. FINDINGS

The respondents were asked to indicate their level of agreement on various statements relating to the influence of leadership on effective implementation of public health construction projects using the scale of 1- 5 where Strongly agree -5, Agree -4, Don't know -3, Disagree -2, Strongly disagree -1. Descriptive statistics were obtained through running the statements of each objective using descriptive custom Table and presenting them in percentages. According to the findings majority of the respondents who represented 49.6% of the respondents agreed that it was required of a leader with professional qualities to lead in the implementation of construction projects, 29.8% strongly agreed, 9.9% were neutral, and 6.6% disagreed while only 4.1% strongly disagreed. In general, 71.0% agreed with the statement that for proper implementation of projects, all decisions were to be carried out by project leaders. Results also indicated that 66.9% % agreed that for successful implementation of projects there must be a use of excessive power, while 79.3% of the respondents agreed that there was need to use previous experience in decision making. The average mean of the responses was 3.83 which mean that majority of the respondents agreed with most of the statements on project leadership. The standard deviation was 1.12 imply that the results were however uniform as it measures the difference from the mean

The findings of the study are in agreement with those of Ogunlana, (2008)thatconducted a study and found out that the leadership capabilities of project managers can greatly influence the project outcomes. If the project manager is experienced, knowledgeable and well conversant with the overall project situation, there is a high likelihood of successful completion of the project. The results were as shown in table 1.

Table 1: Project Leadership

Statements	Strongly disagree	Disagree	Don't know	Agree	Strongly agree	Mean	Std. Dev
It is required of a leader with professional qualities to lead in the implementation of construction projects	4.1%	6.6%	9.9%	49.6%	29.8%	3.94	1.02
For proper implementation of projects, all decisions should be carried out by project leaders.	4.1%	10.7%	14.0%	35.5%	35.5%	3.88	1.14
For successful implementation of projects there must be use of excessive power	10.7%	5.0%	17.4%	38.8%	28.1%	3.69	1.24
There is need to use Previous experience in decision making	6.6%	9.1%	5.0%	56.2%	23.1%	3.80	1.10
Average						3.83	1.12

Influence of Project Leadership on Effective Implementation of Public Health Construction Projects:

The respondents were asked to indicate the extent at which project leadership influenced the effective implementation of public health construction project. From the findings in figure 4.2, majority of the respondents who represented 49% indicated that project leadership influenced the effective implementation of public health construction project by a percentage between 61% and 80%, 30% indicated an influence of over 80%, 10% indicated an influence of between 41% and 60%, 7% indicated an influence of between 21% and 40% while only 4% indicated an influence of below 20%. This implies that leadership is an essential requirement in implementation of effective public health construction projects. The findings are in agreement with the findings of Nyangilo (2012) who found that lack of appropriate project organization structures, poor management systems and leadership are the major causes of poor project performance in Kenya. These results are further supported by Omolo (2015) who found that project leadership influences the implementation of project management and Zhang &Freeman (2007) who argued that projects fails due to poor leadership skills which reflect no teamwork and inadequate communication. The results were as shown in figure 1.

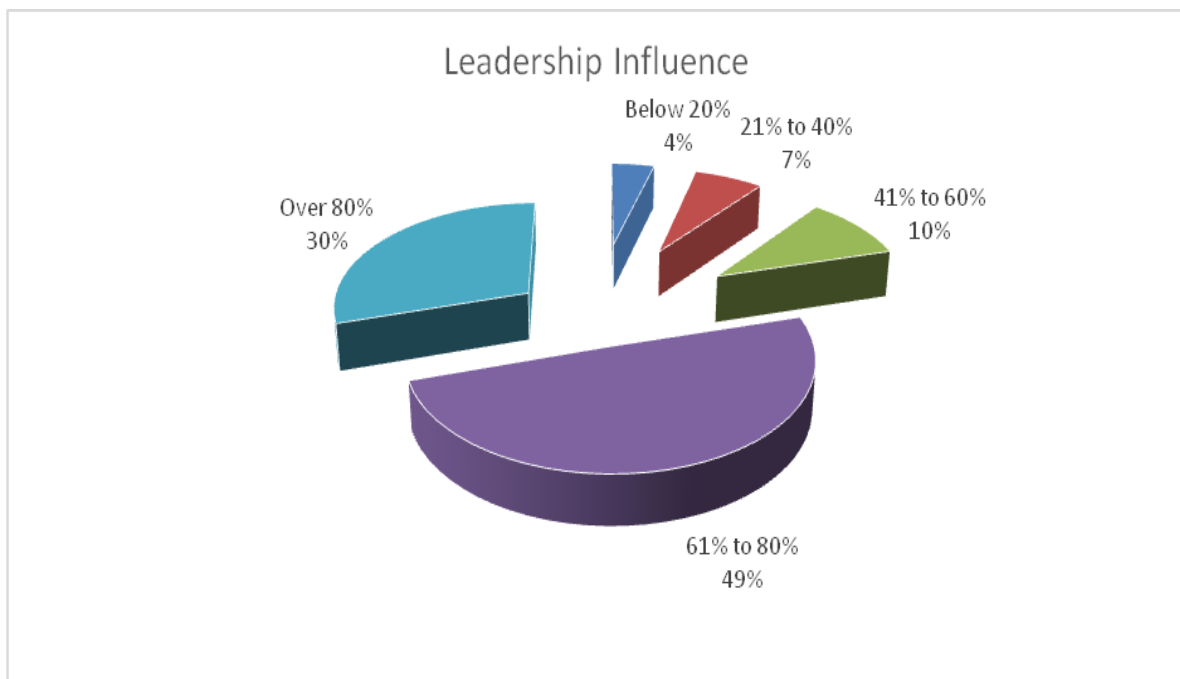


Figure 1: Leadership Influence

Regression Analysis Model for Project Leadership and Effective Implementation of Public Health Construction Projects:

Regression analysis was conducted to determine the significance relationship between project leadership and effective implementation of public health construction projects. Table 2 presents the regression model on project leadership and effective implementation of public health construction projects. The table presents the results for the model summary, analysis of variance and the beta coefficients.

Project leadership was found to be satisfactory variables in the effective implementation of public health construction projects. This is supported by the coefficient of determination also known as the R-square of 0.236. This means that Project leadership explains 23.6% of the variations in the dependent variable which is the effective implementation of public health construction projects. These results further mean that the model applied to link the relationship of the variables was satisfactory.

The results indicate that the model was statistically significant. Further, the results imply that the independent variable, project leadership was a good predictor of effective implementation of public health construction projects. This was supported by an F statistic of 74.147 which was greater than f critical of 5.8 and the reported $p=0.00$ which was less than the conventional probability of 0.05 significance level.

The study determined the beta coefficient of project leadership against the effective implementation of public health construction projects. The beta coefficient of project leadership was 0.407. The P value of 0.007 was less than the conventional probability of 0.05 significance level. Hence project leadership and effective implementation of public health construction projects had a positive and significant relationship. ($r=0.407$, $p<0.007$). The specific model was;

$$Y = 3.615 + 0.407 X_1$$

Where Y is Effective implementation of public health construction projects

Where X₁ is Project leadership

The results shows that project leadership and effective implementation of public health construction projects had a positive and significant relationship. These finding are in consistence with those of Pak, (2015), who found that there was a positive and significant relationship between project managers' transformational leadership behaviors and project success in Pakistan. The findings are further supported by Omolo (2015), who found that there was a positive and significant relationship between project leadership and implementation of project management in public funded projects in Kenya

Table 2: Regression Model for Project Leadership

Model Summary:

Indicator	Coefficient
R	0.487
R Square	0.236
Adjusted R Square	0.236
Standard Error	0.091

ANOVA:

	Sum of Squares	Df	Mean Square	F	Sig.
Regression	22.216	1	22.216	74.147	0.000
Residual	13.341	119	.085		
Total	35.557	120			

Beta Coefficients:

Variable	B	Std. Error	Beta	T	Sig
(Constant)	3.615	0.294		13.347	0.000
Project Leadership	0.407	0.076	0.98	9.3523	0.007

6. CONCLUSION AND RECOMMENDATION

The study established a positive correlation between project leadership and project implementation. The study concludes that project leadership is positively related to the effective implementation of Public Health Construction projects in Nyamira County. Leadership is therefore a needed necessity to ensure projects are effectively constructed. The study recommends that a competent project leader be given the responsibility to oversee the implementation of public health construction projects to ensure projects are effectively implemented. Since these health projects have an important role to play in development of a country, the best leadership standards should be put in place to ensure effective project implementation, only competent leaders can do this. The selection of project leaders should be done on merit to ensure only qualified project leaders are given the responsibility to oversee the implementation of projects.

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